

# Governor's Re-entry Council

February 23, 2011  
Oregon State Fire Marshal's Office  
4760 Portland Road NE  
Salem, Oregon 97305

## Meeting Minutes

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### **Attendees:**

*Council Members:* Patrice Altenhofen, Kevin Cameron, Ron Chase, Ginger Martin, Thomas McClellan, Jerry Moore, Dan Staton, Max Williams

*Steering Committee Members:* Martin Burrows, Mark Cadotte, Pegge McGuire, Patrick Vance

*Interested Observers:* Kimberly Allain, Dylan Arthur, Paul Billeci, Tim Buckley, Jan Calvin, Janet Carlson, Dave Cooley, Doug Cooper, Sharon Darcy, Chane Griggs, Trish Jordan, Karen Meurer, Anne O'Malley, Paul Potter, Janie Selby, Kathy Sévos, Paul Solomon

### **Max Williams: Welcome and Introductions**

Mr. Williams welcomed the members and announced that two new council members are in attendance. Dan Staton, Multnomah County Sheriff replaces Sheriff Todd Anderson as representative for the Oregon Sheriff's Association. Patrice Altenhofen is also a new member and represents the private business sector on the council. Mr. Williams asked Ms. Altenhofen to tell the council about her organization and background. Ms. Altenhofen is an employment law attorney and is president of the Cascade Employers Association, which has 520 employer members. She said the motto of the association is, Helping good employers become great employers. One of her organization's primary functions is helping employers hire people and she is very interested in assisting with the work of the council. Mr. Williams said he appreciates Ms. Altenhofen's acceptance of the Governor's appointment to the council and expects her participation to be invaluable as the council works through issues relating to employment. The other council members, followed by all others present, then introduced themselves.

### **Review of Meeting Minutes**

The minutes were accepted as submitted.

### **Public Input**

No one from the public requested to speak.

### **Announcements and Information Sharing**

There were no announcements from the members.

## **Second Chance Act Technical Assistance**

Ginger Martin explained that since we are the recipients of a Second Chance Act Grant, we have the opportunity to apply for technical assistance on strategic planning. The council has done a lot of the basic planning that is sometimes provided by technical assistance, such as state-level strategic planning; identifying key leadership; identifying specific objectives and tasks; and forming design and implementation teams. We requested technical assistance with defining success and measuring outcomes. That is, developing ways to track and demonstrate progress and ways to measure the impact of the re-entry efforts we have underway. The next step will be hosting a strategic planning session with a team from Northpointe Institute for Public Management and the council. The council has set goals to address issues around juvenile offenders and sex offenders and the technical advisors agreed to provide technical assistance with these special populations, as well. Mr. Williams encouraged the council members to participate in the strategic planning session, as it is an important next step to translate the work of the council to measureable and reportable data.

## **New Governor and Re-entry**

Governor Kitzhaber's focus in these early days of this term has been on jobs and reforms of the education system and health care delivery. Earlier today an education advisory group was announced. The governor and his staff members have expressed support for re-entry and public safety in discussions with Mr. Williams. Also, Steven Powers was recently named deputy general counsel to Governor Kitzhaber and will act as his public safety policy advisor. While chairman of the Board of Parole and Post-Prison Supervision Mr. Powers was a member of this council. Prior to that, he worked in the Department of Justice where he handled a variety of appellate issues related to criminal justice. Most recently, Mr. Powers worked in Multnomah County as a deputy district attorney. It is evident that Mr. Powers' experience in the arena of public safety is extensive. Mr. Williams recently participated in a presentation to the Public Safety Ways and Means Subcommittee on the general subject of re-entry and offender transition. He found the subcommittee to be fully engaged and wanting to know more about what is happening and what can be done to continue making progress. Representative Cameron reports that he has participated in discussions and meetings with state senators and representatives, county officials, district attorneys, and Chief Justice De Muniz, in which it was clear that re-entry is an integral part of public safety in Oregon.

## **Governor's Balanced Budget, Potential Impacts on Re-entry**

Ms. Martin said the Governor's Budget impact on re-entry for the Department of Corrections is:

- Reduction of \$11.8 million from alcohol and drug treatment, which is a reduction of approximately 47% and translates to 800 people not receiving treatment during the next biennium
- Completely eliminates funding (\$4.1 million) for cognitive programs and parenting programs and 5,600 people not receiving programs during the next biennium
- Vocational programs were cut 58%, which would reduce the number of participants from 168 to 70.

- Community Corrections funding was reduced by the inflation factor (approximately \$5 million)
- A Community Corrections legislative fix to a statute has supervision for prison parole and local control parole (county jail-served sentences less than 12 months) served under the same rules. This will create a \$1 million savings.

Ms. Martin said the \$10 million attached to addiction's treatment for Ballot Measure 57 is still in the Governor's Budget. Ron Chase asked which A & D programs in DOC are impacted by the reductions. Are the Alternative Incarceration Programs (AIP) or standard A & D programs impacted or both? Mr. Williams said the budget doesn't specify, so it will be up to the department to make those decisions. Mr. Williams explained that a portion of A & D treatment is funded by the Inmate Welfare Fund that is a portion of the money collected from the inmate canteen sales and the inmate phone system. Unfortunately, that fund is not large enough to buy back the level of service that will be reduced. Mr. Williams said we have consistently acknowledged that these programs are the components that allow us to address the underlying issues of transition to the community and the cycle of recidivism. Sharon Darcey asked if/how Ballot Measure 17 will impact the reductions. Mr. Williams said the constitution was amended by BM 17, which requires that all inmates work or be enrolled in programs, which includes education. The reductions will have an impact on BM 17 compliance, which is currently at 72%. On the positive side, these programs have proven to be an investment that produces results for public safety and operationally, it is good to have inmates engaged in pro-social activity.

### **Review of Re-entry-related Legislation**

Mr. Williams asked Marion County Commissioner Janet Carlson to update the council on the bill she has been supporting, HB 3309 (Attached), which was introduced by Rep Cameron last session and again this session. Commissioner Carlson said the bill establishes an on-the-job training program for offenders in conjunction with public or private employers providing training. Ms. Carlson said Marion County has been conducting a pilot of this concept with federal stimulus funds and it has been successful.

SB 416 (attached) was explained by Ms. Martin as a combination of intensive supervision and diversion.

Mr. Williams reminded the council that in 2009, Governor Kulongoski created an Alcohol and Drug Policy Commission, chaired by Attorney General John Kroger and co-chaired by Max Williams and Dr. Bruce Goldberg. The other members of the commission are experts/practioners in the addictions treatment field and in public safety. There is a bill this session (HB 3110, attached) that will permanently establish the Alcohol and Drug Policy Commission with the purpose of focusing all state alcohol and drug treatment resources and prevention resources in a single place in state government. The commission will allow budget prioritization to be made in a collective conversation and recommendations will be rolled out in the governor's budget. The commission will also have evaluation staff to review the impact of the treatment and prevention programs.

Sheriff Staton reported that the Sheriff's Association supports HB 3536 (attached), which directs the Department of Human Services and the Oregon Health Authority to suspend

rather than terminate medical assistance for those incarcerated locally for no more than 12 months.

**Transition Programs:  
Community Partners Reinvestment (CPR)  
Volunteers of America**

Kathy Sévos, Program Director for Community Partners Reinvestment Program (CPR) Volunteers of America (VOA) explained the program, methodology, and outcomes through a PowerPoint presentation. Attached is the evaluation report: Outcomes in Brief.

Ms. Sévos explained that VOA is providing transition programs similar to those in Marion County and Lane County; information about the success of re-entry programs is spreading and she cited a recent article in The Skanner by Judge Greg Mathis that supports her position. VOA was awarded a federal grant to support the Portland Partners Re-entry Initiative. They also have brought in funding from the Bureau of Justice Assistance through the Multnomah County Sheriff's Office, which is replicating the VOA prison program in the county jail. VOA is also a resource for the Multnomah County Resource Center. They work with 18 to 25 year old men. These are the men with the highest recidivism rate. They use the Counterpoint curriculum that is a cognitive-behavioral intervention designed for men aged 18 and older involved in the criminal justice system. The program is aimed at reducing reoffending by providing participants with the skills necessary to develop more pro-social attitudes and behavior. As you can see from the attachments, there is solid evidence that the programs prevent recidivism and are cost effective.

Mr. Williams explained that this group of offenders has a high recidivism rate (50%), so a recidivism reduction to 25% is a substantial impact. This is an expensive group for public safety agencies (police, jails, courts), which makes the savings reflected so meaningful.

**Presentation of Case Study of a Challenging Release  
Jackson County**

The people with the experience of this release were not able to attend today's meeting, so will be invited back at a later date.

**Narrowing the Focus: Sex Offender Re-entry Priorities**

The council made the decision a few months ago to address the re-entry barriers for sex offenders. Ginger Martin has created a list of challenges and/or barriers, which were identified by the Sex Offender Supervision Network at the last council meeting. Ms. Martin briefly explained each issue and asked that members rank them by highest priorities and send her their list. The list is attached.

76th OREGON LEGISLATIVE ASSEMBLY--2011 Regular Session

NOTE: Matter within { + braces and plus signs + } in an amended section is new. Matter within { - braces and minus signs - } is existing law to be omitted. New sections are within { + braces and plus signs + } .

LC 3808

House Bill 3309

Sponsored by Representative CAMERON

SUMMARY

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

Directs Department of Corrections to establish on-the-job training program for ex-offenders. Allows department or county to enter into agreements with public or private employers to provide training. Directs department to report to Seventy-seventh Legislative Assembly.

Sunset January 2, 2014.

Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to prisoner reentry; and declaring an emergency.

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

SECTION 1. { + (1) As used in this section:

(a) 'Employer' means a public or private employer.

(b) 'Ex-offender' means an individual released from a Department of Corrections institution as defined in ORS 421.005 or under the supervision of a county community corrections program.

(2) The Department of Corrections shall establish an on-the-job training program for ex-offenders as a pilot program.

(3) The intent of the on-the-job training program is to provide training opportunities for ex-offenders who need training to secure employment and for employed ex-offenders who are assessed as needing additional training to advance in their jobs or to prevent job loss.

(4) The department shall provide grants to and enter into agreements with counties that will be responsible for carrying out on-the-job training for ex-offenders.

(5) The department or a county may enter into agreements with employers who agree to provide on-the-job training to ex-offenders who are or will be engaged in productive work with the employer in a job that:

(a) Provides knowledge or skills essential to the full and adequate performance of the job; and

(b) Is limited in duration as appropriate to the occupation for which the ex-offender is being trained, taking into account the content of the training and the prior work experience of the ex-offender.

(6)(a) Each employer that enters into an agreement with a county or the department has responsibility for hiring, compensating and training ex-offenders covered by agreements entered into with a county or the department.

(b) The department or a county shall reimburse an employer based on the wage rate of the ex-offender for the extraordinary costs of providing the training and additional supervision related to the training.

(c) A county may designate a nonprofit organization, staffing agency, community college or other qualified entity to manage the on-the-job training for ex-offenders for the county.

(7) The department shall apply the following policies in implementing the on-the-job training program:

(a) There must be an assessment of each ex-offender enrolled in the program to determine whether the ex-offender has the necessary work experience or occupational training to meet a potential employer's minimum employment requirements or has special needs that may be a barrier to obtaining or retaining employment.

(b) The on-the-job training must be reasonably expected to last at least one year and provide at least 20 hours of work per week.

(8) Trainee retention for each employer shall be reviewed at least annually to determine whether the employer's performance meets the requirements of 20 C.F.R. 663.700(b).

(9)(a) The department shall adopt rules necessary to implement and administer the on-the-job training program.

(b) The rules shall be consistent with the applicable requirements of the federal Workforce Investment Act.

(10) The department may seek funding through grants and other means to carry out the on-the-job training program for ex-offenders established under this section.

(11) Not later than April 1, 2013, the department shall report to the Seventy-seventh Legislative Assembly in the manner provided in ORS 192.245 on the performance results of the on-the-job training program. + }

SECTION 2. { + (1) Section 1 of this 2011 Act becomes operative on the effective date of the rule described in subsection (2)(b) of this section.

(2) The Department of Corrections:

(a) May adopt rules or take any other action before section 1 of this 2011 Act becomes operative that is necessary to enable the department to exercise, on or after the date that section 1 of this 2011 Act becomes operative, all the duties, functions and powers conferred on the department by section 1 of this 2011 Act.

(b) Shall adopt a rule indicating that the department has received federal funding, a grant or a legislative appropriation that is sufficient to enable the department to carry out the provisions of section 1 of this 2011 Act.

(c) Shall notify Legislative Counsel when the rule described in paragraph (b) of this subsection is adopted. + }

SECTION 3. { + Section 1 of this 2011 Act is repealed on

January 2, 2014. + }

SECTION 4. { + This 2011 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2011 Act takes effect on its passage. + }

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76th OREGON LEGISLATIVE ASSEMBLY--2011 Regular Session

NOTE: Matter within { + braces and plus signs + } in an amended section is new. Matter within { - braces and minus signs - } is existing law to be omitted. New sections are within { + braces and plus signs + } .

LC 2562

Senate Bill 416

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with presession filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senate Interim Committee on Judiciary)

SUMMARY

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

Authorizes court to impose probation with intensive supervision under certain circumstances when person convicted of certain drug or property crimes.

Authorizes Oregon Criminal Justice Commission to make grants to counties in order to provide services to offenders sentenced to intensive probation or offenders on parole or post-prison supervision determined to be at high risk to reoffend.

Appropriates moneys from General Fund to commission for grants.

A BILL FOR AN ACT

Relating to crime; creating new provisions; amending ORS 137.717 and 475.933; and appropriating money.

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

SECTION 1. { + (1) When a court sentences a person who is otherwise subject to a sentence described in subsection (2) of this section, the court may impose a downward dispositional departure in accordance with the rules of the Oregon Criminal Justice Commission if the court finds:

(a) That a sentence of probation with intensive supervision would better serve the foundational principles of criminal law described in section 15, Article I of the Oregon Constitution; and

(b) Substantial and compelling reasons to impose a sentence of probation.

(2) Subsection (1) of this section applies to:

(a) A person who is subject to a presumptive sentence described in ORS 137.717 or 475.933; and

(b) A person who is subject to a presumptive sentence of more than 12 months under the sentencing guidelines grid of the commission, if the offense for which the person is sentenced is classified as a level 8 or lower on the crime seriousness scale of the sentencing guidelines grid.

(3) When the court imposes a downward dispositional departure sentence under this section, the supervisory authority as defined in ORS 144.087 shall subject the person to intensive supervision for the full period of the person's probation.

(4) The Department of Corrections, in consultation with local supervisory authorities, shall adopt rules establishing methods of intensive supervision for persons sentenced to probation under this section. + }

SECTION 2. { + (1) The Oregon Criminal Justice Commission shall make grants to counties for the purpose of providing the services described in subsection (2) of this section to persons who:

(a) Are sentenced to probation under section 1 of this 2011 Act; and

(b) Who are on post-prison supervision and are at a high risk to reoffend, as determined by a risk assessment tool adopted by the commission by rule.

(2) A county is eligible for a grant under this section if the county is able to demonstrate a current or future ability to provide, at a readily accessible location or by streamlined referral, assistance to persons described in subsection (1) of this section who have any of the following needs:

- (a) Alcohol and drug assessment and treatment;
- (b) Case management;
- (c) Food and clothing;
- (d) Housing;
- (e) Employment;
- (f) State identification;
- (g) Transportation;
- (h) Benefits application;
- (i) Parole and probation officer contacts;
- (j) Family and community support;
- (k) Medical, dental and mental health evaluation and referral;
- (L) Cognitive behavioral therapy;
- (m) Financial and computer literacy;
- (n) Referral for faith-based mentoring;
- (o) Legal consultation; or
- (p) Education and training programs.

(3) Grants described in this section shall be made from funds appropriated to the commission for that purpose. An award of grant moneys under this section must be used to pay the cost of a service described in subsection (2) of this section or to reimburse a service provider for the provision of the service. + }

SECTION 3. { + The Oregon Criminal Justice Commission shall contract with a qualified independent person or organization to conduct a scientifically valid evaluation of the grant program described in section 2 of this 2011 Act. All state agencies and persons participating in the programs shall cooperate fully in conducting the evaluation. The evaluation shall determine whether the grant program is effective in reducing recidivism. The

evaluation shall begin no later than January 1, 2012, and regular progress reports shall be provided to the commission every six months. A final report shall be provided by the commission to the Legislative Assembly not later than January 1, 2013. + }

SECTION 4. { + There is appropriated to the Oregon Criminal Justice Commission for the biennium beginning July 1, 2011, out of the General Fund, the amount of \$\_\_\_ for the purpose of carrying out the provisions of section 2 of this 2011 Act. + }

SECTION 5. ORS 137.717, as amended by section 11, chapter 660, Oregon Laws 2009, is amended to read:

137.717. (1) When a court sentences a person convicted of:

(a) Aggravated theft in the first degree under ORS 164.057, burglary in the first degree under ORS 164.225, robbery in the third degree under ORS 164.395, identity theft under ORS 165.800 or aggravated identity theft under ORS 165.803, the presumptive sentence is 24 months of incarceration, unless the rules of the Oregon Criminal Justice Commission prescribe a longer presumptive sentence, if the person has:

(A) A previous conviction for aggravated theft in the first degree under ORS 164.057, burglary in the first degree under ORS 164.225, robbery in the third degree under ORS 164.395, robbery in the second degree under ORS 164.405, robbery in the first degree under ORS 164.415 or aggravated identity theft under ORS 165.803;

(B) Two or more previous convictions for any combination of the crimes listed in subsection (2) of this section; or

(C) A previous conviction for a crime listed in subsection (2) of this section, if the current crime of conviction was committed while the defendant was on supervision for the previous conviction or less than three years after the date the defendant completed the period of supervision for the previous conviction.

(b) Theft in the first degree under ORS 164.055, unauthorized use of a vehicle under ORS 164.135, mail theft or receipt of stolen mail under ORS 164.162, burglary in the second degree under ORS 164.215, criminal mischief in the first degree under ORS 164.365, computer crime under ORS 164.377, forgery in the first degree under ORS 165.013, criminal possession of a forged instrument in the first degree under ORS 165.022, fraudulent use of a credit card under ORS 165.055 (4)(b), possession of a stolen vehicle under ORS 819.300 or trafficking in stolen vehicles under ORS 819.310, the presumptive sentence is 18 months of incarceration, unless the rules of the Oregon Criminal Justice Commission prescribe a longer presumptive sentence, if the person has:

(A) A previous conviction for aggravated theft in the first degree under ORS 164.057, unauthorized use of a vehicle under ORS 164.135, burglary in the first degree under ORS 164.225, robbery in the third degree under ORS 164.395, robbery in the second degree under ORS 164.405, robbery in the first degree under ORS 164.415, possession of a stolen vehicle under ORS 819.300, trafficking in stolen vehicles under ORS 819.310 or aggravated identity theft under ORS 165.803;

(B) Two or more previous convictions for any combination of the crimes listed in subsection (2) of this section; or

(C) A previous conviction for a crime listed in subsection (2) of this section, if the current crime of conviction was committed

while the defendant was on supervision for the previous conviction or less than three years after the date the defendant completed the period of supervision for the previous conviction.

(2) The crimes to which subsection (1) of this section applies are:

- (a) Theft in the second degree under ORS 164.045;
- (b) Theft in the first degree under ORS 164.055;
- (c) Aggravated theft in the first degree under ORS 164.057;
- (d) Unauthorized use of a vehicle under ORS 164.135;
- (e) Mail theft or receipt of stolen mail under ORS 164.162;
- (f) Burglary in the second degree under ORS 164.215;
- (g) Burglary in the first degree under ORS 164.225;
- (h) Criminal mischief in the second degree under ORS 164.354;
- (i) Criminal mischief in the first degree under ORS 164.365;
- (j) Computer crime under ORS 164.377;
- (k) Forgery in the second degree under ORS 165.007;
- (L) Forgery in the first degree under ORS 165.013;
- (m) Criminal possession of a forged instrument in the second degree under ORS 165.017;
- (n) Criminal possession of a forged instrument in the first degree under ORS 165.022;
- (o) Fraudulent use of a credit card under ORS 165.055;
- (p) Identity theft under ORS 165.800;
- (q) Possession of a stolen vehicle under ORS 819.300;
- (r) Trafficking in stolen vehicles under ORS 819.310; and
- (s) Any attempt to commit a crime listed in this subsection.

(3)(a) A presumptive sentence described in subsection (1) of this section shall be increased by two months for each previous conviction the person has that:

(A) Was for any of the crimes listed in subsection (1) or (2) of this section; and

(B) Was not used as a predicate for the presumptive sentence described in subsection (1) of this section.

(b) Previous convictions may not increase a presumptive sentence described in subsection (1) of this section by more than 12 months under this subsection.

(4) The court may impose a sentence other than the sentence provided by subsection (1) or (3) of this section if the court imposes:

(a) A longer term of incarceration that is otherwise required or authorized by law; or

(b) A departure sentence authorized by the rules of the Oregon Criminal Justice Commission based upon findings of substantial and compelling reasons. Unless the law or the rules of the Oregon Criminal Justice Commission allow for imposition of a longer sentence, the maximum departure allowed for a person sentenced under this subsection is double the presumptive sentence provided in subsection (1) or (3) of this section.

(5) Notwithstanding subsection (4)(b) of this section, the court may not sentence a person under subsection (4) of this section to a term of incarceration that exceeds the period of time described in ORS 161.605.

(6) The court shall sentence a person under this section to at least the presumptive sentence described in subsection (1) or (3) of this section, unless the parties stipulate otherwise { + , the

court imposes a sentence under the provisions of section 1 of this 2011 Act + } or the court finds that:

(a) The person was not on probation, parole or post-prison supervision for a crime listed in subsection (1) of this section at the time of the commission of the current crime of conviction;

(b) The person has not previously received a downward departure from a presumptive sentence for a crime listed in subsection (1) of this section;

(c) The harm or loss caused by the crime is not greater than usual for that type of crime; and

(d) In consideration of the nature of the offense and the harm to the victim, a downward departure will:

(A) Increase public safety;

(B) Enhance the likelihood that the person will be rehabilitated; and

(C) Not unduly reduce the appropriate punishment.

(7)(a) For a crime committed on or after November 1, 1989, a conviction is considered to have occurred upon the pronouncement of sentence in open court. However, when sentences are imposed for two or more convictions arising out of the same conduct or criminal episode, none of the convictions is considered to have occurred prior to any of the other convictions arising out of the same conduct or criminal episode.

(b) For a crime committed prior to November 1, 1989, a conviction is considered to have occurred upon the pronouncement in open court of a sentence or upon the pronouncement in open court of the suspended imposition of a sentence.

(8) For purposes of this section, previous convictions must be proven pursuant to ORS 137.079.

(9) As used in this section:

(a) 'Downward departure' means a downward dispositional departure or a downward durational departure under the rules of the Oregon Criminal Justice Commission.

(b) 'Previous conviction' includes:

(A) Convictions occurring before, on or after July 1, 2003; and

(B) Convictions entered in any other state or federal court for comparable offenses.

SECTION 6. ORS 475.933 is amended to read:

475.933. (1) { + Except as otherwise provided in section 1 of this 2011 Act, + } when a court sentences a person convicted of a crime listed in subsection (2) of this section, the court may not impose a sentence of optional probation or grant a downward dispositional departure or a downward durational departure under the rules of the Oregon Criminal Justice Commission if the person has a previous conviction for any of the crimes listed in subsection (2) of this section.

(2) The crimes to which subsection (1) of this section applies are:

(a) Manufacture or delivery of a controlled substance, other than marijuana, under ORS 475.840 (1);

(b) Creation or delivery of a counterfeit substance, other than marijuana, under ORS 475.840 (2);

(c) Manufacture or delivery of heroin under ORS 475.846, 475.848, 475.850 or 475.852;

(d) Manufacture or delivery of 3,4-methylenedioxymethamphetamine under ORS 475.866, 475.868, 475.870 or 475.872;

(e) Manufacture or delivery of cocaine under ORS 475.876, 475.878, 475.880 or 475.882;

(f) Manufacture or delivery of methamphetamine under ORS 475.886, 475.888, 475.890 or 475.892;

(g) Manufacture or delivery of a controlled substance within 1,000 feet of a school under ORS 475.904;

(h) Delivery of a controlled substance to a person under 18 years of age under ORS 475.906; and

(i) Possession of a precursor substance with intent to manufacture a controlled substance under ORS 475.967.

(3)(a) For a crime committed on or after November 1, 1989, a conviction is considered to have occurred upon the pronouncement in open court of sentence. However, when sentences are imposed for two or more convictions arising out of the same conduct or criminal episode, none of the convictions is considered to have occurred prior to any of the other convictions arising out of the same conduct or criminal episode.

(b) For a crime committed prior to November 1, 1989, a conviction is considered to have occurred upon the pronouncement in open court of a sentence or upon the pronouncement in open court of the suspended imposition of a sentence.

(4) For purposes of this section, previous convictions must be proven pursuant to ORS 137.079.

(5) As used in this section, 'previous conviction' means:

(a) Convictions occurring before, on or after July 1, 2009; and

(b) Convictions entered in any other state or federal court for comparable offenses.

SECTION 7. { + Section 1 of this 2011 Act and the amendments to ORS 137.717 and 475.933 by sections 5 and 6 of this 2011 Act apply to crimes committed on or after the effective date of this 2011 Act. + }

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## HOUSE AMENDMENTS TO HOUSE BILL 3110

By COMMITTEE ON HUMAN SERVICES

April 7

1 On page 1 of the printed bill, line 2, after "programs;" delete the rest of the line and lines 3  
2 through 8 and insert "creating new provisions; amending ORS 3.450, 135.980, 137.229, 336.222,  
3 336.235, 351.105, 352.008, 353.120, 409.410, 410.720, 417.775, 423.150, 430.010, 430.240, 430.270, 430.306,  
4 430.335, 430.338, 430.342, 430.345, 430.357, 430.359, 430.364, 430.366, 430.368, 430.380, 430.395, 430.399,  
5 430.420, 430.424, 430.450, 430.540, 430.560, 430.850, 430.860, 430.920, 471.432, 657.665, 660.333, 675.523  
6 and 813.260 and sections 1 and 27, chapter 856, Oregon Laws 2009; repealing ORS 409.420 and  
7 430.290 and sections 15, 28 and 34, chapter 856, Oregon Laws 2009; and appropriating money."

8 On page 2, line 3, before "practices" insert "and tribal-based".

9 Delete lines 11 through 45 and delete pages 3 through 36 and insert:

10 "SECTION 1, Section 1, chapter 856, Oregon Laws 2009, as amended by section 31, chapter 856,  
11 Oregon Laws 2009, is amended to read:

12 "**Sec. 1. (1) As used in this section and section 2 of this 2011 Act:**

13 "(a) '**Local government**' means a local government as defined in ORS 174.116 that receives  
14 state or federal funding for programs that provide alcohol or drug prevention or treatment  
15 services.

16 "(b) '**Participating state agency**' means the State Commission on Children and Families,  
17 the Department of Corrections, the Department of Human Services, the Oregon Health Au-  
18 thority, the Department of Education, the Oregon Criminal Justice Commission, the Oregon  
19 State Police, the Oregon Youth Authority or any other state agency that is approved by the  
20 Alcohol and Drug Policy Commission to license, contract for, provide or coordinate alcohol  
21 or drug prevention or treatment services.

22 "(c) '**Provider**' means any person that is licensed by the Oregon Health Authority to  
23 provide alcohol or drug prevention or treatment services.

24 "[*(1)*] (2) There is created the Alcohol and Drug Policy Commission, which is charged with  
25 [*producing a plan for*] **planning, evaluating and coordinating policies** for the funding and effective  
26 delivery of alcohol and drug [*treatment and*] prevention and treatment services. [*The commission*  
27 *shall recommend:*]

28 "[*(a)*] A strategy for delivering state-funded treatment and prevention services;]

29 "[*(b)*] The priority of funding for treatment and prevention services;]

30 "[*(c)*] Strategies to maximize accountability for performance of treatment and prevention services;]

31 "[*(d)*] Methods to standardize data collection and reporting; and]

32 "[*(e)*] A strategy to consolidate treatment and prevention services and reduce the fragmentation in  
33 the delivery of services.]

34 "[*(2)*] (3) The membership of the commission consists of:

35 "(a) Sixteen members appointed by the Governor, subject to confirmation by the Senate in the

1 manner prescribed in ORS 171.562 and 171.565, including:

2 “(A) An elected district attorney;

3 “(B) An elected county sheriff;

4 “(C) A county commissioner;

5 “(D) A representative of an Indian tribe;

6 “(E) *[An alcohol or drug treatment]* A provider;

7 “(F) A chief of police;

8 “(G) An alcohol or drug treatment researcher or epidemiologist;

9 “(H) A criminal defense attorney;

10 “[*I*] A judge of a circuit court, who shall be a nonvoting member;]

11 “[*J*] (I) A representative of the health insurance industry;

12 “[*K*] (J) A representative of hospitals;

13 “[*L*] (K) An alcohol or treatment professional who is highly experienced in the treatment of

14 persons with a dual diagnosis of mental illness and substance abuse;

15 “[*M*] (L) An alcohol or drug abuse prevention representative;

16 “[*N*] (M) A consumer of alcohol or drug treatment who is in recovery;

17 “[*O*] (N) A representative of the business community;

18 “[*P*] (O) An alcohol or drug prevention representative who specializes in youth; and

19 “(P) **A person with expertise in and experience working with information technology**

20 **systems used in complex intergovernmental or corporate settings.**

21 “(b) Two members of the Legislative Assembly appointed to the commission as nonvoting mem-

22 bers of the commission, acting in an advisory capacity only and including:

23 “(A) One member from among members of the Senate appointed by the President of the Senate;

24 and

25 “(B) One member from among members of the House of Representatives appointed by the

26 Speaker of the House of Representatives.

27 “(c) The following voting ex officio members:

28 “(A) The Governor or the Governor’s designee;

29 “(B) The Attorney General;

30 “(C) The Director of the Oregon Health Authority;

31 “(D) The Director of the Department of Corrections; [*and*]

32 “(E) The Superintendent of Public Instruction;

33 “(F) **The Director of Human Services;**

34 “(G) **The Director of the Oregon Youth Authority;**

35 “(H) **The chairperson of the State Commission on Children and Families; and**

36 “(I) **The administrator of the Oregon Liquor Control Commission.**

37 “(d) **A judge of a circuit court appointed to the commission as a nonvoting member by**

38 **the Chief Justice of the Supreme Court.**

39 “[*3*] (4) The Alcohol and Drug Policy Commission shall select one of its members as chair-

40 person and another as vice chairperson, for such terms and with duties and powers necessary for

41 the performance of the functions of such offices as the commission determines.

42 “[*4*] (5) A majority of the voting members of the commission constitutes a quorum for the

43 transaction of business.

44 “[*5*] (6) Official action of the commission requires the approval of a majority of [*the voting*

45 *members on the commission*] **a quorum.**

1       “[(6)] (7) The commission may establish a steering committee and subcommittees. These com-  
2 mittees may be continuing or temporary.

3       “[(7)] (8) **The term of office of each commission member appointed by the Governor is four**  
4 **years, but a member serves at the pleasure of the Governor. If there is a vacancy for any cause,**  
5 **the Governor shall make an appointment to become immediately effective.**

6       “[(8)] (9) The Oregon Health Authority shall provide staff support to the commission. Subject to  
7 available funding, the commission may contract with a public or private entity to provide staff sup-  
8 port.

9       “[(9)] (10) Members of the commission who are not members of the Legislative Assembly are  
10 entitled to compensation and expenses incurred by them in the performance of their official duties  
11 in the manner and amounts provided for in ORS 292.495. Claims for compensation and expenses shall  
12 be paid out of funds appropriated to the Oregon Health Authority or funds appropriated to the  
13 commission for purposes of the commission.

14       “(11) **The commission shall establish a budget advisory committee composed of the indi-**  
15 **viduals listed in subsection (3)(a)(C), (c)(B) to (I) and (d) of this section. The individual de-**  
16 **scribed in subsection (3)(d) of this section is a nonvoting member of the committee. The**  
17 **committee shall recommend budget policy priorities to the commission:**

18       “(a) **Regarding the allocation of funding for alcohol and drug prevention and treatment**  
19 **services across state agencies and throughout this state;**

20       “(b) **That identify additional funding from federal and private sources for alcohol and**  
21 **drug prevention and treatment services; and**

22       “(c) **For authorizing a suspension of the payment of state funds, or funds administered**  
23 **by this state, to programs that do not comply with the commission’s rules or the budget**  
24 **priority policy or that do not provide effective prevention or treatment services.**

25       “(12)(a) **The Governor shall appoint a Director of the Alcohol and Drug Policy Commis-**  
26 **sion who shall serve at the pleasure of the Governor and be responsible for the dissemination**  
27 **and implementation of the commission’s policies and the performance of the duties, func-**  
28 **tions and powers of the commission that are delegated to the director by the commission.**

29       “(b) **The director shall be paid a salary as provided by law or, if not so provided, as pre-**  
30 **scribed by the Governor.**

31       “**SECTION 2. (1) The Alcohol and Drug Policy Commission established under section 1,**  
32 **chapter 856, Oregon Laws 2009, shall:**

33       “(a) **Establish priorities and policies for alcohol and drug prevention and treatment ser-**  
34 **vices as part of a long-term strategic prevention and treatment plan for this state.**

35       “(b) **In consultation with the budget advisory committee described in section 1, chapter**  
36 **856, Oregon Laws 2009, adopt budget policy priorities including recommendations for state**  
37 **agency budget allocations, in the Governor’s proposed budget, for alcohol and drug pre-**  
38 **vention and treatment services.**

39       “(c) **For alcohol and drug prevention and treatment services that use state funds or that**  
40 **use private or federal funds administered by this state, establish, as the commission deems**  
41 **appropriate, minimum standards for licensing, contracting for, providing and coordinating**  
42 **the services.**

43       “(2) **To promote the effective and efficient use of resources and to reduce unnecessary**  
44 **administrative requirements, the commission, in consultation with participating state agen-**  
45 **cies, the Judicial Department, local governments, providers and the Oregon Department of**

1 Administrative Services, shall develop and implement a plan for structuring Oregon's data  
2 collection and reporting systems for alcohol and drug prevention and treatment programs  
3 to enable participating state agencies, the Judicial Department, local governments and pro-  
4 viders to share data to:

5 "(a) Improve client care;

6 "(b) Improve and ensure the fidelity of evidence-based treatment practices;

7 "(c) Improve alcohol and drug prevention and treatment programs;

8 "(d) Ensure the accountability of publicly funded programs;

9 "(e) Establish high-level, statewide performance measures for Oregon's alcohol and drug  
10 prevention and treatment programs; and

11 "(f) Advance the science of alcohol and drug prevention and treatment.

12 "(3) The plan established under subsection (2) of this section must:

13 "(a) Include protocols and procedures to improve data collection, sharing and analysis  
14 and the interoperability of data and information systems;

15 "(b) Include safeguards for protecting the confidentiality of information consistent with  
16 state and federal privacy and security requirements;

17 "(c) Include safeguards for protecting trade secret information of providers;

18 "(d) Include a review of the data collection, sharing and analysis functions of participat-  
19 ing state agencies with respect to alcohol and drug prevention and treatment programs to  
20 identify duplicative, inefficient, wasteful or unnecessary functions and include recommen-  
21 dations for improvements to the functions described in this paragraph; and

22 "(e) Be published no later than six months after the appointment, under section 1,  
23 chapter 856, Oregon Laws 2009, of the first Director of the Alcohol and Drug Policy Com-  
24 mission and shall be revised as frequently as the commission determines is appropriate.

25 "(4) Consistent with the plan established under subsection (2) of this section, the com-  
26 mission may:

27 "(a) Designate a statewide data repository for data related to alcohol and drug prevention  
28 and treatment services and require participating state agencies, local governments and pro-  
29 viders to furnish data to the designated statewide data repository in the form and manner  
30 prescribed by the commission.

31 "(b) Direct participating state agencies, local governments and providers to furnish other  
32 data, information and reports that the commission considers necessary to perform its duties.

33 "(c) Furnish data to participating state agencies, local governments, providers and the  
34 Judicial Department.

35 "(d) Direct the unit within the Oregon Health Authority that conducts analyses and  
36 evaluations of alcohol and drug prevention and treatment programs to:

37 "(A) Modify systems and business processes to conform to the plan established under  
38 subsection (2) of this section; and

39 "(B) Change or stop data collection, data sharing or data analysis functions that are  
40 duplicative, inefficient, wasteful or unnecessary.

41 "(5) All participating state agencies shall:

42 "(a) Provide staff support and financial resources to assist the commission in the per-  
43 formance of its duties, which may include making reasonable modifications to the informa-  
44 tion systems of the state agencies to conform the systems to the plan established under  
45 subsection (2) of this section.

1       “(b) Furnish such information, assistance and advice as the commission considers nec-  
2       essary to perform its duties.

3       “(c) Coordinate grant applications that seek funding for alcohol or drug prevention or  
4       treatment programs.

5       “(d) Coordinate with research entities to obtain current information about issues related  
6       to alcohol and drug use and to encourage research to evaluate and refine prevention and  
7       treatment efforts.

8       “(e) Educate the general public about issues related to alcohol and drug use and the ef-  
9       fectiveness of evidence-based prevention and treatment services, to increase public aware-  
10      ness and the allocation of resources.

11      “(f) Promote a treatment delivery infrastructure that will meet anticipated increases in  
12      demand for services, ensure a skilled addictions treatment workforce and provide effective  
13      treatment assessment mechanisms.

14      “(g) Assess funding priorities and explore opportunities for additional federal resources  
15      for alcohol and drug prevention and treatment services.

16      “(h) Solicit from agencies, associations, individuals and all political subdivisions of this  
17      state program proposals that address identified priorities.

18      “(i) Evaluate and report to the commission, in the manner and at intervals prescribed  
19      by the commission, on the cost and effectiveness of the state agency’s treatment programs.

20      “(6) The commission may:

21      “(a) Establish up to 10 pilot programs, located in diverse Oregon communities including  
22      at least one tribe, to:

23      “(A) Phase in the long-term strategic prevention and treatment plan developed under  
24      subsection (1)(a) of this section; and

25      “(B) Implement prevention programs developed under subsection (7) of this section.

26      “(b) Delegate to the Director of the Alcohol and Drug Policy Commission the authority  
27      to carry out the provisions of this section.

28      “(c) Apply for and receive gifts and grants from any public or private source. All moneys  
29      received by the commission under this paragraph are continuously appropriated to the com-  
30      mission for the purposes of carrying out the duties, functions and powers of the commission.

31      “(d) Award grants from funds appropriated to the commission by the Legislative As-  
32      sembly, or from funds otherwise available from any other source, for the purpose of carrying  
33      out the duties of the commission.

34      “(7) No later than six months after the appointment of the first Director of the Alcohol  
35      and Drug Policy Commission, the director shall develop a science-based model alcohol and  
36      drug prevention program for use in conjunction with the pilot programs, if any, established  
37      under subsection (6) of this section and as otherwise directed by the commission. The di-  
38      rector shall develop the model program in consultation with:

39      “(a) The Oregon Health Authority;

40      “(b) The Department of Human Services;

41      “(c) The Department of Education;

42      “(d) The Oregon Liquor Control Commission;

43      “(e) The State Commission on Children and Families;

44      “(f) Organizations that represent or advocate on behalf of consumers of alcohol and drug  
45      prevention and treatment programs; and

1       “(g) Behavioral scientists.

2       “(8) The commission and participating state agencies shall enter into interagency agree-

3 ments to:

4       “(a) Provide staff and financial resources to assist the commission in carrying out its

5 duties;

6       “(b) Share computer systems and technologies between participating state agencies’

7 staff;

8       “(c) Collect and analyze data related to the performance of alcohol and drug prevention

9 and treatment programs; and

10       “(d) Investigate the impacts of drug and alcohol abuse on Oregonians.

11       “(9) The commission may adopt rules to carry out its duties under this section.

12       “**SECTION 3.** ORS 3.450 is amended to read:

13       “3.450. (1) As used in this section, ‘drug court program’ means a program in which:

14       “(a) Individuals who are before the court obtain treatment for substance abuse issues and report

15 regularly to the court on the progress of their treatment; and

16       “(b) A local drug court team, consisting of the court, agency personnel and treatment and ser-

17 vice providers, monitors the individuals’ participation in treatment.

18       “(2)(a) The governing body of a county or a treatment provider may establish fees that individ-

19 uals participating in a drug court program may be required to pay for treatment and other services

20 provided as part of the drug court program.

21       “(b) A court may order an individual participating in a drug court program to pay fees to par-

22 ticipate in the program. Fees imposed under this subsection may not be paid to the court.

23       “(3) Records that are maintained by the circuit court specifically for the purpose of a drug court

24 program must be maintained separately from other court records. Records maintained by a circuit

25 court specifically for the purpose of a drug court program are confidential and may not be disclosed

26 except in accordance with regulations adopted under 42 U.S.C. 290dd-2, including under the cir-

27 cumstances described in subsections (4) to [(6)] (7) of this section.

28       “(4) If the individual who is the subject of the record gives written consent, a record described

29 in subsection (3) of this section may be disclosed to members of the local drug court team in order

30 to develop treatment plans, monitor progress in treatment and determine outcomes of participation

31 in the drug court program.

32       “(5) A record described in subsection (3) of this section may not be introduced into evidence in

33 any legal proceeding other than the drug court program unless:

34       “(a) The individual who is the subject of the record gives written consent for introduction of the

35 record; or

36       “(b) The court finds good cause for introduction. In determining whether good cause exists for

37 purposes of this paragraph, the court shall weigh the public interest and the need for disclosure

38 against the potential injury caused by the disclosure to:

39       “(A) The individual who is the subject of the record;

40       “(B) The individual-physician relationship; and

41       “(C) The treatment services being provided to the individual who is the subject of the record.

42       “(6) A court, the State Court Administrator, the **Alcohol and Drug Policy Commission** or the

43 Oregon Criminal Justice Commission:

44       “(a) May use records described in subsection (3) of this section and other drug court program

45 information to track and develop statistics about the effectiveness, costs and other areas of public

1 interest concerning drug court programs.

2       “(b) [A court, the State Court Administrator or the Oregon Criminal Justice Commission] May  
3 release statistics developed under **paragraph (a)** of this subsection and analyses based on the sta-  
4 tistics to the public.

5       “(7) Statistics and analyses released under [this] subsection **(6) of this section** may not contain  
6 any information that identifies an individual participant in a drug court program.

7       “**SECTION 4.** ORS 135.980 is amended to read:

8       “135.980. (1) [By January 1, 1990,] The Director of the Department of Corrections shall [compile  
9 and thereafter] maintain a directory of public and private rehabilitative programs known and avail-  
10 able to corrections agencies of the state and of each county. For purposes of this subsection,  
11 ‘rehabilitative program’ means a planned activity, in a custodial or noncustodial context, designed  
12 and implemented to treat drug or alcohol abuse, to prevent criminal sexual behavior, to modify a  
13 propensity to commit crimes against persons or property or to achieve restitution for losses caused  
14 by an offender and includes programs that employ the device of mediation between the victim and  
15 offender. **Rehabilitative programs included in the directory that are designed and imple-**  
16 **mented to treat drug or alcohol abuse must meet minimum standards adopted by the Oregon**  
17 **Health Authority under ORS 430.357.** The director shall include:

18       “(a) The name, address and telephone number of the program and the identity of its director or  
19 other principal contact;

20       “(b) The geographical jurisdiction of the program;

21       “(c) The types of offenders that the program claims to be able to serve and the criteria that the  
22 program applies in selecting or soliciting cases;

23       “(d) The claims of the program regarding its effectiveness in reducing recidivism, achieving  
24 restitution or otherwise serving correctional objectives;

25       “(e) An assessment by the relevant corrections agency of the actual effectiveness of the pro-  
26 gram; and

27       “(f) The capacity of the program for new cases.

28       “(2) The Director of the Department of Corrections shall make the directory available to the  
29 Oregon Criminal Justice Commission and to judges in a form that will allow sentencing judges to  
30 determine what rehabilitative programs are appropriate and available to the offender during any  
31 period of probation, imprisonment or local incarceration and post-prison supervision. The Director  
32 of the Department of Corrections shall also make the directory available to its employees who pre-  
33 pare presentence reports and proposed release plans for submission to the State Board of Parole and  
34 Post-Prison Supervision.

35       “(3) The directory shall be updated as frequently as is practical, but no less often than every  
36 six months.

37       “[(4) The Director of the Department of Corrections shall prepare a plan for monitoring the scope  
38 and measuring the effectiveness of existing rehabilitative programs and shall deliver that plan to the  
39 Oregon Criminal Justice Commission no later than January 1, 1990.]

40       “**SECTION 5.** ORS 137.229 is amended to read:

41       “137.229. The Department of Corrections, to the extent that funds are available, shall expand  
42 existing and establish new treatment programs for alcohol and drug dependency **that meet mini-**  
43 **imum standards adopted by the Oregon Health Authority pursuant to ORS 430.357.**

44       “**SECTION 6.** ORS 336.222 is amended to read:

45       “336.222. In accordance with rules adopted by the State Board of Education in consultation with

1 the Oregon Health Authority, each district school board shall adopt a comprehensive alcohol and  
2 drug abuse policy and implementation plan[, *including but*] **that conforms to the policies and**  
3 **priorities established by the Alcohol and Drug Policy Commission under section 2 of this 2011**  
4 **Act, and includes but is not limited to:**

5 “(1) Alcohol and drug abuse prevention curriculum and public information programs addressing  
6 students, parents, teachers, administrators and school board members;

7 “(2) The nature and extent of the district’s expectation of intervention with students who appear  
8 to have drug or alcohol abuse problems;

9 “(3) The extent of the district’s alcohol and other drug prevention and intervention programs;  
10 and

11 “(4) The district’s strategy to gain access to federal funds available for drug abuse prevention  
12 programs.

13 **“SECTION 7.** ORS 336.235 is amended to read:

14 “336.235. In order to carry out the duties described in ORS 336.222 and 336.227, the State Board  
15 of Education, in consultation with the Oregon Health Authority **and the Alcohol and Drug Policy**  
16 **Commission**, shall adopt by rule, as a minimum, descriptions of the content of what shall be in-  
17 cluded in the policy and plan described in ORS 336.222 and 336.227.

18 **“SECTION 8.** ORS 351.105 is amended to read:

19 “351.105. In order to carry out the duties described in ORS 352.008, the State Board of Higher  
20 Education, in consultation with the Oregon Health Authority **and the Alcohol and Drug Policy**  
21 **Commission**, shall adopt by rule, as a minimum, descriptions of the content of what shall be in-  
22 cluded in the policy and plan described in ORS 352.008.

23 **“SECTION 9.** ORS 352.008 is amended to read:

24 “352.008. In consultation with the Oregon Health Authority **and the Alcohol and Drug Policy**  
25 **Commission**, each state institution of higher education shall adopt a comprehensive alcohol and  
26 drug abuse policy and implementation plan.

27 **“SECTION 10.** ORS 353.120 is amended to read:

28 “353.120. The Oregon Health and Science University, **in consultation with the Alcohol and**  
29 **Drug Policy Commission**, shall adopt a comprehensive alcohol and drug abuse policy and imple-  
30 mentation plan.

31 **“SECTION 11.** ORS 409.410 is amended to read:

32 “409.410. (1) The Director of the Oregon Health Authority shall administer [*all*] alcohol and drug  
33 abuse programs, including but not limited to programs or components of programs described in ORS  
34 430.397 to 430.401, 475.225, 743.557 and 743.558 and ORS chapters 430 and 801 to 822.

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

36 “(a) Report to the [*Legislative Assembly*] **Alcohol and Drug Policy Commission** on accom-  
37 plishments and issues occurring during each biennium, and report on a new biennial plan describing  
38 resources, needs and priorities for all alcohol and drug abuse programs.

39 “(b) Develop within the Oregon Health Authority priorities for alcohol and drug abuse programs  
40 and activities.

41 “[*(c) Monitor the priorities of approved alcohol and drug abuse related programs in all other state*  
42 *agencies.*]

43 “[*(d)*] (c) Conduct statewide and special planning processes which provide for participation from  
44 state and local agencies, groups and individuals.

45 “[*(e)*] (d) Identify the needs of special populations including minorities, elderly, youth, women

1 and individuals with disabilities.

2 "[~~(f)~~] (e) Subject to ORS chapter 183, adopt such rules as are necessary for the performance of  
3 the duties and functions specified by this section, *ORS 430.255 to 430.630, or otherwise lawfully de-*  
4 *legated*].

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

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

10 "(b) To provide training, both within this state and in other states, in the prevention and  
11 treatment of alcohol and drug abuse and dependence.

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

19 "SECTION 12. ORS 410.720 is amended to read:

20 "410.720. (1) It is the policy of this state to provide mental health and addiction services for all  
21 Oregon senior citizens and persons with disabilities through a comprehensive and coordinated  
22 statewide network of local mental health services and alcohol and drug abuse education and treat-  
23 ment. These services should involve family and friends and be provided in the least restrictive and  
24 most appropriate settings.

25 "(2) The Department of Human Services shall facilitate the formation of local community part-  
26 nerships between the senior, disability, mental health, alcohol and drug abuse and health care  
27 communities by supporting the development of program approaches [*including, but*] **that meet**  
28 **minimum standards adopted by the Oregon Health Authority under ORS 430.357 including,**  
29 **but not limited to:**

30 "(a) Mental health and addiction screenings and assessments in long term care settings;

31 "(b) Outreach services to seniors and persons with disabilities in their homes, including  
32 gatekeeper programs, neighborhood programs and programs designed for rural communities;

33 "(c) Multilingual and multicultural medical and psychiatric services for ethnic minorities with  
34 physical disabilities and hearing impairments;

35 "(d) Education and training for health care consumers, health care professionals and mental  
36 health and addiction services providers on mental health and addiction issues, programs and ser-  
37 vices for seniors and persons with disabilities; and

38 "(e) Education and consultation services for primary care physicians treating seniors and per-  
39 sons with disabilities.

40 "(3) In carrying out the provisions of subsections (1) and (2) of this section, the department shall:

41 "(a) Develop plans for service coordination within the department;

42 "(b) Recommend budget provisions for the delivery of needed services offered by the department;  
43 and

44 "(c) Develop plans for expanding mental health and addiction services for seniors and persons  
45 with disabilities to meet the increasing demand.

1        “**SECTION 13.** ORS 417.775, as amended by section 17, chapter 856, Oregon Laws 2009, is  
2 amended to read:

3        “417.775. (1) Under the direction of the board or boards of county commissioners, and in con-  
4 junction with the guidelines set by the State Commission on Children and Families, the local com-  
5 mission on children and families shall promote wellness for children of all ages and their families  
6 in the county or region, if the families have given their express written consent, mobilize commu-  
7 nities and develop policy and oversee the implementation of a local coordinated comprehensive plan  
8 described in this section. A local commission shall:

9        “(a) Inform and involve citizens;

10       “(b) Identify and map the range of resources in the community;

11       “(c) Plan, advocate and fund research-based **and tribal-based** initiatives for children who are  
12 18 years of age or younger, including prenatal, and their families;

13       “(d) Develop local policies, priorities, outcomes and targets;

14       “(e) Prioritize activities identified in the local plan and mobilize the community to take action;

15       “(f) Prioritize the use of nondedicated resources;

16       “(g) Monitor implementation of the local plan; and

17       “(h) Monitor and evaluate the intermediate outcome targets identified in the local plan that are  
18 reviewed under ORS 417.797, and report on the progress in addressing priorities and achieving out-  
19 comes.

20       “(2)(a) A local commission may not provide direct services for children and their families.

21       “(b) Notwithstanding paragraph (a) of this subsection, a local commission may provide direct  
22 services for children and their families for a period not to exceed six months if:

23       “(A)(i) The local commission determines that there is an emergency;

24       “(ii) A provider of services discontinues providing the services in the county or region; or

25       “(iii) No provider is able to offer the services in the county or region; and

26       “(B) The family has given its express written consent.

27       “(3) The local commission shall lead and coordinate a process to assess needs, strengths, goals,  
28 priorities and strategies, and identify county or regional outcomes to be achieved. The process shall  
29 be in conjunction with other coordinating bodies for services for children and their families and  
30 shall include representatives of education, mental health services, developmental disability services,  
31 alcohol and drug treatment programs, public health programs, local child care resource and referral  
32 agencies, child care providers, law enforcement and corrections agencies, private nonprofit entities,  
33 local governments, faith-based organizations, businesses, families, youth and the local community.  
34 The process shall include populations representing the diversity of the county or region.

35       “(4) Through the process described in subsection (3) of this section, the local commission shall  
36 coordinate the development of a single local plan for coordinating community programs, strategies  
37 and services for children who are 18 years of age or younger, including prenatal, and their families  
38 among community groups, government agencies, private providers and other parties. The local plan  
39 shall be a comprehensive area-wide service delivery plan for all services to be provided for children  
40 and their families in the county or region, if the families have given their express written consent.  
41 The local plan shall be designed to achieve state and county or regional outcomes based on state  
42 policies and guidelines and to maintain a level of services consistent with state and federal re-  
43 quirements.

44       “(5) The local commission shall prepare the local coordinated comprehensive plan and applica-  
45 tions for funds to implement ORS 417.705 to 417.801 and 419A.170. The local plan, policies and pro-

1 posed service delivery systems shall be submitted to the board or boards of county commissioners  
2 for approval prior to submission to the state commission. The local plan shall be based on identify-  
3 ing the most effective service delivery system allowing for the continuation of current public and  
4 private programs where appropriate. The local plan shall address needs, strengths and assets of all  
5 children, their families and communities, including those children and their families at highest risk.

6 “(6) Subject to the availability of funds:

7 “(a) The local coordinated comprehensive plan shall include:

8 “(A) Identification of ways to connect all state and local planning processes related to services  
9 for children and their families into the local coordinated comprehensive plan to create positive  
10 outcomes for children and their families; and

11 “(B) Provisions for a continuum of social supports at the community level for children from the  
12 prenatal stage through 18 years of age, and their families, that takes into account areas of need,  
13 service overlap, asset building and community strengths as outlined in ORS 417.305 (2).

14 “(b) The local coordinated comprehensive plan shall reference:

15 “(A) A voluntary local early childhood system plan created pursuant to ORS 417.777;

16 “(B) Local alcohol and other drug prevention and treatment plans developed pursuant to [section  
17 1, chapter 856, Oregon Laws 2009] **section 2 of this 2011 Act**;

18 “(C) Local service plans, developed pursuant to ORS 430.630, for the delivery of mental health  
19 services for children and their families;

20 “(D) Local public health plans, developed pursuant to ORS 431.385, that include public health  
21 issues such as prenatal care, immunizations, well-child checkups, tobacco use, nutrition, teen preg-  
22 nancy, maternal and child health care and suicide prevention; and

23 “(E) The local high-risk juvenile crime prevention plan developed pursuant to ORS 417.855.

24 “(7) The local coordinated comprehensive plan shall include a list of staff positions budgeted to  
25 support the local commission on children and families. The list shall indicate the status of each po-  
26 sition as a percentage of full-time equivalency dedicated to the implementation of the local coordi-  
27 nated comprehensive plan. The county board or boards of commissioners shall be responsible for  
28 providing the level of staff support detailed in the local plan and shall ensure that funds provided  
29 for these purposes are used to carry out the local plan.

30 “(8) The local coordinated comprehensive plan shall:

31 “(a) Improve results by addressing the needs, strengths and assets of all children, their families  
32 and communities in the county or region, including those children and their families at highest risk;

33 “(b) Improve results by identifying the methods that work best at the state and local levels to  
34 coordinate resources, reduce paperwork and simplify processes, including data gathering and plan-  
35 ning;

36 “(c) Be based on local, state and federal resources;

37 “(d) Be based on proven practices of effectiveness for the specific community;

38 “(e) Contribute to a voluntary statewide system of formal and informal services and supports  
39 that is provided at the community level, that is integrated in local communities and that promotes  
40 improved outcomes for Oregon’s children;

41 “(f) Be presented to the citizens in each county for public review, comment and adjustment;

42 “(g) Be designed to achieve outcomes based on research-identified proven practices of effective-  
43 ness; and

44 “(h) Address other issues, local needs or children and family support areas as determined by the  
45 local commission pursuant to ORS 417.735.

1       “(9) In developing the local coordinated comprehensive plan, the local commission shall:  
2       “(a) Secure active participation pursuant to subsection (3) of this section;  
3       “(b) Provide for community participation in the planning process, including media notification;  
4       “(c) Conduct an assessment of the community that identifies needs and strengths;  
5       “(d) Identify opportunities for service integration; and  
6       “(e) Develop a local coordinated comprehensive plan and budget to meet the priority needs of  
7 a county or region.

8       “(10) The state commission may disapprove the part of the local coordinated comprehensive plan  
9 relating to the planning process required by this section and the voluntary local early childhood  
10 system plan.

11       “(11)(a) The state commission may disapprove the planning process and the voluntary local early  
12 childhood system plan only upon making specific findings that the local plan substantially fails to  
13 conform to the principles, characteristics and values identified in ORS 417.708 to 417.725 and 417.735  
14 (4) or that the local plan fails to conform with the planning process requirements of this section.  
15 The staff of the state commission shall assist the local commission in remedying the deficiencies in  
16 the planning process or the voluntary local early childhood system plan. The state commission shall  
17 set a date by which any deficient portions of the planning process or the voluntary local early  
18 childhood system plan must be revised and resubmitted to the state commission by the local com-  
19 mission.

20       “(b) The state commission does not have approval authority over the following service plans  
21 referenced in the local coordinated comprehensive plan:

22       “(A) The local alcohol and other drug prevention and treatment plans developed pursuant to  
23 [section 1, chapter 856, Oregon Laws 2009] **section 2 of this 2011 Act;**

24       “(B) Local service plans, developed pursuant to ORS 430.630, relating to the delivery of mental  
25 health services;

26       “(C) Local public health plans developed pursuant to ORS 431.385; and

27       “(D) Local high-risk juvenile crime prevention plans developed pursuant to ORS 417.855.

28       “(12) The state commission, the Department of Human Services and the Juvenile Crime Pre-  
29 vention Advisory Committee may jointly approve the community plan that is part of the local coor-  
30 dinated comprehensive plan, but may not jointly approve the service plans that are referenced in the  
31 local plan. If the community plan is disapproved in whole, the agencies shall identify with  
32 particularity the manner in which the community plan is deficient and the service plans may be  
33 implemented. If only part of the community plan is disapproved, the remainder of the community  
34 plan and the service plans may be implemented. The staff of the agencies shall assist the local  
35 commission in remedying the disapproved portions of the community plan. The agencies shall jointly  
36 set a date by which the deficient portions of the community plan shall be revised and resubmitted  
37 to the agencies by the local commission. In reviewing the community plan, the agencies shall con-  
38 sider the impact of state and local budget reductions on the community plan.

39       “(13) If a local commission determines that the needs of the county or region it serves differ  
40 from those identified by the state commission, it may ask the state commission to waive specific  
41 requirements in its list of children’s support areas. The process for granting waivers shall be de-  
42 veloped by the state commission prior to the start of the review and approval process for the local  
43 coordinated comprehensive plan described in ORS 417.735 (4) and shall be based primarily on a de-  
44 termination of whether the absence of a waiver would prevent the local commission from best  
45 meeting the needs of the county or region.

1       “(14) From time to time, the local commission may amend the local coordinated comprehensive  
2 plan and applications for funds to implement ORS 417.705 to 417.801 and 419A.170. The local com-  
3 mission must amend the local plan to reflect current community needs, strengths, goals, priorities  
4 and strategies. Amendments become effective upon approval of the board or boards of county com-  
5 missioners and the state commission.

6       “(15) The local commission shall keep an official record of any amendments to the local coordi-  
7 nated comprehensive plan under subsection (14) of this section.

8       “(16) The local commission shall provide an opportunity for public and private contractors to  
9 review the components of the local coordinated comprehensive plan and any amendments to the lo-  
10 cal plan, to receive notice of any component that the county or counties intend to provide through  
11 a county agency and to comment publicly to the board or boards of county commissioners if they  
12 disagree with the proposed service delivery plan.

13       **“(17) Alcohol and drug prevention and treatment services included in the local coordi-  
14 nated comprehensive plan must meet minimum standards adopted by the Oregon Health  
15 Authority under ORS 430.357.**

16       “SECTION 14. ORS 423.150 is amended to read:

17       “423.150. (1) The Department of Corrections shall:

18       “(a) Provide appropriate treatment services to drug-addicted persons in the custody of the de-  
19 partment who are at a high or medium risk of reoffending and who have moderate to severe treat-  
20 ment needs; and

21       “(b) Make grants to counties in order to provide supplemental funding for:

22       “(A) The operation of local jails;

23       “(B) Appropriate treatment services for drug-addicted persons on probation, parole or post-  
24 prison supervision; or

25       “(C) The intensive supervision of drug-addicted persons on probation, parole or post-prison  
26 supervision, including the incarceration of drug-addicted persons who have violated the terms and  
27 conditions of probation, parole or post-prison supervision.

28       “(2) The Oregon Criminal Justice Commission shall make grants to counties in order to provide  
29 supplemental funding for drug courts for drug-addicted persons, including the costs of appropriate  
30 treatment services and the incarceration of persons who have violated the terms and conditions of  
31 a drug court.

32       “(3)(a) The appropriate legislative committee shall periodically conduct oversight hearings on  
33 the effectiveness of this section.

34       “(b) The Oregon Criminal Justice Commission shall periodically conduct independent evaluations  
35 of the programs funded by this section for their effectiveness in reducing criminal behavior in a  
36 cost-effective manner and shall report the findings to the Alcohol and Drug Policy  
37 Commission.

38       “(4) The Department of Corrections shall determine which persons are eligible for treatment  
39 under subsection (1)(a) of this section using an actuarial risk assessment tool.

40       “(5) The department shall adopt rules to administer the grant program described in subsection  
41 (1)(b) of this section.

42       “(6) Prior to adopting the rules described in subsection (5) of this section, the department shall  
43 consult with a broad-based committee that includes representatives of:

44       “(a) County boards of commissioners;

45       “(b) County sheriffs;

1       “(c) District attorneys;  
2       “(d) County community corrections;  
3       “(e) The Oregon Criminal Justice Commission;  
4       “(f) Presiding judges of the judicial districts of this state;  
5       “(g) Public defenders; and  
6       “(h) Treatment providers.  
7       “(7) In determining which grant proposals to fund within each county, the department shall:  
8       “(a) Consult with the committee described in subsection (6) of this section;  
9       “(b) Give priority to those proposals that are best designed to reduce crime and drug addiction;  
10      and  
11       “(c) Be guided by evidence-based **and tribal-based** practices, risk assessment tools or other  
12      research-based considerations.  
13       “(8) Nothing in this section:  
14       “(a) Creates any claim, right of action or civil liability; or  
15       “(b) Requires a supervisory authority or the Department of Corrections to provide treatment to  
16      any individual under the authority’s supervision or in the custody of the department.  
17       “(9) As used in this section:  
18       “(a) ‘Drug-addicted person’ means a person who has lost the ability to control the personal use  
19      of controlled substances or alcohol, or who uses controlled substances or alcohol to the extent that  
20      the health of the person or that of others is substantially impaired or endangered or the social or  
21      economic function of the person is substantially disrupted. A drug-addicted person may be physically  
22      dependent, a condition in which the body requires a continuing supply of a controlled substance or  
23      alcohol to avoid characteristic withdrawal symptoms, or psychologically dependent, a condition  
24      characterized by an overwhelming mental desire for continued use of a controlled substance or al-  
25      cohol.  
26       “(b) ‘Intensive supervision’ means the active monitoring of a person’s performance in a treat-  
27      ment program by a parole and probation officer and the imposition of sanctions, or request to a  
28      court for sanctions, if the person fails to abide by the terms and conditions of a treatment program.  
29       “**SECTION 15.** ORS 430.010 is amended to read:  
30       “430.010. As used in ORS 430.010 to 430.050, 430.140 to 430.170, 430.265[, 430.270] and 430.610 to  
31      430.695:  
32       “(1) ‘Authority’ means the Oregon Health Authority.  
33       “(2) ‘Department’ means the Department of Human Services.  
34       “(3) ‘Health facility’ means a facility licensed as required by ORS 441.015 or a facility accredited  
35      by the Joint Commission on Accreditation of Hospitals, either of which provides full-day or part-day  
36      acute treatment for alcoholism, drug addiction or mental or emotional disturbance, and is licensed  
37      to admit persons requiring 24-hour nursing care.  
38       “(4) ‘Residential facility’ or ‘day or partial hospitalization program’ means a program or facility  
39      providing an organized full-day or part-day program of treatment. Such a program or facility shall  
40      be licensed, approved, established, maintained, contracted with or operated by the authority under:  
41       “(a) ORS 430.265 to 430.380 and 430.610 to 430.880 for alcoholism;  
42       “(b) ORS 430.265 to 430.380, 430.405 to 430.565 and 430.610 to 430.880 for drug addiction; or  
43       “(c) ORS 430.610 to 430.880 for mental or emotional disturbances.  
44       “(5) ‘Outpatient service’ means:  
45       “(a) A program or service providing treatment by appointment and by:

1       “(A) Medical or osteopathic physicians licensed by the Oregon Medical Board under ORS  
2 677.010 to 677.450;

3       “(B) Psychologists licensed by the State Board of Psychologist Examiners under ORS 675.010 to  
4 675.150;

5       “(C) Nurse practitioners registered by the Oregon State Board of Nursing under ORS 678.010  
6 to 678.410;

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

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

11       “(b) A program or service providing treatment by appointment that is licensed, approved, es-  
12 tablished, maintained, contracted with or operated by the authority under:

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

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

15       “(C) ORS 430.610 to 430.880 for mental or emotional disturbances.

16       “**SECTION 16.** ORS 430.240 is amended to read:

17       “430.240. The Oregon Health Authority [*in developing treatment programs for drug-dependent*  
18 *persons*] shall develop **treatment programs, meeting minimum standards adopted pursuant to**  
19 **ORS 430.357, to [that] assist drug-dependent persons to become persons who are able to live healthy**  
20 **and productive lives without the use of any natural or synthetic opiates.**

21       “**SECTION 17.** ORS 430.270, as amended by section 18, chapter 856, Oregon Laws 2009, is  
22 amended to read:

23       “430.270. (1) The Oregon Health Authority shall take such means as it considers most effective  
24 to bring to the attention of the general public, employers, the professional community and partic-  
25 ularly the youth of the state, the harmful effects to the individual and society of the irresponsible  
26 use of alcoholic beverages, controlled substances and other chemicals, and substances with abuse  
27 potential.

28       “(2) **The activities of the authority under this section must be consistent with any coor-**  
29 **dination efforts of the Alcohol and Drug Policy Commission conducted or developed under**  
30 **section 2 of this 2011 Act.**

31       “**SECTION 18.** ORS 430.306 is amended to read:

32       “430.306. As used in ORS 430.315 to 430.335, **430.342**, 430.397, [*and*] 430.399, **430.420 and 430.630**,  
33 unless the context requires otherwise:

34       “(1) ‘Alcoholic’ means any person who has lost the ability to control the use of alcoholic  
35 beverages, or who uses alcoholic beverages to the extent that the health of the person or that of  
36 others is substantially impaired or endangered or the social or economic function of the person is  
37 substantially disrupted. An alcoholic may be physically dependent, a condition in which the body  
38 requires a continuing supply of alcohol to avoid characteristic withdrawal symptoms, or  
39 psychologically dependent, a condition characterized by an overwhelming mental desire for contin-  
40 ued use of alcoholic beverages.

41       “(2) ‘Applicant’ means a city, county or any combination thereof.

42       “(3) ‘Authority’ means the Oregon Health Authority.

43       “(4) ‘Detoxification center’ means a publicly or privately operated profit or nonprofit facility  
44 approved by the authority that provides emergency care or treatment for alcoholics or drug-  
45 dependent persons.

1       “(5) ‘Director of the treatment facility’ means the person in charge of treatment and rehabili-  
2       tation programs at a treatment facility.

3       “(6) ‘Drug-dependent person’ means one who has lost the ability to control the personal use of  
4       controlled substances or other substances with abuse potential, or who uses such substances or  
5       controlled substances to the extent that the health of the person or that of others is substantially  
6       impaired or endangered or the social or economic function of the person is substantially disrupted.  
7       A drug-dependent person may be physically dependent, a condition in which the body requires a  
8       continuing supply of a drug or controlled substance to avoid characteristic withdrawal symptoms,  
9       or psychologically dependent, a condition characterized by an overwhelming mental desire for con-  
10      tinued use of a drug or controlled substance.

11      “(7) ‘Halfway house’ means a publicly or privately operated profit or nonprofit, residential fa-  
12      cility approved by the authority that provides rehabilitative care and treatment for alcoholics or  
13      drug-dependent persons.

14      “(8) ‘Local [*alcoholism*] planning committee’ means a **local planning committee for alcohol and**  
15      **drug prevention and treatment services** appointed or designated by the county governing body  
16      under ORS 430.342.

17      “(9) ‘[*Other*] Treatment facility’ includes outpatient facilities, inpatient facilities and [*such*] other  
18      facilities [*as*] the authority determines suitable **and that provide services that meet minimum**  
19      **standards established under ORS 430.357**, any of which may provide diagnosis and evaluation,  
20      medical care, detoxification, social services or rehabilitation for alcoholics or drug-dependent per-  
21      sons and which operate in the form of a general hospital, a state hospital, a foster home, a hostel,  
22      a clinic or other suitable form approved by the authority.

23      “**SECTION 19.** ORS 430.335 is amended to read:

24      “430.335. **In accordance with the policies, priorities and standards established by the Al-**  
25      **cohol and Drug Policy Commission under section 2 of this 2011 Act, and** subject to the avail-  
26      ability of funds therefor, the Oregon Health Authority may:

27      “(1) Provide directly through publicly operated treatment facilities, which shall not be consid-  
28      ered to be state institutions, or by contract with publicly or privately operated profit or nonprofit  
29      treatment facilities, for the care of alcoholics or drug-dependent persons.

30      “(2) Sponsor and encourage research of alcoholism and drug dependence.

31      “(3) Seek to coordinate public and private programs relating to alcoholism and drug dependence.

32      “(4) Apply for federally granted funds available for study or prevention and treatment of  
33      alcoholism and drug dependence.

34      “(5) Directly or by contract with public or private entities, administer financial assistance, loan  
35      and other programs to assist the development of drug and alcohol free housing.

36      “**SECTION 20.** ORS 430.338 is amended to read:

37      “430.338. The purposes of ORS [*430.306,*] 430.338 to 430.380[, *471.810, 473.030 and 473.050*] are:

38      “(1) To encourage local units of government to provide treatment and rehabilitation services to  
39      persons suffering from alcoholism;

40      “(2) To foster sound local planning to address the problem of alcoholism and its social conse-  
41      quences;

42      “(3) To promote a variety of treatment and rehabilitation services for alcoholics designed to  
43      meet the therapeutic needs of diverse segments of a community’s population, recognizing that no  
44      single approach to alcoholism treatment and rehabilitation is suitable to every individual;

45      “(4) To increase the independence and ability of individuals recovering from alcoholism to lead

1 satisfying and productive lives, thereby reducing continued reliance upon therapeutic support;  
2       “(5) To [*insure*] **ensure** sufficient emphasis upon the unique treatment and rehabilitation needs  
3 of minorities; and

4       “(6) To stimulate adequate evaluation of alcoholism treatment and rehabilitation programs.

5       “**SECTION 21.** ORS 430.342 is amended to read:

6       “430.342. (1) The governing body of each county or combination of counties in a mental health  
7 administrative area, as designated by the [*Oregon Health Authority*] **Alcohol and Drug Policy**  
8 **Commission**, shall:

9       “(a) Appoint a local [*alcoholism*] planning committee **for alcohol and drug prevention and**  
10 **treatment services**; or [*shall*]

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

13       “(2) The committee shall identify needs and establish priorities for [*alcoholism services. In doing*  
14 *so, it shall coordinate its activities with existing community mental health planning bodies*] **alcohol**  
15 **and drug prevention and treatment services that best suit the needs and values of the com-**  
16 **munity and shall report its findings to the Oregon Health Authority, the governing bodies**  
17 **of the counties served by the committee and the budget advisory committee of the commis-**  
18 **sion.**

19       “(3) Members of the **local planning** committee shall be representative of the geographic area  
20 and shall be persons with interest or experience in developing [*programs dealing with alcohol prob-*  
21 *lems*] **alcohol and drug prevention and treatment services**. The membership of the committee  
22 shall include a number of minority members which reasonably reflects the proportion of the need for  
23 [*alcoholism*] **prevention, treatment and rehabilitation services of minorities in the community.**

24       “**SECTION 22.** ORS 430.345 is amended to read:

25       “430.345. Upon application therefor, the Oregon Health Authority may make grants from funds  
26 specifically appropriated for the purposes of carrying out ORS [*430.345*] **430.338** to 430.380 to any  
27 applicant for the establishment, operation and maintenance of alcohol and drug abuse prevention,  
28 early intervention and treatment services. When necessary, a portion of the appropriated funds may  
29 be designated by the authority for training and technical assistance, or additional funds may be  
30 appropriated for this purpose. Alcohol and drug abuse prevention, early intervention and treatment  
31 services shall be approved if the applicant establishes to the satisfaction of the authority:

32       “(1)(a) The adequacy of the services to accomplish the goals of the applicant [*and the program*  
33 *goals are consonant with the purposes of ORS 430.306, 430.338 to 430.380, 471.810, 473.030 and 473.050*  
34 *and goals of the State Plan for Alcohol Problems.*] **and the needs and priorities established under**  
35 **ORS 430.338 to 430.380; or**

36       “[(2)] (b) The community need for the services as [*documented in the annual community mental*  
37 *health plan.*] **determined by the local planning committee for alcohol and drug prevention and**  
38 **treatment services under ORS 430.342;**

39       “[(3)] (2) That an appropriate operating [*relationship*] **agreement** exists, or will exist with other  
40 community facilities able to assist in providing alcohol and drug abuse prevention, early inter-  
41 vention and treatment services, including nearby detoxification centers and halfway houses[.]; **and**

42       “[(4)] (3) That the services comply with the [*rules adopted by the authority pursuant to ORS*  
43 *430.357.*]

44       “**SECTION 23.** ORS 430.357 is amended to read:

45       “430.357. (1) The Oregon Health Authority shall [*make all necessary and proper rules governing*

1 *the administration of ORS 430.345 to 430.380, including but not limited to standards, consistent with*  
2 *modern knowledge about alcohol and drug abuse prevention, early intervention and treatment*  
3 *services] adopt rules to implement ORS 430.338 to 430.380 and to establish minimum standards*  
4 **for alcohol and drug prevention and treatment programs in accordance with the rules, poli-**  
5 **cies, priorities and standards of the Alcohol and Drug Policy Commission under section 2 of**  
6 **this 2011 Act.**

7 “(2) All standards and guidelines adopted by the authority to implement programs authorized  
8 under ORS [430.345] **430.338** to 430.380 shall be adopted as rules pursuant to ORS chapter 183 re-  
9 gardless of whether they come within the definition of rule in ORS 183.310 (8).

10 **“SECTION 24.** ORS 430.359, as amended by section 20, chapter 856, Oregon Laws 2009, is  
11 amended to read:

12 “430.359. (1) Upon approval of an application, the Oregon Health Authority shall enter into a  
13 matching fund relationship with the applicant. In all cases the amount granted by the authority  
14 under the matching formula shall not exceed 50 percent of the total estimated costs, as approved  
15 by the authority, of the alcohol and drug abuse prevention, early intervention and treatment ser-  
16 vices.

17 “(2) [*The amount of state funds shall be apportioned among the applicants according to the com-*  
18 *munity need of the applicant for services as compared with the community needs of all applicants. In*  
19 *evaluating the community needs of the applicant, the authority shall give priority consideration to those*  
20 *applications that identify and include alcohol and drug abuse prevention, early intervention and treat-*  
21 *ment services aimed at providing services to minorities]* **The authority shall distribute funds to**  
22 **applicants consistent with the budget priority policies adopted by the Alcohol and Drug Pol-**  
23 **icy Commission, the community needs as determined by local planning committees for alco-**  
24 **hol and drug prevention and treatment services under ORS 430.342 and the particular needs**  
25 **of minority groups** with a significant population of affected persons. The funds granted shall be  
26 distributed monthly.

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

30 “(4) An applicant that is, at the time of a grant made under this section, expending funds ap-  
31 propriated by its governing body for the alcohol and drug abuse prevention, early intervention and  
32 treatment services shall, as a condition to the receipt of funds under this section, maintain its fi-  
33 nancial contribution to these programs at an amount not less than the preceding year. However, the  
34 financial contribution requirement may be waived in its entirety or in part in any year by the au-  
35 thority because of:

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

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

41 “(c) The application of federal funds, including but not limited to general revenue sharing, dis-  
42 tributions from the Oregon and California land grant fund and block grant funds to the alcohol and  
43 drug abuse prevention, early intervention and treatment services in the prior year when such funds  
44 are not available for such application in the current year; or

45 “(d) The application of fund balances resulting from fees, donations or underexpenditures in a

1 given year of the funds appropriated to counties pursuant to ORS 430.380 [(2)] to the alcohol and  
2 drug abuse prevention, early intervention and treatment services in the prior year when such funds  
3 are not available for such application in the current year.

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

9 “(6) Grants made pursuant to ORS 430.345 to 430.380 shall be paid from funds specifically ap-  
10 propriated therefor and shall be paid in the same manner as other claims against the state are paid.

11 **“SECTION 25.** ORS 430.364 is amended to read:

12 “430.364. Within the limits of available funds, in giving priority consideration under ORS 430.359  
13 (2), the Oregon Health Authority shall:

14 “(1) Identify all applications containing funding proposals for minority programs and assess the  
15 extent to which such funding proposals address the needs of minorities as stated in ORS 430.362,  
16 adjusting such amounts as it deems justified on the basis of the facts presented for its consideration  
17 and such additional information as may be necessary to determine an appropriate level of funding  
18 for such programs, and award such funds to those applicants for the purposes stated in the appli-  
19 cation; and

20 “(2) After making a determination of the appropriate level of funding minority programs under  
21 subsection (1) of this section, assess the remaining portions of all applications containing minority  
22 program funding proposals together with applications which do not contain funding proposals for  
23 minority programs on the basis of the remaining community need [*stated in ORS 430.345*] **deter-**  
24 **mined by the local planning committee for alcohol and drug prevention and treatment ser-**  
25 **VICES under ORS 430.342**, adjusting such amounts as it deems justified on the basis of the facts  
26 presented for its consideration and such additional information as may be necessary to determine  
27 an appropriate level of funding such programs, and award such funds to those applicants.

28 **“SECTION 26.** ORS 430.366 is amended to read:

29 “430.366. (1) Every proposal for alcohol and drug abuse prevention, early intervention and  
30 treatment services received from an applicant shall contain:

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

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

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

36 “[*(2) Thirty days before the end of each fiscal year, every service funded under ORS 430.306,*  
37 *430.338 to 430.380, 471.810, 473.030 and 473.050 shall file a concise progress report with the Oregon*  
38 *Health Authority, including a narrative statement of progress made in meeting its goals and objectives*  
39 *for the year.*]

40 “[*(3) The authority shall assemble all progress reports received in each biennium and transmit*  
41 *them to the succeeding session of the Legislative Assembly.*]

42 **“(2) Each grant recipient and provider of alcohol and drug abuse prevention, early inter-**  
43 **vention and treatment services funded with moneys from the Mental Health Alcoholism and**  
44 **Drug Services Account established by ORS 430.380 shall report to the Alcohol and Drug Pol-**  
45 **icy Commission all data regarding the services in the form and manner prescribed by the**

1 **commission.**

2 **"SECTION 27.** ORS 430.368, as amended by section 21, chapter 856, Oregon Laws 2009, is  
3 amended to read:

4 "430.368. (1) Any alcohol and drug abuse prevention, early intervention and treatment service,  
5 including but not limited to minority programs, aggrieved by any final action of an applicant with  
6 regard to requesting funding for the program from the Oregon Health Authority, may appeal the  
7 applicant's action to the Director of the Oregon Health Authority within 30 days of the action. For  
8 the purposes of this section 'final action' means the submission of the applicant's compiled funding  
9 requests to the authority. The director shall review all appealed actions for compliance with the  
10 purposes and requirements of ORS [430.315 to 430.335,] 430.338 to 430.380, 471.810, 473.030 and  
11 473.050, including but not limited to ORS 430.338 (5).

12 "(2) The director shall act on all appeals within 60 days of filing, or before the time of the  
13 authority's decision on the applicant's funding request, whichever is less. The director is not re-  
14 quired to follow procedures for hearing a contested case, but shall set forth written findings justi-  
15 fying the action. The decision of the director shall be final, and shall not be subject to judicial  
16 review.

17 **"SECTION 28.** ORS 430.380 is amended to read:

18 "430.380. (1) There is established in the General Fund of the State Treasury an account to be  
19 known as the Mental Health Alcoholism and Drug Services Account. Moneys deposited in the ac-  
20 count are continuously appropriated for the purposes of ORS 430.345 to 430.380. Moneys deposited  
21 in the account may be invested in the manner prescribed in ORS 293.701 to 293.820.

22 "(2) Forty percent of the moneys in the Mental Health Alcoholism and Drug Services Account  
23 shall be continuously appropriated to the counties on the basis of population. The counties must use  
24 the moneys for the establishment, operation and maintenance of alcohol and drug abuse prevention,  
25 early intervention and treatment services and for local matching funds under ORS 430.345 to  
26 430.380.

27 "(3) Forty percent of the moneys shall be continuously appropriated to the Oregon Health Au-  
28 thority to be used for state matching funds to counties for alcohol and drug abuse prevention, early  
29 intervention and treatment services pursuant to ORS 430.345 to 430.380.

30 "(4) Twenty percent of the moneys shall be continuously appropriated to the Oregon Health  
31 Authority to be used for alcohol and drug abuse prevention, early intervention and treatment ser-  
32 vices for inmates of correctional and penal institutions and for parolees therefrom and for  
33 probationers as provided pursuant to rules of the authority. However, prior to expenditure of mon-  
34 eys under this subsection, the authority must present its program plans for approval to the appro-  
35 priate legislative body which is either the Joint Ways and Means Committee during a session of the  
36 Legislative Assembly or the Emergency Board during the interim between sessions.

37 **"(5) Counties and state agencies:**

38 **"(a) May not use moneys appropriated to counties and state agencies under subsections**  
39 **(1) to (4) of this section for alcohol and drug prevention and treatment services that do not**  
40 **meet or exceed minimum standards established under ORS 430.357; and**

41 **"(b) Shall include in all grants and contracts with providers of alcohol and drug pre-**  
42 **vention and treatment services a contract provision that the grant or contract may be ter-**  
43 **minated by the county or state agency if the provider does not meet or exceed the minimum**  
44 **standards adopted by the Oregon Health Authority pursuant to ORS 430.357. A county or**  
45 **state agency may not be penalized and is not liable for the termination of a contract under**

1 **this section.**

2 **"SECTION 29.** ORS 430.395 is amended to read:

3 "430.395. (1) [*Subject to the availability of funds,*] **In accordance with ORS 430.357, and con-**  
4 **sistent with the budget priority policies adopted by the Alcohol and Drug Policy Commission,**  
5 the Oregon Health Authority may fund regional centers for the treatment of adolescents with drug  
6 and alcohol dependencies.

7 "(2) The authority shall define by rule a minimum number of inpatient beds and outpatient slots  
8 necessary for effective treatment and economic operation of any regional center funded by state  
9 funds.

10 "(3) The areas to be served by any treatment facility shall be determined by the following:

11 "(a) Areas that demonstrate the most need;

12 "(b) Areas with no treatment program or an inadequate program; and

13 "(c) Areas where there is strong, organized community support for youth treatment programs.

14 "(4) The area need is determined by **the local planning committee for alcohol and drug**  
15 **prevention and treatment services under ORS 430.342 using the following information:**

16 "(a) Current area youth admissions to treatment programs;

17 "(b) Per capita consumption of alcohol in the area;

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

19 "(d) Whether the area has effective, specialized outpatient and early intervention services in  
20 place;

21 "(e) Whether the area suffers high unemployment and economic depression; and

22 "(f) Other evidence of need.

23 "(5) As used in this section, 'regional center' means a community residential treatment facility  
24 including intensive residential and outpatient care for adolescents with drug and alcohol dependen-  
25 cies.

26 **"SECTION 30.** ORS 430.399 is amended to read:

27 "430.399. (1) Any person who is intoxicated or under the influence of controlled substances in  
28 a public place may be taken or sent home or to a treatment facility by the police. However, if the  
29 person is incapacitated, the health of the person appears to be in immediate danger, or the police  
30 have reasonable cause to believe the person is dangerous to self or to any other person, the person  
31 shall be taken by the police to an appropriate treatment facility. A person shall be deemed inca-  
32 pacitated when in the opinion of the police officer or director of the treatment facility the person  
33 is unable to make a rational decision as to acceptance of assistance.

34 "(2) The director of the treatment facility shall determine whether a person shall be admitted  
35 as a patient, or referred to another treatment facility or denied referral or admission. If the person  
36 is incapacitated or the health of the person appears to be in immediate danger, or if the director  
37 has reasonable cause to believe the person is dangerous to self or to any other person, the person  
38 must be admitted. The person shall be discharged within 48 hours unless the person has applied for  
39 voluntary admission to the treatment facility.

40 "(3) In the absence of any appropriate treatment facility, an intoxicated person or a person un-  
41 der the influence of controlled substances who would otherwise be taken by the police to a treat-  
42 ment facility may be taken to the city or county jail where the person may be held until no longer  
43 intoxicated, under the influence of controlled substances or incapacitated.

44 "(4) An intoxicated person or person under the influence of controlled substances, when taken  
45 into custody by the police for a criminal offense, shall immediately be taken to the nearest appro-

1 priate treatment facility when the condition of the person requires emergency medical treatment.

2 “(5) The records of a patient at a treatment facility [*shall*] **may** not be revealed to any person  
3 other than the director and staff of the treatment facility without the consent of the patient. A  
4 patient’s request that no disclosure be made of admission to a treatment facility shall be honored  
5 unless the patient is incapacitated or disclosure of admission is required by ORS 430.397.

6 “[*(6) As used in this section, ‘treatment facility’ has the meaning given ‘other treatment facility’ in*  
7 *ORS 430.306.*]

8 “**SECTION 31.** ORS 430.420 is amended to read:

9 “430.420. (1) In collaboration with local seizing agencies, the district attorney, the local public  
10 safety coordinating council and the local mental health advisory committee, a local [*alcoholism*]  
11 planning committee appointed or designated pursuant to ORS 430.342 shall develop a plan to inte-  
12 grate drug treatment services, **meeting minimum standards established pursuant to ORS**  
13 **430.357**, into the criminal justice system for offenders who commit nonviolent felony drug possession  
14 offenses. The plan may also include property offenders as provided for under ORS 475.245. The plan  
15 developed under this subsection must be incorporated into the local coordinated comprehensive plan  
16 required by ORS 417.775.

17 “(2)(a) A plan may include, but need not be limited to, programs that occur before adjudication,  
18 after adjudication as part of a sentence of probation or as part of a conditional discharge.

19 “(b) A plan must include, but need not be limited to:

20 “(A) A description of local criminal justice and treatment coordination efforts;

21 “(B) A description of the method by which local, state and federal treatment resources are pri-  
22 oritized and allocated to meet the needs of the drug abusing offender population;

23 “(C) The principles that guide criminal justice strategies for supervision and treatment of drug  
24 abusing offenders and the purchase of treatment services from local community providers;

25 “(D) The desired outcomes for criminal justice strategies for supervision and treatment of drug  
26 abusing offenders and the provision of treatment services and identification of a method for moni-  
27 toring and reporting the outcomes; and

28 “(E) Consistent standards for measuring the success of criminal justice strategies for supervision  
29 and treatment of drug abusing offenders and the provision of treatment.

30 “(3) A program must include, but need not be limited to:

31 “(a) Ongoing oversight of the participant;

32 “(b) Frequent monitoring to determine whether a participant is using controlled substances un-  
33 lawfully; and

34 “(c) A coordinated strategy governing responses to a participant’s compliance or noncompliance  
35 with the program.

36 “(4) The local [*alcoholism*] planning committee shall submit the plan to the Oregon Health Au-  
37 thority and shall provide the county board of commissioners with a copy of the plan.

38 “**SECTION 32.** ORS 430.424 is amended to read:

39 “430.424. **Consistent with the budget priority policies adopted by the Alcohol and Drug**  
40 **Policy Commission**, the Oregon Health Authority shall distribute moneys in the Drug Prevention  
41 and Education Fund established in ORS 430.422 based on a review of the plans submitted to the of-  
42 fice under ORS 430.420. Funding criteria include, but need not be limited to, whether the plan in-  
43 cludes the existence or development of a drug treatment court or a drug diversion program.

44 “**SECTION 33.** ORS 430.450 is amended to read:

45 “430.450. As used in ORS 430.450 to 430.555, unless the context requires otherwise:

1           “(1) ‘Authority’ means the Oregon Health Authority.

2           “(2) ‘Community diversion plan’ means a system of services approved and monitored by the  
3 Oregon Health Authority in accordance with approved county mental health plans, which may in-  
4 clude but need not be limited to, medical, educational, vocational, social and psychological services,  
5 training, counseling, provision for residential care, and other rehabilitative services designed to  
6 benefit the defendant and protect the public.

7           “(3) ‘Crimes of violence against the person’ means criminal homicide, assault and related of-  
8 fenses as defined in ORS 163.165 to 163.208, rape and sexual abuse, incest, or any other crime in-  
9 volving the use of a deadly weapon or which results in physical harm or death to a victim.

10           “(4) ‘Diversion’ means the referral or transfer from the criminal justice system into a program  
11 of treatment or rehabilitation of a defendant diagnosed as drug dependent and in need of treatment  
12 at authority approved sites, on the condition that the defendant successfully fulfills the specified  
13 obligations of a program designed for rehabilitation.

14           “(5) ‘Diversion coordinator’ means a person designated by a county mental health program di-  
15 rector to work with the criminal justice system and health care delivery system to screen defendants  
16 who may be suitable for diversion; to coordinate the formulation of individual diversion plans for  
17 such defendants; and to report to the court the performance of those defendants being treated under  
18 an individual diversion plan.

19           “(6) ‘Director of the treatment facility’ means the person in charge of treatment and rehabili-  
20 tation programs at the treatment facility.

21           “(7) ‘Drug abuse’ means repetitive, excessive use of a drug or controlled substance short of de-  
22 pendence, without medical supervision, which may have a detrimental effect on the individual or  
23 society.

24           “(8) ‘Drug-dependent person’ means one who has lost the ability to control the personal use of  
25 controlled substances or other substances with abuse potential, or who uses such substances or  
26 controlled substances to the extent that the health of the person or that of others is substantially  
27 impaired or endangered or the social or economic function of the person is substantially disrupted.  
28 A drug-dependent person may be physically dependent, a condition in which the body requires a  
29 continuing supply of a drug or controlled substance to avoid characteristic withdrawal symptoms,  
30 or psychologically dependent, a condition characterized by an overwhelming mental desire for con-  
31 tinued use of a drug or controlled substance.

32           “(9) ‘Evaluation’ means any diagnostic procedures used in the determination of drug dependency,  
33 and may include but are not limited to chemical testing, medical examinations and interviews.

34           “(10) ‘Individual diversion plan’ means a system of services tailored to the individual’s unique  
35 needs as identified in the evaluation, which may include but need not be limited to medical, educa-  
36 tional, vocational, social and psychological services, training, counseling, provision for residential  
37 care, and other rehabilitative services designed to benefit the defendant and protect the public. The  
38 plan shall include appropriate methods for monitoring the individual’s progress toward achievement  
39 of the defined treatment objectives and shall also include periodic review by the court.

40           “(11) ‘Treatment facility’ means detoxification centers, outpatient clinics, residential care faci-  
41 lities, hospitals and such other facilities determined to be suitable by the authority **as meeting**  
42 **minimum standards under ORS 430.357**, any of which may provide diagnosis and evaluation,  
43 medical care, detoxification, social services or rehabilitation.

44           “**SECTION 34.** ORS 430.540 is amended to read:

45           “430.540. (1) The county mental health program director shall designate sites for evaluation in

1 the county plan of individuals who may be or are known to be drug dependent. The Oregon Health  
2 Authority shall establish standards for such sites, **consistent with ORS 430.357**, and periodically  
3 publish a list of approved sites.

4 “(2) The costs of evaluation shall be borne by the county of appropriate jurisdiction.

5 “**SECTION 35.** ORS 430.560 is amended to read:

6 “430.560. (1) The Oregon Health Authority shall [*establish*] **adopt rules setting forth require-**  
7 **ments, in accordance with ORS 430.357**, for [*drug-dependent persons*] **drug** treatment programs  
8 that **contract with the authority and that** involve:

9 “(a) Detoxification;

10 “(b) Detoxification with acupuncture and counseling; and

11 “(c) The supplying of synthetic opiates to such persons under close supervision and control.  
12 However, the supplying of synthetic opiates shall be used only when detoxification or detoxification  
13 with acupuncture and counseling has proven ineffective or upon a written request of a physician  
14 licensed by the Oregon Medical Board showing medical need for synthetic opiates if the request is  
15 approved in writing by the parole and probation officer, if any, of the drug-dependent person. The  
16 copy of the request and the approval must be included in the client’s permanent treatment and re-  
17 leasing authority records.

18 “(2) Notwithstanding subsection (1) of this section, synthetic opiates may be made available to  
19 a pregnant woman with her informed consent without prior resort to the treatment programs de-  
20 scribed in subsection (1)(a) and (b) of this section.

21 “[*(3) In establishing the programs authorized by subsection (1) of this section, the Oregon Health*  
22 *Authority may enter into contracts with detoxification programs, physicians licensed by the Oregon*  
23 *Medical Board, acupuncturists, counselors, licensed pharmacies and any agency of this state or a pol-*  
24 *itical subdivision in this state to conduct the required examinations and to supply the services used in*  
25 *the programs.*]

26 “[*(4) The authority shall establish rules of eligibility for the programs authorized by ORS 430.565*  
27 *and this section, considering such factors as residency, duration of dependency on drugs or controlled*  
28 *substances, failure of previous attempts at abstinence and other relevant factors. The authority shall*  
29 *establish reasonable fees for participation in the programs.*]

30 “[*(5) Pursuant to ORS chapter 183, the authority shall adopt rules governing the administration*  
31 *of the programs authorized by ORS 430.565 and this section.*]

32 “**SECTION 36.** ORS 430.850 is amended to read:

33 “430.850. (1) Subject to the availability of funds therefor, the Oregon Health Authority may es-  
34 tablish and administer a treatment program with courts, with the consent of the judge thereof, for  
35 any person convicted of driving under the influence of alcohol, or of any crime committed while the  
36 defendant was intoxicated when the judge has probable cause to believe the person is an alcoholic  
37 or problem drinker and would benefit from treatment, who is eligible under subsection (2) of this  
38 section to participate in such program. The program [*shall involve medical and mental treatment to*  
39 *include at least the supplying of disulfiram or any other agent that interferes with normal metabolic*  
40 *degradation of alcohol in the body resulting in an increase in acetaldehyde concentrate in the blood,*  
41 *at regular intervals and under close supervision and control*] **must meet minimum standards es-**  
42 **tablished by the authority under ORS 430.357.**

43 “(2) A person eligible to participate in the program is a person who:

44 “(a)(A) Has been convicted of driving under the influence of alcohol if such conviction has not  
45 been appealed, or if such conviction has been appealed, whose conviction has been sustained upon

1 appeal; or

2 "[b] (B) Has been convicted of any crime committed while the defendant was intoxicated if  
3 such conviction has not been reversed on appeal, and when the judge has probable cause to believe  
4 the person is an alcoholic or problem drinker and would benefit from treatment; and

5 "[c] (b)(A) Has been referred by the participating court to the authority for participation in  
6 the treatment program; [and]

7 "[d] (B) Prior to sentencing, has been medically evaluated by the authority and accepted by  
8 the authority as a participant in the program; [and]

9 "[e] (C) Has consented as a condition to probation to participate in the program; and

10 "[f] (D) Has been sentenced to probation by the court, a condition of which probation is par-  
11 ticipation in the program according to the rules adopted by the authority under ORS 430.870.

12 "**SECTION 37.** ORS 430.860 is amended to read:

13 "430.860. The Oregon Health Authority may:

14 "(1) Accept for medical evaluation any person meeting the conditions defined in ORS 430.850

15 (2)(a) [or (b)] and referred for participation in the program by a participating court, cause such  
16 medical evaluation to be made and report the results of the evaluation to the referring court;

17 "(2) Within the limitation of funds available to the program, accept any person as a participant  
18 in the program who is eligible under ORS 430.850 (2) and whose medical evaluation shows the person  
19 suitable to participate in the program; and

20 "(3) Report to the referring court the progress of, and any violation of rules of the authority  
21 adopted under ORS 430.870 by, a participant.

22 "**SECTION 38.** ORS 430.920 is amended to read:

23 "430.920. (1) The attending health care provider shall perform during the first trimester of  
24 pregnancy or as early as possible a risk assessment which shall include an assessment for drug and  
25 alcohol usage. If the results of the assessment indicate that the patient uses or abuses drugs or al-  
26cohol or uses unlawful controlled substances, the provider shall tell the patient about the potential  
27 health effects of continued substance abuse and recommend counseling by a trained drug or alcohol  
28 abuse counselor.

29 "(2) The provider shall supply to the local public health administrator, **and to the Alcohol and**  
30 **Drug Policy Commission for purposes of the commission's accountability and data collection**  
31 **system**, demographic information concerning patients described in subsection (1) of this section  
32 without revealing the identity of the patients. The local administrator shall use forms prescribed by  
33 the Oregon Health Authority and shall send copies of the forms and any compilation made from the  
34 forms to the authority at such times as the authority may require by rule.

35 "(3) The provider, if otherwise authorized, may administer or prescribe controlled substances  
36 that relieve withdrawal symptoms and assist the patient in reducing the need for unlawful controlled  
37 substances according to medically acceptable practices.

38 "**SECTION 39.** ORS 471.432 is amended to read:

39 "471.432. When a person is ordered to undergo assessment and treatment as provided in ORS  
40 471.430, the court shall require the person to do all of the following:

41 "(1) Pay to the court the fee described under ORS 813.030 in addition to any fine imposed under  
42 ORS 471.430.

43 "(2) Complete an examination by an agency or organization designated by the court to determine  
44 whether the person has a problem condition involving alcohol as described in ORS 813.040. The  
45 designated agencies or organizations must meet [the] **minimum** standards [set by the Director of the

1 *Oregon Health Authority*] established under ORS 430.357 to perform the diagnostic assessment and  
2 treatment of problem drinking and alcoholism and must be certified by the Director of the Oregon  
3 Health Authority.

4 “(3) Complete a treatment program, paid at the expense of the person convicted, as follows:

5 “(a) If the examination required under this section shows that the person has a problem condi-  
6 tion involving alcohol, a program for rehabilitation for alcoholism approved by the director.

7 “(b) If the examination required by this section shows that the person does not have a problem  
8 condition involving alcohol, an alcohol information program approved by the director.

9 “**SECTION 40.** ORS 657.665 is amended to read:

10 “657.665. (1) Except as provided in subsections (2) to (4) of this section, all information in the  
11 records of the Employment Department pertaining to the administration of the unemployment in-  
12 surance, employment service and labor market information programs:

13 “(a) Is confidential and for the exclusive use and information of the Director of the Employment  
14 Department in administering the unemployment insurance, employment service and labor market  
15 information programs in Oregon.

16 “(b) May not be used in any court action or in any proceeding pending in the court unless the  
17 director or the state is a party to the action or proceeding or unless the proceeding concerns the  
18 establishment, enforcement or modification of a support obligation and support services are being  
19 provided by the Division of Child Support or the district attorney pursuant to ORS 25.080.

20 “(c) Is exempt from disclosure under ORS 192.410 to 192.505.

21 “(2) The Employment Department shall disclose information:

22 “(a) To any claimant or legal representative, at a hearing before an administrative law judge,  
23 to the extent necessary for the proper presentation of an unemployment insurance claim.

24 “(b) Upon request to the United States Secretary of Labor. The Employment Department shall  
25 disclose the information in a form and containing the information that the United States Secretary  
26 of Labor may require. The information disclosed is confidential and may not be used for any other  
27 purpose.

28 “(c) Pursuant to section 303(a)(7) of the Social Security Act, upon request to any agency of the  
29 United States charged with the administration of public works or assistance through public em-  
30 ployment. Under this paragraph, the Employment Department shall disclose the name, address, or-  
31 dinary occupation and employment status of each recipient of unemployment insurance benefits and  
32 a statement of the recipient's right to further benefits under this chapter. The information disclosed  
33 is confidential and may not be used for any other purpose.

34 “(d) Pursuant to section 303(c)(1) of the Social Security Act, to the Railroad Retirement Board.  
35 Under this paragraph, the Employment Department shall disclose unemployment insurance records.  
36 The information disclosed is confidential and may not be used for any other purpose. The costs of  
37 disclosing information under this paragraph shall be paid by the board.

38 “(e) Pursuant to section 303(d) of the Social Security Act, upon request to officers and employees  
39 of the United States Department of Agriculture and to officers or employees of any state Supple-  
40 mental Nutrition Assistance Program agency for the purpose of determining an individual's eligibil-  
41 ity for or the amount of supplemental nutrition assistance. The information disclosed is confidential  
42 and may not be used for any other purpose. The costs of disclosing information under this paragraph  
43 shall be paid by the United States Department of Agriculture.

44 “(f) Pursuant to section 303(e)(1) and (2)(A)(ii) of the Social Security Act, to state or local child  
45 support enforcement agencies enforcing child support obligations under Title IV-D of the Social Se-

1 security Act for the purposes of establishing child support obligations, locating individuals owing child  
2 support obligations and collecting child support obligations from those individuals. The information  
3 disclosed is confidential and may not be used for any other purpose. The costs of disclosing infor-  
4 mation under this paragraph shall be paid by the child support enforcement agency.

5 “(g) Pursuant to sections 303(f) and 1137 of the Social Security Act, to agencies participating in  
6 the income and eligibility verification system for the purpose of verifying an individual’s eligibility  
7 for benefits, or the amount of benefits, under unemployment insurance, temporary assistance for  
8 needy families, Medicaid, the Supplemental Nutrition Assistance Program, Supplemental Security  
9 Income, child support enforcement or Social Security programs. The information disclosed is confi-  
10 dential and may not be used for any other purpose. The costs of disclosing information under this  
11 paragraph shall be paid by the requesting agency.

12 “(h) Pursuant to section 303(h) of the Social Security Act and section 3304(a)(16)(B) of the Fed-  
13 eral Unemployment Tax Act, to the United States Department of Health and Human Services Na-  
14 tional Directory of New Hires. The information disclosed is confidential and may not be used for  
15 any other purpose. The costs of disclosing information under this paragraph shall be paid by the  
16 United States Department of Health and Human Services.

17 “(i) Pursuant to section 303(i) of the Social Security Act, to officers and employees of the United  
18 States Department of Housing and Urban Development and to representatives of a public housing  
19 agency for the purpose of determining an individual’s eligibility for benefits, or the amount of ben-  
20 efits, under a housing assistance program of the United States Department of Housing and Urban  
21 Development. The information disclosed is confidential and may not be used for any other purpose.  
22 The costs of disclosing information under this paragraph shall be paid by the United States De-  
23 partment of Housing and Urban Development or the public housing agency.

24 “(j) Pursuant to regulations of the United States Secretary of Health and Human Services issued  
25 under section 3304(a)(16)(A) of the Federal Unemployment Tax Act, and except as required by sec-  
26 tion 303 of the Social Security Act, to the state, a political subdivision or a federally recognized  
27 Indian tribe that has signed an agreement with the Department of Human Services to administer  
28 Part A of Title IV of the Social Security Act for the purpose of determining an individual’s eligibility  
29 for assistance, or the amount of assistance, under a program funded under Part A of Title IV of the  
30 Social Security Act. The information disclosed is confidential and may not be used for any other  
31 purpose.

32 “(k) Upon request, to the United States Attorney’s Office. Under this paragraph, the Employ-  
33 ment Department may disclose an individual’s employment and wage information in response to a  
34 federal grand jury subpoena or for the purpose of collecting civil and criminal judgments, including  
35 restitution and special assessment fees. The information disclosed is confidential and may not be  
36 used for any other purpose. The costs of disclosing information under this paragraph shall be paid  
37 by the United States Attorney’s Office.

38 “(3) The Employment Department may disclose information secured from employing units:

39 “(a) To agencies of this state, federal agencies and local government agencies to the extent  
40 necessary to properly carry out governmental planning, performance measurement, program analy-  
41 sis, socioeconomic analysis and policy analysis functions performed under applicable law. The in-  
42 formation disclosed is confidential and may not be disclosed by the agencies in any manner that  
43 would identify individuals, claimants, employees or employing units. If the information disclosed  
44 under this paragraph is not prepared for the use of the Employment Department, the costs of dis-  
45 closing the information shall be paid by the agency requesting the information.

1       “(b) As part of a geographic information system. Points on a map may be used to represent  
2 economic data, including the location, employment size class and industrial classification of busi-  
3 nesses in Oregon. Information presented as part of a geographic information system may not give  
4 specific details regarding a business’s address, actual employment or proprietary information. If the  
5 information disclosed under this paragraph is not prepared for the use of the Employment Depart-  
6 ment, the costs of disclosing the information shall be paid by the party requesting the information.

7       “(c) In accordance with ORS 657.673.

8       “(4) The Employment Department may:

9       “(a) Disclose information to public employees in the performance of their duties under state or  
10 federal laws relating to the payment of unemployment insurance benefits, the provision of employ-  
11 ment services and the provision of labor market information.

12       “(b) At the discretion of the Director of the Employment Department and subject to an intera-  
13 gency agreement, disclose information to public officials in the performance of their official duties  
14 administering or enforcing laws within their authority and to the agents or contractors of public  
15 officials. The public official shall agree to assume responsibility for misuse of the information by  
16 the official’s agent or contractor.

17       “(c) Disclose information pursuant to an informed consent, received from an employer or claim-  
18 ant, to disclose the information.

19       “(d) Disclose information to partners under the federal Workforce Investment Act of 1998 for the  
20 purpose of administering state workforce programs under the Act. The information disclosed is  
21 confidential and may not be used for any other purpose. The costs of disclosing information under  
22 this paragraph shall be paid by the requesting partner.

23       “(e) Disclose the names and addresses of employing units to the Bureau of Labor and Industries  
24 for the purpose of disseminating information to employing units. The names and addresses disclosed  
25 are confidential and may not be used for any other purpose. If the information disclosed under this  
26 paragraph is not prepared for the use of the Employment Department, the costs of disclosing the  
27 information shall be paid by the bureau.

28       “(f) Disclose information to the Commissioner of the Bureau of Labor and Industries for the  
29 purpose of performing duties under ORS 279C.800 to 279C.870, 658.005 to 658.245 or 658.405 to  
30 658.503 or ORS chapter 652, 653 or 659A. The information disclosed may include the names and ad-  
31 dresses of employers and employees and payroll data of employers and employees. The information  
32 disclosed is confidential and may not be used for any other purpose. If the information disclosed  
33 under this paragraph is not prepared for the use of the Employment Department, the costs of dis-  
34 closing the information shall be paid by the bureau.

35       “(g) Disclose information required under ORS 657.660 (3) and (4) to the Public Employees Re-  
36 tirement System for the purpose of determining the eligibility of members of the retirement system  
37 for disability retirement allowances under ORS chapter 238. The information disclosed is confiden-  
38 tial and may not be used for any other purpose. The costs of disclosing information under this par-  
39 agraph shall be paid by the Public Employees Retirement System.

40       “(h) Disclose to the Oregon Business Development Commission information required by the  
41 commission in performing its duty under ORS 285A.050 to verify changes in employment levels fol-  
42 lowing direct employer participation in Oregon Business Development Department programs or in-  
43 direct participation through municipalities under ORS 285B.410 to 285B.482. The information  
44 disclosed to the commission may include an employer’s employment level, total subject wages payroll  
45 and whole hours worked. The information disclosed is confidential and may not be used for any

1 other purpose. The commission may not disclose the information in any manner that would identify  
2 an employing unit or employee except to the extent necessary to carry out the commission's duty  
3 under ORS 285A.050. If the information disclosed under this paragraph is not prepared for the use  
4 of the Employment Department, the costs of disclosing the information shall be paid by the com-  
5 mission.

6 "(i) Disclose information to the Department of Revenue for the purpose of performing its duties  
7 under ORS 293.250 or under the revenue and tax laws of this state. The information disclosed may  
8 include the names and addresses of employers and employees and payroll data of employers and  
9 employees. The information disclosed is confidential and may not be disclosed by the Department  
10 of Revenue in any manner that would identify an employing unit or employee except to the extent  
11 necessary to carry out the department's duties under ORS 293.250 or in auditing or reviewing any  
12 report or return required or permitted to be filed under the revenue and tax laws administered by  
13 the department. The Department of Revenue may not disclose any information received to any pri-  
14 vate collection agency or for any other purpose. If the information disclosed under this paragraph  
15 is not prepared for the use of the Employment Department, the costs of disclosing the information  
16 shall be paid by the Department of Revenue.

17 "(j) Disclose information to the Department of Consumer and Business Services for the purpose  
18 of performing its duties under ORS chapters 654 and 656. The information disclosed may include the  
19 name, address, number of employees and industrial classification code of an employer and payroll  
20 data of employers and employees. The information disclosed is confidential and may not be disclosed  
21 by the Department of Consumer and Business Services in any manner that would identify an em-  
22 ploying unit or employee except to the extent necessary to carry out the department's duties under  
23 ORS chapters 654 and 656, including administrative hearings and court proceedings in which the  
24 Department of Consumer and Business Services is a party. If the information disclosed under this  
25 paragraph is not prepared for the use of the Employment Department, the costs of disclosing the  
26 information shall be paid by the Department of Consumer and Business Services.

27 "(k) Disclose information to the Construction Contractors Board for the purpose of performing  
28 its duties under ORS chapter 701. The information disclosed to the board may include the names and  
29 addresses of employers and status of their compliance with this chapter. If the information disclosed  
30 under this paragraph is not prepared for the use of the Employment Department, the costs of dis-  
31 closing the information shall be paid by the board.

32 "(L) Disclose information to the State Fire Marshal to assist the State Fire Marshal in carrying  
33 out duties under ORS 453.307 to 453.414. The information disclosed may include the name, address,  
34 telephone number and industrial classification code of an employer. The information disclosed is  
35 confidential and may not be disclosed by the State Fire Marshal in any manner that would identify  
36 an employing unit except to the extent necessary to carry out duties under ORS 453.307 to 453.414.  
37 If the information disclosed under this paragraph is not prepared for the use of the Employment  
38 Department, the costs of disclosing the information shall be paid by the office of the State Fire  
39 Marshal.

40 "(m) Disclose information to the Oregon Student Assistance Commission for the purpose of per-  
41 forming the commission's duties under ORS chapter 348 and Title IV of the Higher Education Act  
42 of 1965. The information disclosed may include the names and addresses of employers and employees  
43 and payroll data of employers and employees. The information disclosed is confidential and may not  
44 be disclosed by the commission in any manner that would identify an employing unit or employee  
45 except to the extent necessary to carry out the commission's duties under ORS chapter 348 or Title

1 IV of the Higher Education Act of 1965. If the information disclosed under this paragraph is not  
2 prepared for the use of the Employment Department, the costs of disclosing the information shall  
3 be paid by the commission.

4 “(n) Disclose information to the Department of Transportation to assist the Department of  
5 Transportation in carrying out the duties of the Department of Transportation relating to collection  
6 of delinquent and liquidated debts, including taxes, under ORS 184.610 to 184.666, 184.670 to 184.733  
7 and 805.263, ORS chapter 319 and the Oregon Vehicle Code. The information disclosed may include  
8 the names and addresses of employers and employees and payroll data of employers and employees.  
9 The information disclosed is confidential and may not be disclosed by the Department of Transpor-  
10 tation in any manner that would identify an employing unit or employee except to the extent nec-  
11 essary to carry out the Department of Transportation’s duties relating to collection of delinquent  
12 and liquidated debts or in auditing or reviewing any report or return required or permitted to be  
13 filed under the revenue and tax laws administered by the Department of Transportation. The De-  
14 partment of Transportation may not disclose any information received to any private collection  
15 agency or for any other purpose. If the information disclosed under this paragraph is not prepared  
16 for the use of the Employment Department, the costs of disclosing the information shall be paid by  
17 the Department of Transportation.

18 **“(o) Disclose to the Alcohol and Drug Policy Commission information required by the**  
19 **commission in evaluating and measuring the performance of alcohol and drug prevention and**  
20 **treatment programs under section 2 of this 2011 Act or the impact of the programs on em-**  
21 **ployment. The information disclosed to the commission may include total subject wages**  
22 **payroll and whole hours worked. The information disclosed under this paragraph is confi-**  
23 **dential and may not be used for any other purpose. The commission may not disclose the**  
24 **information in any manner that would identify an employing unit or employee except to the**  
25 **extent necessary to carry out the commission’s duties under section 2 of this 2011 Act. If the**  
26 **information disclosed under this paragraph is not prepared for the use of the Employment**  
27 **Department, the costs of disclosing the information shall be paid by the commission.**

28 “[o] (p) Disclose to any person establishment level information secured pursuant to this chap-  
29 ter from federal, state and local government employing units. If the information disclosed under this  
30 paragraph is not prepared for the use of the Employment Department, the costs of disclosing the  
31 information shall be paid by the party requesting the information.

32 “[p] (q) Disclose to any person the industrial classification code assigned to an employing unit.  
33 If the information disclosed under this paragraph is not prepared for the use of the Employment  
34 Department, the costs of disclosing the information shall be paid by the party requesting the infor-  
35 mation.

36 “(5) Any officer appointed by or any employee of the Director of the Employment Department  
37 who discloses confidential information, except with the authority of the director, pursuant to rules  
38 or as otherwise required by law, may be disqualified from holding any appointment or employment  
39 with the Employment Department.

40 “(6) Any person or any officer or employee of an entity to whom information is disclosed by the  
41 Employment Department under this section who divulges or uses the information for any purpose  
42 other than that specified in the provision of law or agreement authorizing the use or disclosure may  
43 be disqualified from performing any service under contract or disqualified from holding any ap-  
44 pointment or employment with the state agency that engaged or employed that person, officer or  
45 employee. The Employment Department may immediately cancel or modify any information sharing

1 agreement with an entity when a person or an officer or employee of that entity discloses confi-  
2 dential information, other than as specified in law or agreement.

3 "**SECTION 41.** ORS 660.333 is amended to read:

4 "660.333. (1) The State Workforce Investment Board shall advise the Governor as required under  
5 section 2821 of the Workforce Investment Act of 1998 and on matters pertaining to the use of funds  
6 under section 2864 of the federal Act.

7 "(2) As a part of the core services required by section 2864(d)(2)(E)(i) of the federal Act, the  
8 one-stop delivery system, as described in section 2864(c) of the federal Act, shall provide timely  
9 listings of all job opportunities, consistent with statute or rule, to a participant immediately upon  
10 application by the participant for services offered by the one-stop delivery system.

11 "(3) Intensive services offered by the one-stop delivery system may include drug and alcohol  
12 rehabilitative services **meeting minimum standards established pursuant to ORS 430.357.**

13 "(4) Local workforce investment boards shall determine whether funds will be used as provided  
14 in section 2864(e)(3) of the federal Act.

15 "(5) Participants may receive training in accordance with section 2864 of the federal Act. In  
16 addition, a participant who is employed in a subsidized or unsubsidized job and who needs training  
17 may receive an individual training account that allows the participant to choose among training  
18 providers, except as provided in section 2864(d)(4)(G)(ii) of the federal Act.

19 "(6) Any funds expended under ORS 660.300 to 660.364 shall be from funds appropriated by the  
20 Legislative Assembly or within any expenditure limitations placed on federal funds by the Legisla-  
21 tive Assembly.

22 "**SECTION 42.** ORS 675.523 is amended to read:

23 "675.523. A person may not practice clinical social work unless the person is a clinical social  
24 worker licensed under ORS 675.530 or a clinical social work associate certified under ORS 675.537,  
25 except if the person is:

26 "(1) Licensed or certified by the State of Oregon to provide mental health services, provided that  
27 the person is acting within the lawful scope of practice for the person's license or certification and  
28 does not represent that the person is a regulated social worker;

29 "(2) Certified to provide alcohol and drug abuse prevention services, intervention services and  
30 treatment in compliance with rules adopted [by the Director of Human Services] under ORS 409.410  
31 [(2)(f)] and [409.420 (1)] **430.357**, provided that the person is acting within the lawful scope of practice  
32 for the person's certification and does not represent that the person is a regulated social worker;

33 "(3) Employed by or contracting with an entity that is certified or licensed by the State of  
34 Oregon under ORS 430.610 to 430.695 to provide mental health treatment or addiction services,  
35 provided that the person is practicing within the lawful scope of the person's employment or con-  
36 tract;

37 "(4) A recognized member of the clergy, provided that the person is acting in the person's  
38 ministerial capacity and does not represent that the person is a regulated social worker; or

39 "(5) A student in a social work graduate degree program that meets the requirements estab-  
40 lished by the State Board of Licensed Social Workers by rule.

41 "**SECTION 43.** ORS 813.260 is amended to read:

42 "813.260. (1) Courts having jurisdiction over driving while under the influence of intoxicants  
43 offenses shall designate agencies or organizations to perform the diagnostic assessment and treat-  
44 ment required under driving while under the influence of intoxicants diversion agreements described  
45 in ORS 813.200. The designated agencies or organizations must meet [the] **minimum** standards [set

1 by the Director of the Oregon Health Authority] established pursuant to ORS 430.357 to perform  
2 the diagnostic assessment and treatment of problem drinking, alcoholism and drug dependency and  
3 must be certified by the Director of the Oregon Health Authority. Wherever possible a court shall  
4 designate agencies or organizations to perform the diagnostic assessment that are separate from  
5 those that may be designated to carry out a program of treatment.

6 “(2) Monitoring of a defendant’s progress under a diversion agreement shall be the responsibility  
7 of the diagnostic assessment agency or organization. It shall make a report to the court stating the  
8 defendant’s successful completion or failure to complete all or any part of the treatment program  
9 specified by the diagnostic assessment. The form of the report shall be determined by agreement  
10 between the court and the diagnostic assessment agency or organization. The court shall make the  
11 report of the diagnostic assessment agency or organization that is required by this subsection a part  
12 of the record of the case.

13 **“SECTION 44.** Section 27, chapter 856, Oregon Laws 2009, is amended to read:

14 **“Sec. 27.** ORS 430.250, 430.255, 430.257, 430.258 and 430.259 are repealed [January 2, 2014] on  
15 the effective date of this 2011 Act.

16 **“SECTION 45.** (1) ORS 409.420 and 430.290 are repealed.

17 **“(2) Section 15, chapter 856, Oregon Laws 2009, as amended by section 32, chapter 856,**  
18 **Oregon Laws 2009, is repealed.**

19 **“(3) Sections 28 and 34, chapter 856, Oregon Laws 2009, are repealed.”.**

20

**A-Engrossed**  
**House Bill 3536**

Ordered by the House April 6  
Including House Amendments dated April 6

Sponsored by Representatives PARRISH, TOMEI; Representatives FREDERICK, GILLIAM, GREENLICK, HARKER, THOMPSON, WEIDNER

**SUMMARY**

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

*[Requires Oregon Health Authority to suspend medical assistance of recipient of medical assistance who becomes inmate of public institution.]*

**Directs Department of Human Services and Oregon Health Authority to suspend, instead of terminate, medical assistance of medical assistance recipient who becomes inmate of local correctional facility for expected term of no more than 12 months.**

**Requires department and authority to jointly report to Legislative Assembly no later than May 31, 2013, on feasibility of extending suspension requirement to medical assistance recipient who is incarcerated for more than 12 months.**

Declares emergency, effective on passage.

**A BILL FOR AN ACT**

1  
2 Relating to medical assistance; creating new provisions; amending ORS 411.439; and declaring an  
3 emergency.

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

5 **SECTION 1. (1) The Department of Human Services or the Oregon Health Authority shall**  
6 **suspend, instead of terminate, the medical assistance of a person who becomes an inmate**  
7 **of a local correctional facility, as defined in ORS 169.005, and who is expected to remain in**  
8 **the local correctional facility for no more than 12 months.**

9 **(2) Upon notification that a person described in subsection (1) of this section is no longer**  
10 **an inmate residing in a local correctional facility, the department or the authority shall**  
11 **reinstate the person's medical assistance if the person is eligible for medical assistance.**

12 **(3) This section does not extend eligibility to an otherwise ineligible person or extend**  
13 **medical assistance to a person if matching federal funds are not available to pay for the**  
14 **medical assistance.**

15 **SECTION 2. ORS 411.439 is amended to read:**

16 411.439. (1) As used in this section:

17 (a) "Person with a serious mental illness" means a person who is diagnosed by a psychiatrist,  
18 a licensed clinical psychologist or a certified nonmedical examiner as having dementia,  
19 schizophrenia, bipolar disorder, major depression or other affective disorder or psychotic mental  
20 disorder other than a disorder caused primarily by substance abuse.

21 (b) "Public institution" means:

22 (A) A state hospital as defined in ORS 162.135;

23 (B) A local correctional facility as defined in ORS 169.005;

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

1 (C) A Department of Corrections institution as defined in ORS 421.005; or

2 (D) A youth correction facility as defined in ORS 162.135.

3 (2) Except as provided in subsections (6) and (7) of this section, the Department of Human Ser-  
4 vices **or the Oregon Health Authority** shall suspend, **instead of terminate**, the medical assist-  
5 ance of a person with a serious mental illness when:

6 (a) The person receives medical assistance because of a serious mental illness; and

7 (b) The person becomes an inmate residing in a public institution.

8 (3) The department **or the authority** shall continue to determine the eligibility of the person  
9 as categorically needy as defined in ORS 414.025.

10 (4) Upon notification that a person described in subsection (2) of this section is no longer an  
11 inmate residing in a public institution, the department **or the authority** shall reinstate the person's  
12 medical assistance if the person is otherwise eligible for medical assistance.

13 (5) This section does not extend eligibility to an otherwise ineligible person or extend medical  
14 assistance to a person if matching federal funds are not available to pay for medical assistance.

15 (6) Subsection (2) of this section does not apply to a person with a serious mental illness residing  
16 in a state hospital as defined in ORS 162.135 who is under 22 years of age or who is 65 years of age  
17 or older.

18 (7) A person with a serious mental illness may apply for medical assistance between 90 and 120  
19 days prior to the expected date of the person's release from a public institution. If the person is  
20 found to be eligible, the effective date of the person's medical assistance shall be the date of the  
21 person's release from the institution.

22 **SECTION 3. The Department of Human Services and the Oregon Health Authority shall**  
23 **jointly report to the Legislative Assembly no later than May 31, 2013, on the feasibility of**  
24 **requiring the suspension, instead of the termination, of medical assistance provided to per-**  
25 **sons who become inmates of local correctional facilities, as defined in ORS 169.005, or De-**  
26 **partment of Corrections institutions, as defined in ORS 421.005, who are expected to be**  
27 **incarcerated for more than 12 months.**

28 **SECTION 4. This 2011 Act being necessary for the immediate preservation of the public**  
29 **peace, health and safety, an emergency is declared to exist, and this 2011 Act takes effect**  
30 **on its passage.**

31

A public safety improvement program

# Community Partners Reinvestment Program



Volunteers of America  
OREGON

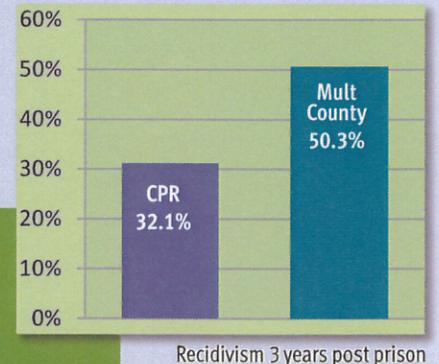
FEBRUARY 2011

Volunteers of America Oregon  
Metropolitan Family Service  
SE Works, Inc.  
Constructing Hope  
Oregon Department of Corrections  
Multnomah County Department of Community Justice  
Multnomah County Sherriff's Office

The Community Partners Reinvestment (CPR) Program helps young men get back on track after incarceration. The result is safer communities, productive citizens and significant money saved in re-arrest, jail, prison and supervision costs.

## CPR Saves Money

Only 32.1% of CPR participants who were 3 years post-release recidivated (PSU, 2010), compared to 50.3% of all 18-24 year old high risk offenders released to Multnomah County (DOC, 2009).



This resulted in an estimated cost savings of more than \$1.35 million for this cohort of 58 alone based on a median \$6,100 cost for CPR per participant – and CPR has achieved similar outcomes with over 370 individuals since 2005.

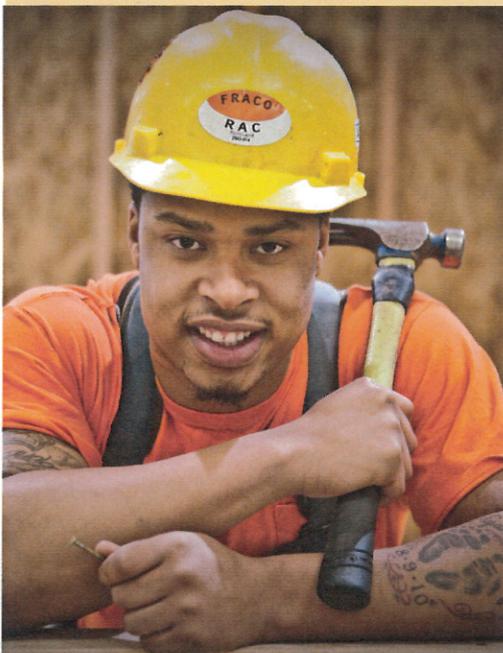
Compare this to the **average cost of reincarceration – more than \$200,000 per individual** when including societal costs such as re-arrest, booking, prosecution, courts, lawyers, victims, child services, local jails and prison, according to Director Max Williams, Oregon DOC.

## Independent evaluations report CPR's proven effectiveness

On DOC's Evidence-Based Correctional Program Checklist, CPR achieved a score that only the top 6% of programs receive nationally (Nov 2010).

Portland State University conducted a 5 year evaluation of CPR from 2005 to 2010:

- The majority (75.2%) of CPR's high risk offenders were NOT reconvicted of a felony.
- 61.8% of CPR participants were either employed or attending school at 6 months post-baseline.
- Severity of addiction, mental health symptoms and risk to reoffend all showed a statistically significant reduction at 6 month follow-up (ASI, BASIS 32 and LS/CMI).



CPR Graduate DeAndre Frison at the Pacific Northwest Carpenters Institute

[www.voaor.org/CPR\\_Outcomes](http://www.voaor.org/CPR_Outcomes)

Kathy B. Sevos, MPA, Program Director • 503.595.3477 x1

**Community Partners Reinvestment  
Program (CPR)**

Volunteers of America – Oregon

**OUTCOMES IN BRIEF**

**Final Full Sample  
Evaluation Report**

**January 1, 2005 - June 30, 2010**

**August 31, 2010**

*Updated 12/27/10*

Full evaluation at  
[www.voaor.org/CPR\\_Outcomes](http://www.voaor.org/CPR_Outcomes)



**Portland State**  
UNIVERSITY

**Regional Research Institute  
for Human Services**

This report was prepared for  
**Kathy Brazell Sévos, MPA, MNPM**  
**CPR Program Director**  
**Community Partners Reinvestment Program**  
**Volunteers of America Oregon**

by  
**Karen Cellarius, MPA,**  
**Debi Elliott, PhD, and**  
**Rebecca Ruston, BA**

**Regional Research Institute**  
**for Human Services**  
Portland State University  
P.O. Box 751  
Portland, OR 97207-0751

1600 SW 4th Avenue, Suite 900  
Portland, OR 97201  
(503) 725-4180 (fax)

**Debi Elliott, PhD**  
Senior Research Associate  
(503) 725-5198 (voice)  
elliottd@pdx.edu (email)

# CPR PROGRAM DESCRIPTION

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Community Partners Reinvestment (CPR) is a program of Volunteers of America Oregon. It is designed to help young men with substance abuse issues transitioning from prison to live in Multnomah County. A collaborative of providers serve the young men, age 18-25, and their families starting 3 to 6 months prior to release and continuing with more intensive services for at least one year post-release. Services and evaluation planning for CPR started in 2001 with the first evaluation plan drafted in 2003. Initial funding was secured in 2004.

An evaluation of CPR activities was conducted by the Portland State University (PSU) Regional Research Institute for Human Services (RRI) from January 1, 2005 to June 30, 2009. Additional evaluation interviews were conducted by CPR staff from July 1, 2009 to June 30, 2010. This document is a report of the evaluation findings from data collected by both RRI and CPR.

*CPR, a program of VOA Oregon, serves young men returning to Multnomah County from prison.*

CPR's community based partners include(d): Volunteers of America Oregon (VOA), Metropolitan Family Service (MFS), SE Works, Cascadia Behavioral HealthCare, Irvington Covenant Community Development Corporation, and Better People. Public Partners include: Multnomah County Department of Community Justice (DCJ), the Oregon Department of Corrections (DOC), and the Oregon Youth Authority (OYA).

CPR funders include: the US Substance Abuse Mental Health Services Administration (SAMHSA), the Robert Wood Johnson Foundation, Meyer Memorial Trust, the Bill and Melinda Gates Foundation, Northwest Health Foundation, the JEHT Foundation, VOA National, Multnomah County Department of Community Justice (DCJ), the Oregon Department of Corrections (DOC), the Oregon Psychiatric Security Review Board, and the Portland Development Commission (PDC) formerly BHCD.

## OUTCOME EVALUATION METHODOLOGY

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During the five year evaluation period (January 2005 - June 2010), 326 young men enrolled in CPR services. Of those, 238 CPR participants enrolled in the CPR evaluation and were interviewed at intake into the project (baseline). Of those evaluation participants, 144 were located and interviewed 6 months later (6 months post-baseline).

Findings presented in the outcome sections of this report are based on the interview data from the 144 participants with completed interviews at both baseline and 6-months post-baseline. Recidivism data for those participants was provided by the Oregon Department of Corrections and Multnomah County Department of Community Justice.

Three standardized outcome measures were included in the client interviews: the *Addiction Severity Index* (ASI), the *Behavior and Symptom Identification Scale* (BASIS-32), and the *Level of Services/Case Management Inventory* (LS/CMI). The Addiction Severity Index (McLellan et al., 1992) is a multidimensional instrument designed to provide an overview of a number of problem areas related to substance use. It is widely used to identify areas in need of treatment and as a measure of treatment outcomes (Donovan, 1995). The BASIS-32 (Eisen, 1996) is a commonly used outcome measure that assesses psychiatric symptoms, as well as functioning abilities. The LS/CMI (Andrews, Bonta, & Wormith, 2004) is a survey of attributes of offenders and their situation that is valid for use with persons aged 16 and older. The information is gathered by client interview and staff knowledge of their case. The LS/CMI is used by many states to predict risk for recidivism, parole outcomes and success in community-based housing.

*238 of the 326 CPR participants enrolled in the CPR evaluation between January 2005 and June 2010.*

## **BRIEF SUMMARY OF OUTCOME FINDINGS**

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January 1, 2005 through June 30, 2010

### **PARTICIPANT DESCRIPTION**

Two hundred thirty-eight participants enrolled in the CPR evaluation between January 2005 and June 30<sup>th</sup>, 2010. At the time of their baseline interview, the typical participant was 22.8 years old and never married (93.7%). The participants identified themselves as white (54.2%), African American (34.9%), Native American (10.5%), Hispanic or Latino (9.7%), Native Hawaiian (0.8%), Asian (0.8%), and Alaskan Native (0.4%). Nearly two-thirds (65.5%) were incarcerated at the time of the baseline interview. Most of the participants were returning to the community from prison for the first time (78.6%). They were incarcerated for an average of 27.6 months. Two-thirds (67.2%) had a high school diploma or a GED. Approximately one-third (32.4%) of the participants ended their education between 8<sup>th</sup> and 11<sup>th</sup> grade. The majority of CPR participants had a very high (50.0%) to high (36.6%) risk to recidivate, as measured by the *Level of Service/Case Management Inventory* (LS/CMI; Andrews, Bonta, & Wormith, 2004).

*94.5% of the young men entering CPR had a high or very high risk of returning to criminal activity.*

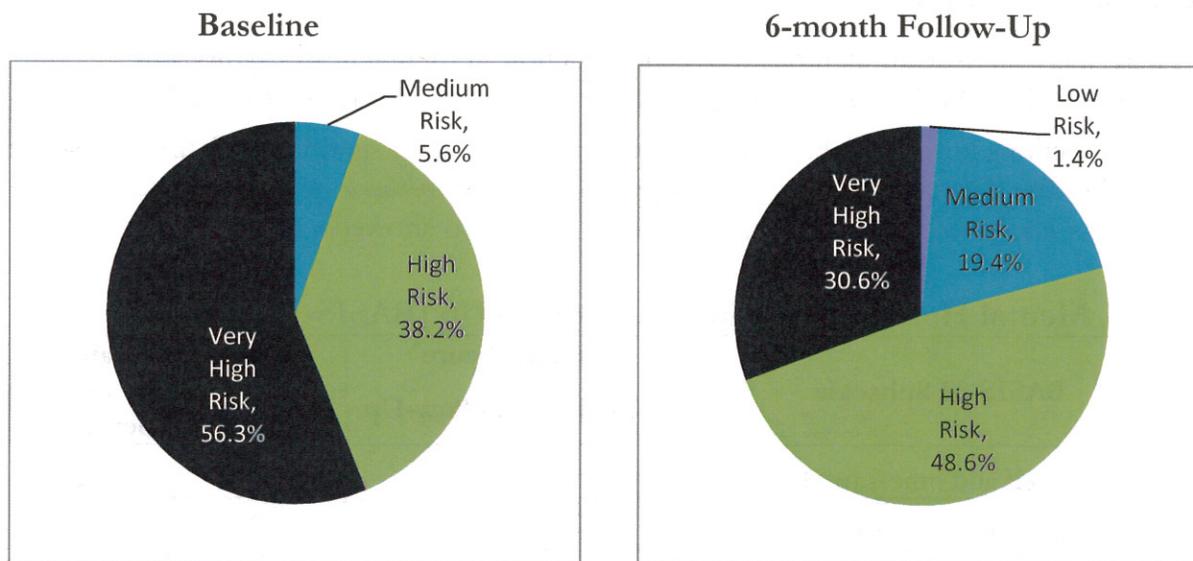
## PROJECT OUTCOMES THROUGH JUNE 30<sup>TH</sup>, 2010

The following outcomes are for the 144 CPR participants interviewed both at baseline and 6-months post-baseline.

### Risk factors for re-offending were reduced significantly.

- The overall risk of re-offending decreased significantly ( $p < .001$ ), as measured by the LS/CMI at intake and follow-up. Six of the eight LS/CMI subscales showed a statistically significant decrease in risk at 6-months ( $p < .001$ ): *Antisocial Pattern, Companions, Education/Employment, Family/Marital, Leisure/Recreation, and Procriminal Attitude/Orientation.*

### Percent of Participants Falling into each Risk Level at Baseline and Follow-up by Total LS/CMI Score (n=144)



### The majority of these high risk offenders were NOT reconvicted of a felony.

- The majority (75.2%, n=177) of this high-risk population were NOT reconvicted of a felony through June 30, 2010.
- Overall, 58 (24.8%) of CPR participants were reconvicted of a felony between January 2005 and June 2010.
- The average time from release to reconviction was 13.6 months (ranging from 2 to 38 months).
- Two-thirds (38 out of 58) of the participants who recidivated, did so within the first 18 months post-release.

**Substance use and the severity of addiction were reduced.**

- 93.8% had not experienced any alcohol or drug related health, behavioral or social consequences in the past 30 days.
- 83.3% had not used illegal drugs in the past 30 days.
- 62.5% had not used alcohol or illegal drugs in the past 30 days.
- There was a statistically significant ( $p < .01$ ) reduction in the overall severity of addiction, as measured by the *Addiction Severity Index* (ASI; McLellan et al., 1992), including statistically significant reductions in the following two ASI composite scores: *Employment Status* ( $p < .001$ ) and *Psychiatric Status* ( $p < .01$ ).

*The severity of addiction and mental health symptoms were reduced at 6 months.*

**Mental health symptoms were reduced.**

- There was a statistically significant overall reduction of mental health symptoms ( $p < .05$ ), as measured by the *Behavior and Symptom Identification Scale* (BASIS-32; Eisen, 1996).
- The reductions in four of the five subscales were statistically significant: *Relation to self and others* ( $p < .05$ ), *Depression-anxiety* ( $p < .05$ ), *Impulsive-addictive behavior* ( $p < .01$ ), and *Psychosis* ( $p < .01$ ). The remaining subscale, *Daily Living Skills*, also showed a reduction.

**Mental Health at Baseline and Follow-Up (BASIS-32 Scores)**

BASIS-32 Subscale	Average Score <sup>1</sup>		Mean Difference <sup>2</sup>	Change in Severity
	Baseline	Follow-Up		
Relation to self and others (n=143)	.44	.32	.12*	↓
Depression-anxiety (n=144)	.42	.30	.12*	↓
Daily living skills (n=144)	.34	.29	.05	↓
Impulsive-addictive behavior (n=144)	.20	.11	.10**	↓
Psychosis (n=144)	.08	.01	.07**	↓
<b>Overall Mean Score (n=144)</b>	<b>.32</b>	<b>.25</b>	<b>.07*</b>	<b>↓</b>

<sup>1</sup>Higher scores indicate more risk: 0=No Difficulty, 4 = Extreme Difficulty      \* $p < .05$   
<sup>2</sup>Baseline score minus Follow-Up score.

**Education, employment and housing situations improved.**

- 61.1% were currently employed or attending school, compared to 20.8% at baseline.
- 25.7% had a valid driver’s license, compared to 9.0% at baseline, and 21.9% had an automobile available to them on a regular basis, compared to 6.9% at baseline.
- 77.7% were living in their own or someone else’s home, compared to 29.2% at baseline.

## **Narrowing the Focus: Sex Offender Reentry Priorities**

- "One size fits all" approaches to sex offenders (that is, treating all sex offenders the same) which may result in over or under supervision and treatment (9 votes)
- Isolation in prison and long prison stays make adjustment to community living more difficult (5 votes)
- Social support: restrictions on new relationships and community support such as library or church (4 votes)
- Predatory designation is lifetime (4 votes)
- Housing restrictions (4 votes)
- Older or physically handicapped offenders who need residential placement (3 votes)
- Young sex offenders placed on adult supervision (2 votes)
- Victim concerns and supervision restrictions in a home community where there also may be good community support (2 votes)
- Financial: fines, costs of treatment and polygraph, child support (2 votes)
- Restrictions on internet use in an increasingly internet-dependent world (1 vote)

Write in suggestion:

1. Provide a full psychological evaluation before release to determine who is the most dangerous and provide that information to community corrections
2. Inform family and social supports about restrictions, how to be supportive