

Enrolled

House Bill 2120

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Presession filed (at the request of Joint Interim Committee on
Health and Human Resources)

CHAPTER

AN ACT

Relating to local coordinated comprehensive plans; creating new
provisions; amending ORS 417.705, 417.710, 417.775, 430.630 and
431.385; and declaring an emergency.

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

SECTION 1. ORS 417.705 is amended to read:
417.705. As used in ORS 417.705 to 417.797:

(1) 'Community mobilization' means government and private
efforts to increase community awareness and facilitate the active
participation of citizens and organizations in projects and
issues that will have positive impact on the well-being of
children, families and communities.

(2) 'Local commission' means a local commission on children and
families established pursuant to ORS 417.760.

(3) 'Local coordinated comprehensive plan' or 'local plan'
means a local coordinated comprehensive plan for children and
families that is developed pursuant to ORS 417.775 through a
process coordinated and led by a local commission and { - that
is the single plan for: - } { + that consists of:

(a) A community plan that identifies the community's needs,
strengths, goals, priorities and strategies for: + }

{ - (a) - } { + (A) + } Creating positive outcomes for
children and families;

{ - (b) - } { + (B) + } Community mobilization;
{ - and - }

{ - (c) - } { + (C) + } Coordinating programs, strategies
and services for children who are 0 { - to - } { +
through + } 18 years of age and their families among community
groups, government agencies, private providers and other
parties { + ; and

(D) Addressing the needs of target populations; and

(b) The service plans listed in ORS 417.775 (6) that designate
specific services for the target populations identified in the
community plan + }.

(4) 'Services for children and families' does not include
services provided by the Department of Education or school
districts that are related to curriculum or instructional

programs.

(5) 'State commission' means the State Commission on Children and Families established under ORS 417.730.

SECTION 2. ORS 417.710 is amended to read:

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417.710. Subject to the availability of funds therefor and the specific provisions of ORS 417.705 to 417.797 and 419A.170, it is the purpose of ORS 417.705 to 417.797 and 419A.170 to:

(1) Authorize the State Commission on Children and Families to set statewide guidelines for the planning, coordination and delivery of services for children and families in conjunction with other state agencies and other planning bodies;

(2) Vest in local commissions on children and families the authority to distribute state and federal funds allocated to the local commissions to supervise services or to purchase services for children and families in the local area and to supervise the development of the local coordinated comprehensive plan { - for services - } ;

(3) Provide a process for comprehensive local planning for services for children and families to provide local services that are consistent with statewide guidelines;

(4) Retain in the state the responsibility for funding of services for children and families through a combination of local, state and federal funding, including the leveraging of public and private funds available under ORS 417.705 to 417.797 and 419A.170; and

(5) Retain state supervision of child protection and other services that should be uniform throughout the state and that are necessarily the state's responsibility.

SECTION 3. ORS 417.775 is amended to read:

417.775. (1) Under the direction of the board or boards of county commissioners, and in conjunction with the guidelines set by the State Commission on Children and Families, the main purposes of a local commission on children and families are to promote wellness for children of all ages and their families in the county or region, if the families have given their express written consent, to mobilize communities and to develop policy and oversee the implementation of a local coordinated comprehensive plan described in this section. A local commission shall:

(a) Inform and involve citizens;

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

(c) Plan, advocate and fund research-based initiatives for children who are 0 { - to - } { + through + } 18 years of age and their families;

(d) Develop local policies, priorities and measurable outcomes;

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

(f) Prioritize the use of nondedicated resources;

(g) Monitor implementation of the local plan; and

(h) Monitor progress of and evaluate the outcomes identified in the local plan that are reviewed under ORS 417.797, and report on the progress in addressing priorities and achieving outcomes.

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

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

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

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

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

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

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

(4) Through the process described in subsection (3) of this section, the local commission shall coordinate the development of a single local plan for coordinating { + community + } programs, strategies and services for children who are 0 { - to - } { + through + } 18 years of age and their families among community groups, government agencies, private providers and other parties. The local plan shall be a comprehensive area-wide service delivery plan for all services to be provided for children and their families in the county or region, if the families have given their express written consent. The local plan shall be designed to achieve state and county or regional outcomes based on state policies and guidelines and to maintain a level of services consistent with state and federal requirements.

(5) The local commission shall prepare the local coordinated comprehensive plan and applications for funds to implement ORS 417.705 to 417.797 and 419A.170. The local plan, policies and proposed service delivery systems shall be submitted to the board or boards of county commissioners for approval prior to submission to the state commission. The local plan shall be based on identifying the most effective service delivery system allowing for the continuation of current public and private programs where appropriate. The local plan shall address needs, strengths and assets of all children, their families and communities, including those children and their families at highest risk.

(6) { - The local coordinated comprehensive plan shall include: - }

{ - (a) - } Subject to the availability of funds:

{ + (a) The local coordinated comprehensive plan shall include: + }

(A) Identification of ways to connect all state and local

planning processes related to services for children and their families into the local coordinated comprehensive plan to create positive outcomes for children and their families; { + and + }

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

(b) The local coordinated comprehensive plan shall reference: + }

{ - (C) - } { + (A) + } A voluntary local early childhood system plan created pursuant to ORS 417.777;

{ - (D) - } { + (B) + } Local alcohol and other drug prevention and treatment plans developed pursuant to ORS 430.258; { - and - }

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

(D) Local public health plans, developed pursuant to ORS 431.385, that include public health issues such as prenatal care, immunizations, well-child checkups, tobacco use, nutrition, teen pregnancy, maternal and child health care and suicide prevention; and + }

(E) { + + }The local high-risk juvenile crime prevention plan developed pursuant to ORS 417.855 { - ; and - } { + . + }

{ - (b) - } { + (7) The local coordinated comprehensive plan shall include + } a list of staff positions budgeted to support the local commission on children and families. The list shall indicate the status of each position as a percentage of full-time equivalency dedicated to the implementation of the local coordinated comprehensive plan. The county board or boards of commissioners shall be responsible for providing the level of staff support detailed in the local plan and shall ensure that funds provided for these purposes are used to carry out the local plan.

{ - (7) - } { + (8) + } The local coordinated comprehensive plan shall:

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

(b) Improve results by identifying the methods that work best at the state and local levels to coordinate resources, reduce paperwork and simplify processes, including data gathering and planning;

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

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

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

(f) Be presented to the citizens in each county for public

review, comment and adjustment;

(g) Be designed to achieve outcomes based on research-identified proven practices of effectiveness; and

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

{ - (8) - } { + (9) + } In developing the local coordinated comprehensive plan, the local commission shall:

(a) Secure active participation pursuant to subsection (3) of this section;

(b) Provide for community participation in the planning process, including media notification;

(c) Conduct an assessment of the community that identifies needs and strengths;

(d) Identify opportunities for service integration; and

(e) Develop a local coordinated comprehensive plan and budget to meet the priority needs of a county or region.

{ - (9) - } { + (10) + } The state commission { - on Children and Families - } may disapprove { - a - } { + the part of the + } local coordinated comprehensive plan { - in whole or in part - } { + relating to the planning process

required by this section and the voluntary local early childhood system plan.

(11)(a) The state commission may disapprove the planning process and the voluntary local early childhood system plan + } only upon making specific findings that the local plan substantially fails to conform to the principles, characteristics and values identified in ORS 417.708 to 417.725 and 417.735 (4)

{ - . If the state commission disapproves a local plan in whole, the state commission shall identify with particularity the manner in which the local plan is deficient. If the state commission disapproves only part of the local plan, the remainder of the local plan may be implemented. The staff of the state commission shall assist in remedying the deficiencies in the local plan. The state commission shall set a date by which the local plan or the deficient portion thereof shall be revised and resubmitted. - }

{ + or that the local plan fails to conform with the planning process requirements of this section. The staff of the state commission shall assist the local commission in remedying the deficiencies in the planning process or the voluntary local early childhood system plan. The state commission shall set a date by which any deficient portions of the planning process or the voluntary local early childhood system plan must be revised and resubmitted to the state commission by the local commission.

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

(A) The local alcohol and other drug prevention and treatment plans developed pursuant to ORS 430.258;

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

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

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

(12) The state commission, the Governor's Council on Alcohol and Drug Abuse Programs, the Department of Human Services and the Juvenile Crime Prevention Advisory Committee may jointly approve the community plan that is part of the local coordinated comprehensive plan, but may not jointly approve the service plans that are referenced in the local plan. If the community plan is disapproved in whole, the agencies shall identify with particularity the manner in which the community plan is deficient and the service plans may be implemented. If only part of the community plan is disapproved, the remainder of the community plan and the service plans may be implemented. The staff of the agencies shall assist the local commission in remedying the disapproved portions of the community plan. The agencies shall jointly set a date by which the deficient portions of the community plan shall be revised and resubmitted to the agencies by the local commission. In reviewing the community plan, the agencies shall consider the impact of state and local budget reductions on the community plan. + }

{ - (10) - } { + (13) + } If a local commission determines that the needs of the county or region it serves differ from those identified by the state commission, it may ask the state commission to waive specific requirements in its list of children's support areas. The process for granting waivers shall be developed by the state commission prior to the start of the review and approval process for the local coordinated comprehensive plan described in ORS 417.735 (4) and shall be

based primarily on a determination of whether the absence of a waiver would prevent the local commission from best meeting the needs of the county or region.

{ - (11) - } { + (14) + } From time to time, the local commission may amend the local coordinated comprehensive plan and applications for funds to implement ORS 417.705 to 417.797 and 419A.170 { + . The local commission must amend the local plan to reflect current community needs, strengths, goals, priorities and strategies. Amendments become effective + } upon approval of the board or boards of county commissioners and the state commission { - on Children and Families - } .

{ + (15) The local commission shall keep an official record of any amendments to the local coordinated comprehensive plan under subsection (14) of this section. + }

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

SECTION 4. { + The amendments to ORS 417.775 by section 3 of this 2003 Act apply to local coordinated comprehensive plans in effect on or after January 1, 2005. + }

SECTION 5. ORS 430.630 is amended to read:

430.630. (1) In addition to any other requirements that may be established by rule by the Department of Human Services, each community mental health and developmental disabilities program shall provide the following basic services to persons with mental retardation and developmental disabilities and alcohol abuse, alcoholism, drug abuse and drug dependence:

(a) Outpatient services;

(b) Aftercare for persons released from hospitals and training centers;

(c) Training, case and program consultation and education for community agencies, related professions and the public; and

(d) Guidance and assistance to other human service agencies for joint development of prevention programs and activities to reduce factors causing mental retardation and developmental disabilities and alcohol abuse, alcoholism, drug abuse and drug dependence.

(2) As alternatives to state hospitalization, it shall be the responsibility of the community mental health and developmental disabilities program to insure that, subject to the availability of funds, the following services for the mentally retarded and developmentally disabled, alcohol abuser, alcoholic, drug abuser and drug-dependent persons are available when needed and approved by the Department of Human Services:

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

(b) Care and treatment for a portion of the day or night, which may include day treatment centers, work activity centers and preschool programs;

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

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

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(e) Inpatient treatment in community hospitals; and

(f) Other alternative services to state hospitalization as defined by the department.

(3) In addition to any other requirements that may be established by rule of the department, each community mental health and developmental disabilities program, subject to the availability of funds, shall provide or ensure the provision of the following services to persons with mental or emotional disturbances:

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

(b) Crisis stabilization to meet the needs of persons suffering acute mental or emotional disturbances, including the costs of investigations and prehearing detention in community hospitals or other facilities approved by the department for persons involved in involuntary commitment procedures;

(c) Vocational and social services that are appropriate for the client's age, designed to improve the client's vocational, social, educational and recreational functioning;

(d) Continuity of care to link the client to housing and

appropriate and available health and social service needs;

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

(f) Residential services;

(g) Medication monitoring;

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

(i) Public education and information;

(j) Prevention of mental or emotional disturbances and promotion of mental health;

(k) Consultation with other community agencies; and

(L)(A) Preventive mental health services for children and adolescents, including primary prevention efforts, early identification and early intervention services. Preventive services should be patterned after service models that have demonstrated effectiveness in reducing the incidence of emotional, behavioral and cognitive disorders in children.

(B) As used in this subsection:

(i) 'Early identification' means detecting emotional disturbance in its initial developmental stage;

(ii) 'Early intervention services' for children at risk of later development of emotional disturbance means programs and activities for children and their families that promote conditions, opportunities and experiences that encourage and develop emotional stability, self-sufficiency and increased personal competence; and

(iii) 'Primary prevention efforts' means efforts that prevent emotional problems from occurring by addressing issues early so that disturbances do not have an opportunity to develop.

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

(a) The person receiving care is a resident of the county served by the program. For purposes of this paragraph, 'resident' means the resident of a county in which the person maintains a current mailing address or, if the person does not maintain a current mailing address within the state, the county in which the person is found, or the county in which a court committed mentally ill person has been conditionally released.

(b) The person has been hospitalized involuntarily or voluntarily, pursuant to ORS 426.130 or 426.220, except for persons confined to the Secure Child and Adolescent Treatment Unit at Oregon State Hospital, or has been hospitalized as the result of a revocation of conditional release.

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

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

(e) In the case of a community hospital, the department has approved the hospital for the care of mentally or emotionally disturbed persons, the community mental health and developmental disabilities program has a contract with the hospital for the psychiatric care of residents and a representative of the program

approves voluntary or involuntary admissions to the hospital prior to admission.

(5) Subject to the review and approval of the department, a community mental health and developmental disabilities program may initiate additional services after the services defined in this section are provided.

(6) Each community mental health and developmental disabilities program and the state hospital serving the program's geographic area shall enter into a written agreement concerning the policies and procedures to be followed by the program and the hospital when a patient is admitted to, and discharged from, the hospital and during the period of hospitalization.

(7) Each community mental health and developmental disabilities program shall have a mental health advisory committee, appointed by the board of county commissioners or the county court or, if two or more counties have combined to provide mental health services, the boards or courts of the participating counties or, in the case of a Native American reservation, the tribal council.

(8) A community mental health and developmental disabilities program may request and the department may grant a waiver regarding provision of one or more of the services described in subsection (3) of this section upon a showing by the county and a determination by the department that mentally or emotionally disturbed persons in that county would be better served and unnecessary institutionalization avoided.

(9) Each community mental health and developmental disabilities program shall cooperate fully with the Governor's Council on Alcohol and Drug Abuse Programs in the performance of its duties.

(10)(a) As used in this subsection, 'local mental health authority' means one of the following entities:

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

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

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

(b) Each local mental health authority that provides mental health services shall determine the need for local mental health services and adopt a comprehensive local plan for the delivery of mental health services for children, families and adults that describes the methods by which the local mental health authority shall provide those services. The local mental health authority shall review and revise the local plan biennially. The purpose of the local plan is to create a blueprint to provide mental health

services that are directed by and responsive to the mental health needs of individuals in the community served by the local plan.

(c) The local plan shall identify ways to:

(A) Coordinate and ensure accountability for all levels of care described in paragraph (e) of this subsection;

(B) Maximize resources for consumers and minimize administrative expenses;

(C) Provide supported employment and other vocational

opportunities for consumers;

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

(E) Ensure that appropriate mental health referrals are made;

(F) Address local housing needs for persons with mental health disorders;

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

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

(I) Provide transportation supports; and

(J) Coordinate services among the criminal and juvenile justice systems, adult and juvenile corrections systems and local mental health programs to ensure that persons with mental illness who come into contact with the justice and corrections systems receive needed care and to ensure continuity of services for adults and juveniles leaving the corrections system.

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

(A) Coordinate with the budgetary cycles of state and local governments that provide the local mental health authority with funding for mental health services;

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

(C) Coordinate with the local public safety coordinating council to address the services described in paragraph (c)(J) of this subsection;

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

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

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

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

(i) The educational needs of children and adults;

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

(iii) Providers of physical health and medical services;

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

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

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

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

(A) Twenty-four-hour crisis services;

(B) Secure and nonsecure extended psychiatric care;

- (C) Secure and nonsecure acute psychiatric care;
- (D) Twenty-four-hour supervised structured treatment;
- (E) Psychiatric day treatment;
- (F) Treatments that maximize client independence;
- (G) Family and peer support and self-help services;
- (H) Support services;
- (I) Prevention and early intervention services;
- (J) Transition assistance between levels of care;
- (K) Dual diagnosis services;
- (L) Access to placement in state-funded psychiatric hospital beds; and
- (M) Precommitment and civil commitment in accordance with ORS chapter 426.

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

- (A) Training for all law enforcement officers on ways to recognize and interact with persons with mental illness, for the purpose of diverting them from the criminal and juvenile justice systems;
- (B) Developing voluntary locked facilities for crisis treatment and follow-up as an alternative to custodial arrests;
- (C) Developing a plan for sharing a daily jail and juvenile detention center custody roster and the identity of persons of concern and offering mental health services to those in custody;
- (D) Developing a voluntary diversion program to provide an alternative for persons with mental illness in the criminal and juvenile justice systems; and
- (E) Developing mental health services, including housing, for persons with mental illness prior to and upon release from custody.

(g) Services described in the local plan shall:

- (A) Address the vision, values and guiding principles described in the Report to the Governor from the Mental Health Alignment Workgroup, January 2001;
- (B) Be provided to children and families as close to their homes as possible;
- (C) Be culturally appropriate and competent;
- (D) Be, for children and adults with mental health needs, from providers appropriate to deliver those services;
- (E) Be delivered in an integrated service delivery system with integrated service sites or processes, and with the use of integrated service teams;
- (F) Ensure consumer choice among a range of qualified providers in the community;
- (G) Be distributed geographically;
- (H) Involve consumers, families, clinicians, children and schools in treatment as appropriate;
- (I) Maximize early identification and early intervention;
- (J) Ensure appropriate transition planning between providers and service delivery systems, with an emphasis on transition between children and adult mental health services;
- (K) Be based on the ability of a client to pay;
- (L) Be delivered collaboratively;
- (M) Use age-appropriate, research-based quality indicators;
- (N) Use best-practice innovations; and
- (O) Be delivered using a community-based, multisystem approach.

(h) A local mental health authority shall submit to the Department of Human Services a copy of the local plan and biennial revisions adopted under paragraph (b) of this subsection at time intervals established by the department.

{ + (i) Each local commission on children and families shall reference the local plan for the delivery of mental health services in the local coordinated comprehensive plan created pursuant to ORS 417.775. + }

SECTION 6. ORS 431.385 is amended to read:

431.385. (1) The local public health authority shall submit an annual plan to the Department of Human Services for performing services pursuant to ORS 431.375 to 431.385 and 431.416. The annual plan shall be submitted no later than May 1 of each year or on a date mutually agreeable to the department and the local public health authority.

(2) If the local public health authority decides not to submit an annual plan under the provisions of ORS 431.375 to 431.385 and 431.416, the department shall become the local public health authority for that county or health district.

(3) The department shall review and approve or disapprove each plan. Variances to the local public health plan must be approved by the department. In consultation with the Conference of Local Health Officials, the department shall establish the elements of a plan and an appeals process whereby a local health authority may obtain a hearing if its plan is disapproved.

{ + (4) Each local commission on children and families shall reference the local public health plan in the local coordinated comprehensive plan created pursuant to ORS 417.775. + }

SECTION 7. { + This 2003 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2003 Act takes effect July 1, 2003. + }

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Chief Clerk of House

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Speaker of House

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President of Senate

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Secretary of State

