



Marion County Legislative Overview of HB 4002

Marion County recognizes the urgent need to address the challenges posed by opioid addiction and overdoses, particularly concerning the rise in fentanyl-related incidents. To tackle these issues, the state legislature established the Joint Committee on Addiction and Community Safety Response. Subsequently, two significant bills, HB 4002 (Policy Package) and HB 5204 (Funding Package for HB 4002), were passed, addressing various aspects of addiction, community safety, and funding allocation.

Community Safety Provisions in HB 4002:

HB 4002 introduces crucial changes aimed at enhancing community safety:

1. **New Misdemeanor:** Repealing the previous Class E violation, HB 4002 establishes a new misdemeanor for unlawful possession of a controlled substance, effective September 1, 2024.
2. **Pre-Booking Deflection (Diversion) Programs:** Introduces the possibility of pre-booking deflection programs, offering individuals an alternative to criminal charges upon completion.
3. **Default Probation with Treatment:** Mandates probation with mandatory addiction treatment, avoiding jail time or fines. Violation of probation may result in a maximum of 180 days of jail time.
4. **Automatic Expungement:** Ensures automatic expungement of criminal records upon completion of probation or jail time, promoting rehabilitation and reintegration into society.
5. **Enhanced Charges for Delivery:** Increases charges for the delivery of controlled substances near addiction treatment facilities, temporary shelters, or public parks, with a maximum sentence of eighteen months incarceration.

Addiction and Behavioral Health Provisions in HB 4002:

HB 4002 addresses addiction and behavioral health from a comprehensive health perspective:

1. **Insurance Provisions:** Prohibits health insurers and Coordinated Care Organizations (CCOs) from imposing prior authorization for substance use disorder treatment medications, facilitating prompt access to medication-assisted treatment.
2. **Community Behavioral Health Clinics:** Establishes a certified community behavioral health clinic program statewide, ensuring coordinated and accessible behavioral health care.
3. **Medication-Assisted Treatment (MAT) -** Authorizes pharmacists to dispense early refills of medications for substance use treatment, and to install drug lockers. Both provisions are designed to facilitate prompt access to medications for MAT.

4. **Training Programs:** Introduces the United We Heal Medicaid Payment Program and the Opioid Use Disorder Medication Grant Program to enhance training and support for behavioral health providers.
5. **Task Forces and Studies:** Establishes task forces to improve the safety of behavioral health workers and governance of behavioral health systems. Additionally, mandates studies on youth substance use disorder treatment and increasing substance use disorder providers.

* HB 5204 appropriated funding to support various elements of HB 4002, including deflection (diversion) programs, specialty courts, mental health programs, and workforce education and training. **See attached document for funding breakdown of HB 5204.**

Other Legislation Related to Opioids and Addiction:

Additional bills related to the addiction crisis were passed, addressing criminal charges for possession on public transit, zoning regulations for residential treatment facilities, and grants for opioid treatment in correctional facilities.

- **SB 1553** heightens criminal charges for possession of a controlled substance on public transit. These charges are not connected to the deflection programs or other community safety provisions of HB 4002.
- **HB 4023** requires local governments to allow residential treatment facilities in certain areas without a zoning change or conditional use permit.
- **HB 4120**, creating grants for opioid treatment in correctional facilities, and the portion of SB1594 relating to United We Heal grants did not pass as individual bills, but both were incorporated into HB 4002.

Relationship of HB 4002 to Measure 110:

HB 4002 maintains the Behavioral Health Resource Networks (BHRN) and the cannabis tax revenue funding Measure 110 (M110) initiatives. However, it repeals and replaces the Class E violation system created by Measure 110, redirecting associated funding toward community safety provisions.

- The bill did not change the operations of BHRNs or the M110 hotline, except as they relate directly to Class E violations. The hotline will continue to refer callers to BHRN partners, and BHRN partners will continue to serve people in their community, whether they contact the BHRNs via the hotline or otherwise.
- The BHRNs and M110 hotline will continue to be funded through a portion of cannabis taxes.
- This source amounted to about \$150M for BHRNs in the 2023-2025 biennium. Cannabis tax receipts are projected to decline in future biennia, so future amounts for BHRNs will likely be slightly below this level.
- These funds will continue to be awarded to BHRNs via the Oversight and Accountability Council.
- In its community safety provisions, HB 4002 repeals and replaces the Class E violation system created by M110, including the mechanism to waive violations via the M110 hotline.

- It also removes the funding associated with those violations.
- This includes the direct fees collected from the citations and, much more significantly, savings from reduced expenditure in the criminal justice system associated with these violations.
- This source amounted to about \$40M for BHRNS in the 2023-2025 biennium and will be zero going forward.
- A minority of calls to the hotline, and a small minority of people served by the BHRNs, contacted the hotline or the BHRNs as a direct consequence of a Class E violation.

Marion County Analysis of HB 5204 Fiscal Breakdown

3/19/2024

Organization	Section	\$ Amount	Note
Department of Education	1	\$2,500,000	Grants-in-aid, for program costs and to purchase services, for youth development programs for the East Metro Outreach, Prevention and Intervention program.
Department of Education	2	\$1,988,595	For curriculum supplements related to the dangers of synthetic opioids.
Department of Early Learning and Care	3	\$2,700,000	For Early Learning Programs
Higher Education Coordinating Commission	4	\$4,000,000	To be used for education and training to expand the behavioral health workforce in Oregon, which may include awarding stipends, fellowships, scholarships or any other type of tuition assistance to students. \$666,667 to Eastern Oregon University. \$666,667 to Oregon Institute of Technology. \$1,333,332 to Portland State University. \$666,667 to Southern Oregon University. \$666,667 to Western Oregon University
Oregon Health Authority	5	\$2,055,976	For carrying out the provisions of House Bill 4002
Oregon Health Authority	6	\$1,064,016	For carrying out the provisions of House Bill 4002
Oregon Health Authority	7	\$3,675	For state assessments and enterprise-wide costs
Oregon Health Authority	8	\$3,363	For state assessments and enterprise-wide costs
Oregon Health Authority	9	\$81,704	For shared administrative services
Oregon Health Authority	10	\$7,500,000	For distribution to Community Mental Health Programs for community restoration services.
Oregon Health Authority	11	\$9,825,000	For distribution to Community Mental Health Programs to provide deflection program coordination Enrolled House Bill 5204 (HB 5204-A) Page 2 and services as described under section 76 of HB 4002.
Oregon Health Authority	12	\$3,155,147	To provide the nonfederal matching share required for costs of targeted case management services in the Nurse-Family Partnership nurse home visiting services program.
Oregon Health Authority	13	\$750,000	For the System of Care Advisory Council to partner with a national organization specializing in resources addressing issues of drug-endangered children.
Department of Corrections	14	\$16,000,000	For community corrections
Oregon Criminal Justice Commission	15	\$20,708,200	For deposit into the Oregon Behavioral Health Deflection Program Account established by HB 4002
Oregon Criminal Justice Commission	16	\$20,708,200	For grants in the amount of 50 percent of the expected formula amounts due to the following counties, which must be distributed within 60 days of the effective date of this 2024 Act: Baker County, Benton County, Clackamas County, Clatsop County, Columbia County, Crook County, Curry County, Deschutes County, Gilliam County, Grant County, Harney County, Hood River County, Jackson County, Josephine County, Klamath County, Lane County, Malheur County, Marion County, Morrow County, Multnomah County, Umatilla County, Wasco County and Washington County.
Oregon Criminal Justice Commission	18	\$10,000,000	For deposit into the Oregon Jail-Based Medications for Opioid Use Disorder Fund established by HB 4002
Oregon Criminal Justice Commission	19	\$1,840,092	For the purpose of carrying out the provisions of HB 4002.
Oregon Criminal Justice Commission	20	\$10,000,000	For payment of expenses by the Oregon Criminal Justice Commission from the Oregon Jail-Based Medications for Opioid Use Disorder Fund established HB 4002, for making grants to cities and counties that operate a local correctional facility and to federally recognized tribes that operate a tribal correctional facility.
Oregon Criminal Justice Commission	21	\$6,919,141	For specialty court grants.
Oregon Criminal Justice Commission	22	\$4,456,232	To fund shift specialty court grants.
Oregon Criminal Justice Commission	23	\$4,000,000	For the restorative justice grant program.
Oregon Criminal Justice Commission	24	\$1,000,000	For a public service campaign and outreach.
Oregon Criminal Justice Commission	25	\$500,000	For a jail reentry pilot program.
Department of Justice	26	\$92,166	For legal services to state agencies.
Department of State Police	27	\$818,361	For Forensic Services and Chief Medical Examiner.
Department of State Police	28	\$791,543	For Administrative Services, Agency Support and Criminal Justice Information Services.
Judicial Department	29	\$2,959,966	For the purpose of carrying out the provisions of HB 4002.
Judicial Department	30	\$9,696,843	For specialty courts.
Judicial Department	31	\$4,456,232	To fund shift specialty court grants.
Oregon Public Defense Commission	32	\$7,543,529	For the Adult Trial Division.
Oregon Public Defense Commission	33	\$3,000,000	For Court Mandated Expenses.
Oregon Public Defense Commission	34	\$1,647,542	For Preauthorized Expenses.
Oregon Public Defense Commission	35	\$2,056,436	For the unrepresented defendant/persons crisis and a misdemeanor training collaboration with law schools.
Oregon Department of Administrative Services	36	\$600,000	To New Directions Northwest, Inc., to build a crisis receiving center addition to the Recovery Village Crisis Stabilization and Detox Center.
Oregon Department of Administrative Services	36	\$5,000,000	To Benton County Health Department Behavioral Health Division to relocate Children and Family Services.
Oregon Department of Administrative Services	36	\$4,000,000	To Clackamas County for the construction of a crisis stabilization center.
Oregon Department of Administrative Services	36	\$500,000	To Clatsop Behavioral Healthcare to acquire detox and substance use disorder treatment residential beds.
Oregon Department of Administrative Services	36	\$400,000	To Coos Health and Wellness for the development of a sobering center.

Marion County Analysis of HB 5204 Fiscal Breakdown

3/19/2024

Oregon Department of Administrative Services	36	\$525,000	To BestCare Treatment Services, Inc., to expand detox capacity in central Oregon.
Oregon Department of Administrative Services	36	\$1,500,000	To Deschutes County Community Mental Health Program to support the Deschutes County Stabilization Center.
Oregon Department of Administrative Services	36	\$5,000,000	To Adapt Integrated Health Care to support the construction of the Adapt Recovery Campus.
Oregon Department of Administrative Services	36	\$500,000	To Addictions Recovery Center, Inc., for sobering center operations.
Oregon Department of Administrative Services	36	\$1,000,000	To Addictions Recovery Center, Inc., to support the Substance Use Disorder Withdrawal Management Expansion project.
Oregon Department of Administrative Services	36	\$1,500,000	To BestCare Treatment Services, Inc., to develop culturally specific substance use disorder residential treatment capacity.
Oregon Department of Administrative Services	36	\$2,400,000	To Klamath Basin Behavioral Health to support the construction of a residential treatment facility with a crisis stabilization center.
Oregon Department of Administrative Services	36	\$2,500,000	To Transformations Wellness Center for the construction of a residential, co-occurring, substance use disorder treatment facility with detox beds.
Oregon Department of Administrative Services	36	\$4,000,000	To Willamette Family, Inc., to support the construction of the Willamette Family Medical Detox and Resident Services facility.
Oregon Department of Administrative Services	36	\$3,500,000	To Lincoln County Health and Human Services Department to support the Lighthouse Village Apartments Mental Health Housing project.
Oregon Department of Administrative Services	36	\$5,750,000	To Lifeways, Inc., for the Ontario Medical Plaza project to convert vacant retail space into an integrated healthcare facility with supported housing units.
Oregon Department of Administrative Services	36	\$11,500,000	To Bridgeway Recovery Services, Inc., for the development of the Bridgeway Medical Center and substance use disorder treatment residential facilities.
Oregon Department of Administrative Services	36	\$10,000,000	To Multnomah County to support the construction of a behavioral health drop-off center.
Oregon Department of Administrative Services	36	\$4,000,000	To the 4th Dimension Recovery Center (4D Recovery) to support the acquisition of a facility to provide adolescent substance use disorder residential and outpatient services.
Oregon Department of Administrative Services	36	\$4,000,000	To Cascade AIDS Project to purchase the Prism Health facility located on North Morris Street, Portland, Oregon.
Oregon Department of Administrative Services	36	\$333,000	To Wallowa Valley Center for Wellness to support phase 2 of the Park Street Transitional Housing project
Oregon Department of Administrative Services	36	\$8,000,000	To Wasco County to support the development of the Mid-Columbia Center for Living Campus.
Oregon Department of Administrative Services	36	\$8,900,000	To Washington County Behavioral Health Division to support the development of the Center for Addictions Triage and Treatment project.
Oregon Department of Administrative Services	37	\$1,000,000	For distribution to Portland Opportunities Industrialization Center for a peer-to-peer mentoring outreach program.
Oregon Department of Administrative Services	38	\$150,000	To Women First Transition and Referral Center for the purpose of providing detox services.
Legislative Policy and Research Committee	39	\$400,340	For the purpose of supporting the task forces in HB 4002.
Emergency Board	40	\$4,700,000	To be allocated to the Oregon Health Authority for payments to employers of behavioral health care providers, as described in HB 4002, following the approval by the Centers for Medicare and Medicaid Services of the use of Federal Medical Assistance matching funds by the Oregon Health Authority for this purpose.

Agency	Agency Total	Key <i>(Analysis completed by Marion County there is nothing explicit in the bill that explicitly categorizes the funding in these categories)</i>
Department of Education	\$4,488,595	Agency admin or implementation funding
Department of Early Learning and Care	\$2,700,000	County specific funding
Higher Education Coordinating Commission	\$4,000,000	Potential non-direct county funding
Oregon Health Authority	\$24,438,881	
Department of Corrections	\$16,000,000	
Oregon Criminal Justice Commission	\$80,131,865	
Department of Justice	\$92,166	
Department of State Police	\$1,609,904	
Judicial Department	\$17,113,041	
Oregon Public Defense Commission	\$14,247,507	
Oregon Department of Administrative Services	\$86,558,000	
Legislative Policy and Research Committee	\$400,340	
Emergency Board	\$4,700,000	
Total	\$256,480,299	
Agency admin or implementation funding	\$25,002,273	
County specific funding	\$61,608,200	
Potential non-direct county funding	\$94,061,648	

Marion County LEAD Program
 FY 2017-2018 to FY 2023-2024

	Health and Human Services						Sheriff's Office							
	FY 2017-2018		FY 2018-2019		FY 2019-2020		FY 2020-2021		FY 2021-2022		FY 2022-2023		FY 2023-2024	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual (FEB)
Federal Funding	-	-	-	-	-	750	-	-	-	9,592	-	-	-	-
HHS Funding	32,347	27,931	40,911	30,855	400,611	90,821	303,500	262,759	337,180	282,122	-	-	-	-
Transfers From General Fund	-	-	64,908	64,908	183,892	183,142	253,086	204,175	262,178	245,346	516,107	367,025	839,111	309,872
Net Working Capital	18,031	-	51,212	78,433	62,079	-	54,659	-	-	-	-	-	-	-
Total Resources	50,378	27,931	157,031	174,197	646,582	274,713	611,245	466,935	599,358	537,060	516,107	367,025	839,111	309,872
Personnel Services	50,378	13,919	116,935	115,068	269,496	237,965	303,106	259,509	254,812	345,287	445,957	324,741	681,433	289,179
Materials and Services	-	4,349	13,100	32,333	278,593	64,714	197,480	160,204	279,519	204,628	70,150	42,285	157,678	20,693
Admin Charges	-	-	26,996	26,796	98,493	93,116	110,659	107,655	65,027	60,347	-	-	-	-
Total Requirements	50,378	18,268	157,031	174,197	646,582	395,795	611,245	527,368	599,358	610,262	516,107	367,025	839,111	309,872
Ending Balance*	-	9,663	-	-	-	(121,082)	-	(60,433)	-	(73,202)	-	-	-	-

*Negative ending balance were covered by HHS programs.

POSITION NAME

Addiction Recovery Mentor	-	-	-	-	-	1.00	-	-	-	-	-	-	-	-
Drug Treatment Case Manager	-	-	-	-	-	1.00	-	-	-	-	-	-	-	-
Addiction Recovery Mentor (LEAD)	-	-	-	-	-	1.00	-	-	-	-	-	-	-	-
Drug Treatment Case Manager (LEAD)	-	-	-	-	-	1.00	-	-	-	-	-	-	-	-
Addiction Recovery Mentor	-	-	-	-	-	-	-	1.00	-	-	-	-	-	-
Addiction Recovery Mentor (LEAD)	-	-	-	-	-	-	-	1.00	-	-	-	-	-	-
Clinical Supervisor 2	0.15	-	0.15	-	0.15	-	0.15	-	0.15	-	-	-	-	-
Drug Treatment Case Manager	2.00	-	2.00	-	2.00	-	1.00	-	-	-	-	-	-	-
Drug Treatment Case Manager (LEAD)	-	-	-	-	2.00	-	1.00	-	-	-	-	-	-	-
Health Program Manager	0.05	-	0.05	-	-	-	-	0.05	-	-	-	-	-	-
Health Program Supervisor	0.05	-	-	-	-	-	0.05	-	-	-	-	-	-	-
Addiction Recovery Mentor	-	-	-	-	-	-	-	-	-	5.00	-	-	5.00	-
Program Coordinator 2	-	-	-	-	-	-	-	-	-	1.00	-	-	1.00	-
Sergeant	-	-	-	-	-	-	-	-	-	1.00	-	-	1.00	-
Total FTE			2.25		4.20		4.20		4.20		7.00		7.00	

Project Abstract



Part 1: Please identify the applicant point of contact (POC)

OMB No. 1121-0329
Approval Expires 12/31/2018

Applicant POC	
Organization Name	Marion County
POC Name	Stephen M. Staten
Phone Number	(503) 589-3258
Email Address	sstaten@co.marion.or.us
Mailing Address	P.O. Box 14500 Salem, Oregon 97309

Part 2: Please identify the application

Application Information	
Solicitation Name	Comprehensive Opioid Abuse Site-based Program, Category 1: First Responder Partnerships
Project Title	Marion County Law Enforcement Assisted Diversion Program
Proposed Start Date	October 1, 2018
Proposed End Date	September 30, 2021
Funding Amount Requested	\$460,806

Part 3: Please identify the project location and applicant type

Project Location and Applicant Type	
Project Location (City, State)	Salem, Oregon
Applicant Type (Tribal Nation, State, County, City, Nonprofit, Other)	County



Part 4: Please provide a project abstract

Enter additional project abstract information. Unless otherwise specified in the solicitation, this information includes:

- Brief description of the problem to be addressed and target area and population
- Project goals and objectives
- Brief statement of project strategy or overall program
- Description of any significant partnerships
- Anticipated outcomes and major deliverables

Text should be single spaced; do not exceed 400 words.

Project Abstract

Marion County is seeking to expand Law Enforcement Assisted Diversion (LEAD) in targeted neighborhoods in Salem, Oregon. This will be completed through a planned and phased approach including partnerships with the Marion County Sheriff's Office and Salem Police Department ("First Responders"); Marion County Health and Human Services Department, District Attorney's Office, and Board of Commissioners; Salem Health and emergency medical providers; and research partner Oregon Criminal Justice Commission.

Local opioid-related charges increased more than 485% between 2006 and 2017, while opioid-related deaths increased 200% between 2013 and 2017. Salem Hospital, the area's largest emergency medical provider, reported 2,432 opioid addiction diagnoses and administered naloxone 321 times in 2016 to reverse opioid overdose effects. Local increases in opioid-use disorders have wide-ranging consequences, including increased health care costs, livability issues, and incarceration, as well the emotional costs of losing family, friends, and neighbors to opioid addiction. Marion County's community-based, pre-booking diversion program focuses on reducing opioid dependency by connecting people experiencing opioid use disorders with evidence-based social services, rather the criminal justice system.

Marion County's LEAD initiative will expand from its pilot phase with a single navigator, adding another navigator to more closely target the 100 frequent users of jail and emergency department services. In scaling up, the project will undergo additional planning that aligns service systems, tracks naloxone administrations and treatment outcomes, identifies and resolves service gaps, diverts individuals from incarceration and hospital emergency rooms, and increases visibility and access to recovery and social supports for persons with opioid-use disorders. We anticipate that participants' opioid drug use will be significantly reduced, along with important collateral benefits, such as participants moving from homelessness to stable housing; reduced criminal behavior and arrests related to opioid-use disorders, and other addictions, including alcohol and methamphetamines. Such benefits will result in reduced court filings and jail bookings and participant quality of life improvements in employment, housing, and health.

By leveraging our experience from the initial LEAD pilot, we will further refine and advance the planning and implementation for LEAD expansion. Marion County's rural environment will encounter different challenges than those experienced in primarily urban settings where LEAD was developed. These learnings will be applicable to rural communities across the nation. The Marion County Sheriff's Office has enjoyed being a strong partner with the Bureau of Justice Assistance in prior grant programs. We look forward to continuing our collaboration on the Comprehensive Opioid Abuse Site-based Program.

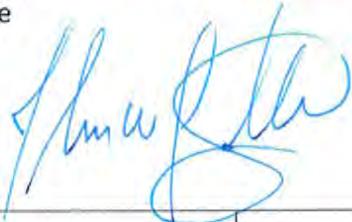


Part 5: Please indicate whether OJP has permission to share the project abstract

If the applicant is willing for the Office of Justice Programs (OJP), in its discretion, to make the information in the project abstract above publicly available, please complete the consent section below. Please note, the applicant's decision whether to grant OJP permission to publicly release this information will not affect OJP's funding decisions. Also, if the application is not funded, granting permission will not guarantee that information will be shared, nor will it guarantee funding from any other source.

- Permission not granted**
- Permission granted (Fill in authorized official consent below.)**

On behalf of the applicant named above, I consent to the information in the project abstract above (including contact information) being made public, at the discretion of OJP consistent with applicable policies. I understand that this consent is only necessary to the extent that my application is unfunded; information submitted in an application that is funded (including this abstract) is always releasable to the public consistent with FOIA rules. I certify that I have the authority to provide this consent.

Authorized Official (AO) Consent	
Signature 	Date 06/06/18
AO Name	John Lattimer
Title	Chief Administrative Officer
Organization Name	Marion County
Phone Number	503-588-5212
Email Address	JLattimer@co.marion.or.us

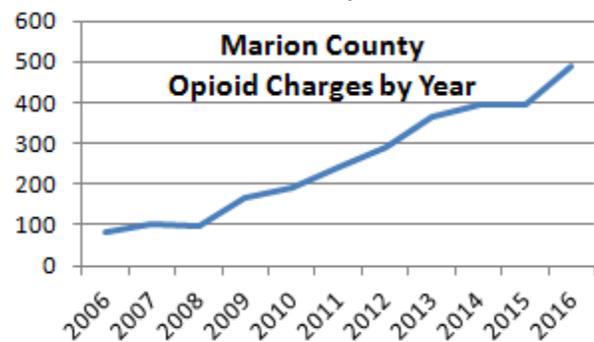
Note: This document is to be submitted as a separate attachment with a file name that contains the words "Project Abstract."



1. Statement of the Problem. A. Communities Included in Proposed Program. Marion

County, Oregon, population 341,286, is home to Oregon’s third largest city, Salem with 169,738 residents (2017 Census). Marion County’s 1,194 square miles outside of the Salem area contains farm and forest land with twenty incorporated cities, many 5,000 or less in population. Home to the state capital, Marion County also houses four state prisons, the Oregon State Hospital for civil and criminal commitments, and state juvenile closed custody facilities. Through this grant, the county seeks to expand Law Enforcement Assisted Diversion (LEAD), a community-based, pre-booking diversion program that connects law enforcement, health care and treatment, and evidence-based social services with people who have criminal records of multiple arrests for opioid or related drug possession and livability crimes. LEAD will target Salem’s downtown core and the unincorporated East Lancaster corridor (40,000 residents), selected because of police contacts, citations, and arrests for possession and misdemeanor crimes. Selection of these neighborhoods is also consistent with community consensus that opioid and other drug use, particularly among the homeless population, has reach a point of critical impact in these areas, as voiced by community members in county and city-led neighborhood associations.

B. Nature and Scope of the Problem. Across the United States, opioid abuse is increasing at alarming rates, linked to an increase in prescription narcotic use and wide availability of cheap heroin as an alternative. The escalation in opioid use disorders in Marion County has wide-ranging negative impacts on the community at large, including higher health care costs through hospital and emergency department visits, criminal complaints, and incarceration; as well as emotional costs of losing family, friends, and neighbors to



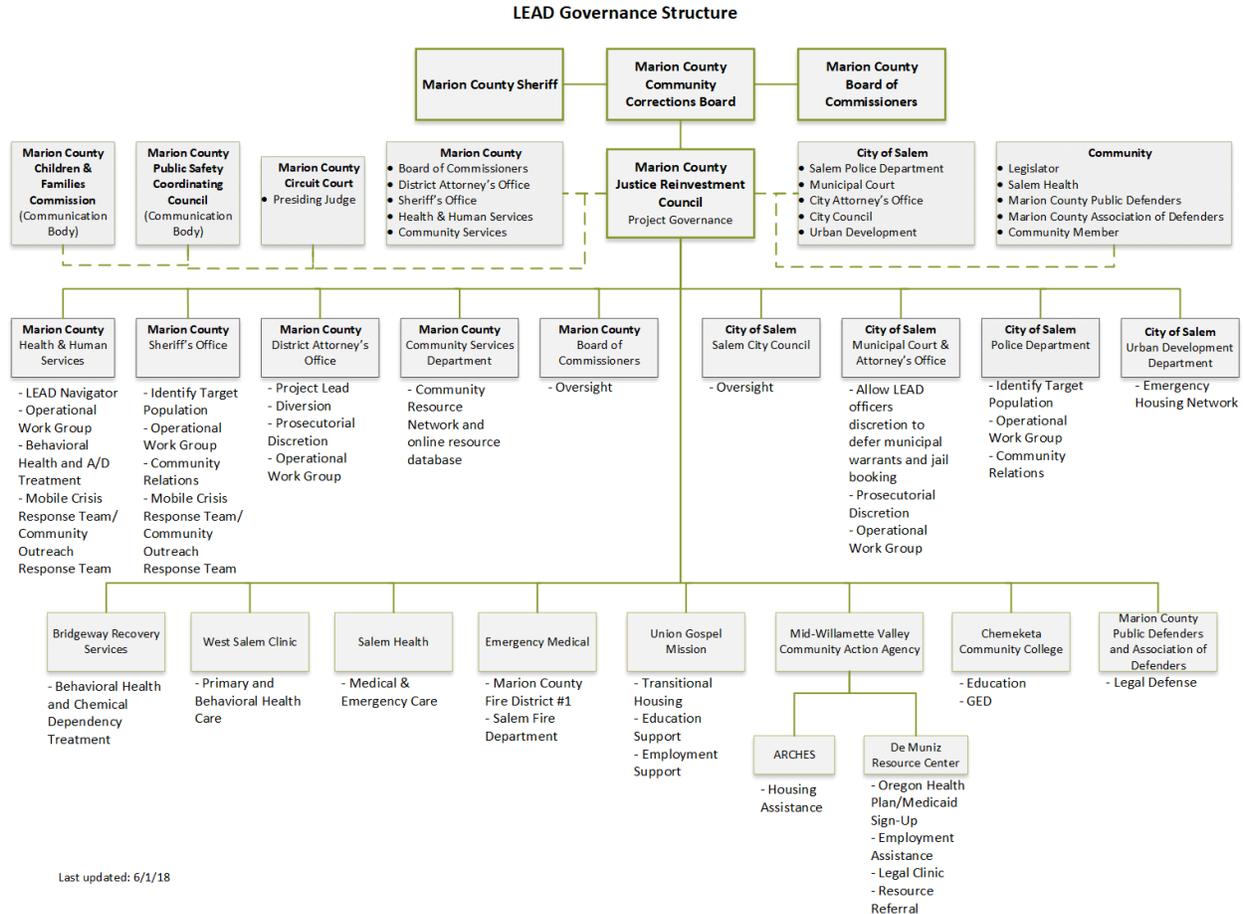
opioid addiction. According to the DEA's High Intensity Drug Trafficking Area (HIDTA) program, individuals entering Oregon corrections facilities admitting to regular heroin use increased threefold from 2008 to 2014. Designated a high-intensity drug-trafficking area, Marion County has been a hotbed for illicit drug use over the past two decades. Local opioid-related charges increased more than 476% between 2006 and 2016. Throughout Marion County, drug abuse and homelessness are frequently co-occurring issues with diverse negative impacts. NPC Research conducted a 2015 survey of Marion County inmates. Of 341 inmates surveyed, about half (51%) reported having a drug problem; 52% of inmates reported attending a treatment program, and 37% reported detoxing in jail. Nearly one-fifth (19%) of inmates reported a problem with prescription drugs, up from 12% in 2007. 31.7% answered "yes" to having "ever used heroin," 70.3% answered "yes" to having experienced homelessness, 53.4% of those experiencing homelessness answered "yes" to being "homeless just before current arrest," and 60.3% cited substance abuse as the reason for their homelessness. Children are also impacted by substance abuse, criminal activity, and homelessness, with 219 parent inmates reporting 594 children, averaging 2.7 children each. One-third of the inmates were physically abused as a child.

C. Committed Partner Agencies. In 2016, Marion County staff visited Seattle to observe LEAD firsthand. After seeing how LEAD could benefit our local area, a multi-disciplinary workgroup formed. Partners include Marion County Sheriff's Office and Salem Police Department ("First Responders"); Marion County Health and Human Services, Community Corrections, and Board of Commissioners; Salem Health, operating the Willamette Valley's largest hospital; Bridgeway Recovery Services; Chemeketa Community College; Community Action; defense attorneys; Union Gospel Mission; and Oregon Criminal Justice Commission. The Justice Reinvestment Council serves as governance entity. Partners represented on the Children & Families

*Marion County, Oregon LEAD Program
Program Narrative*

Category 1: First Responder Partnerships - Competition ID: BJA-2018-13887 - Grant No.: BJA-2018-13607

Commission and Public Safety Coordinating Council receive regular updates (see Attachment 2, pages 12-17, for rosters). Partner support and commitment letters are included in Attachment 1.



D. Alignment with Strategic Plans. In 2009, Marion County created a nationally-recognized *Justice Reinvestment Initiative*, with interwoven prison diversion and reentry strategies, articulated in two strategic plans. LEAD builds on this groundbreaking work by intervening with low-level, drug-addicted offenders, thwarting future arrests and escalation to more serious felony and person crimes. In addition, the Oregon Health Authority’s single state agency letter states that its *State Block Grant Application* is Oregon’s strategic plan for substance abuse treatment. LEAD as a harm reduction model aligns with Oregon’s strategic direction to promote effective crisis intervention models and connections through law enforcement. Finally, LEAD is listed as a

priority in the *Mid-Willamette Homeless Initiative* strategic plan, a multi-jurisdictional initiative with ongoing staff support through the Mid-Willamette Valley Council of Governments.

E. Inability to Fund the Proposed Project Without Federal Assistance/Leverage. Marion County has been able to fund only one LEAD peer navigator through a grant from Willamette Valley Community Health, the regional coordinated care organization. After launch, the county integrated the first peer navigator into the county Health and Human Services Department budget. However, community needs far exceed the capacity of one LEAD navigator. Federal funding is needed for expansion planning and implementation that will bring LEAD to scale. With median household incomes 12% below the state average, Marion County's modest tax base makes it difficult to launch new programs without federal assistance. Marion County allocates 78% of its discretionary general fund to ongoing public safety needs, leaving only 22% for all other county services. LEAD will leverage Oregon Health Plan/Medicaid expansion resources, state match, and county resources for substance abuse and mental health treatment services, including a 24/7 Psychiatric Crisis Center and mobile crisis and crisis outreach response teams pairing law enforcement officers with mental health workers, described in Attachment 2, pages 19-22. Staff supervision, supplies, and travel will also be leveraged through county resources.

F. Inadequacy of Current Response. Prior to LEAD's launch, Marion County's criminal justice system relied on criminal convictions to mandate opioid users into treatment. Studies found that involuntary treatment results in lower motivation for change and reduced long-term success. Relying on convictions also promotes adversarial relationships between opioid users and first responders. Using a motivational approach, LEAD responds to this gap and intervenes early, preventing collateral damage that occurs with convictions, such as unstable employment, housing and familial relationships.

G. Existing Programs and Components. Over the past decade, Marion County has led Oregon in interventions along the Sequential Intercept model: mobile crisis teams, 24/7 Psychiatric Crisis Center, Crisis Intervention Training, Mental Health Deputy District Attorney, brief mental health screenings and mental health specialists at the Marion County Jail, specialty courts (Drug Court, Mental Health Court, Veterans Court), and evidence-based community corrections programs. LEAD participants can access the De Muniz Reentry Resource Center which offers health plan enrollment, housing and job referrals, parenting classes, and civil legal services. Interventions at each intercept are detailed in Attachment 2, pages 18-22.

H. Needed Implementation Components. Primary components for LEAD implementation are navigator case management, opioid treatment services, and supports for social determinants of health; e.g., housing, employment, transportation (see chart, page 10). Peer navigator funding has been the largest hurdle to date. Marion County spent the past three years trying to jumpstart LEAD, but budget constraints prevented progress. The first LEAD navigator was funded with a 12-month transformation grant. The position will be sustained by Marion County next year. However, limited capacity of one peer navigator cannot provide a full-scale proof-of-concept to bring the project to scale. Along with technical assistance, funding for pilot expansion is a primary reason Marion County seeks to partner with BJA.

I. Opioid Epidemic Within Service Area. In just the past five years, Marion County's opioid overdose death rate skyrocketed by 190%, profoundly straining our community's support structure. Opioid-related arrests and citations are the county's fastest growing drug category. In 2013, local opioid-related charges surpassed marijuana charges for the first time. In the 2015 survey, 31% of Marion County jail inmates admitted to using heroin, compared to 23% in 2011. Salem Hospital reported 2,432 diagnoses of opioid addiction and administered naloxone 321

times in 2016 alone. In 2017, Marion County had an opioid prescribing rate of 80.1 per 100 persons, well above the CDC's 2016 national average of 66.5.

2. Project Design and Implementation. A. Project/Solicitation Objectives Alignment. Project objectives for planning and implementing LEAD expansion are listed in Attachment 2. These objectives align with the overarching BJA solicitation. (1) ***Law enforcement/victim service partnerships.*** Through its Justice Reinvestment Initiative, Marion County has a strong partnership with victim services organizations, allocating ten percent of grant funds to victims. See Attachment 2, Objectives 1.3 (1.3.3.) and 1.4. (1.4.11.), pages 3-4. (2) ***Comprehensive cross-system planning and collaboration.*** Marion County's collaborative structures bring together stakeholders from public safety, health care, business, neighborhoods, mental health and substance abuse treatment, county administration, and the courts. Since LEAD's launch, the Justice Reinvestment Council added voices for emergency medical providers and defense attorneys. Collaborations are further detailed in Attachment 2, pages 18-28. (3) ***Treatment and recovery support services to "high frequency" utilizers.*** LEAD targets the top 100 utilizers of emergency room and jail services. Treatment and recovery supports are included in Attachment 2, page 23. (4) ***Law enforcement diversion programs.*** LEAD, by its very design, is a law enforcement diversion program. See Attachment 2, pages 1-8. (5) ***Technology-assisted treatment and recovery support services.*** Once fully implemented in suburban neighborhoods, LEAD will expand support services to outlying rural communities, working with treatment providers to introduce technology-assisted treatment options and allowing for on-demand access to therapeutic support outside of a centralized formal care setting. See Attachment 2, Activities 3.4.5. and 3.5.3., page 11. (6) ***Prescription drug monitoring programs.*** Oregon Health Authority oversees Oregon's prescription drug monitoring program (ORS 431.850). The project will

connect with this program during the planning phase. See Attachment 2, Activity 1.4.3., page 3.

(7) ***Multi-disciplinary partnerships that leverage key data sets.*** County initiatives that leverage key data sets include *Stepping Up* to divert people with mental illness from jail, *Pre-Trial Justice* to align pre-trial incarceration decisions with client risk, and *Data-Driven Justice* to maximize health and public safety data sharing. See Attachment 2, Activity 1.4.6., page 3.

B. Project Addresses Mandatory Components/Implementation. Through this BJA grant, Marion County's LEAD ***pre-arrest diversion program*** will expand from its pilot phase with a single peer navigator, to more closely target the 100 most frequent users of jail and emergency department services in identified geographic areas. In scaling up, the project will undergo additional planning that aligns service systems, identifies and resolves service gaps, diverts individuals from incarceration and hospital emergency rooms, and increases access to recovery and social support for persons with opioid-use disorders. Marion County's project replicates proven models in King County, Washington; Santa Fe, New Mexico; and the United Kingdom. These models have succeeded in urban settings. Marion County's rural environment will encounter different challenges that can be adapted to rural and suburban settings across the nation, thus expanding the body of research for this intervention. During the planning phase, ***coordinated multi-disciplinary response teams*** (see pages 2-3) will fine tune the project work plan, reviewing evidence-based protocols, policies, and practices to expand LEAD to fidelity. Examples include internal and external communications protocols, streamlining policies for clearing warrants, and practices for conducting evidence-based field assessments. *Data-Driven Justice Initiative* expertise helped identify top 100 utilizers of jail, emergency room, and emergency services.. With assistance from the Oregon Criminal Justice Commission (Action Research Partner) and BJA's training and technical assistance and evaluation consultants, a refined work plan, theory of

change, and logic model will be further developed. Upon grant award, the Sheriff's Office will hire a full-time **Project Coordinator** to achieve the work plan elements; i.e., identifying community needs, designing data-driven outreach and prevention strategies, convening regular stakeholder discussions, responding to information requests, and ensuring continued project implementation or redirection. Marion County assures the project will **track quarterly performance measures and work closely with BJA's training and technical assistance and evaluation consultants**. Teams will also continue to gather state and county-level data documenting the opioid epidemic and community needs throughout the project. The budget includes **travel expenses for annual meetings** in Washington, D.C. After planning, Marion County's Health and Human Services Department will hire an additional peer navigator. Navigators help clients access treatment services from the first point of police contact, providing intensive case management with all aspects of client needs; e.g., housing, treatment, education, and employment. Health and Human Services is experienced in hiring, training, and supervising peer navigators who have "lived experience" with recovery. Opioid addiction treatment, including medication use, will follow Federal Guidelines for Opioid Treatment Programs and the American Society of Addiction Medicine's National Practice Guideline. Treatment services include clinical priorities for any urgent or emergent medical or psychiatric problems; a complete medical history; physical exam; mental health assessment; evaluation of past and current substance use; laboratory testing, inclusive but not limited to tests for hepatitis C and HIV; special considerations for women, populations with pain, and individuals with co-occurring psychiatric disorders; and an assessment of social and environmental factors. Treatment choices will be shared decisions between clinician and patient, and any opioid use disorder pharmacological treatment will be accompanied by psychosocial treatment. Data will inform a

constant feedback loop for program improvement. Oregon Criminal Justice Commission will monitor fidelity and guide staff in collecting client data. This service is provided at no cost to Marion County because of other evaluation work on Oregon's Justice Reinvestment Initiative, including reentry services and pre-trial justice. Research and evaluation is budgeted in the Commission's state appropriation. The chart on page 10 illustrates implementation components.

C. Allowable Uses. The grant will support the following allowable uses. (a) Connect individuals at risk for overdose with treatment providers or peer recovery support. This will be accomplished by immediate intake and referrals, including to Medically-Assisted Treatment, and ongoing peer navigator and peer recovery mentor support. (b) Provide survivors of non-fatal overdose with access to recovery support services. This will be accomplished by the participant treatment and recovery stabilization services. (c) Support the mandatory project coordinator position.

D. Project Supports Local Government's Capacity to Respond to Opioid Misuse. LEAD targets the top 100 utilizers of jail and emergency room services living in the target communities. People benefitting from LEAD typically exhibit high risk, addiction-based behavior and have multiple needs, such as homelessness, unemployment, substance abuse, and mental health issues. LEAD's target population is not likely to engage in treatment services without intense intervention. As a *harm reduction* model, LEAD meets clients "where they are" and wraps services around them. The *Yale Journal of Biology and Medicine* stated that harm reduction does not endorse drug use, but accepts it as a reality and focuses on reducing its harmful consequences.¹ LEAD expansion will increase capacity through additional navigators and treatment resources.

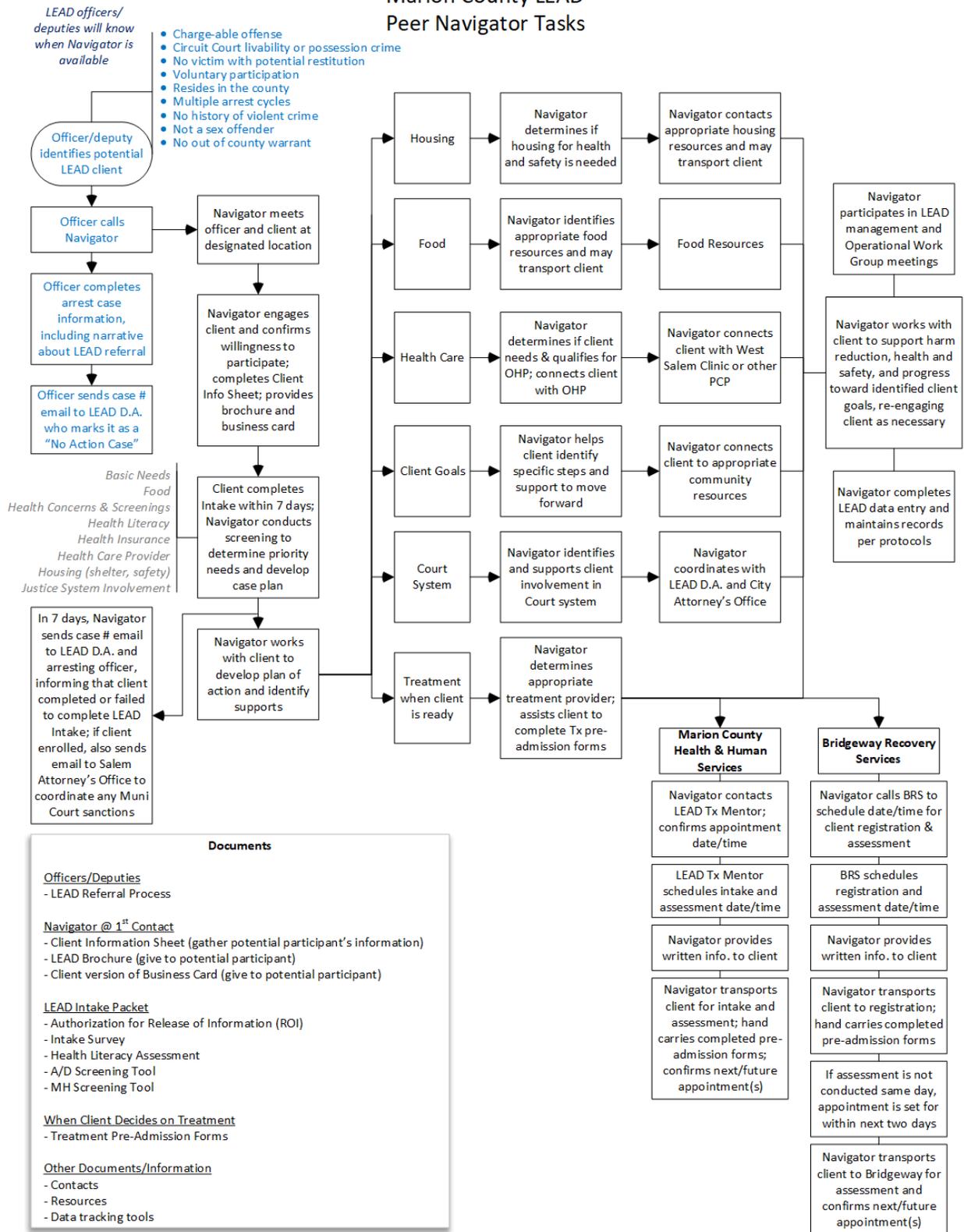
E. Priority Considerations. We request priority consideration for two Category 1 items and include a willingness to participate in a third item. First, Marion County has been

¹ K. Hawk, et al, *Reducing Fatal Opioid Overdose: Prevention, Treatment and Harm Reduction Strategies*, *Yale Journal of Biology and Medicine* 88 (2015), p. 239.

Marion County, Oregon LEAD Program
Program Narrative

Category 1: First Responder Partnerships - Competition ID: BJA-2018-13887 - Grant No.: BJA-2018-13607

Marion County LEAD
Peer Navigator Tasks

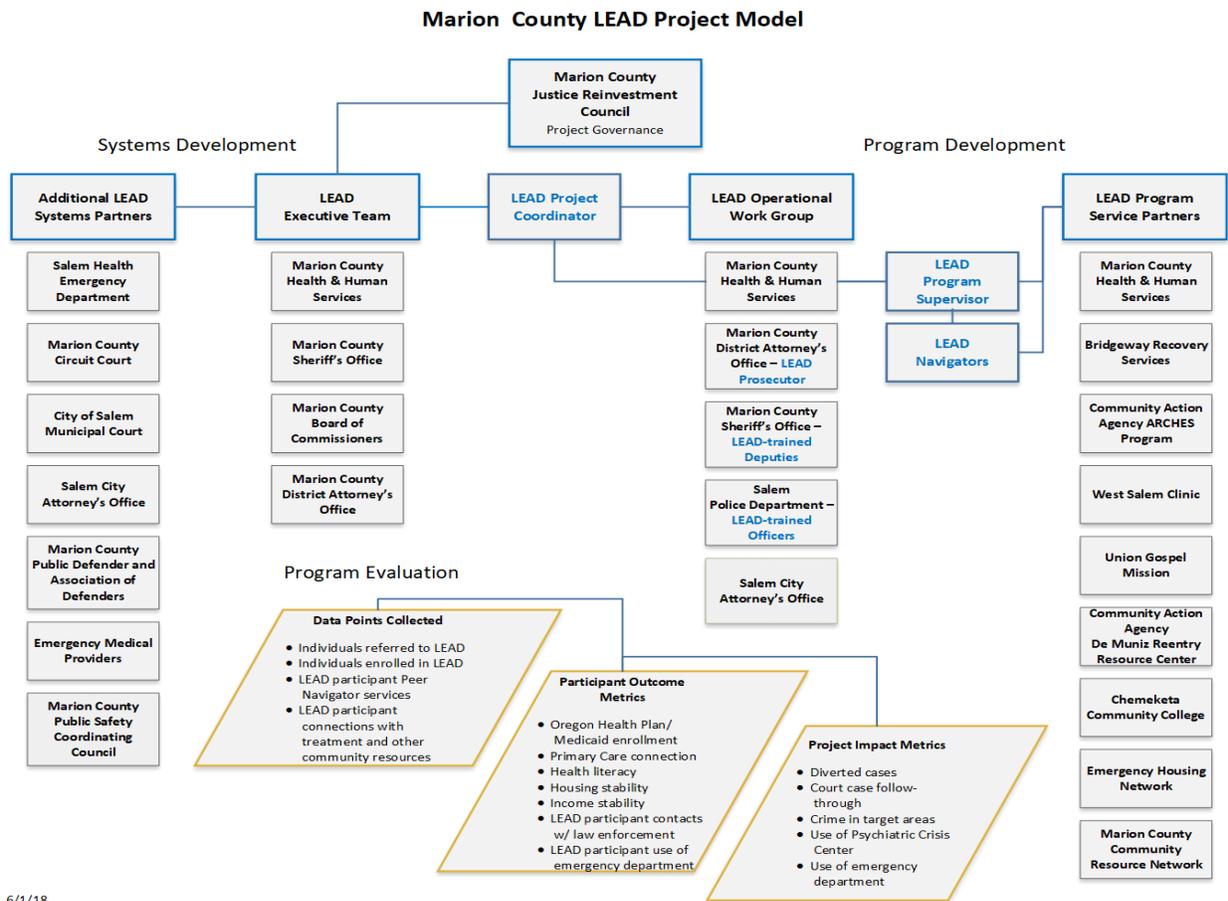


6/2/18

disproportionately impacted by illicit opioid abuse. Section 1.I., Page 6, noted 190% growth in the opioid overdose death rate. Second, the project's research plan will assist in problem identification, solution design, and project evaluation. Oregon's Statistical Analysis Center will serve as Action Research Partner at no cost to the project. Third, the Sheriff's Office is exploring entering into a teaming agreement to participate in data collection and sharing through the Overdose Detection Mapping Application Program (ODMAP).

F. Collaboration Responsibilities. The graphic on page 12 illustrates the project's collaborative structure. Additional detail and a table documenting each organization's roles and responsibilities are found in Attachment 2, pages 24-28. Many LEAD partners have been working together on the nationally-recognized prisoner reentry initiative, launched with BJA funding in 2009. The initiative engaged public safety and justice, mental health and substance abuse treatment, victim services, health care, and education partners, formalized through a Memorandum of Agreement, with the goal of reducing recidivism by 50%. Marion County succeeded, reducing recidivism from 33% in 2007 to an all-time low of 14% in 2014. Recidivism for high and medium-risk clients in intensive programming dropped to 8.5%. LEAD's partnership agreement will build on this collaboration experience, adding new organizations and services. Experience with other diversion collaborations is found in Attachment 2, pages 19-22.

G. Available/Needed Project Data. The project needs data from jail, local law enforcement, and hospital emergency department to identify top utilizers. Peer navigators will encourage client release of information forms to ease data sharing. The Project Coordinator, stakeholder teams, and legal counsel are developing protocols and legal agreements that mitigate potential legal barriers in sharing protected health information, guided by the *Data-Driven Justice Initiative*.



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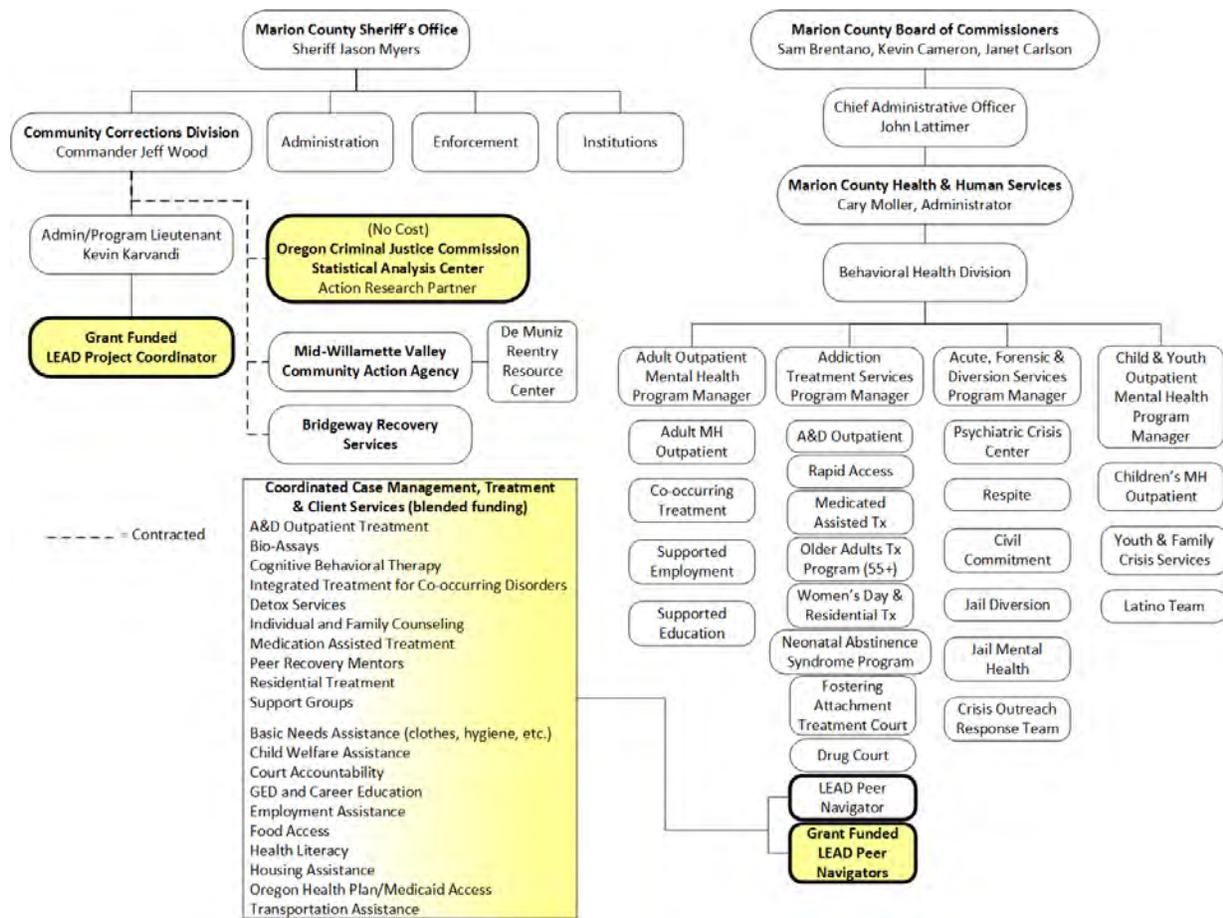
3. Capabilities and Competencies. A. Management Structure, Staffing, Key Responsible

Persons. The Marion County Sheriff's Office is responsible for daily project operations. A management chart is found on the next page. Community Corrections Division Commander Jeff Wood will oversee the grant. Commander Wood was recognized as 2013 Parole & Probation Commander of the Year by the Oregon State Sheriffs' Association, is responsible for a \$17.6 million annual budget and workforce of 95 staff, and has more than 25 years experience in juvenile and adult corrections. The grant-funded Project Coordinator position will be housed in the Sheriff's Office under Commander Wood's leadership. The Sheriff's Office, overseen by Sheriff Jason Myers, is among only 20% of Oregon's law enforcement agencies achieving accreditation through the Oregon Accreditation Alliance. The Sheriff's Office will coordinate

*Marion County, Oregon LEAD Program
Program Narrative*

Category 1: First Responder Partnerships - Competition ID: BJA-2018-13887 - Grant No.: BJA-2018-13607

with Marion County Health and Human Services, led by Administrator Cary Moller. Peer navigators are managed under Health and Human Services and will work directly with the LEAD Project Coordinator. Ms. Moller earned a Master of Counseling degree, maintains credentials as a Licensed Professional Counselor, and has managed addictions, behavioral health, and developmental disabilities programs since 1987. Ms. Moller oversees a behavioral health/addictions budget of \$38 million, with 255 staff, that touches 23,000 lives annually.



Bridgeway Recovery Services, recognized in 2011 with a state clinical treatment endorsement specific to corrections, serves as the primary treatment provider. State endorsement requires that programs demonstrate evidence-based practices addressing multiple criminogenic risk, need, and

responsivity factors with a goal of treating addiction, reducing criminal activity, and promoting community safety. County administration (chief administrative officer, legal counsel, finance, elected board of commissioners) handles contracts and procurement. Marion County adheres to the highest financial standards, receiving financial reporting awards for the past sixteen years. The county complies with the Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards (2 CFR 200), requiring annual audits of federal awards.

B. Support/Commitment Letters. Letters of support and commitment are found in Attachment 1.

C. Implementation Capability/Position Descriptions for Key Personnel. Marion County experienced success with prior BJA-funded initiatives and is confident LEAD will likewise generate expected results. Marion County's capability to reduce recidivism through the nationally-recognized prisoner reentry initiative was described in Section 2.H., page 11. Another example of implementation capability is the 2013 Justice and Mental Health Collaboration Program that launched mobile crisis teams to help people suffering from active mental health crises avoid jail and connect with services. Of 585 cases in 2017, only 18 people were taken to jail. Without mobile crisis teams, a majority would have been jailed. Crucial to this success was developing a strong interagency approach, involving assistance from BJA, Marion County Health and Human Services, local law enforcement, and many community stakeholders. Marion County has sustained both initiatives with state and local funding. Position descriptions for key personnel are included in Attachment 3.

D. Timeline with Project Goals, Objectives, Activities, Completion Dates, Responsible Persons.

Marion County's LEAD Project Timeline is found in Attachment 2.

E. Potential Barriers and Strategies to Overcome Barriers. Marion County's LEAD workgroup began initial project planning in 2016. By involving key partners, many potential barriers have

been addressed. Unfortunately, **capacity** is one of the largest outstanding program barriers. News of LEAD has already reached the street level, with individuals approaching law enforcement asking to participate. Marion County's current single navigator is not able to serve the growing population of eligible LEAD participants. Partnering with BJA to fund an additional navigator position will help overcome this barrier and reduce the impact of opioid abuse within the community. Additionally, 80% of LEAD participants in King County experienced homelessness at program entry. Marion County anticipates similar rates of homelessness, resulting in a **potential housing availability gap** creating significant hurdles in the opioid-addiction recovery process. (See Section 1.F., page 4.) The budget includes supportive housing funds to ensure crisis stabilization. The budget also supports medical care and other participant treatment needs prior to Oregon Health Plan/Medicaid enrollment and in cases of Medicaid ineligibility.

F. Research Partner Roles/Responsibilities. The project will engage the Oregon Criminal Justice Council Statistical Analysis Center as an Action Research Partner, described in Section 3.I. on page 16 below. The center will assist the project team to develop baseline data, monitor and analyze program data from multiple organizations, forecast client flow to assure participation rates, develop and monitor measures to assess replication to fidelity, monitor and evaluate project performance, assess project impact, and prepare a final report.

G. Project Coordinator Roles/Responsibilities. Upon grant award, the Sheriff's Office will hire and house a full-time Project Coordinator, dedicating 40 hours/week to coordinator duties, such as convening and facilitating LEAD workgroups, participating with the Justice Reinvestment Council to resolve policy issues, collecting and analyzing data, tracking performance measures and preparing reports, responding to information requests, coordinating LEAD expansion to fidelity, assisting the research partner and BJA's designated training and technical assistance

provider and evaluator, and working with financial staff to monitor project expenditures. The Project Coordinator will support common database use and facilitate partner data analysis in continuous program improvement. See Attachment 3 for the coordinator position description.

H. Willingness to Work with BJA's TTA Provider(s) and Evaluator. We look forward to site visits and regular consultations with BJA evaluators and TTA providers.

I. Research Partner Qualifications. Oregon Criminal Justice Commission houses Oregon's Statistical Analysis Center, established in 1973, with a primary function to collect and analyze criminal justice data and engage in applied research. The center collects arrest, conviction, and incarceration data and uses them to analyze trends in Oregon's criminal justice system. Based on trends, the center identifies evidence-based solutions and measures the impact of felony drug possession on the criminal justice system, including prescription drugs. The center also analyzes program outcomes and effectiveness, using quasi-experimental design with statistical modeling, and regularly presents findings and conclusions through reports and presentations to the Oregon legislature, criminal justice agencies, practitioners, policymakers, universities, program stakeholders, and the public. An example of the center's action research work is a randomized controlled trial of Marion County's downward departure intensive probation program. The center worked with county teams, documented program operations and processes for replication in two Oregon counties, working with stakeholders to brainstorm inputs, activities, outputs, outcomes, and impacts and ultimately creating a theory of change and logic model to clarify how the program operations achieved goals. The logic model identified measures verifying county programs were working through barriers and operating with fidelity to Marion County's model, with recommendations for program improvement. Measure tracking and assuring the feedback loop were fully integrated into program operations.

4. Plan for Collecting Data Required for Solicitation's Performance Measures. A.

Collecting and Reporting Performance Measures. The Project Coordinator will document required performance measures with data sourced by multiple organizations within the LEAD collaboration. Participant outcomes will be tracked using Penelope software, where data is retrieved, cross referenced, and reviewed. Through Marion County's 2012 BJA Justice and Mental Health Collaboration grant award, Marion County purchased Penelope, an Athena software program allowing teams to access the database remotely or in the office. The system promotes multi-agency collaboration, while maintaining integrity, confidentiality, and separation of confidential health and law enforcement data. Penelope is operated on a per license basis. The budget includes one new license for additional staff. The Project Coordinator will prepare quarterly data reports, design and implement internal communications, and promote external program awareness, as described in Attachment 2, pages 5 (1.4.15.) and 11 (3.5.1.). The Project Coordinator will use Penelope to run monthly reports on the type and frequency of client contacts with law enforcement and the LEAD Peer Navigators; use Health and Human Services data system to run client demographics and to run reports of navigator-provided services, including peer mentoring, transportation, food, clothing, housing, health plan enrollment, primary care provider visits, obtaining identification, treatment referrals, and assistance navigating or connecting with community resources; and gather data from law enforcement and the hospital emergency department about use of naloxone to treat opioid overdoses and emergency department visits. The Project Coordinator will present data to the LEAD workgroup for analysis by police officers and health and human services staff, incorporating their analysis into reports. Trend lines will be tracked over time, for further analysis by system partners. Program information will be disseminated to the Justice Reinvestment Council, Community

Corrections Board, Public Safety Coordinating Council, Children & Families Commission, and public. Project objectives for BJA's performance measures are in Attachment 2.

B. Additional Performance Metrics. Additional performance metrics include the number of individuals: (1) experiencing an opioid overdose where naloxone was used/deployed, (2) surviving an opioid overdose as a result of naloxone, (3) screened for substance use disorder, (4) diverted and referred to a diversion program, (5) taken to a police-friendly drop off location, such as a crisis unit or triage center or to a community-based diversion program, (6) linked to a peer navigator, (7) participating in a court-based diversion program, and (8) leaving the program successfully and unsuccessfully. Other metrics include the number of opioid-related jail bookings and opioid-related emergency department contacts. The Project Coordinator will monitor these metrics and whether participants were provided assistance obtaining health care coverage, the number of program participants found to be eligible for health care coverage and, of those, the number enrolled in a health care insurance plan. Our research partner will also assist in monitoring client experiences through navigator triage and treatment services by surveying client satisfaction with services, modeled after evaluation studies² conducted in Seattle.

C. Data Sources; Legal, Policy, Other Barriers to Data Access. Metrics will be collected directly from law enforcement, health, and treatment service providers, including police reports, jail bookings, hospital visits, and interactions with treatment service providers. Salem Health and law enforcement will provide data related to naloxone administrations, and treatment providers will provide data related to opioid-related diagnosis. Peer navigators will collect participant engagement and progress data. The Project Coordinator, stakeholder teams and legal counsel are developing protocols and legal agreements that mitigate possible legal barriers in sharing

² Seattle studies are posted online at <http://leadkingcounty.org/lead-evaluation/>.

protected health information across agencies. The Project Coordinator will share this data, analysis, and research with the Statistical Analysis Center for further refinement and distribution.

D. Plan for Tracking Naloxone and Treatment. Naloxone deployment data will be gathered by the Project Coordinator from LEAD partner agencies. Data will be coupled with LEAD treatment engagement and retention in order to measure outcomes and program effectiveness.

5. Impact/Outcomes, Evaluation, and Sustainment. A. Expected Impact. Diversion approaches like LEAD can have a significant impact on changing people's lives by connecting them to the services they really need. Once fully implemented, participants' opioid drug use will be significantly reduced. Marion County also anticipates significant collateral benefits, including participants moving from homelessness to stable housing and reductions in criminal behavior related to opioids, methamphetamine, alcohol, and other substance use. Such benefits will result in reduced court filings and jail bookings; and improved quality of life in employment, housing, and health. Compared to the baseline month prior to program referral, Seattle LEAD participants were^{3,4}: (1) more than twice as likely to be sheltered in permanent housing or temporary shelter; (2) 46% more likely to be in vocational training or employment; (3) 60% less likely to be arrested six months after program entry; and (4) 52% less likely to be charged with a felony crime. LEAD program evaluations found that client interactions and relationships with law enforcement also improved. Studies on preventing fatal opioid overdoses found that increasing naloxone access was effective in preventing fatal opioid overdoses.

B. How Performance will be Documented, Monitored, and Evaluated. The Project Coordinator will document, collect, and measure performance using databases described in Section 5.A.

³ S. Clifasefi, et al, LEAD Program Evaluation: The Impact of LEAD on Housing, Employment and Income/Benefits. University of Washington, March 31, 2016.

⁴ S. Collins, et al, LEAD Program Evaluation: Recidivism Report. University of Washington, March 27, 2015.

above to ensure program objectives are being met, as outlined in the Timeline (Attachment 2, Objective 3.4., pages 10-11). The Project Coordinator and Action Research Partner will work with the interagency evaluation team to monitor specific data points and assess the connection between LEAD program activities and desired outcomes. In addition to the required and additional metrics, the evaluation plan will study program impacts on HIV, hepatitis C, and STI screening, treatment and containment. The interagency evaluation team will review contextual community data, including other community efforts with impact on desired outcomes, along with input and insights from the target population. The Statistical Analysis Center will guide formative assessment and conduct a summative evaluation by the end of the project period.

C. Financial Sustainability, Expected Long-Term Results. Stakeholders are committed to maintain LEAD beyond the grant period and anticipate building the positions and materials into county and city budgets, as we have with prior BJA projects. County leaders actively engage in discussions with state policymakers to sustain public safety and health care funding. Expected long-term results include enhanced ability to identify opioid-specific community needs and to develop long-term planning that ensures ongoing service coordination. Communities will also see reductions in low-level, opioid-related criminal behavior and improved public safety. No new policies, statutes, or regulations are needed to support service delivery.

D. Leveraging evaluation and collaborative partnerships/research dissemination. Our Action Research Partner will provide interim and final reports that will be disseminated to state and county policymakers and to BJA. Should the findings inform rural replication of LEAD, the county will explore working with BJA and the Criminal Justice Commission to publish the findings in an appropriate public safety and/or substance abuse treatment journal.

6. Budget. Budget and budget narrative are found in Attachment 4.

Project Abstract



Part 1: Please identify the applicant point of contact (POC)

OMB No. 1121-0329
Approval Expires 12/31/2018

Applicant POC	
Organization Name	Marion County
POC Name	Stephen M. Staten
Phone Number	(503) 589-3258
Email Address	sstaten@co.marion.or.us
Mailing Address	P.O. Box 14500 Salem, Oregon 97309

Part 2: Please identify the application

Application Information	
Solicitation Name	Comprehensive Opioid Abuse Site-based Program, Category 3: System-level Diversion Projects
Project Title	Marion County Law Enforcement Assisted Diversion Program
Proposed Start Date	October 1, 2018
Proposed End Date	September 30, 2021
Funding Amount Requested	\$899,562

Part 3: Please identify the project location and applicant type

Project Location and Applicant Type	
Project Location (City, State)	Salem, Oregon
Applicant Type (Tribal Nation, State, County, City, Nonprofit, Other)	County



U.S. Department of Justice
Office of Justice Programs

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Part 4: Please provide a project abstract

Enter additional project abstract information. Unless otherwise specified in the solicitation, this information includes:

- Brief description of the problem to be addressed and target area and population
- Project goals and objectives
- Brief statement of project strategy or overall program
- Description of any significant partnerships
- Anticipated outcomes and major deliverables

Text should be single spaced; do not exceed 400 words.

Project Abstract

Marion County is seeking to expand Law Enforcement Assisted Diversion (LEAD) in targeted neighborhoods in Salem, Oregon. This will be completed through a planned and phased approach, which will include partnerships among the Marion County Sheriff's Office and Salem Police Department (first responders); Marion County District Attorney's Office; Marion County Board of Commissioners; Marion County Health and Human Services Department; Salem Health and emergency medical providers; and research partner Oregon Criminal Justice Commission. The collaboration is broadly engaging community partners.

Local opioid-related charges increased more than 485% between 2006 and 2017, while opioid-related deaths increased 200% between 2013 and 2017. Salem Hospital, the area's largest emergency medical provider, reported 2,432 diagnoses of opioid addiction and administered naloxone 321 times in 2016 to reverse opioid overdose effects. Local increases in opioid-use disorders have wide-ranging consequences, including increased health care costs, livability issues, and incarceration, as well as emotional costs of losing family, friends, and neighbors to opioid addiction. Marion County's community-based, pre-booking diversion program focuses on reducing opioid dependency by connecting people experiencing opioid use disorders with evidence-based social services, rather than the criminal justice system.

Marion County's LEAD initiative will expand its pilot phase with a single navigator, adding navigators to more closely target the 100 frequent users of jail and emergency department services. In scaling up, the project will undergo additional planning that aligns service systems, identifies and resolves service gaps, diverts individuals from incarceration and emergency rooms, and increases access to recovery and social supports. It is anticipated that participants' opioid drug use will be significantly reduced, along with important collateral benefits, such as participants moving from homelessness to stable housing and reduced criminal behavior and arrests related to opioid-use disorders and other addictions, including alcohol and methamphetamines. Benefits include reduced court filings and jail bookings and participant quality of life improvements in employment, housing, and health.

By leveraging our experience from the initial LEAD pilot, we will further advance the planning and implementation for LEAD expansion. Marion County's rural environment will encounter different challenges than those experienced in primarily urban settings where LEAD was developed. These learnings will be applicable to rural communities across the nation. The Marion County Sheriff's Office has enjoyed being a strong partner with the Bureau of Justice Assistance in prior grant programs. We look forward to continuing our collaboration with the Comprehensive Opioid Abuse Site-based Program.



Part 5: Please indicate whether OJP has permission to share the project abstract

If the applicant is willing for the Office of Justice Programs (OJP), in its discretion, to make the information in the project abstract above publicly available, please complete the consent section below. Please note, the applicant's decision whether to grant OJP permission to publicly release this information will not affect OJP's funding decisions. Also, if the application is not funded, granting permission will not guarantee that information will be shared, nor will it guarantee funding from any other source.

- Permission not granted**
- Permission granted (Fill in authorized official consent below.)**

On behalf of the applicant named above, I consent to the information in the project abstract above (including contact information) being made public, at the discretion of OJP consistent with applicable policies. I understand that this consent is only necessary to the extent that my application is unfunded; information submitted in an application that is funded (including this abstract) is always releasable to the public consistent with FOIA rules. I certify that I have the authority to provide this consent.

Authorized Official (AO) Consent	
Signature 	Date 06/06/18
AO Name	John Lattimer
Title	Chief Administrative Officer
Organization Name	Marion County
Phone Number	503-588-5212
Email Address	JLattimer@co.marion.or.us

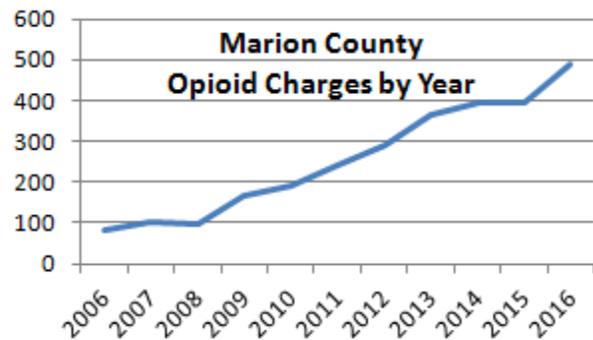
Note: This document is to be submitted as a separate attachment with a file name that contains the words "Project Abstract."



1. Statement of the Problem. A. Communities Included in Proposed Program. Marion

County, Oregon, population 341,286, is home to Oregon’s third largest city, Salem with 169,738 residents (2017 Census). Marion County’s 1,194 square miles outside of the Salem area contains farm and forest land with twenty incorporated cities, many 5,000 or less in population. Home to the state capital, Marion County also houses four state prisons, the Oregon State Hospital for civil and criminal commitments, and state juvenile closed custody facilities. The county seeks to expand Law Enforcement Assisted Diversion (LEAD), a community-based, pre-booking diversion program that connects law enforcement, health care and treatment, and evidence-based social services with people who have criminal records of multiple arrests for opioid or related drug possession and livability crimes. LEAD will target Salem’s downtown core and the unincorporated East Lancaster corridor (40,000 residents), selected because of police contacts, citations, and arrests for possession and misdemeanor crimes. Selection of these neighborhoods is also consistent with community consensus that opioid and other drug use, particularly among the homeless population, has reach a point of critical impact in these areas, as voiced by community members in county and city-led neighborhood associations.

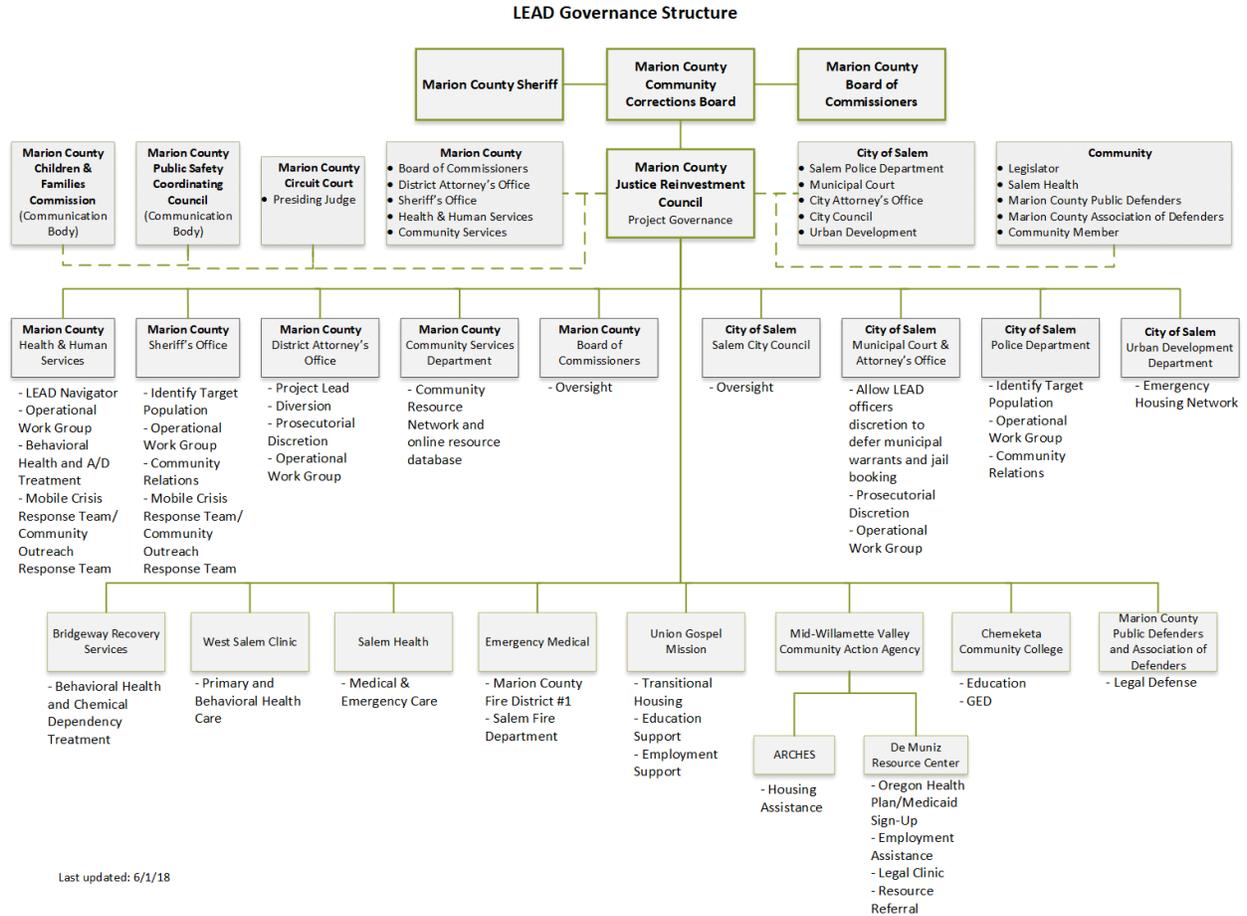
B. Nature and Scope of the Problem. Across the United States, opioid abuse is increasing at alarming rates, linked to an increase in prescription narcotic use and wide availability of cheap heroin as an alternative. The escalation in opioid use disorders in Marion County has wide-ranging negative impacts on the community at large, including higher health care costs through hospital and emergency department visits, criminal complaints, and incarceration; as well as emotional costs of losing family, friends, and neighbors to



opioid addiction. According to the DEA's High Intensity Drug Trafficking Area (HIDTA) program, individuals entering Oregon corrections facilities admitting to regular heroin use increased threefold from 2008 to 2014. Designated a high-intensity drug-trafficking area, Marion County has been a hotbed for illicit drug use over the past two decades. Local opioid-related charges increased more than 476% between 2006 and 2016. Throughout Marion County, drug abuse and homelessness are frequently co-occurring issues with diverse negative impacts. NPC Research conducted a 2015 survey of Marion County inmates. Of 341 inmates surveyed, about half (51%) reported having a drug problem; 52% of inmates reported attending a treatment program, and 37% reported detoxing in jail. Nearly one-fifth (19%) of inmates reported a problem with prescription drugs, up from 12% in 2007. 31.7% answered "yes" to having "ever used heroin," 70.3% answered "yes" to having experienced homelessness, 53.4% of those experiencing homelessness answered "yes" to being "homeless just before current arrest," and 60.3% cited substance abuse as the reason for their homelessness. Children are also impacted by substance abuse, criminal activity, and homelessness, with 219 parent inmates reporting 594 children, averaging 2.7 children each. One-third of the inmates were physically abused as a child.

C. Committed Partner Agencies. In 2016, Marion County staff visited Seattle to observe LEAD firsthand. After seeing how LEAD could benefit our local area, a multi-disciplinary workgroup formed. Partners include Marion County Sheriff's Office and Salem Police Department ("First Responders"); Marion County Health and Human Services, Community Corrections, and Board of Commissioners; Salem Health, operating the Willamette Valley's largest hospital; Bridgeway Recovery Services; Chemeketa Community College; Community Action; defense attorneys; Union Gospel Mission; and Oregon Criminal Justice Commission. The Justice Reinvestment Council serves as governance entity. Partners represented on the Children & Families

Commission and Public Safety Coordinating Council receive regular updates (see Attachment 2, pages 12-17, for rosters). Partner support and commitment letters are included in Attachment 1.



D. Alignment with Strategic Plans. In 2009, Marion County created a nationally-recognized *Justice Reinvestment Initiative*, with interwoven prison diversion and reentry strategies, articulated in two strategic plans. LEAD builds on this groundbreaking work by intervening with low-level, drug-addicted offenders, thwarting future arrests and escalation to more serious felony and person crimes. In addition, the Oregon Health Authority’s single state agency letter states that its *State Block Grant Application* is Oregon’s strategic plan for substance abuse treatment. LEAD as a harm reduction model aligns with Oregon’s strategic direction to promote effective crisis intervention models and connections through law enforcement. Finally, LEAD is listed as a

priority in the *Mid-Willamette Homeless Initiative* strategic plan, a multi-jurisdictional initiative with ongoing staff support through the Mid-Willamette Valley Council of Governments.

E. Inability to Fund the Proposed Project Without Federal Assistance/Leverage. Marion

County has been able to fund only one LEAD peer navigator through a grant from Willamette Valley Community Health, the regional coordinated care organization. After launch, the county integrated the first peer navigator into the county Health and Human Services Department

budget. However, community needs far exceed the capacity of one LEAD navigator. Federal funding is needed for expansion planning and implementation that will bring LEAD to scale.

With median household incomes 12% below the state average, Marion County's modest tax base makes it difficult to launch new programs without federal assistance. Marion County allocates

78% of its discretionary general fund to ongoing public safety needs, leaving only 22% for all other county services. LEAD will leverage Oregon Health Plan/Medicaid expansion resources,

state match, and county resources for substance abuse and mental health treatment services,

including a 24/7 Psychiatric Crisis Center and mobile crisis and crisis outreach response teams pairing law enforcement officers with mental health workers, described in Attachment 2, pages

19-22. LEAD participants can access the De Muniz Reentry Resource Center which offers health plan enrollment, housing and job referrals, parenting classes, and civil legal services. Staff

supervision, supplies, and travel will also be leveraged through county resources.

F. Services and Gaps. Over the past decade, Marion County has led Oregon in interventions

along the Sequential Intercept model: mobile crisis teams, 24/7 Psychiatric Crisis Center, Crisis Intervention Training, Mental Health Deputy District Attorney, brief mental health screenings

and mental health specialists at the Marion County Jail, specialty courts (Drug Court, Mental Health Court, Veterans Court), De Muniz Reentry Resource Center, and evidence-based

community corrections programs. Interventions at each intercept are detailed in Attachment 2, pages 18-22. At Intercept Zero, opioid-affected individuals become criminalized, rather than being diverted to community resources or treatment. LEAD responds to this gap. Also at Intercept Zero, Marion County lacks a sobering facility, impacting the jail and emergency room. Affordable housing continues to be a critical gap, with vacancy rates for affordable apartments at less than 1%. Partners are working to create a sobering center and increase housing supply. LEAD fills a gap at Intercept One: Community & Law Enforcement, adding capacity for first responders to address the opioid epidemic. At Intercept One, LEAD expansion training needs to be conducted with dispatch, law enforcement, and emergency responders.

G. Implementation Components/Why Federal Funding is Required. Primary components for LEAD implementation are navigator case management, opioid treatment services, and supports for social determinants of health; e.g., housing, employment, transportation (see chart, page 10). Peer navigator funding has been the largest hurdle to date. Marion County spent the past three years trying to jumpstart LEAD, but budget constraints prevented progress. The first LEAD navigator was funded with a 12-month transformation grant. The position will be sustained by Marion County next year. However, limited capacity of one peer navigator cannot provide a full-scale proof-of-concept to bring the project to scale. Along with technical assistance, funding for pilot expansion is a primary reason Marion County seeks to partner with BJA.

H. Policy and Funding Barriers. Eligible LEAD participants will access treatment services through Oregon Health Plan/Medicaid. Uncertainties with the Affordable Care Act at the state and federal levels, including Oregon's expansion status, could reduce treatment access. Marion County will seek any other available treatment resources, should Medicaid funds diminish.

I. Opioid Epidemic Within Service Area. In just the past five years, Marion County's opioid overdose death rate skyrocketed by 190%, profoundly straining our community's support structure. Opioid-related arrests and citations are the county's fastest growing drug category. In 2013, local opioid-related charges surpassed marijuana charges for the first time. In the 2015 survey, 31% of Marion County jail inmates admitted to using heroin, compared to 23% in 2011. Salem Hospital reported 2,432 diagnoses of opioid addiction and administered naloxone 321 times in 2016 alone. In 2017, Marion County had an opioid prescribing rate of 80.1 per 100 persons, well above the CDC's 2016 national average of 66.5.

2. Project Design and Implementation. A. Project/Solicitation Objectives Alignment. Project objectives for planning and implementing LEAD expansion are listed in Attachment 2. These objectives align with the overarching BJA solicitation. (1) ***Law enforcement/victim service partnerships.*** Through its Justice Reinvestment Initiative, Marion County has a strong partnership with victim services organizations, allocating ten percent of grant funds to victims. See Attachment 2, Objectives 1.3 (1.3.3.) and 1.4. (1.4.11.), pages 3-4. (2) ***Comprehensive cross-system planning and collaboration.*** Marion County's collaborative structures bring together stakeholders from public safety, health care, business, neighborhoods, mental health and substance abuse treatment, county administration, and the courts. Since LEAD's launch, the Justice Reinvestment Council added voices for emergency medical providers and defense attorneys. Collaborations are further detailed in Attachment 2, pages 18-28. (3) ***Treatment and recovery support services to "high frequency" utilizers.*** LEAD targets the top 100 utilizers of emergency room and jail services. Treatment and recovery supports are included in Attachment 2, page 23. (4) ***Law enforcement diversion programs.*** LEAD, by its very design, is a law enforcement diversion program. See Attachment 2, pages 1-8. (5) ***Technology-assisted***

treatment and recovery support services. Once fully implemented in suburban neighborhoods, LEAD will expand support services to outlying rural communities, working with treatment providers to introduce technology-assisted treatment options and allowing for on-demand access to therapeutic support outside of a centralized formal care setting. See Attachment 2, Activities 3.4.5. and 3.5.3., page 11. (6) **Prescription drug monitoring programs.** Oregon Health Authority oversees Oregon's prescription drug monitoring program (ORS 431.850). The project will connect with this program during the planning phase. See Attachment 2, Activity 1.4.3., page 3. (7) **Multi-disciplinary partnerships that leverage key data sets.** County initiatives that leverage key data sets include *Stepping Up* to divert people with mental illness from jail, *Pre-Trial Justice* to align pre-trial incarceration decisions with client risk, and *Data-Driven Justice* to maximize health and public safety data sharing. See Attachment 2, Activity 1.4.6., page 3.

B. Project Addresses Mandatory Components/Implementation. Through this BJA grant, Marion County's LEAD initiative will expand from its pilot phase with a single peer navigator, to more closely target the 100 most frequent users of jail and emergency department services in identified geographic areas. In scaling up, the project will undergo additional planning that aligns service systems, identifies and resolves service gaps, diverts individuals from incarceration and hospital emergency rooms, and increases access to recovery and social support for persons with opioid-use disorders. Marion County's project replicates proven models in King County, Washington; Santa Fe, New Mexico; and the United Kingdom. These models have succeeded in urban settings. Marion County's rural environment will encounter different challenges that can be adapted to rural and suburban settings across the nation, thus expanding the body of research for this intervention. During the planning phase, existing **stakeholder planning teams** (see pages 2-3) will fine tune the project work plan, reviewing evidence-based protocols, policies, and

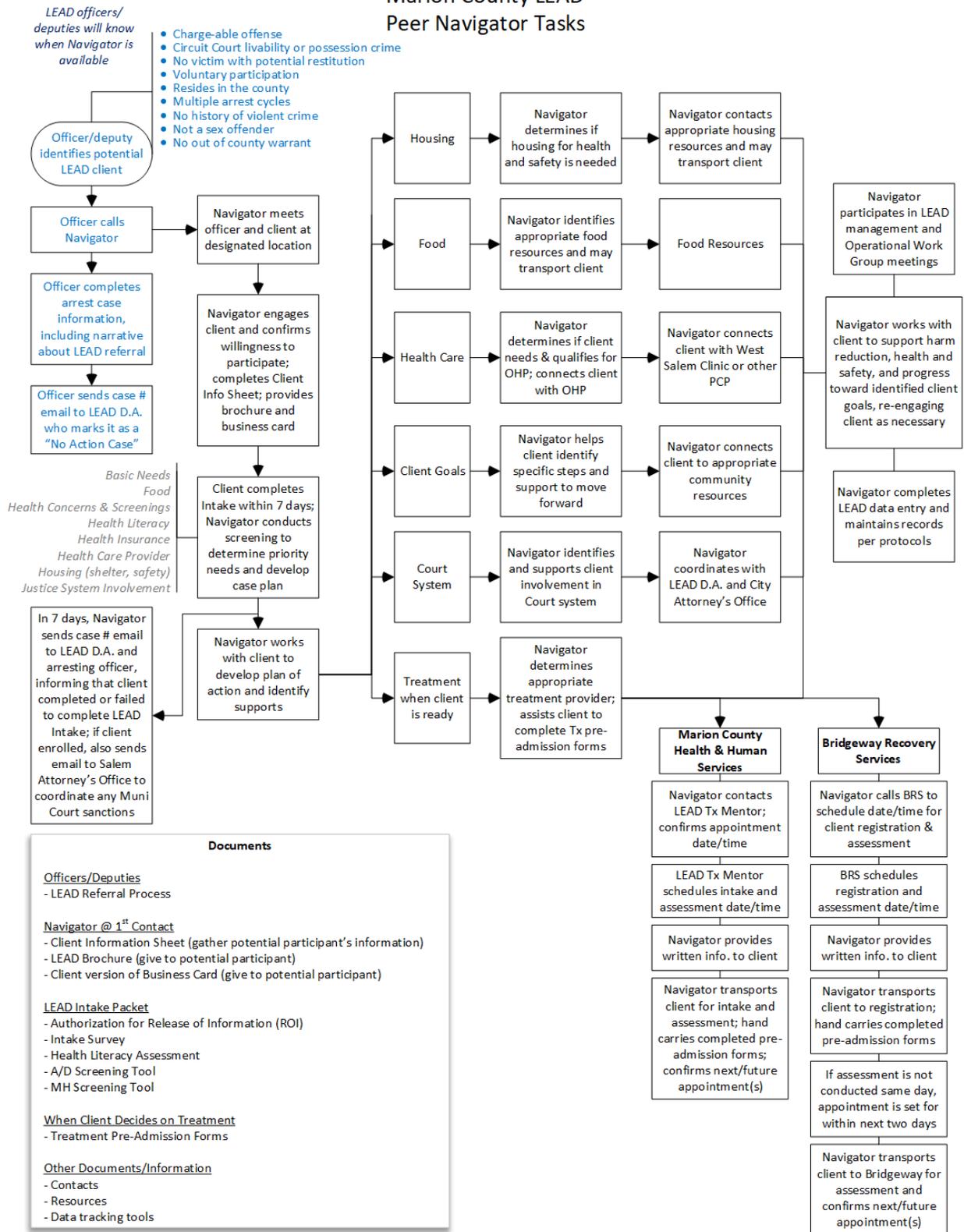
practices to expand LEAD to fidelity. Examples include internal and external communications protocols, streamlining policies for clearing warrants, and practices for conducting evidence-based field assessments. *Data-Driven Justice Initiative* expertise helped the project identify top 100 utilizers of jail, emergency room, and emergency services. Teams will also continue to gather ***state and county-level data documenting the opioid epidemic*** throughout the project. With assistance from the Oregon Criminal Justice Commission (Action Research Partner) and BJA's training and technical assistance and evaluation consultants, a refined work plan, theory of change, and logic model will be further developed. Upon grant award, the Sheriff's Office will hire a full-time ***Project Coordinator*** to achieve the work plan elements; i.e., identifying community needs, designing data-driven outreach and prevention strategies, convening regular stakeholder discussions, responding to information requests, and ensuring continued project implementation or redirection. Marion County assures the project will ***track quarterly performance measures and work closely with BJA's training and technical assistance and evaluation consultants***. The budget includes ***travel expenses for annual meetings*** in Washington, D.C. Once planning is complete, Marion County's Health and Human Services Department will hire an additional peer navigator, with a third navigator hired later in the grant period. Navigators help clients access treatment services from the first point of police contact, providing intensive case management with all aspects of client needs; e.g., housing, treatment, education, employment, and child care. Health and Human Services is experienced in hiring, training, and supervising peer navigators who have "lived experience" with recovery. Opioid addiction treatment, including medication use, will follow Federal Guidelines for Opioid Treatment Programs and the American Society of Addiction Medicine's National Practice Guideline. Treatment services include clinical priorities for any urgent or emergent medical or

psychiatric problems; a complete medical history; physical exam; mental health assessment; evaluation of past and current substance use; laboratory testing, inclusive but not limited to tests for hepatitis C and HIV; special considerations for women, populations with pain, and individuals with co-occurring psychiatric disorders; and an assessment of social and environmental factors. Treatment choices will be shared decisions between clinician and patient, and any opioid use disorder pharmacological treatment will be accompanied by psychosocial treatment. Data will inform a constant feedback loop for program improvement. Oregon Criminal Justice Commission will monitor fidelity and guide staff in collecting client data. The Commission will provide this service at no cost because of ongoing evaluation work with Marion County on Oregon's Justice Reinvestment Initiative, including studies on reentry services and pre-trial justice. Research and evaluation is budgeted in the state appropriation for the commission. The chart on the next page illustrates implementation components.

C. Allowable Uses. The LEAD project grant will support the following allowable uses, (a) Link high frequency drug users with evidence-based treatment and recovery support services, with the goal of reducing overreliance on emergency health care and encounters with the criminal justice system. This will be accomplished by the LEAD peer navigators and participant treatment and recovery stabilization. (b) Support the mandatory project coordinator position.

D. Project Supports Local Government's Capacity to Respond to Opioid Misuse. LEAD targets the top 100 utilizers of jail and emergency room services living in the target communities. People benefitting from LEAD typically exhibit high risk, addiction-based behavior and have multiple needs, such as homelessness, unemployment, substance abuse, and mental health issues. LEAD's target population is not likely to engage in treatment services without intense intervention. As a *harm reduction* model, LEAD meets clients "where they are" and wraps services around them.

Marion County LEAD
Peer Navigator Tasks



6/2/18

The *Yale Journal of Biology and Medicine* stated that harm reduction does not endorse drug use, but accepts it as a reality and focuses on reducing its harmful consequences.¹ LEAD expansion will increase capacity through additional navigators and treatment resources.

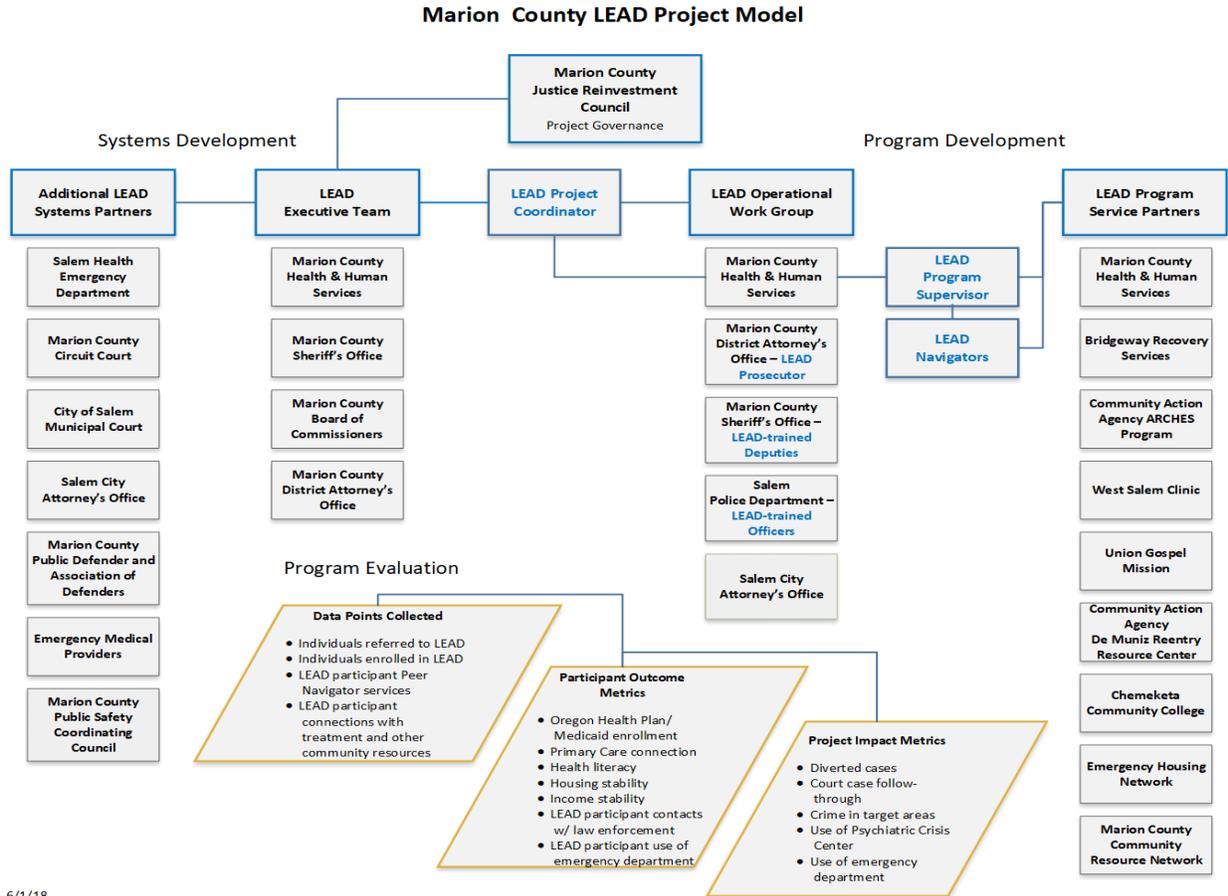
E. Priority Considerations. We request priority consideration for both Category 3 items. First, Marion County has been disproportionately impacted by illicit opioid abuse. Section 1.I., Page 6, noted 190% growth in the opioid overdose death rate. Second, the project's research plan will assist in problem identification, solution design, and project evaluation. Oregon's Statistical Analysis Center will serve as Action Research Partner at no cost to the project.

F. Diversion Program to be Implemented. LEAD is the diversion program that will be brought to scale through this project. Implementation details are described in this narrative, pages 7-10.

G. Collaboration Responsibilities. The graphic on page 12 illustrates the project's collaborative structure. Additional detail and a table documenting each organization's roles and responsibilities are found in Attachment 2, pages 24-28.

H. Previous Collaboration/Partnership Agreements. Many LEAD partners have been working together as part of the nationally-recognized prisoner reentry initiative, launched with BJA funding in 2009. The initiative engaged public safety and justice, mental health and substance abuse treatment, victim services, health care, and education partners, formalized through a Memorandum of Agreement, with the goal of reducing recidivism by 50%. Marion County succeeded, reducing recidivism from 33% in 2007 to an all-time low of 14% in 2014. Recidivism for high and medium-risk clients in intensive programming dropped to 8.5%. LEAD's partnership agreement will build on this collaboration experience, adding new organizations and services. Experience with other diversion collaborations is found in Attachment 2, pages 19-22.

¹ K. Hawk, et al, *Reducing Fatal Opioid Overdose: Prevention, Treatment and Harm Reduction Strategies*, *Yale Journal of Biology and Medicine* 88 (2015), p. 239.



6/1/18

I. Available/Needed Project Data. The project needs data from jail, local law enforcement, and hospital emergency department to identify top utilizers. Peer navigators will encourage client release of information forms to ease data sharing. The Project Coordinator, stakeholder teams, and legal counsel are developing protocols and legal agreements that mitigate potential legal barriers in sharing protected health information, guided by the *Data-Driven Justice Initiative*.

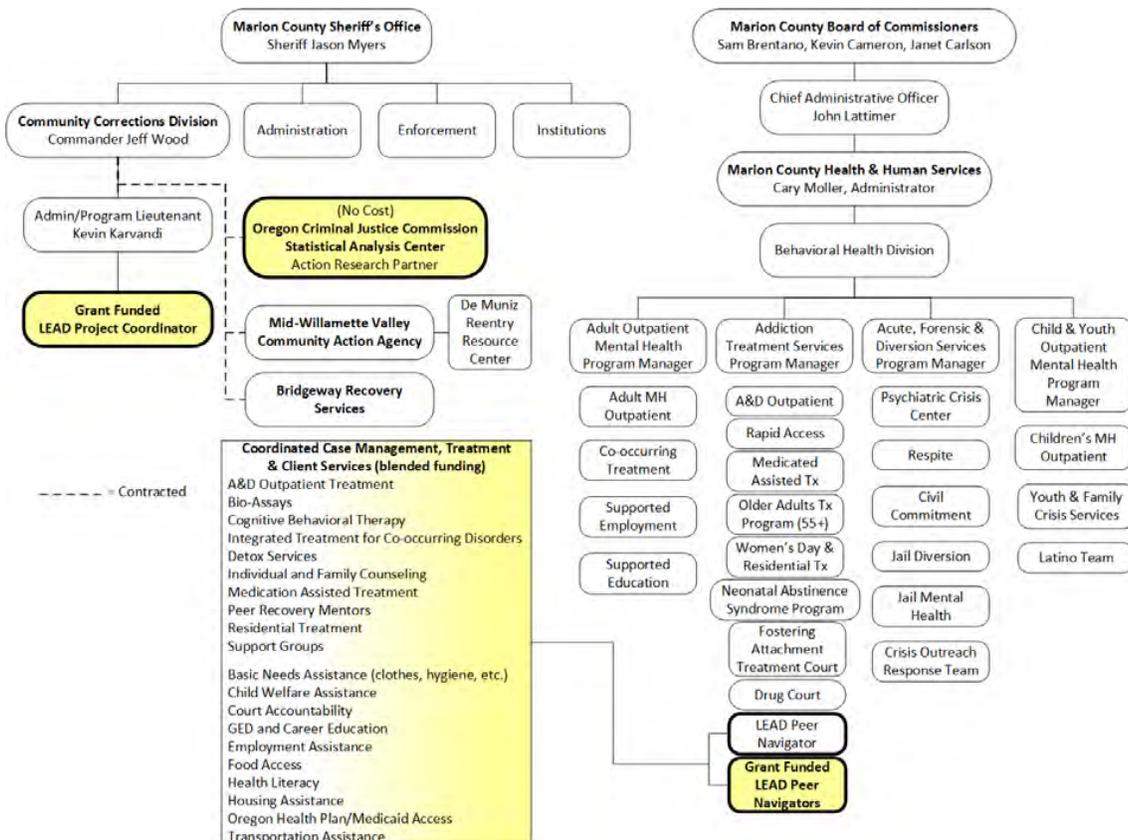
3. Capabilities and Competencies. A. Management Structure, Staffing, Key Responsible

Persons. The Marion County Sheriff's Office is responsible for daily project operations. A management chart is found on the next page. Community Corrections Division Commander Jeff Wood will oversee the grant. Commander Wood was recognized as 2013 Parole & Probation

*Marion County, Oregon LEAD Program
Program Narrative*

Category 3: System-level Diversion Projects - Competition ID: BJA-2018-13889 - Grant No.: BJA-2018-13607

Commander of the Year by the Oregon State Sheriffs’ Association, is responsible for a \$17.6 million annual budget and workforce of 95 staff, and has more than 25 years experience in juvenile and adult corrections. The grant-funded Project Coordinator position will be housed in the Sheriff’s Office under Commander Wood’s leadership. The Sheriff’s Office, overseen by Sheriff Jason Myers, is among only 20% of Oregon’s law enforcement agencies achieving accreditation through the Oregon Accreditation Alliance. The Sheriff’s Office will coordinate with Marion County Health and Human Services, led by Administrator Cary Moller. Peer navigators are managed under Health and Human Services and will work directly with the LEAD Project Coordinator. Ms. Moller earned a Master of Counseling degree, maintains credentials as a Licensed Professional Counselor, and has managed addictions, behavioral health, and developmental disabilities programs since 1987. Ms. Moller oversees a behavioral health/addictions budget of \$38 million, with 255 staff, that touches 23,000 lives annually.



Bridgeway Recovery Services, recognized in 2011 with a state clinical treatment endorsement specific to corrections, serves as the primary treatment provider. State endorsement requires that programs demonstrate evidence-based practices addressing multiple criminogenic risk, need, and responsivity factors with a goal of treating addiction, reducing criminal activity, and promoting community safety. County administration (chief administrative officer, legal counsel, finance, elected board of commissioners) handles contracts and procurement. Marion County adheres to the highest financial standards, receiving financial reporting awards for the past sixteen years. The county complies with the Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards (2 CFR 200), requiring annual audits of federal awards.

B. Support/Commitment Letters. Letters of support and commitment are found in Attachment 1.

C. Implementation Capability/Position Descriptions for Key Personnel. Marion County experienced success with prior BJA-funded initiatives and is confident LEAD will likewise generate expected results. Marion County's capability to reduce recidivism through the nationally-recognized prisoner reentry initiative was described in Section 2.H., page 11. Another example of implementation capability is the 2013 Justice and Mental Health Collaboration Program that launched mobile crisis teams to help people suffering from active mental health crises avoid jail and connect with services. Of 585 cases in 2017, only 18 people were taken to jail. Without mobile crisis teams, a majority would have been jailed. Crucial to this success was developing a strong interagency approach, involving assistance from BJA, Marion County Health and Human Services, local law enforcement, and many community stakeholders. Marion County has sustained both initiatives with state and local funding. Position descriptions for key personnel are included in Attachment 3.

D. Timeline with Project Goals, Objectives, Activities, Completion Dates, Responsible Persons.

Marion County's LEAD Project Timeline is found in Attachment 2.

E. Potential Barriers and Strategies to Overcome Barriers. Marion County's LEAD workgroup began initial project planning in 2016. By involving key partners, many potential barriers have been addressed. Unfortunately, **capacity** is one of the largest outstanding program barriers. News of LEAD has already reached the street level, with individuals approaching law enforcement asking to participate. Marion County's current single navigator is not able to serve the growing population of eligible LEAD participants. Partnering with BJA to fund additional navigator positions will help overcome this barrier and reduce the impact of opioid abuse within the community. Additionally, 80% of LEAD participants in King County experienced homelessness at program entry. Marion County anticipates similar rates of homelessness, resulting in a **potential housing availability gap** creating significant hurdles in the opioid-addiction recovery process. (See Section 1.F., page 4.) The budget includes supportive housing funds to ensure crisis stabilization. The budget also supports medical care and other participant treatment needs prior to Oregon Health Plan/Medicaid enrollment and in cases of Medicaid ineligibility.

F. Research Partner Roles/Responsibilities. The project will engage the Oregon Criminal Justice Commission Statistical Analysis Center as an Action Research Partner, described in Section 3.I. on page 16 below. The center will assist the project team to develop baseline data, monitor and analyze program data from multiple organizations, forecast client flow to assure participation rates, develop and monitor measures to assess replication to fidelity, monitor and evaluate project performance, assess project impact, and prepare a final report.

G. Project Coordinator Roles/Responsibilities. Upon grant award, the Sheriff's Office will hire and house a full-time Project Coordinator, dedicating 40 hours/week to coordinator duties, such as convening and facilitating LEAD workgroups, participating with the Justice Reinvestment

Council to resolve policy issues, collecting and analyzing data, tracking performance measures and preparing reports, responding to information requests, coordinating LEAD expansion to fidelity, assisting the research partner and BJA's designated training and technical assistance provider and evaluator, and working with financial staff to monitor project expenditures. The Project Coordinator will support common database use and facilitate partner data analysis in continuous program improvement. See Attachment 3 for the coordinator position description.

H. Willingness to Work with BJA's TTA Provider(s) and Evaluator. We look forward to site visits and regular consultations with BJA evaluators and TTA providers.

I. Research Partner Qualifications. Oregon Criminal Justice Commission houses Oregon's Statistical Analysis Center, established in 1973, with a primary function to collect and analyze criminal justice data and engage in applied research. The center collects arrest, conviction, and incarceration data and uses them to analyze trends in Oregon's criminal justice system. Based on trends, the center identifies evidence-based solutions and measures the impact of felony drug possession on the criminal justice system, including prescription drugs. The center also analyzes program outcomes and effectiveness, using quasi-experimental design with statistical modeling, and regularly presents findings and conclusions through reports and presentations to the Oregon legislature, criminal justice agencies, practitioners, policymakers, universities, program stakeholders, and the public. An example of the center's action research work is a randomized controlled trial of Marion County's downward departure intensive probation program. The center worked with county teams, documented program operations and processes for replication in two Oregon counties, working with stakeholders to brainstorm inputs, activities, outputs, outcomes, and impacts and ultimately creating a theory of change and logic model to clarify how the program operations achieved goals. The logic model identified measures verifying county

programs were working through barriers and operating with fidelity to Marion County's model, with recommendations for program improvement. Measure tracking and assuring the feedback loop were fully integrated into program operations.

4. Plan for Collecting Data Required for Solicitation's Performance Measures. A.

Collecting and Reporting Performance Measures. The Project Coordinator will document required performance measures with data sourced by multiple organizations within the LEAD collaboration. Participant outcomes will be tracked using Penelope software, where data is retrieved, cross referenced, and reviewed. Through Marion County's 2012 BJA Justice and Mental Health Collaboration grant award, Marion County purchased Penelope, an Athena software program allowing teams to access the database remotely or in the office. The system promotes multi-agency collaboration, while maintaining integrity, confidentiality, and separation of confidential health and law enforcement data. Penelope is operated on a per license basis. The budget includes one new license for additional staff. The Project Coordinator will prepare quarterly data reports, design and implement internal communications, and promote external program awareness, as described in Attachment 2, pages 5 (1.4.15.) and 11 (3.5.1.). The Project Coordinator will use Penelope to run monthly reports on the type and frequency of client contacts with law enforcement and the LEAD Peer Navigators; use Health and Human Services data system to run client demographics and to run reports of navigator-provided services, including peer mentoring, transportation, food, clothing, housing, health plan enrollment, primary care provider visits, obtaining identification, treatment referrals, and assistance navigating or connecting with community resources; and gather data from law enforcement and the hospital emergency department about use of naloxone to treat opioid overdoses and emergency department visits. The Project Coordinator will present data to the LEAD workgroup

for analysis by police officers and health and human services staff, incorporating their analysis into reports. Trend lines will be tracked over time, for further analysis by system partners.

Program information will be disseminated to the Justice Reinvestment Council, Community Corrections Board, Public Safety Coordinating Council, Children & Families Commission, and public. Project objectives for BJA's performance measures are in Attachment 2.

B. Additional Performance Metrics. Additional performance metrics include the number of individuals: (1) experiencing an opioid overdose where naloxone was used/deployed, (2) surviving an opioid overdose as a result of naloxone, (3) screened for substance use disorder, (4) diverted and referred to a diversion program, (5) taken to a police-friendly drop off location, such as a crisis unit or triage center or to a community-based diversion program, (6) linked to a peer navigator, (7) participating in a court-based diversion program, and (8) leaving the program successfully and unsuccessfully. Other metrics include the number of opioid-related jail bookings and opioid-related emergency department contacts. The Project Coordinator will monitor these metrics and whether participants were provided assistance obtaining health care coverage, the number of program participants found to be eligible for health care coverage and, of those, the number enrolled in a health care insurance plan. Our research partner will also assist in monitoring client experiences through navigator triage and treatment services by surveying client satisfaction with services, modeled after evaluation studies² conducted in Seattle.

C. Data Sources; Legal, Policy, Other Barriers to Data Access. Metrics will be collected directly from law enforcement, health, and treatment service providers, including police reports, jail bookings, hospital visits, and interactions with treatment service providers. Salem Health and law enforcement will provide data related to naloxone administrations, and treatment providers

² Seattle studies are posted online at <http://leadkingcounty.org/lead-evaluation/>.

will provide data related to opioid-related diagnosis. Peer navigators will collect participant engagement and progress data. The Project Coordinator, stakeholder teams and legal counsel are developing protocols and legal agreements that mitigate possible legal barriers in sharing protected health information across agencies. The Project Coordinator will share this data, analysis, and research with the Statistical Analysis Center for further refinement and distribution.

5. Impact/Outcomes, Evaluation, and Sustainment. A. Expected Impact. Diversion

approaches like LEAD can have a significant impact on changing people's lives by connecting them to the services they really need. Once fully implemented, participants' opioid drug use will be significantly reduced. Marion County also anticipates significant collateral benefits, including participants moving from homelessness to stable housing and reductions in criminal behavior related to opioids, methamphetamine, alcohol, and other substance use. Such benefits will result in reduced court filings and jail bookings; and improved quality of life in employment, housing, and health. Compared to the baseline month prior to program referral, Seattle LEAD participants were^{3,4}: (1) more than twice as likely to be sheltered in permanent housing or temporary shelter; (2) 46% more likely to be in vocational training or employment; (3) 60% less likely to be arrested six months after program entry; and (4) 52% less likely to be charged with a felony crime. LEAD program evaluations found that client interactions and relationships with law enforcement also improved. Studies on preventing fatal opioid overdoses found that increasing naloxone access was effective in preventing fatal opioid overdoses.

B. How Performance will be Documented, Monitored, and Evaluated. The Project Coordinator will document, collect, and measure performance using databases described in Section 5.A.

³ S. Clifasefi, et al, LEAD Program Evaluation: The Impact of LEAD on Housing, Employment and Income/Benefits. University of Washington, March 31, 2016.

⁴ S. Collins, et al, LEAD Program Evaluation: Recidivism Report. University of Washington, March 27, 2015.

above to ensure program objectives are being met, as outlined in the Timeline (Attachment 2, Objective 3.4., pages 10-11). The Project Coordinator and Action Research Partner will work with the interagency evaluation team to monitor specific data points and assess the connection between LEAD program activities and desired outcomes. In addition to the required and additional metrics, the evaluation plan will study program impacts on HIV, hepatitis C, and STI screening, treatment and containment. The interagency evaluation team will review contextual community data, including other community efforts with impact on desired outcomes, along with input and insights from the target population. The Statistical Analysis Center will guide formative assessment and conduct a summative evaluation by the end of the project period.

C. Financial Sustainability, Expected Long-Term Results. Stakeholders are committed to maintain LEAD beyond the grant period and anticipate building the positions and materials into county and city budgets, as we have with prior BJA projects. County leaders actively engage in discussions with state policymakers to sustain public safety and health care funding. Expected long-term results include enhanced ability to identify opioid-specific community needs and to develop long-term planning that ensures ongoing service coordination. Communities will also see reductions in low-level, opioid-related criminal behavior and improved public safety. No new policies, statutes, or regulations are needed to support service delivery.

D. Leveraging evaluation and collaborative partnerships/research dissemination. Our Action Research Partner will provide interim and final reports that will be disseminated to state and county policymakers and to BJA. Should the findings inform rural replication of LEAD, the county will explore working with BJA and the Criminal Justice Commission to publish the findings in an appropriate public safety and/or substance abuse treatment journal.

6. Budget. Budget and budget narrative are found in Attachment 4.

Measure 110 Reform: HB 4002 and HB 5204

[House Bill 4002 A: Measure 110 Reform Policy Package](#) – passed.

[House Bill 5204 A: Measure 110 Reform Funding Package](#) – passed

AOC successfully elevated the county voice within Measure 110 reform conversations by being in the room, sharing how potential changes would affect counties, advocating for appropriate funds, and maintaining the integrity of counties' local mental health authority. HB 5204 allocates more than \$110,000,000 to counties and county-related programs for infrastructure projects, standing up deflection programs, supporting specialty courts, funding community corrections, and more. HB 4002A creates a new PCS-U misdemeanor for possession of a controlled substance, and offers pathways to expungement, dismissal, or no charges filed. Deflection programs will be created and coordinated at the county level, with public safety and behavioral health partners working together. 23 counties indicated interest in establishing deflection programs and are identified in the legislation to receive initial fast-tracked funding. Access a visual flow chart of how Deflection works [here](#).

HB 4002A Section by Section Overview

Payment for Substance Use Disorder Treatment (Sections 1 – 5)

- Prohibits health insurers and coordinated care organizations (CCOs) from imposing prior authorization or other utilization review for reimbursement of covered medications prescribed to treat substance use disorder (SUD)
- Requires health insurers and CCOs to reimburse the cost of refills of SUD medications
- Permits insurer to use prior authorization or other utilization management for opioids prescribed for purposes other than SUD treatment and for purposes of auditing claims or periodic redeterminations for need for continuing care

Pharmacist Dispensing of Opioid Use Disorder Medication Refills (Sections 6 – 9)

Alcohol and Drug Policy Commission Study (Sections 11 – 12)

Certified Community Behavioral Health Clinic Program (Sections 13 – 15)

Task Force on Improving the Safety of Behavioral Health Workers (Sections 18 – 19)

- AOC successfully advocated for a county seat on the task force

United We Heal Medicaid Payment Program (Section 20)

Delivery of Controlled Substances (Section 24) (Delivery Definition Based on State v. Boyd)

- Expands the definition of “deliver” or “delivery” to include the possession of a controlled substance with intent to transfer to another person.

Delivery in Certain Locations (Section 25)

- Adds delivery enhancements for any conviction for delivery of a controlled substance (DCS) made within 30 ft of a public park, within 500 ft of a temporary residence shelter or within 500 ft of a treatment facility.

Reevaluation of Release Guidelines (Sections 26 and 27)

- Directs the Chief Justice’s Criminal Justice Advisory Council to reevaluate and update the pretrial release criteria for persons arrested for delivery or manufacture of controlled substances.

Possession of Controlled Substances (Sections 34 and 35)

- Establishes a drug enforcement misdemeanor crime of possession of a controlled substance (PCS-Unclassified Misdemeanor)
 - New pathways created, based on availability of deflection program, use of arrest or citation.
 - Court discretion to waive all fines and fees; excludes restitution.
 - [Visual of new pathways.](#)

Deflection Programs (Sections 36-38)

- **Deflection/Pre-Arrest Diversion**
 - Encourages DA and Law Enforcement to refer or divert a person to a deflection program in lieu of arrest or prosecution.
 - Defines “deflection program” as a collaborative program between law enforcement and behavioral health systems that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.
 - CJC data collection to develop best practices from Oregon programs to help inform future development/execution.
 - Permissive language to delay arraignment citation more than 30-days to allow participation in a deflection program.

Supervision Duty and Funding (Sections 47- 50)

- Directs the Department of Corrections (DOC) to assume responsibility for community-based supervision (community corrections) for offenders on conditional discharge agreement for a drug enforcement misdemeanor.

Conditional Discharge (Sections 51 - 53)

- Specifies requirements and terms for conditional discharge.
- Requires a court, at the request of a person charged with a drug enforcement misdemeanor constituting PCS, to defer further proceedings and place the person on probation.

Expungement (Sections 54 - 56)

- Requires the sealing or expungement of records related to the PCS drug enforcement misdemeanor under certain conditions.
- The Deflection Program coordinator is responsible for providing written documentation of successful deflection program completion.

Data Tracking (Section 75)

Requires the Criminal Justice Commission (CJC) to collect and analyze data and demographics concerning deflections, arrests, charges, and convictions for unlawful possession of a controlled substance and delivery of a controlled substance.

Oregon Behavioral Health Deflection Program (Sections 76-79)

- Defines “deflection program” as a collaborative program between law enforcement and behavioral health systems that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.
- Counties, county designee, or tribe, are the convener and applicant for deflection program grants.
- County allowed to submit multiple program requests under what grant application.
- Outlines required partners with whom counties must work: DA, LE, CMHP, BHRN provider and additional permissive partners.
- Grants approved by CJC IMPACTS Grant Review Committee
- Directs CJC to monitor and evaluate program outcomes
- Grant funds may be utilized for:
 - Deflection program expenses
 - Law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers

- o Behavioral health workforce development
- o Capital construction of behavioral health treatment infrastructure
- o Planning
- \$20,708,200 allocated to the Oregon Behavioral Health Deflection Account for counties and tribes to develop Deflection Programs (HB 5204)
- \$9,825,000 distribution to Community Mental Health Programs to provide deflection program coordination and jail diversion services (HB 5204)

Expansion of Welfare Holds (Section 80)

- Extends authority provided in ORS 430.399 for a director of a treatment facility to hold an individual from up to 48 hours to up to 72 hours.

Opioid Use Disorder Medication Grant Program (Sections 81 – 89)

- Establishes Jail-Based Medications for Opioid Use Disorder Grant Program within the CJC.
- Requires at least 10 percent of total grant awards to be awarded to facilities in rural areas
- \$10M allocation to fund medically assisted treatment in jail programs

Over \$110 Million allocated directly and indirectly to county programs and services via HB 5204A

- \$16,000,000 Community Corrections funding to backfill county costs , mitigating personnel actions due to reduced population caseload
- \$9,825,000 Distribution to Community Mental Health Programs to provide deflection program coordination and jail diversion services
- \$20,708,200 Oregon Behavioral Health Deflection Account for counties and tribes to develop Deflection Programs
- \$10,000,000 Oregon Jail-Based Medications for Opioid Use Disorder Fund (funds available to “local correctional facilities”, including county jails)
- \$6,919,141 Additional funding for previously submitted specialty court grant applications that were wait-listed
- \$4,000,000 Restorative Justice grant program (counties can be an applicant)
- \$7,500,000 for aid and assist community restoration services
- \$9,696,843 Stabilize funding for existing specialty courts and invest in new specialty courts
 - o General Fund appropriation of \$3.9 million and the establishment of 23 permanent full-time positions (12.81 FTE) to fund either unstaffed or understaffed specialty courts beginning March 1, 2024, in the following circuit courts/counties: Baker, Benton, Clackamas, Clatsop, Columbia,

Coos, Crook/Jefferson, Lane, Lincoln, Linn, Marion, Malheur, Multnomah, Tillamook, Umatilla/Morrow, Washington, and Yamhill

- o General Fund appropriation of \$1.3 million and the establishment of six permanent full-time positions (3.75 FTE) to fund treatment court coordinator positions and related costs that are currently on a CJC funding waitlist in the following circuit courts/counties: Jackson, Lane, Marion, Multnomah, Umatilla, Baker, Malheur, Union, Klamath, Josephine, Coos, Douglas, Lincoln, Clatsop, Columbia, Washington, Jefferson, Crook, Linn, Harney, and Tillamook.
- o General Fund appropriation of \$4.5 million and the establishment of 25 permanent full-time positions (12.69 FTE) to stabilize funding for existing specialty courts by providing permanent funding for treatment court coordinator positions that are currently funded through Oregon Criminal Justice Commission grants beginning March 1, 2024. Budgetarily, this is accomplished through a fund shift that moves specialty court coordinator position funding from Other Funds (i.e., CJC grant) to General Fund. This would stabilize specialty court coordinator positions in the following circuit courts/counties: Columbia, Crook, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Multnomah, Umatilla, Union, Wallowa, Washington, and Yamhill. The 2025-27 biennium cost is \$6.9 million General Fund and 25 position (20.30 FTE).
- \$5,000,000 Benton County Health Department Behavioral Health Division to relocate Children and Family Services
- \$4,000,000 Clackamas County to for the construction of a crisis stabilization center
- \$500,000 Clatsop Behavioral Healthcare to acquire detox and substance use disorder treatment residential beds
- \$1,500,000 Deschutes County Community Mental Health Program to support the Deschutes County Stabilization Center
- \$3,500,000 Lincoln County Health and Human Services Department to support the Lighthouse Village Apartments Mental Health Housing project
- \$10,000,000 Multnomah County to support the construction of a behavioral health drop off center
- \$8,000,000 Wasco County to support the development of the Mid-Columbia Center For Living Campus
- \$8,900,000 Washington County Behavioral Health Division to support the development of the Center for Addictions Triage and Treatment project

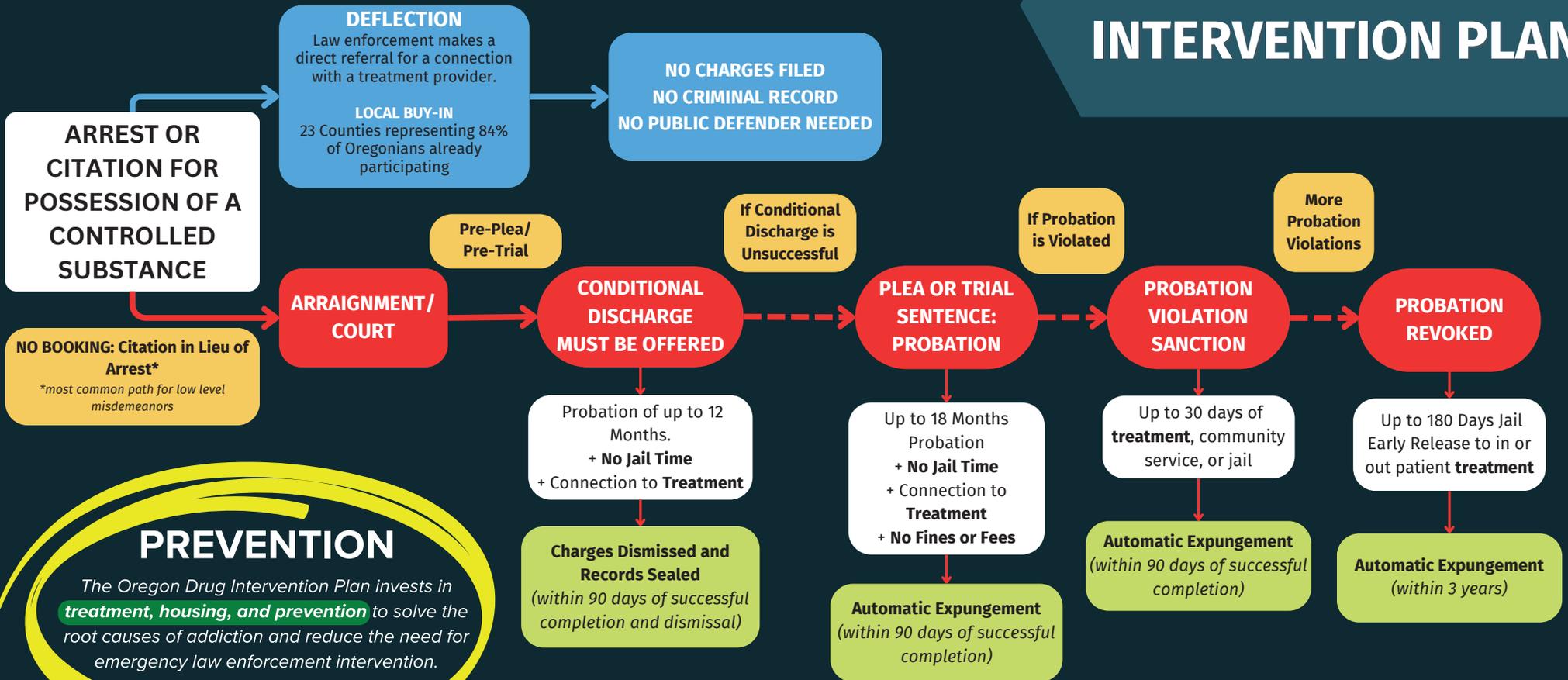
MEASURE 110 REFORM PACKAGE: COUNTY WINS

2024 AOC ADOPTED PRIORITY OR PRINCIPLE	POLICY OUTCOME
<p>✓ Elevate the county voice in Measure 110 reform, supporting policy modifications that prioritize engagement in substance abuse treatment, provide sufficient funding for county services, and strengthen tools the criminal justice system can use to fight illegal drug use and sales.</p>	<p>AOC was in the room! AOC engaged with legislative leadership frequently, advocating for county needs and advancing AOC priorities and principles.</p>
<p>Support aligning the siting of residential and secure residential facilities with the requirements in the Fair Housing Act.</p>	<p>(pending)</p>
<p>✓ Support Measure 110 reforms to create a sustainable complete continuum of substance abuse disorder prevention, treatment, and recovery capacity that matches community need and is subject to the statutory planning and oversight of Local Mental Health Authorities.</p>	<p>HB 4002 ensures counties maintain local control and oversight as the Local Mental Health Authority.</p>
<p>✓ Advocate for counties to have decision making authority, oversight, and coordination for deflection programs operating within counties.</p>	<p>HB 4002 designates counties and tribes as the applicants for deflection program funding. As the applicants for funding, counties will maintain oversight and coordination functions. Some funding was allocated directly to CMHPs through the current CFAA with OHA. The balance of the allocation for deflection programming will flow through counties from the CJC.</p>
<p>✓ Advocate for counties’ ability to hold publicly funded service providers accountable for outcomes.</p>	<p>As the coordinator, HB 4002 designates that counties will be at the center of the deflection work, partnering with and holding partners accountable.</p>
<p>✓ Advocate for leveraging existing programs and county infrastructure where appropriate.</p>	<p>HB 4002 utilizes existing CMHPs, BHRN networks, and law enforcement agencies to implement the new deflection programs and services.</p>
<p>✓ Advocate for counties to be appropriated continuous funds for new programmatic requirements.</p>	<p>One-time funds were allocated, but legislators and agencies have signaled commitment to ensuring funds are stable moving forward.</p>

2024 AOC ADOPTED PRIORITY OR PRINCIPLE	POLICY OUTCOME
<p>✓ Advocate for non-competitive funding to counties and ability to partner regionally as appropriate for communities.</p>	<p>HB 4002 allows for counties to partner regionally as appropriate to set up and implement deflection programs and services. The first round of fast-tracked funding is non-competitive for counties who opted in early. Other counties who opt in soon are also slated to get a formula-based minimum allocation if their application meets statutory requirements.</p>
<p>✓ Ensure counties and employees have sufficient statutory immunity for related new provisions.</p>	<p>AOC successfully advocated for immunity provisions for staff acting under the authority of a mobile crisis intervention team (Section 80a).</p>
<p>✓ Advocate for Class A-Misdemeanor for possession of a controlled substance (to support the stated public safety needs of law enforcement).</p>	<p>AOC joined law enforcement partners in successfully advocating for a new PCS-Unclassified Misdemeanor, which affords many of the tools associated with a Class-A Misdemeanor, while also prioritizing access to treatment versus jail.</p>
<p>Stress the importance of using the term diversion over deflection as currently defined by industry standards within health care treatment and law enforcement policies.</p>	<p>AOC successfully advocated for the importance of using evidenced-based practices. Deflection programs began growing in 2015 in response to the opioid overdose crisis and were featured in Police Chief Magazine that same year. A 2021 survey found there are now hundreds of deflection programs in operation across the country.</p>

2024 AOC ADOPTED PRIORITY OR PRINCIPLE	FUNDING OUTCOME
<p>✓ Create adequate stabilization, detoxification, and treatment capacity in jurisdictions throughout Oregon by making sustainable investments in sobering center/ stabilization and treatment bed capacity for adults and juveniles.</p>	<p>To address behavioral health facility capacity, HB 5204 appropriates a total of \$85,408,000 to various shovel ready projects, many of which are run by counties.</p>
<p>✓ Advocate for sufficient funds to backfill current service levels gaps in impacted county services such as aid and assist community restoration, specialty courts, community corrections, prison beds, etc.</p>	<p>HB 5204 allocates \$8 million for specialty courts, \$16 million for community corrections, and \$7.5 million for aid and assist community restoration.</p>
<p>✓ Funding: Ensure counties receive sufficient, stable, and predictable funding to support current and new programmatic requirements.</p>	<p>\$30 million was allocated to counties, tribes and CMHPs to set up and coordinate new deflection programs and provide jail diversion services. The allocation to CMHPs is expected to be rolled into the OHA "continuing service level" budget.</p>

OREGON DRUG INTERVENTION PLAN





Legislative Fiscal Office
 82nd Oregon Legislative Assembly
 2024 Regular Session

Prepared by: Emily Coates
 Reviewed by: Matt Stayner, Amanda Beitel, John Borden, Gregory Jolivette, Tom MacDonald, Haylee Morse-Miller, Paul Siebert, John Terpening
 Date: February 28, 2024

Bill Title: Relating to the addiction crisis in this state.

Government Unit(s) Affected: Oregon Health Authority, Board of Parole and Post-Prison Supervision, Board of Pharmacy, Burns Paiute Tribe, Cities, Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians, Confederated Tribes of Grand Ronde, Confederated Tribes of Siletz, Confederated Tribes of Umatilla Indian Reservation, Confederated Tribes of Warm Springs, Coquille Indian Tribe, Counties, Cow Creek Band of Umpqua Indians, Criminal Justice Commission, Department of Consumer and Business Services, Department of Corrections, Department of Human Services, Department of Justice, Department of State Police, District Attorneys, Judicial Department, Klamath Tribes, Legislative Assembly, Legislative Counsel, Legislative Policy and Research Office, Oregon Youth Authority, Public Defense Commission, Task Force/Committee/Workgroup, Secretary of State

Summary of Fiscal Impact

2023-25 Biennium	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds	Positions	FTE
Public Defense Commission	\$ 12,191,071	\$ -	\$ -	\$ -	\$ 12,191,071	18	9.00
Oregon Health Authority	\$ 2,059,651	\$ -	\$ -	\$ 1,067,379	\$ 3,127,030	15	7.34
Oregon Judicial Department	\$ 2,959,966	\$ -	\$ -	\$ -	\$ 2,959,966	21	10.00
Criminal Justice Commission	\$ 1,840,092	\$ -	\$ -	\$ -	\$ 1,840,092	5	2.75
Department of State Police	\$ 1,609,904	\$ -	\$ -	\$ -	\$ 1,609,904	15	6.30
Legislative Policy and Research Office	\$ 400,430	\$ -	\$ -	\$ -	\$ 400,430	2	1.26
Department of Justice	\$ -	\$ -	\$ 92,166	\$ -	\$ 92,166	1	0.17
Total Fiscal Impact	\$ 21,061,114	\$ -	\$ 92,166	\$ 1,067,379	\$ 22,220,659	77	36.82

2025-27 Biennium	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds	Positions	FTE
Oregon Health Authority	\$ 13,080,016	\$ -	\$ -	\$27,355,015	\$ 40,435,031	15	12.75
Department of Corrections	\$ 27,250,261	\$ -	\$ -	\$ -	\$ 27,250,261	2	1.83
Public Defense Commission	\$ 26,527,769	\$ -	\$ -	\$ -	\$ 26,527,769	18	18.00
Oregon Judicial Department	\$ 5,350,998	\$ -	\$ -	\$ -	\$ 5,350,998	21	19.50
Department of State Police	\$ 3,548,788	\$ -	\$ -	\$ -	\$ 3,548,788	15	15.00
Criminal Justice Commission	\$ 2,604,048	\$ -	\$ -	\$ -	\$ 2,604,048	5	5.00
Legislative Policy and Research Office	\$ 607,862	\$ -	\$ -	\$ -	\$ 607,862	2	2.00
Department of Justice	\$ -	\$ -	\$ 276,632	\$ -	\$ 276,632	1	0.50
Total Fiscal Impact	\$ 78,969,742	\$ -	\$ 276,632	\$27,355,015	\$ 106,601,389	79	74.58

- The fiscal impact on county governments is discussed below.
- Funding is included in HB 5204 for programs established in this measure, including voluntary programs, Improving People’s Access to Community-based Treatment, Supports and Services (IMPACTS) and Oregon Jail-Based Medications for Opioid Use Disorder Grant Programs, established in the measure is included in HB 5204.
- Due to an estimated three-month lag between the measure’s effective date and the timing of first offenders adjudicated through the criminal justice system, the estimated fiscal impact on the Department of Corrections for Community Corrections will be incorporated into future population-related caseload forecasts and any associated budget adjustments. Therefore, it is not included in the table above, but is estimated to be \$1.3 million General Fund in 2023-25.
- The fiscal impact identified in the table for the Oregon Health Authority (OHA) does not include the duplicate Other Funds expenditure limitation necessary to pay for expenses through the OHA and Department of Human Services (DHS) Shared Services budget structure. Should this measure be adopted, the expenditure limitation will need to be established to properly budget for these expenses.

Measure Description

Behavioral Health (Sections 1 - 20)

The following sections of the fiscal impact statement summarize the behavioral health aspects of this measure, which include payments for substance use disorder treatment, regulations for dispensing opioid use disorder medication, and certification of certain behavioral health programs.

Payment for substance use disorder treatment (Sections 1 - 5)

The measure prohibits issuers of group health insurance, or an individual health benefit plan, from requiring prior authorization or any other form of utilization review for the reimbursement of a covered medication prescribed to treat a substance use disorder, including but not limited to opioid addiction and opioid withdrawal. In addition, the measure requires issuers of group health insurance or an individual health benefit plan to reimburse the cost of refills for specified medications if dispensed by a licensed health care professional.

Pharmacists prescribing and dispensing opioid use disorder medication refills (Sections 6 - 9)

The measure authorizes a pharmacist to prescribe and dispense an early refill of a medication for treatment of opioid use disorder. The measure requires pharmacists to complete a patient assessment, document the visit, and notify the patient’s primary care provider and licensed health care provider who made the previous

prescription. The measure also defines “prescription drug locker” and does not require prescription drug lockers located at the same physical address as a retail drug outlet to obtain a state license or registration, or federal registration. However, if the prescription drug locker is located at the same physical address as a retail drug outlet and is considered a remote dispensing site pharmacy, the locker is required to obtain a registration from the Drug Enforcement Administration.

The Oregon Board of Pharmacy (OBOP) is required to adopt rules to carry out the provisions related to prescribing and dispensing of opioid use disorder medication refills.

Alcohol and Drug Policy Commission study (Sections 11 - 12)

The measure requires the Alcohol and Drug Policy Commission (ADPC) to conduct a study of barriers and best practices for youth accessing opioid use disorder treatment, and to increase access to opioid use disorder medications. The Commission is required to submit a report to the Legislature on the status of the study and any preliminary recommendations by September 30, 2024, and to submit a second report including strategic plans and recommendations by September 15, 2025.

Certified community behavioral health clinic program (Sections 13 - 15)

The Certified Community Behavioral Health Clinic (CCBHC) program is established within the Oregon Health Authority (OHA) to certify eligible CBHCs that meet specific criteria outlined in the measure to receive prospective fixed cost-based rates for services provided to medical assistance enrollees. The OHA director is required to appoint a 15-member advisory committee to advise on the adoption of rules for CCBHCs. If OHA adopts additional requirements for CCBHCs that are not required by the measure, OHA is required to provide funding to the clinics to reimburse costs of these additional requirements and have a process to grant allowable variances to one or more of the requirements.

OHA is required, prior to January 15, 2025, to start preparing a draft state plan amendment to submit to the Centers for Medicare and Medicaid Services to implement the program and to seek federal approval for an amendment to the Medicaid state plan to allow the state to receive federal financial participation in the costs of the program.

United We Heal Payment Program (Section 20)

The measure establishes the United We Heal Medicaid Payment Program within OHA to increase the available behavioral health care workforce in Oregon. The measure requires OHA to provide supplemental medical assistance payments to employers of behavioral health care providers, enabling providers to offer enhanced apprenticeship and training programs and opportunities by participating in a labor-management training trust.

Public Safety (Sections 24 - 72)

The following sections of the fiscal impact statement summarize the public safety aspects of the measure, which includes modifications to possession of a controlled substance (PCS) crimes, creation of deflection programs, modifications to the expungement process and establishment of certain grant programs.

Delivery of controlled substances (Section 24)

The measure expands the definition of “deliver” or “delivery” under ORS 475.005 to include possession with the intent to transfer and applies to conduct occurring on or after the effective date of the measure.

Delivery in certain locations (Section 25)

The measure classifies the violation of specified controlled substances, constituting delivery with consideration, and the person knows or reasonably should have known that the delivery is occurring within 500 feet of a

treatment facility or a temporary residence shelter, or within 30 feet of a public park, as a crime category seven on the Crime Seriousness Scale used for sentencing guidelines.

The measure classifies the violation of specified controlled substances, constituting delivery, and the person knows, or reasonably should have known, that the delivery is occurring within 500 feet of a treatment facility or temporary residence shelter, or within 30 feet of a public park, as a crime category five of the sentencing guidelines grid of the Criminal Justice Commission (CJC).

The provisions related to delivery in certain locations apply to conduct occurring on or after the effective date of the measure.

Reevaluation of release guidelines (Sections 26 - 27)

The measure requires the Chief Justice of the Supreme Court, with input from the Criminal Justice Advisory Committee, to reevaluate and update the release guidelines for pretrial release orders for persons arrested or charged with delivery or manufacture of a controlled substance, by June 1, 2024.

The provisions related to reevaluation of release guidelines apply to conduct occurring on or after the effective date of the measure and are repealed on January 2, 2025.

Drug Enforcement Misdemeanors (Sections 34 - 35)

The measure creates a new Drug Enforcement Misdemeanor (DEM) for unlawful possession of a controlled substance (PCS). When imposing a DEM, the measure provides options for courts including a sentence of up to 18 months of probation, or a maximum of 180 days in jail upon request of the defendant. However, upon finding out a person has violated a condition of probation, the court may extend the length of probation to a maximum of five years.

Deflection program (Sections 36 - 38)

The measure defines “deflection program” to include a collaborative program between law enforcement agencies and behavioral health entities that work toward providing individuals with substance use disorders or other behavioral health disorders with community-based pathways to treatment, recovery, housing, case management, and other services. The measure encourages law enforcement agencies and District Attorneys (DAs) to refer or divert persons suspected of unlawful PCS constituting a DEM. Under the measure, an unlawful PCS charges that also includes other misdemeanor charges is not eligible for a deflection program. Additionally, the measure requires deflection coordinators to provide notification when a person completes a deflection program to law enforcement agencies, district attorneys, and courts for sealing records.

The measure requires CJC to establish a statewide system for tracking deflection program outcomes and to conduct a study within one year of the measure’s effective date, on deflection program best practices and recommendations for funding the Oregon Behavioral Health Deflection Program established by the measure. No later than 18 months after the effective date of the measure, CJC is required to develop standards and best practices for deflection programs in the state based on information received from the programs. The measure requires CJC to maintain a list of deflection programs operating within Oregon and to make the list publicly available on the Commission’s website.

The provisions related to deflection programs are operative September 1, 2024.

Conditional discharges for DEMs (Sections 51 - 53)

The measure creates provisions for a new conditional discharge program for persons convicted of unlawful PCS constituting a DEM. The measure permits an eligible person to request to enter a probation agreement within 30 days after the person’s first court appearance unless the court authorizes a later date. Additionally, the

measure specifies the terms of the probation agreement and authorizes courts to impose specific extensions or impose sanctions of up to 30 days of imprisonment if a person violates a probation agreement.

These provisions are operative September 1, 2024.

Expungements related to DEMs (Sections 54 - 56)

The measure creates new expungement provisions for persons who are referred to a deflection program for unlawful PCS constituting a DEM and successfully complete the deflection program. The measure requires that when law enforcement agencies receive written verification of completion of a deflection program, they are to provide verification to DAs and courts. After two years from a DEM conviction, and if no further action is taken, law enforcement agencies, DAs, and courts are required to seal any relatable electronic records within 60 days.

When a person successfully completes a probation agreement and the court discharges and dismisses the proceedings against the person, the court is required to enter an order sealing all related records within 90 days. When courts are notified that a person successfully completed a term of probation for a DEM, the court is required to enter an order sealing all related records within 90 days after the notification. Finally, after three years from when a person is convicted of a DEM, the court is required to enter an order sealing all related records, within 60 days after the three-year period has concluded. The measure requires the State Court Administrator to develop a standardized form to obtain necessary information for the Oregon Judicial Department (OJD) to seal records.

The measure modifies ORS 135.050 to prohibit courts from entering an order when the defendant is charged with only a PCS constituting a DEM. Provisions related to expungements of DEMs are operative September 1, 2024, and apply to conduct constituting an offense occurring or alleged to have occurred on or after September 1, 2024.

Repealing Class E violation provisions (Sections 57 - 72)

Under current law, monies deposited into the Criminal Fine Account (CFA) as a payment of fines on Class E violations are allocated to the Drug Treatment and Recovery Services (DTRS) Fund within OHA. The Department of Administrative Services Office of Economic Analysis (March 2024 forecast) includes \$31,200 of Class E violation revenue for the CFA, which is unchanged from the 2023 close-of-session forecast. The 2023 Legislature allocated this amount to the DTRS Fund in HB 5029 (2023). This measure removes the Class E violation from statute and any resulting revenue to the CFA that would have been transferred to the DTRS Fund.

Data tracking (Section 75)

The measure requires CJC to collect and analyze specific data concerning deflections, arrests, charges, and convictions for unlawful PCS and delivery of a controlled substance offenses for purpose of tracking racial and other demographic disparities in enforcement. CJC is required to report on this data to the legislature each year starting on August 31, 2025. The measure authorizes CJC to adopt rules to carry out these provisions.

Oregon Behavioral Health Deflection Program (Sections 76 - 79)

The measure establishes the Oregon Behavioral Health Deflection Program within the Improving People's Access to Community-based Treatment, Supports and Services (IMPACTS) Grant Review Committee, which is a committee overseen by CJC. The program consists of grants awarded by the committee to counties and federally recognized tribal governments to fund deflection programs. The program is required to address the need for deflection programs and track and report data concerning deflection program outcomes to determine the best practices for deflection programs in Oregon. The measure requires the Committee to develop an application process for awarding grants and specifies that the maximum amount awarded to an applicant other than a tribal government is to be determined based on the county formula share employed by the Oversight and Accountability Council but cannot be less than \$150,000. Grant funds can be used for specified deflection

program expenses, behavioral health workforce development, capital construction of behavioral health treatment infrastructure, deflection program planning grants, and up to 3% of program funds may be allocated to support grantee data collection, analysis, or evaluation of program outcomes. The measure requires CJC to provide staff support to the grant program.

The measure requires the IMPACTS Committee, in collaboration with CJC and OHA, to monitor the progress of, and evaluate program outcomes for, applicants that have received grant funding. The Committee is required to report to the Legislature by September 30, 2025 on the findings of the evaluation.

The measure establishes the Oregon Behavioral Health Deflection Program Account with monies continuously appropriated to CJC to provide Oregon Behavioral Health Deflection Program grants.

Expansion of welfare holds (Section 80)

The measure modifies ORS 430.399 to expand welfare hold time from 48 to 72 hours.

Opioid Use Medication Grant Program (Sections 81 - 89)

The measure establishes the Oregon Jail-Based Medications for Opioid Use Disorder Grant Program within CJC to provide opioid use disorder treatment and transition planning services to persons in custody in local correctional facilities and tribal correctional facilities. The measure outlines the eligible uses for the grants and requires CJC, in collaboration with OHA, to administer the grant program and provide grant recipients with technical assistance and best practices support. Grant awards are required to be distributed to cities and counties in Oregon that operate a local correctional facility, and to federally recognized tribes in Oregon that operate a tribal correctional facility, with 10% of grant awards to local correctional facilities in rural areas or tribal correctional facilities. The measure permits CJC to contract with a third party to provide statewide technical assistance to grant applicants and adopt necessary rules to administer the program. CJC is required to convene an advisory committee to evaluate applications and make recommendations to the commission for awarding grants.

The measure creates the Oregon Jail-Based Medications for Opioid Use Disorder Fund with monies continuously appropriated to CJC to provide grants through the Opioid Use Disorder Medication Grant Program. CJC is required to submit a report to the Legislature on specific opioid use disorder issues by December 1, 2024. This section is repealed on January 2, 2025.

Task Forces

The measure establishes two task forces and requires the Legislative Policy and Research Office (LPRO) to provide staff support for both.

Joint Task Force on Regional Behavioral Health Accountability (Sections 16 - 17)

The measure creates the 26-member Joint Task Force on Regional Behavioral Health Accountability. The task force is required to develop recommendations to improve collaboration and accountability across federal, state, and local behavioral health and substance use disorder treatment programs and funding, ensure equitable outcomes in publicly supported treatment settings across Oregon communities, provide greater cost efficiencies in Oregon's behavioral health system continuum of care, and establish broad access to methadone and other opioid use disorder medications. The bill directs LPRO to provide staff support for the task force. Members of the task force, who are not members of the Legislative Assembly or Governor appointees, are not entitled to compensation and reimbursement for expenses.

The task force is to report to the Legislature on draft recommendations by September 15, 2025, and final recommendations by December 15, 2025. This task force sunsets January 2, 2026

Task Force on Improving the Safety of Behavioral Health Workers (Sections 18 - 19)

The measure creates the 17-member Task Force on Improving the Safety of Behavioral Health Workers which is to produce a set of recommendations to improve the safety of behavioral health workers. The bill directs LPRO to provide staff support for the task force and Legislative Counsel to provide legal support for the drafting of legislative proposals. Members of the task force who are not members of the Legislative Assembly or appointed by the Governor are to be paid compensation and reimbursed for actual and necessary travel and other expenses.

The task force is to report to the Legislature on preliminary draft policy recommendations for improving worker safety by September 1, 2024, and final recommendations to address the specified safety concerns that are prevalent in the behavioral health industry by December 1, 2024. This task force sunsets January 2, 2026.

Fiscal Analysis

The fiscal impact of the measure is \$21.1 million General Fund, \$92,166 Other Funds, and \$1.1 million Federal Funds and 77 positions (36.82 FTE) for the 2023-25 biennium and \$79 million General Fund, \$276,632 Other Funds, and \$27.4 million Federal Funds and 79 positions (74.58 FTE) for the 2025-27 biennium.

An additional \$1.3 million General Fund impact is anticipated through increases to the community corrections caseload in 2023-25. As noted earlier, this estimated impact will be incorporated into future population-related caseload forecasts and any associated budget adjustments. The Legislative Fiscal Office notes that other budgetary adjustments necessary to implement this measure will be included in HB 5204.

Public Defense Commission

The fiscal impact for the Public Defense Commission (PDC) is estimated at either \$11.7 million General Fund for provider contracting (“community-based public defense”) or \$28 million General Fund for non-contract hourly paid to attorneys. Both estimates include funding for related costs such as expert witness and investigation expenses. The 2025-27 biennium cost is estimated to be either \$26.5 million General Fund or \$61.4 million General Fund. Costs for each biennium are for professional service payments with no associated positions or full-time equivalents.

PDC’s costs are based upon the following caseload estimates for financially eligible defendants: (a) felony charges for delivery of controlled substances (1,448 cases) including an estimate for parole violations (43 cases), which is based on 15 months of the 2023-25 biennium; and (b) DEM charges for PCS (10,640 cases), as well as collateral charges arising from arrests and charging of DEM (i.e., making the person ineligible for diversion) (530 cases), which are based on 10 months of the 2023-25 biennium. The DEM estimates are premised on the following assumptions: 50% of counties will opt to establish deflection programs, and of those 50% of DEM cases that are offered deflection, 50% will successfully complete the deflection program (i.e., not be charged by district attorneys), which means 25% of all DEM cases will be successfully deflected and 75% will be arraigned on charges and adjudicated.

The measure exempts a defendant charged with a DEM charge from paying an application fee, currently set by PDC at \$20, for determination of financial eligibility. This fee is normally collected by the courts and distributed to PDC for deposit into the Public Defense Services Account and used to pay for circuit court (income) verification staff and to offset the cost of public defense.

The 2024 Legislature has under consideration a funding request from PDC to increase contract attorney capacity by 10 Maximum Attorney Capacity for the remainder of the biennium (7.5 equivalent) at a cost of \$3 million, which is thought to capture most known outstanding contract provider capacity in the state.

PDC does not believe that even if either fiscal impact option were to be funded that the agency would be able to acquire the associated level of provider contract attorney capacity or hourly attorney capacity, as neither capacity is thought to currently exist within the state at those levels. In addition, acquisition of hourly attorney capacity at standard rates may prove difficult given the Temporary Hourly Increase Program (THIP) which funds hourly attorneys at enhanced rates to address the unrepresented defendant/persons crisis. The 2024 Legislature has under consideration a funding request from PDC for the THIP of \$7.9 million General Fund.

PDC has developed a more practicable fiscal impact estimate than the one discussed above and that takes into account for the current constraint of “available” qualified attorney capacity, which is acknowledged cannot be readily quantified. With this qualification, PDC’s fiscal impact includes a mixture of funding for provider contract increase (\$3 million), hourly attorneys (\$3 million), state trial-level attorneys and staff (\$2.5 million), provider-contracted case managers and/or paralegals, with the later used to increase existing provider contract attorney capacity (\$2 million), and expert witness and investigation expenses (\$1.7 million).

The 2023-25 fiscal impact is estimated to total \$12.2 million General Fund and 18 positions (9.00 FTE) with a 2025-27 biennium cost of \$26.5 million and 18 positions (18.00 FTE). Supplemental funding for the THIP may be needed in the second year of the biennium, as the program is slated to end on June 30, 2024, if special purpose Emergency Board funding for public defense proves insufficient.

Any financially eligible indigent defendant who could not be provided legal counsel would exacerbate the state’s current unrepresented defendant crisis until such time as legal counsel could be provided. Denial of counsel and delay in a criminal defendant’s right to speedy trial would lead to the violation of the constitutional rights of a defendant under the Sixth and Fourteenth Amendments to the United States Constitution, and places both the defendant and the state in legal jeopardy. In absence of a public defender, a defendant may avoid prosecution by having their case postponed or dismissed by a circuit court.

Oregon Health Authority

The fiscal impact on OHA is \$2.1 million General Fund, \$1.1 million Federal Funds, and 15 positions (7.34 FTE) for the 2023-25 biennium and \$13.1 million General Fund, \$27.4 million Federal Funds, and 15 positions (12.75 FTE) for the 2025-27 biennium. OHA’s Other Funds expenditure limitation will need to increase by \$81,704 in the 2023-25 biennium to support a shared services position established in the agency’s Office of Information Services.

To manage the required study on barriers and best practices for youth accessing opioid use disorder treatment and increasing access to opioid use disorder medications, OHA anticipates the need for one Program Analyst 4 (0.50 FTE) to plan and manage the workload, one Public Affairs Specialist (0.50 FTE) to develop strategic communication plans and draft recommendations, and one Research Analyst 3 (0.50 FTE) to plan, manage, and coordinate data collection and analysis for the 2023-25 biennium. These positions are limited duration and, for the purpose of the estimated fiscal impact, are assumed to be phased out January 2, 2026, when the study is repealed.

To implement the CCBHC Program, OHA anticipates needing seven permanent full-time positions (3.50 FTE) for the 2023-25 biennium and seven positions (7.00 FTE) in the 2025-27 biennium. These positions include the following:

- One Health Policy and Program Manager 2 (0.50 FTE) to oversee program operations.
- One Operations and Policy Analyst 3 (0.50 FTE) to provide Medicare support and policy development.
- One Research Analyst 3 (0.50 FTE) to review and analyze clinic data associated with Medicaid, and to research, recommend, and implement ways to improve the wraparound payment process.

- One Project Manager (0.50 FTE) to coordinate and manage expansion of CCBHC work and ensure timely deliverables. This position will facilitate and organize communications with internal and external partners.
- One Fiscal Analyst 3 (0.50 FTE) to lead work on review of CCBHC rates and assist in processing the increase in wraparound claims.
- One Actuary (0.50 FTE) to lead the review process of all CCBHC cost reporting and review federal rate methodology while providing technical assistance and financial reporting.
- One Operations and Policy Analyst 3 (0.50 FTE) to coordinate CCBHC data integrations, manage and coordinate data modifications, and ensure data quality and compliance.

OHA reports the cost to operate the 15-member advisory committee established under this measure are estimated at \$54,435 General Fund and \$54,435 Federal Funds to integrate the program across the state. CCBHC payments to 15 clinics in the 2025-27 biennium are estimated at \$36 million, which includes \$10.6 million General Fund and \$25.5 million Federal Funds.

OHA reports the agency will need one permanent full-time Operations and Policy Analyst 3 (0.50 FTE) and one permanent full-time Compliance Specialist 3 (0.50 FTE) for the 2023-25 biennium to monitor the progress and evaluate program outcomes for applicants that have received IMPACTS grant funding.

To implement the United We Heal Medicaid Payment Program, for the 2023-25 biennium, OHA anticipates needing one permanent full-time Operations and Policy Analyst 1 (0.38 FTE) to coordinate applications and provide technical and administrative support to the program, and one permanent full-time Operations and Policy Analyst 3 (0.38 FTE) to ensure compliance with regulations, collaborate with federal partners, and provide program guidance to partners.

An Operations and Policy Analyst 4 position (0.58 FTE) is needed in the Office of Information Service at OHA to support coordination of data resources and access CJC.

Oregon Judicial Department

The fiscal impact on OJD is \$3 million General Fund and 16 permanent full-time positions (8.75 FTE) and five permanent part-time positions (1.25 FTE) in the 2023-25 biennium; and \$5.4 million General Fund and 21 positions (19.50 FTE) for the 2025-27 biennium. Court staff are needed to process increased case filings, set asides, conditional discharges, and expungements related to PCS case filings.

For the increase in possession case filings, OJD needs nine permanent full-time Court Operations Specialist positions (4.50 FTE) in the 2023-25 biennium, with an estimated additional 14,995 staff hours to process full and partial set asides.

OJD estimates that 2,215 to 4,837 cases will be eligible for expungement. The agency reports that the Office of the State Court Administrator (OSCA) will need to expand the current centralized process to automate set asides to assist courts in the increased workload and required timelines. OSCA anticipates needing one permanent Senior Staff Counsel position (0.58 FTE), one permanent Analyst 4 position (0.58 FTE), and increase two existing positions from half-time to full-time; and one Analyst 4 position (0.29 FTE) and one Information Technology Developer position (0.29 FTE) to expand the current automated set aside process.

For management of possession cases for conditional discharge, OJD anticipates needing five permanent full-time Program Coordinators (2.50 FTE) and five permanent part-time Program Coordinators (1.25 FTE) for the 2023-25 biennium. OJD staff will monitor the implementation and track case filings.

Once actual caseload is identified, the agency may need to return during a subsequent legislative session or a meeting of the Emergency Board to request additional resources. Additionally, the overall fiscal impact is dependent on budget requests that are under consideration for the 2024 Legislative Session (e.g., for setting aside and sealing criminal records).

Criminal Justice Commission

The fiscal impact on CJC is \$1.8 million General Fund and five permanent positions (2.75 FTE) for the 2023-25 biennium and \$2.6 million General Fund and five positions (5.00 FTE) for the 2025-27 biennium as the positions are fully phased in.

CJC currently contracts with a third-party, the Research Electronic Data Capture (REDCap) data system, to capture data for existing IMPACTS grants. The REDCap data system is managed by Oregon Health and Science University (OHSU) and CJC reports the agency would need to expand its current engagement to implement the statewide data tracking provisions included in the measure. The estimated cost for the REDCap software and associated technical assistance and data analyses by OHSU is \$700,709 General Fund for the 2023-25 biennium.

CJC anticipates needing one permanent Research Analyst position (0.50 FTE) to lead the development and implementation of the statewide data tracking system and one Program Analyst 2 (0.63 FTE) to coordinate the administrative duties, compliance tracking, and outreach associated with the statewide data tracking system. In addition, these positions will provide research and administrative support to the IMPACTS Grant Review Committee. CJC will contract with OHSU to perform the required study to determine best practices for deflection programs. The estimated cost to contract out the study is \$350,000 General Fund in the 2023-25 biennium.

To lead the new Behavioral Health Deflection Program, Oregon Jail-Based Medications for Opioid Use Disorder Grant Program, and the IMPACTS Grant Review Committee, CJC anticipates needing one permanent Operations and Policy Analyst 4 position (0.50 FTE). To provide planning, management, and evaluation for the new programs, CJC would also need two permanent Program Analyst 3 positions (1.13 FTE).

The total personal services and position-related services and supplies costs are estimated at \$789,383 General Fund in the 2023-25 biennium.

Department of State Police

The fiscal impact on the Oregon State Police (OSP) is \$1.6 million General Fund and 15 positions (6.30 FTE) for the 2023-25 biennium and \$3.5 million General Fund and 15 positions (15.00 FTE) for the 2025-27 biennium.

With the anticipated increase in drug chemistry evidence analysis due to changes in PCS, and the processing of drug chemistry evidence needed in court proceedings, OSP anticipates needing four Forensic Scientists (1.68 FTE) and two Administrative Specialist 2 positions (0.84 FTE) for its crime lab. OSP reviewed data from 2019 to estimate the number of hours needed for the forensic lab workload. OSP reports that in 2019 the agency spent 11,000 hours working on PCS cases which dropped to approximately 5,000 hours in 2023. With the decrease in PCS cases from 2019 to 2023, OSP administratively moved its existing staff in the lab from drug chemistry to toxicology, where workload has progressively increased over that same period. As a result, OSP does not have the capacity to return existing staff back to the drug chemistry processes.

OSP also anticipates needing one Records Management Supervisor 1 position (0.42 FTE) and eight Administrative Specialist 2 positions (3.36 FTE) to address the increased workload in the Criminal Justice Information Services Division due to expungement provisions in Section 54.

Department of Corrections

The estimated fiscal impact on the Department of Corrections (DOC) is \$1.3 million General Fund in the 2023-25 biennium and \$27.6 million General Fund and two positions (1.83 FTE) in the 2025-27 biennium. These costs will increase to an estimated \$41.8 million General Fund in 2027-29, \$43 million General Fund in 2029-31, and \$43.1 million General Fund in 2031-33.

These estimated costs are from the anticipated increase in misdemeanor PCS convictions due to modifications to sentencing for drug delivery, drug delivery within a specified distance of certain locations, and the creation of a new DEM.

To determine the potential sentencing for modifications to drug delivery, CJC utilized sentencing data on PCS convictions from 2021 prior to the court decisions on *State v. Boyd*. Based on that data, CJC anticipates the measure will result in an additional 70 misdemeanor convictions a year, or 140 misdemeanor convictions per biennium. CJC estimates 36% of the new convictions will be sentenced to local control, with an average sentence length of 1.5 months, and 64% of new convictions will be sentenced to probation, with an average sentence of 24 months. CJC also anticipates an additional 15 felony convictions per year, or 30 additional felony convictions per biennium. Of that total, approximately 55% of new convictions will be sentenced to a DOC facility, with an average sentence length of 24.2 months, 6% of new convictions sentenced to local control, with an average sentence length of 1.7 months, and 39% of new convictions will be sentenced to probation, with an average sentence length of 36 months.

To determine the potential sentencing for modifications to drug delivery that occur within a specified distance of a treatment facility, temporary residence shelter, or public park, CJC utilized sentencing data on drug delivery convictions within 1,000 feet of a school from 2018 and 2019. Based on that data, CJC anticipates the measure will result in an additional 13 crime category five felony convictions a year, or 26 felony convictions per biennium. CJC estimates 28% of new convictions will be sentenced to a DOC facility, with an average sentence length of 16 months, 18% of new convictions will be sentenced to local control, with an average sentence of 1.1 months, and 54% of new convictions will be sentenced to probation, with an average sentence length of 24 months. CJC also anticipates an additional 13 crime level seven felony convictions per year, or 26 additional felony convictions per biennium. CJC estimates 39% of new convictions will be sentenced to a DOC facility, with an average sentence length of 22 months, 8% of new convictions will be sentenced to local control, with an average sentence length of 1.3 months, and 53% of new convictions will be sentenced to probation, with an average sentence length of 36 months.

To determine the potential sentencing for DEM's, CJC utilized sentencing data on PCS convictions from 2019 that totaled 1,115 cases, 100% of which were sentenced to probation, with an average sentence length of 18 months. For the Class A drug possession convictions being modified by the measure, CJC estimates 242 additional cases will receive a probation sentence of 18 months; formerly, these cases received court probation sentences. The measure also modifies felony Commercial Drug Offenses, which was 1% of all PCS convictions in 2019. CJC estimates 32 additional convictions for this offense. Of these new convictions, 8% will be sentenced to a DOC facility, with an average sentence length of 16.5 months, 6% will be sentenced to local control, with an average sentence length of 1.5 months, and 86% will be sentenced to probation, with an average sentence length of 36 months.

To determine the eligible population for deflection, CJC utilized PCS arrest data from 2019 and removed individuals with accompanying charges and persons already on active supervision. This resulted in an estimate of 3,187 cases eligible for deflection. CJC anticipates 23 counties will implement a deflection program by September 1, 2024, and of the eligible population in these counties, 50% will successfully complete the deflection. CJC estimates the remaining cases will either not be offered deflection in that county or the person will not successfully complete the available deflection program. Of these remaining cases, CJC estimates 25%

will receive a conditional discharge sentence of 12 months. In total, using the total cases in 2019 that would have been eligible for deflection as a proxy, this assumes 1,269 successful deflection cases, 1,523 unsuccessful cases, and 381 cases that will receive conditional discharge.

The fiscal impact assumes a three-month lag between the measure's effective date and the date first offenders may be received through the criminal justice system. The cost estimates include funds that would be distributed to county community corrections departments for the costs of probation, post-prison supervision, and local control. As part of the cost calculations, the estimated marginal cost per day for a DOC facility is \$26.05 per offender and the estimated cost per day for probation is \$13.83 per offender.

Should this measure become law, any deviation between the estimates assumed in this fiscal analysis and the actual number of criminal cases, convictions, and length of sentences issued would be incorporated in the Department of Administrative Services Office of Economic Analysis' corrections population forecast. These forecasts are issued twice per year and used to determine any necessary budget modifications for the agency.

DOC distributes General Fund to community corrections for the portion of costs associated with probation, post-prison supervision, and local control. If this measure becomes law, the estimated increased distribution from DOC for the 2023-25 biennium is \$1.3 million, and \$27.3 million for the 2025-27 biennium as the measure's provisions are fully implemented and the anticipated population increases.

DOC anticipates needing two permanent full-time Administrative Specialist 1 positions (1.83 FTE) beginning September 1, 2025, to provide administrative support to its Offender Information and Sentence Computation Unit. With the measure's process for the sealing of records, and utilizing CJC projections, DOC anticipates 3,000 set asides in the 2025-27 biennium and 4,000 set asides for the 2027-29 biennium to be processed.

Counties

The fiscal impact on counties to establish deflection programs is estimated to be \$42.5 million annually, assuming every county opted to operate a program. The estimated cost for the 23 counties that have indicated they intend to establish a deflection program totals \$30.2 million. Counties report that these new deflection programs would operate similarly to Marion County's Law Enforcement Assisted Diversion (LEAD) programs. Based on the LEAD program, counties anticipate needing Deputy District Attorneys, sworn law enforcement officer positions, community mental health providers to coordinate programs across the state, and establishment of two new positions, a Peer Support staff and County Coordinator position.

Based on data from 2019, counties anticipate approximately 4,000 eligible cases for deflection, or about 813 more than CJC's projection. Partial funding for county costs are assumed to be covered through the Oregon Behavioral Health Deflection Program grant formula outlined in the measure, which provides for a maximum grant based on the Oversight and Accountability Council distribution formula and a minimum of \$150,000 per county. HB 5204 includes \$20.7 million for Oregon Behavioral Health Deflection Program and \$9.8 million for Community Mental Health Programs to support deflection program coordination and services.

Counties could not provide specific estimates but indicated that there could be costs associated with the sentencing changes to delivery of controlled substances.

Legislative Policy and Research Office

The fiscal impact on LPRO is \$400,340 General Fund and two permanent full-time positions (1.26 FTE) for the 2023-25 biennium and \$607,862 General Fund and two positions (2.00 FTE) for the 2025-27 biennium. The measure requires LPRO to provide staff support to both task forces established under this measure.

Two permanent full-time positions would staff the Joint Task Force on Regional Behavioral Health Accountability given the scope of work and level of required subject matter expertise. Assuming monthly meetings over 14 months, this includes one permanent Senior Legislative Analyst (0.63 FTE) and one permanent Research Analyst (0.63 FTE), at a total cost of \$379,440 General Fund for the 2023-25 biennium.

LPRO will use existing staff to provide support to the Task Force on Improving the Safety of Behavioral Health Workers, assuming monthly meetings over seven months. The total fiscal impact for the 2023-25 biennium includes \$20,900 for members of the task force who are not members of the Legislative Assembly for compensation and reimbursement of actual and necessary travel and other expenses.

Although LPRO's current service level budget supports interim committees and task forces, if the work required by these task forces, or if the cumulative enactment of other legislation with interim committees and task forces exceeds expenditure levels beyond those assumed in the 2023-25 budget, additional General Fund resources may be required.

Department of Justice

The fiscal impact on the Department of Justice (DOJ) is \$92,166 Other Funds and one permanent part-time position (0.17 FTE) for the 2023-25 biennium and \$276,632 Other Funds and one permanent part-time position (0.50 FTE) for the 2025-27 biennium. The General Counsel Division within DOJ anticipates needing one permanent part-time Senior Assistant Attorney General position in the 2023-25 biennium to provide legal support to OHA while establishing the CCBHC Program. The billable rate DOJ will charge OHA is a legislatively approved hourly legal services rate.

The Appellate Division reports the fiscal impact of the measure is indeterminate. While the Appellate Division is unable to estimate the impact of the measure at this time, the measure is anticipated to increase costs once actual workload is identified.

Legislative Assembly

The overall fiscal impact on the Legislative Assembly is minimal for the 2023-25 biennium, based on legislator participation in two task forces. The below estimates include the Federal Insurance Contribution Act (FICA) tax, assumes the per diem remains at \$166 per day, and estimates an average mileage of 80 miles at the current rate of \$0.67 per mile. These estimates could change based on the number of meetings held. The task forces would not incur additional costs to the Legislative Assembly budget if the meetings were held at the Capitol building during the Legislative Session, or Task Force or Legislative Days.

Joint Task Force on Regional Behavioral Health Accountability

Four members of the task force will be legislative members who are entitled to per diem and travel reimbursement. Meetings are set by the chairperson, and it is unknown how often the task force would meet; however, assuming that the task force meets 15 times, the estimated per diem and travel reimbursement costs will total \$17,900.

Task Force on Improving the Safety of Behavioral Health Workers

Four members of the task force will be legislative members who are entitled to per diem and travel reimbursement. Meetings are set by the chairperson, and it is unknown how often the task force would meet; however, assuming that the task force meets nine times, the estimated per diem and travel reimbursement costs will total \$13,100.

Although the 2023-25 Legislative Assembly budget contains funds allocated for interim committees and task forces, if the work required by this task force, or if the cumulative enactment of other legislation with interim

committees and task forces exceeds expenditure levels beyond those assumed in the 2023-25 budget, additional General Fund resources may be required.

Department of Human Services

The fiscal impact on the Department of Human Services (DHS) is minimal for the 2023-25 biennium. Within current resources, DHS has positions that provide administrative support to CCBHC programs; however, in the 2025-27 biennium when CCHBC payments to providers for expanded services increases, the agency may need to return during a subsequent legislative session or a meeting of the Emergency Board to request additional resources.

Oregon Board of Pharmacy

The fiscal impact on the Oregon Board of Pharmacy is indeterminate. The agency reports that the measure defines prescription drug lockers that are not co-located with a retail drug outlet as a “remote dispensing site pharmacy”; however, the Board uses “remote dispensing site pharmacy” to mean telepharmacy, and this definition would not apply as there are not pharmacy technicians staffing the remote locations as required in ORS 689.700. If the measure becomes law, the provisions could have a substantial fiscal impact on OBOP due to additional rulemaking and enforcement procedures that would likely need to be adopted, as well as potential changes to the agency fee structure. This work could require additional resources.

There are currently three pharmacy prescription lockers registered with the agency. The Board collects an annual registration fee of \$225 from each. The provisions under Section 8 would reduce fee revenue due to the measure not requiring retail drug outlets to obtain a license or registration for lockers, and the Board would adopt rules to modify their fee structure, which can be absorbed within current resources.

District Attorneys

There is no fiscal impact on District Attorneys. The state funds elected official District Attorney positions and associated costs. The measure does not have a fiscal impact on District Attorney salaries or associated costs.

Other entities

There is a minimal fiscal impact on the Department of Consumer and Business Services, Oregon Youth Authority, Legislative Counsel, and cities. There is no fiscal impact on the Secretary of State, Board of Parole and Post-Prison Supervision and Oregon’s federally recognized Tribes.

Relevant Dates

The measure declares an emergency and takes effect on passage.

HB 4002 A STAFF MEASURE SUMMARY

Carrier: Sen. Lieber

Joint Committee On Addiction and Community Safety Response

Action Date: 02/27/24

Action: Do pass the A-Eng bill.

Senate Vote

Yeas: 4 - Girod, Knopp, Lieber, Steiner

Nays: 1 - Prozanski

House Vote

Yeas: 6 - Goodwin, Kropf, Mannix, Nosse, Sanchez, Smith G

Nays: 1 - Valderrama

Fiscal: Fiscal impact issued

Revenue: Has minimal revenue impact

Prepared By: Brian Nieubuurt, LPRO Analyst

Meeting Dates: 2/5, 2/7, 2/26, 2/27

WHAT THE MEASURE DOES:

The measure removes barriers and establishes programs and policies aimed at improving access to substance use disorder (SUD) treatment. It also establishes a criminal justice framework for possession or delivery of controlled substances designed to encourage treatment over penalties such as jail or probation.

Detailed Summary

Payment for Substance Use Disorder Treatment (Sections 1 – 5)

- Prohibits health insurers and coordinated care organizations (CCOs) from imposing prior authorization or other utilization review for reimbursement of covered medications prescribed to treat substance use disorder (SUD).
- Requires health insurers and CCOs to reimburse the cost of refills of SUD medications.
- Specifies application to all forms of buprenorphine.
- Permits insurer to use prior authorization or other utilization management for opioids prescribed for purposes other than SUD treatment and for purposes of auditing claims or periodic redeterminations for need for continuing care.

Pharmacist Dispensing of Opioid Use Disorder Medication Refills (Sections 6 – 9)

- Permits pharmacist to dispense early refills of medications used to treat opioid use disorder to patients who have evidence of a previous prescription.
- Defines “early refill” and “refill.”
- Requires pharmacist to take specified steps when dispensing refill, including notifying patient’s primary care provider.
- Clarifies that record notations indicating previous prescription constitute verification of valid prescription.
- Requires Board of Pharmacy to adopt rules allowing pharmacist to obtain a registration number from the Drug Enforcement Administration (DEA) and store medications for the treatment of opioid use disorder on premises.
- Clarifies that prescription drug lockers located at the same physical address as the retail drug outlet with which the locker is associated do not need registration with the Oregon Board of Pharmacy or DEA.
- Requires prescription drug lockers located at other physical address to obtain registration from the DEA.

Access to Addiction Treatment by Members of Coordinated Care Organizations (Section 10)

- Adds addiction treatment providers to CCO network adequacy requirements.

HB 4002 A STAFF MEASURE SUMMARY

Alcohol and Drug Policy Commission Study (Sections 11 – 12)

- Requires Alcohol and Drug Policy Commission (ADPC) to conduct study of barriers and best practices for youth SUD, increasing medication-assisted treatment (MAT), and increasing SUD providers in the state.
- Requires ADPC to study data regarding insurance claim denials for SUD medications.
- Requires ADPC to provide status update and preliminary recommendation by September 30, 2024.
- Requires ADPC to deliver final report by September 15, 2025.

Certified Community Behavioral Health Clinic Program (Sections 13 – 15)

- Establishes a certified community behavioral health clinic (CCBHC) program in Oregon Health Authority (OHA).
- Requires OHA to appoint an advisory committee to advise in rule adoption.
- Requires OHA to either provide additional funding or have exception process if additional requirements on CCBHCs are made.
- Specifies actions to be taken by OHA in the development and adjustment of CCBHC rates.
- Requires CCBHC located in same geographic region as community mental health program (CMHP) to enter collaboration agreement with CMHP before OHA may approve CCBHC certification.
- Requires OHA to begin drafting state plan amendment for submission to the Center for Medicare and Medicaid Services (CMS) to add new CCBHCs prior to January 15, 2025.

Joint Task Force on Regional Behavioral Health Accountability (Sections 16 - 17)

- Establishes 26-member Joint Task Force on Regional Behavioral Health Accountability to make recommendations on improving governance of behavioral health systems and strengthening evidence-based funding decisions.
- Specifies membership.
- Requires Task Force to develop recommendations on improving collaboration and accountability, improving outcomes, and providing greater cost efficiencies.
- Requires Task Force to collaborate with task forces that have overlapping scopes of work.
- Requires Task Force to provide draft recommendations to Legislative Assembly by September 15, 2025, and final recommendations by December 15, 2025.
- Requires Director of Legislative and Policy Research Office (LPRO) to provide staff support to Task Force.
- Sunsets Task Force on January 2, 2026.

Task Force on Improving the Safety of Behavioral Health Workers (Sections 18 – 19)

- Establishes 16-member Task Force on Improving the Safety of Behavioral Health Workers and specifies membership.
- Requires Task Force to deliver preliminary report to Legislative Assembly containing draft recommendations on specified safety considerations by September 1, 2024.
- Requires Task Force to delivery final report to Legislative Assembly by December 1, 2024.
- Requires LPRO Director to provide staff support to Task Force.
- Sunsets Task Force January 2, 2026.

United We Heal Medicaid Payment Program (Section 20)

- Establishes United We Heal Medicaid Payment Program in OHA to provide supplemental payments to eligible behavioral health care providers to enable the providers to access enhanced apprenticeship and training programs and opportunities.
- Requires OHA to adopt rules.
- Requires behavioral health provider to enter into memorandum of understanding with OHA in order to participate in program.

Conforming amendments (Sections 21 - 23)

Delivery of Controlled Substances (Section 24)

(Delivery Definition Based on State v. Boyd)

HB 4002 A STAFF MEASURE SUMMARY

- Expands the definition of “deliver” or “delivery” to include the possession of a controlled substance with intent to transfer to another person.
- Defines “within 30 feet” and “within 500 feet.”

Delivery in Certain Locations (Section 25)

- Requires any conviction for delivery of a controlled substance (DCS) made within 30 ft of a public park, within 500 ft of a temporary residence shelter or within 500 ft of a treatment facility, if the person knows or reasonably should have known they were within 500 ft of said location, be classified as a Crime Category 7 of the sentencing guidelines grid of the Oregon Criminal Justice Commission (CJC) if the delivery is for consideration and as a Crime Category 5 if there is no consideration.
- Defines “public park,” “temporary residence shelter,” and “treatment facility.”

Reevaluation of Release Guidelines (Sections 26 and 27)

- Directs the Chief Justice’s Criminal Justice Advisory Council to reevaluate and update the pretrial release criteria for persons arrested for delivery or manufacture of controlled substances.
- Repeals this section on January 2nd, 2025.

Conforming Amendments (Sections 28 – 32)

Applicability (Section 33)

- Provides that sections 24, 25 and 28 to 32 of this act apply to conduct occurring on or after the effective date of this act.

Possession of Controlled Substances (Sections 34 and 35)

(Drug Enforcement Misdemeanor Provisions)

- Establishes a drug enforcement misdemeanor crime of possession of a controlled substance (PCS).
- Provides that a court may impose sentence for the crime of PCS as follows:
 - The court may impose a term of imprisonment of up to 180 days upon the request of the defendant; or
 - If a straight jail sentence is not imposed, the court shall suspend imposition of sentence and impose up to 18 months probation and shall not order any jail time as a condition of probation. Probation may be extended beyond 18 months by agreement of the probationer but may not exceed 5 years.
 - If the terms of probation are found to have been violated, structured jail sanctions may be imposed by agreement of the defendant or by order of a court, up to a total of 30 days jail. Any term of incarceration must allow for early release to a treatment facility.
 - Upon revocation of a probation sentence imposed as provided by this section, a court may order up to 180 days in jail with the option of early release to an inpatient or outpatient drug and alcohol treatment program under the supervisory authority of county community corrections and pursuant conditions of a release agreement.
 - Requires any jail sentence be reduced for any day the defendant is on release to a treatment program or previously served in-custody.
 - Prohibits a court from imposing any fines or fees for a conviction for a drug enforcement misdemeanor PCS.

Deflection Programs (Sections 36 - 38)

- Encourages law enforcement agencies and district attorneys, in lieu of arrest or prosecution of persons unlawfully in possession of a controlled substance constituting a drug enforcement misdemeanor, to refer or divert a person to a deflection program as defined by the measure.
- Directs the Criminal Justice Commission (CJC), no later than 12 months after the effective date of this 2024 act, to conduct a study to determine best practices for deflection programs and make recommendations for funding of the Oregon Behavioral Health Deflection Program.
- Requires the CJC, no later than 18 months after the effective date of this act, to develop standards and best practices for deflection programs using data received pursuant to sections 61 and 63 of this act.

HB 4002 A STAFF MEASURE SUMMARY

- Provides that the CJC shall establish a statewide system for tracking data concerning deflection program outcomes as specified and to maintain a publicly available list of deflection programs operating within the state.
- Defines “deflection program” as a collaborative program between law enforcement and behavioral health systems that assist individuals who may have substances use disorder, another behavioral health disorder, or co-occurring disorders, to create community-based pathways to treatment, recover support services, housing, case management, or other services.
- Allows for citations for the misdemeanor crime of PCS created by this section to include a date on which a person shall appear to be more than 30 days after the date the citation was issued to allow the person to participate in a deflection program as defined by this act.

Drug Enforcement Misdemeanor Conforming Amendments (Sections 39-46)

Supervision Duty and Funding (Sections 47- 50)

- Directs the Department of Corrections (DOC) to assume responsibility for community-based supervision for offenders on conditional discharge agreement for a drug enforcement misdemeanor. Expands definition of “designated drug-related misdemeanor” to include the drug enforcement misdemeanor constituting PCS established by this act.

Conditional Discharge (Sections 51 - 53)

- Requires a court, at the request of a person charged with a drug enforcement misdemeanor constituting PCS, to defer further proceedings and place the person on probation. Establishes terms authorized to be included in a conditional discharge agreement and certain rights a defendant must waive.
- Some of the requirements for entry into and terms of the agreement include:
 - That the person request to enter into the agreement no later than 30 days after the person’s first appearance, unless good cause is shown for delay.
 - An initial term of probation of 12-months and up to 30 days jail may be imposed as a sanction upon if terms of probation are violated.
 - Imposition of general conditions of probation as described in ORS 137.540(1) and a requirement that the defendant complete a substance abuse evaluation and treatment.
 - The understanding that the criminal charges filed will be dismissed with prejudice upon fulfillment of the probation terms as agreed, including upon early termination of probation period.

Expungement (Sections 54 - 56)

- Requires the sealing or expungement of records related to a person's conduct constituting a drug enforcement misdemeanor constituting PCS as follows:
 - Provides that deflection coordinators shall provide written verification that a person has completed a deflection program to the court, law enforcement agency, and the district attorney with authority to prosecute the offense and to the court with legal jurisdiction.
 - Within 60 days of receiving verification, the law enforcement agency and the district attorney shall seal all records related to the person’s participation in the program and the court shall seal all electronic records created concerning the offense.
 - If no further prosecutorial action has been taken after two years from the date of citation for or contact with law enforcement for conduct constituting a drug enforcement misdemeanor constituting PCS, any law enforcement agency or district attorney that possesses records related to the citation or conduct shall seal the records within 60 days of conclusion of two-year period. Any electronic court records related to the citation or conduct shall be sealed within 60 days of conclusion of two-year period.
 - When a person successfully completes probation as part of a conditional discharge agreement as described by this proposed act and the court dismissed the proceedings the court shall, within 90 days after dismissal, order all records relating to the arrest or citation and criminal proceedings be sealed. Directs the clerk of the court to forward a certified copy of said order to applicable agencies.

HB 4002 A STAFF MEASURE SUMMARY

- When a person successfully completes probation for conviction of a drug enforcement misdemeanor constituting PCS, the court shall, within 90 days of receiving notification of successful completion, order all records relating to the arrest or citation and criminal proceedings be sealed. Directs the clerk of the court to forward a certified copy of said order to applicable agencies.
- Three years from the date of conviction or dismissal of charge of a drug enforcement misdemeanor constituting PCS the court shall, within 60 days after the three-year period has concluded, order all records relating to the arrest or citation, charges, and criminal proceedings be sealed. Directs the clerk of the court to forward a certified copy of said order to applicable agencies.
- Directs the Judicial Department to develop a standardized form for obtaining requisite information necessary for entities to comply with an order to seal records as described, to be completed by the district attorney and defense attorney at the time a person enters probation.

Repealing Class E Violation Provisions (Sections 57 - 72)

- Repeals provisions relating to PCS as a Class E violation.

Operative Dates and Applicability (Sections 73 and 74)

- Provisions establishing the new drug enforcement misdemeanor constituting PCS and related to sentencing, supervision, and expungement of records for the crime, become operative on September 1, 2024, and apply to conduct occurring on or after that date.
- Authorizes specified agencies to take any actions necessary before the operative date specified to meet obligations created by the measure.

Data Tracking (Section 75)

- Requires the Oregon Criminal Justice Commission (CJC) to collect and analyze certain data and demographics concerning deflections, arrests, charges, and convictions for unlawful possession of a controlled substance and delivery of a controlled substance offenses.
- Directs the CJC, beginning August of 2025, to provide a report annually to the judiciary committees containing an analysis of the data.
- Exempts any information collected by the CJC that may reveal the identity of any individual from public disclosure in any manner.

Oregon Behavioral Health Deflection Program (Sections 76 - 79)

- Defines “deflection program” as a collaborative program between law enforcement and behavioral health systems that assist individuals who may have substances use disorder, another behavioral health disorder, or co-occurring disorders, to create community-based pathways to treatment, recover support services, housing, case management, or other services.
- Establishes the Oregon Behavioral Health Deflection Program (BHDP) within the Improving People’s Access to Community-based Treatment, Supports and Services (IMPACTS) grants program and directs the CJC to develop a separate grant application and review processes for community mental health programs.
- Provides minimum requirements for grant applications and programs to be eligible for funding.
- Directs the CJC, in cooperation with the Oregon Health Authority, to monitor progress of and evaluate program outcomes for applicants that receive grant funds and to report annually, beginning September 2025, to the relevant interim committees of the Legislative Assembly.
- Establishes the Oregon Behavioral Health Deflection Program Account and appropriates funds for the purpose of carrying out the provisions relating to the BHDP.
- Increases membership of the IMPACTS grants review committee from 19 to 21.

Expansion of Welfare Holds (Section 80)

- Extends authority provided in ORS 430.399 for a director of a treatment facility to hold an individual from up to 48 hours to up to 72 hours.

Opioid Use Disorder Medication Grant Program (Sections 81 – 89)

HB 4002 A STAFF MEASURE SUMMARY

- Establishes the Oregon Jail-Based Medications for Opioid Use Disorder Grant Program in the Oregon Criminal Justice Commission (CJC) to provide treatment and transition planning services to persons in custody in local and tribal correctional facilities.
- Directs the CJC, in collaboration with the Oregon Health Authority (OHA), to administer the grant program and establishes certain requirements for grant applicants.
- Requires at least 10 percent of total moneys awarded be to local correctional facilities in rural areas as defined by the measure or to tribal correctional facilities.
- Includes directives on how grant awards may be used by recipients.
- Establishes the Oregon Jail-Based Medications for Opioid Use Disorder Fund within the State Treasury to be continuously appropriated to the CJC for purposes of carrying out the obligations as directed by these sections.
- Directs the CJC to report on the grant program as described, no later than December 1, 2024, to the interim committees of the Legislative Assembly related to judiciary and health care.

Emergency Clause (Section 91)

- Declares an emergency, effective on passage.

ISSUES DISCUSSED:

- The disparate impact of drug crime enforcement on communities of color and homeless
- Obstacles to finding and entering drug treatment programs currently will be exacerbated
- Availability and effectiveness of existing deflection program models around the state and nationally
- Effectiveness of criminalization of drug possession and use to address substance abuse disorders and encourage access to treatment
- Lived experiences of persons who have experienced substance abuse disorders and family members of persons with substance abuse disorders
- Effectiveness of current treatment models around the state, obstacles to providing treatment
- Ballot Measure 110 and decriminalization of possession of controlled substances
- Impact of public drug use on Oregon businesses
- The role of law enforcement in addressing substance abuse
- Insufficient funding for behavioral health and substance abuse treatment services
- Workforce shortages and burnout in behavioral health and substance abuse treatment service providers

EFFECT OF AMENDMENT:

No amendment.

BACKGROUND:

In November 2020, Oregon voters passed Ballot Measure 110, also known as the Drug Addiction and Treatment Recovery Act, approving two shifts in how the state deals with the use of illegal drugs. First, the measure reduces penalties for drug possession, making Oregon the first state to decriminalize the personal possession of illegal drugs. Secondly, any savings achieved from the cost of enforcing criminal drug possession penalties are combined with marijuana sales revenue to fund a new drug addiction treatment and recovery grant program. Senate Bill 755 (2021) modified some of the requirements of Ballot Measure 110, including establishing Behavioral Health Resource Networks (BHRNs), which are a group of organizations that partner to provide substance use services free of charge to individuals seeking care. The measure required a BHRN to be established in each county and tribal area in the state.



Model Deflection Law a Milestone in the Growth of a Winning Strategy Against Substance Use

Catching Up With COSSAP, April 2022

Deflection—the proposition that the best way to support individuals with substance use and co-occurring disorders is to deflect them *away* from traditional law enforcement involvement and *toward* treatment and recovery services—received a game-changing endorsement from the White House in March when its [Office of National Drug Control Policy \(ONDCP\)](#) released a [state model law](#) that encourages the adoption of deflection programs across the country.

Leveraging the force-multiplying reach of ONDCP's Model Acts Program, the expertise of the [Legislative Analysis and Public Policy Association \(LAPPA\)](#) and the [Police, Treatment, and Community Collaborative \(PTACC\)](#) and input from four [Comprehensive Opioid, Stimulant, and Substance Abuse Program \(COSSAP\)](#)-supported deflection sites, the model law provides states with an actionable template to institutionalize deflection in their substance use strategies—and thereby possibly pave their best path to success.

If enacted widely, the model law stands to help save potentially thousands of lives that might otherwise be lost to addiction and overdose. Such is the potential of deflection to transform communities' substance use strategies by virtue of its unique ability to synthesize the resources of law enforcement and public health agencies into a collaborative, community-based approach.

"Deflection programs are supported by law enforcement and health care providers because they are cost-effective and save lives," said ONDCP Director Dr. Rahul Gupta. "Ensuring police have the skills they need to identify early signs of substance use disorder [SUD] so they can connect more people to care is an important tool in our efforts to address the overdose epidemic. This model law provides states with a framework to expand access to these programs, support data collection to track performance, and better address the needs of communities."

White House Announces State Model Law to Expand Programs that Deflect People with Addiction to Care

MARCH 03, 2022 • PRESS RELEASES

Research in new report also released today shows how deflection programs reduce stigma and are supported by public safety officials

Jac Charlier, founder and executive director of PTACC, which is the national voice of the field of deflection, said, "By being realistic to the experience of communities, deflection proceeds from the idea, 'How do we as a community want to better respond within our own context?'" he said. "It enables communities to stop operating in crisis mode and focus solely on crisis encounters. This is a really big deal."

Kevin Hall, assistant chief of the Tucson, Arizona, Police Department, one of the COSSAP grantees involved in the model's drafting, added, "The fact that deflection has been recognized by the White House and ONDCP—I can't tell you how excited I was."

"It's extraordinarily important to legitimize deflection programs, for both the community and police," Assistant Chief Hall said. "They've been something nebulous to law enforcement officers so far. This [model law] gives some concrete authority to the idea that they have discretion to use deflection. It will have a huge impact for police leadership and line officers."

Model Deflection Law a Milestone in the Growth of a Winning Strategy Against Substance Use

Catching Up With COSSAP, April 2022

The senior legislative attorney at LAPP who was the primary drafter of the model, Jon Woodruff, said, “Hopefully, this will have a cascading effect. Any time that a state is considering introducing language, this puts in writing that deflection programs are useful and helpful and should be encouraged.”

Among the many potential beneficiaries of deflection, Charlier and Hall zeroed in on two: families of individuals with SUDs and municipal government budgets.

“Families and children are an incredibly important part of deflection,” Charlier said. “By avoiding arrest situations, by preventing overdoses and what comes next, and by early upstream prevention strategies that leverage law enforcement and EMS to get us better outcomes, people don’t have to leave home, children stay with their parents, and families get better.”

As for the savings deflection can produce, Assistant Chief Hall said Tucson police recently conducted an internal cost-benefit analysis, which determined that it could save the department up to \$1 million annually, including between \$700,000 and \$750,000 in jail board for individuals detained on drug charges. Time savings were also substantial: whereas booking a suspect takes 70 minutes on average; deflection took only 47. “That’s far more effective and efficient and can enable officers to get back into the field,” Assistant Chief Hall said.

The Model Law: What It Says and Does

The model law, found [here](#), is a model of conciseness; only 32 pages long, it is divided into 12 sections offering sample texts that, taken in sequence, serve as the outline of a comprehensive deflection law for states to consider adopting, in whole or in part. The sections address the law’s purpose, definitions of terms common in deflection work, authority to establish a deflection program, memoranda of understanding (MOUs) among deflection partners, and data reporting and performance management, among other topics. Each section is followed by commentary that frames the principles behind each text and affords states flexibility to customize the law to their needs.

In its first commentary, the model law frames the challenge posed to states by the traditional response to the substance use epidemic:

“There are too many individuals in the United States with [SUD, mental health disorder, and co-occurring disorders] who are entangled in the justice system—either through incarceration or open criminal cases, community supervision, debt obligations, etc.—that should instead be linked to treatment, recovery support services, housing assistance, and other needed services. The purpose of this Act is to encourage the development and use of deflection programs throughout a state to unite law enforcement, substance use disorder and mental health providers, and other community providers in the shared goal of deflecting individuals away from traditional criminal justice processing, thereby providing the opportunity to better address the needs of individuals.”

In response, the model law, if fully implemented, would:

- Authorize law enforcement and other first responders to develop and implement collaborative deflection programs that provide proactive policing to assist individuals who are at risk for future calls for service as well as alternatives for eligible individuals to traditional case processing, involvement in the justice system, and unnecessary admission to emergency departments due to non-life-threatening drug use.
- Offer immediate pathways to treatment, recovery services, housing, medication for addiction treatment, whole family services, and other needed supports, via peer support and case management, for individuals at risk of future law enforcement contact and/or living with SUD, mental health disorder, or co-occurring disorders.
- Require deflection programs to have certain threshold elements to be eligible to receive grant funding from the state administering agency on criminal justice.
- Require agencies establishing deflection programs to develop comprehensive MOUs in conjunction with, and agreed to by, all deflection program partners.

Model Deflection Law a Milestone in the Growth of a Winning Strategy Against Substance Use

Catching Up With COSSAP, April 2022

Drafting the Model Law

LAPPA, the recipient of ONDCP's Model Acts Program grant, began drafting the model law started in early 2021 at ONDCP's request. Having known Charlier and his work for several years and with LAPPA being an active member of PTACC, LAPPA President Susan P. Weinstein reached out to Charlier to collaborate on the model.

While 25 states and the District of Columbia have laws on their books that include individual provisions about deflection, LAPPA had only one statewide law comprehensively dedicated to deflection to draw on—Illinois', which was passed in 2018. As executive director of [Treatment Alternatives for Safe Communities' \(TASC\) Center for Health and Justice](#), Charlier had helped shape that law and guided LAPPA as it adapted the Illinois statute to a model law that could be used nationwide.

"We tried to get people to look at this who knew more about deflection in the real world than we did," said Woodruff. "We began with Illinois law, which was a good starting point. But in fact, we had to because most states don't have anything of the sort."

"A model law has to fit in the context of state laws, and it needs to provide a floor level of infrastructure, for example, with language about MOUs and data collection efforts and funding," he said.

Over the following six months, the draft model began to take shape. Critically, Woodruff acknowledged a growing trend in deflection programs to rely on *non-law* enforcement first responders to deflect individuals, rather than police alone, and adapted language from the Illinois law accordingly:

"Initially, deflection encompassed only law enforcement-based programs—providing occasion for officers to turn some of the millions of police encounters with individuals each year not resulting in arrest into opportunities for linkage to treatment, recovery support services, housing, and other needed services," commentary in the model law states. "More recently, however, deflection programs involving first responders other than law enforcement, such as fire and emergency medical services (EMS), or no first responders at all, such as behavioral health providers teamed with others (termed "community responders"), are

more common. Considering this broadening of scope, the Model Act covers deflection programs that include members from law enforcement and/or other first responders, including co-responder programs."

For his part, Charlier drew attention to the model's pairing of SUDs with mental health and co-occurring disorders; this pairing, he said, was both intentional and critical to the success of deflection laws.

"Without both, the model would not have the correct framework for communities," he said. "Deflection is a very holistic early intervention type of prevention space, and we didn't want to be saying to different people, 'Only you or you get to be in that space.' The idea is to address the problem in an upstream way and to frame it as being responsive to mental health, as well."

Before the model law was finalized in September 2021, drafts were shared with subject-matter experts in the field for their input, including COSSAP grantees in Arizona, Massachusetts, Pennsylvania, and Assistant Chief Hall with the Tucson Police. From Charlier's perspective, this marked an evolution in COSSAP too.

"As the field of deflection emerges around the U.S., so has deflection become one of the largest categories in COSSAP's portfolio," Charlier said. "That in itself is reflective of the need for a model law. Deflection is something that has grown from the bottom up."

Tucson's experience with deflection is proof positive of Charlier's point.

Assistant Chief Hall said the city started to build its deflection program in 2016 after studying Seattle's success with its Law Enforcement Assisted Diversion (LEAD) program. After bringing evaluators on board in November 2016, the Tucson Police Department launched its own deflection initiative in July 2018. The early going was not easy, Assistant Chief Hall said.

"It's been an evolution," he said. "Initially, there was enormous resistance [among officers], not based on malice, but because it was different from traditional practices. There was some discomfort around it. It takes a lot of intentional time and effort to move the needle from the status quo."

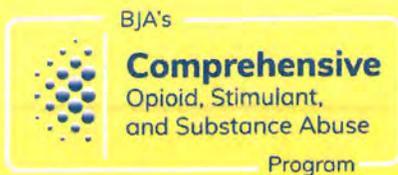
Model Deflection Law a Milestone in the Growth of a Winning Strategy Against Substance Use

Catching Up With COSSAP, April 2022

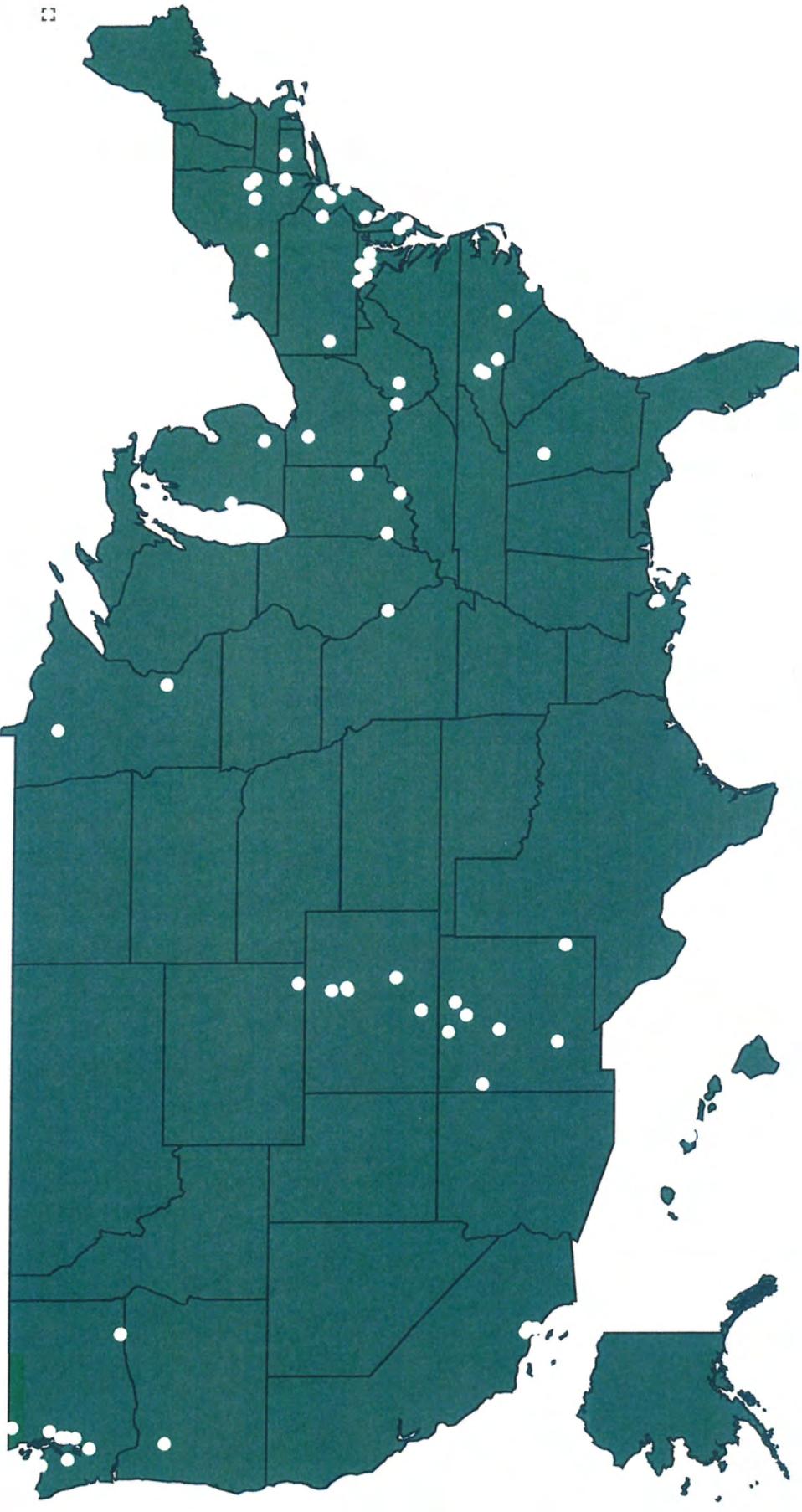
In response, Assistant Chief Hall and the Tucson Police leadership made sure to share success stories with line officers and to put in place a feedback loop for them, which encouraged helpful tweaks to the program. The results have been encouraging: Tucson recently completed a three-year impact evaluation of the deflection program, which indicates an increase in treatment uptake, zero impact on crime levels, and an increase in trust and positive perceptions of the police. The program has resulted in more than 2,200 deflections since July 2018.

"It all looks pretty positive," Assistant Chief Hall said.

For an infographic detailing the growth of first responder deflection programs nationwide, click [here](#).



IIR
Institute for Intergovernmental Research

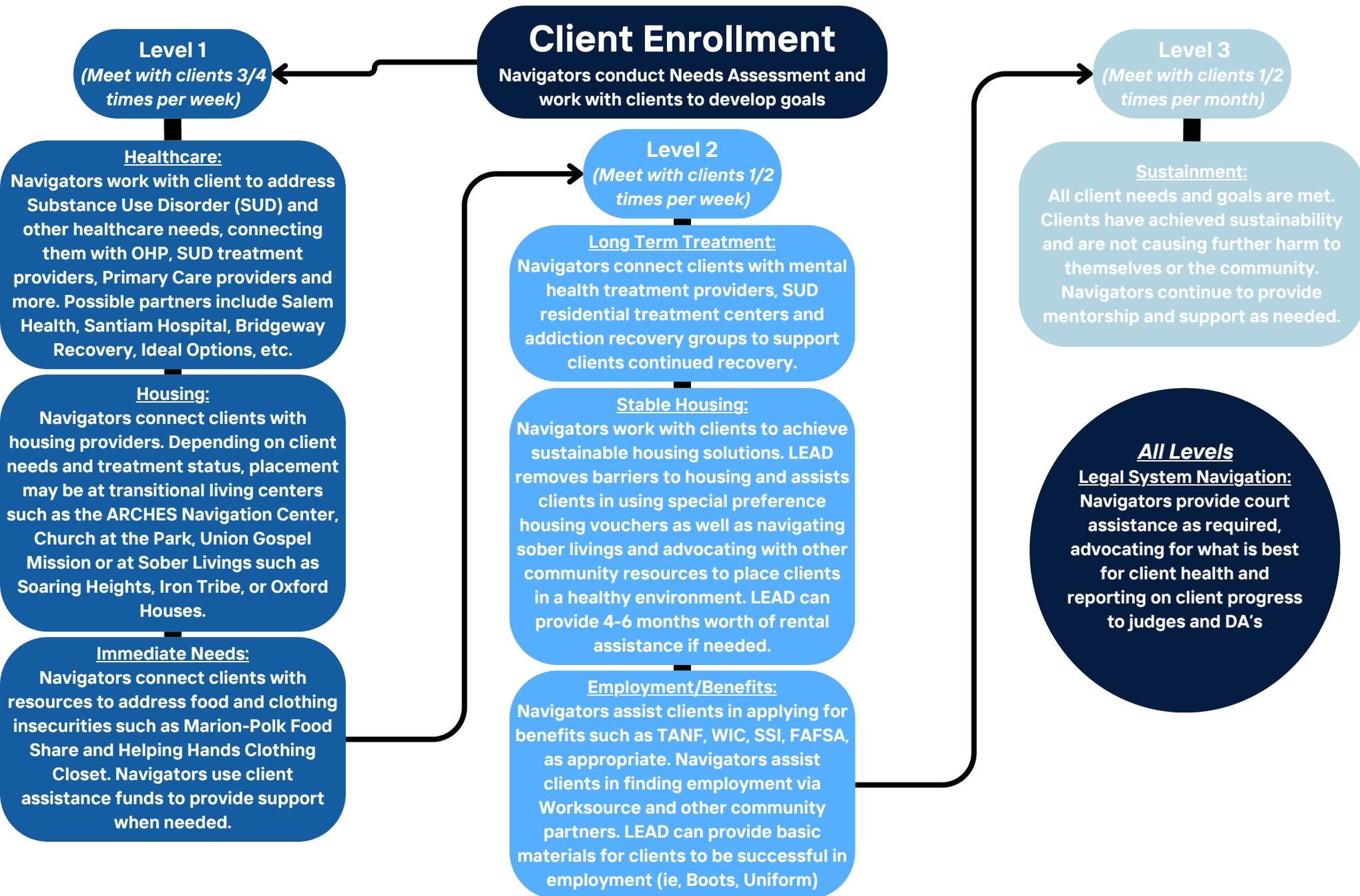


VIEW FULL LIST OF SITES

THE LEAD MODEL
WHAT IS IT?

RESOURCES
HOW TO IMPLEMENT LEAD

LEAD Program Client Progress Flow Chart



COHORT 1: Entering program from April 2018-March 2019

Number of participants in cohort with completed follow up assessment(s): 19 (table below based on this figure)

	Initial Assessment	Most Recent Assessment
Percent of participants who are housed ¹	15.8%	52.6%
Percent of participants who are employed ²	15.8%	47.4%
Percent of participants who report good quality of life ³	5.3%	47.4%
Percent of participants who report any drug use in the last 30 days (excluding methadone) ⁴	89.5%	63.2%
Number of days of alcohol use to intoxication in the last 30 days on average	1	0
Number of days of heroin use in the last 30 days on average	5	2
Number of days of amphetamine use in the last 30 days on average	14	8
Number of days of cannabis use in the last 30 days on average	16	11
Percent of participants reporting Methadone use in last 30 days ⁵	15.8%	21.1%
Number of overnight hospitalizations in the past year on average	2	1
Number of emergency room visits in the past six months on average	1	1
Percent of participants who report feeling that they would be better off dead or hurting themselves in some way ⁶	26.3%	10.5%
Percent of participants who report feeling down, depressed, or hopeless ⁷	73.7%	52.6%

¹ “Housed” is defined as being in permanent or transitional housing.

² “Employed” is defined as pursuing self-sufficiency through part-time or full-time employment, military service, disability, school, or retirement.

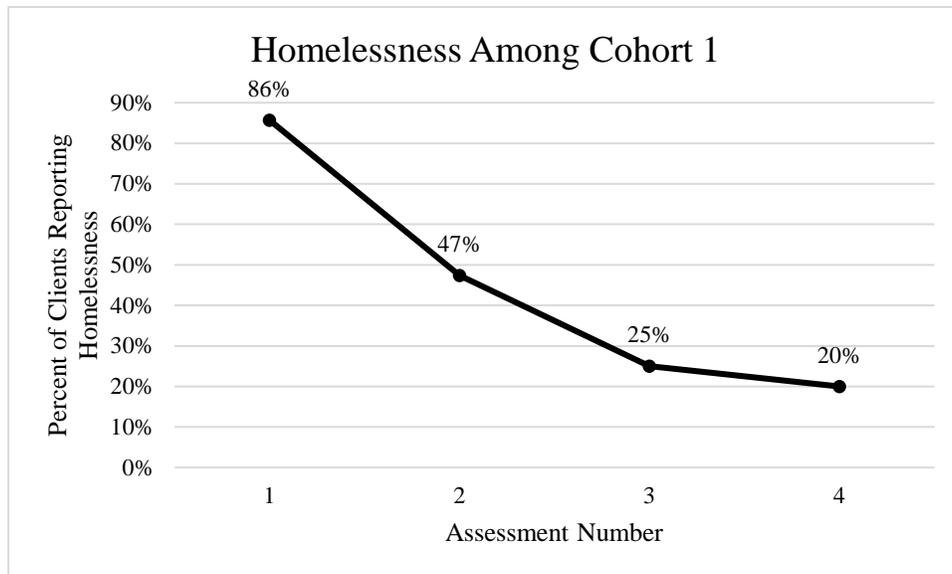
³ “Good Quality of Life” is defined as good or excellent quality of life, as reported by the participant.

⁴ Full list of included drugs: alcohol to intoxication, heroin, opiates, barbiturates, sedatives, cocaine, amphetamines, cannabis, hallucinogens, inhalants.

⁵ Methadone use is indicative of MAT participation.

⁶ Participants who report feeling this way “Several days”, “More than half the days” or “Nearly every day” in the last 30 days.

⁷ Participants who report feeling this way “Several days”, “More than half the days” or “Nearly every day” in the last 30 days.



COHORT 2: Entering program from April 2019-March 2020

Number of participants in cohort with completed follow up assessment(s): 21 (table below based on this figure)

	Initial Assessment	Most Recent Assessment
Percent of participants who are housed ¹	23.8%	81.0%
Percent of participants who are employed ²	23.8%	71.4%
Percent of participants who report good quality of life ³	19.0%	66.7%
Percent of participants who report any drug use in the last 30 days (excluding methadone) ⁴	85.7%	33.3%
Number of days of alcohol use to intoxication in the last 30 days on average	2	0
Number of days of heroin use in the last 30 days on average	8	3
Number of days of amphetamine use in the last 30 days on average	10	5
Number of days of cannabis use in the last 30 days on average	8	5
Percent of participants reporting Methadone use in last 30 days ⁵	21.1%	21.1%
Number of overnight hospitalizations in the past year on average	1	0
Number of emergency room visits in the past six months on average	1	0
Percent of participants who report feeling that they would be better off dead or hurting themselves in some way ⁶	23.8%	9.5%
Percent of participants who report feeling down, depressed, or hopeless ⁷	95.2%	42.8%

¹ “Housed” is defined as being in permanent or transitional housing.

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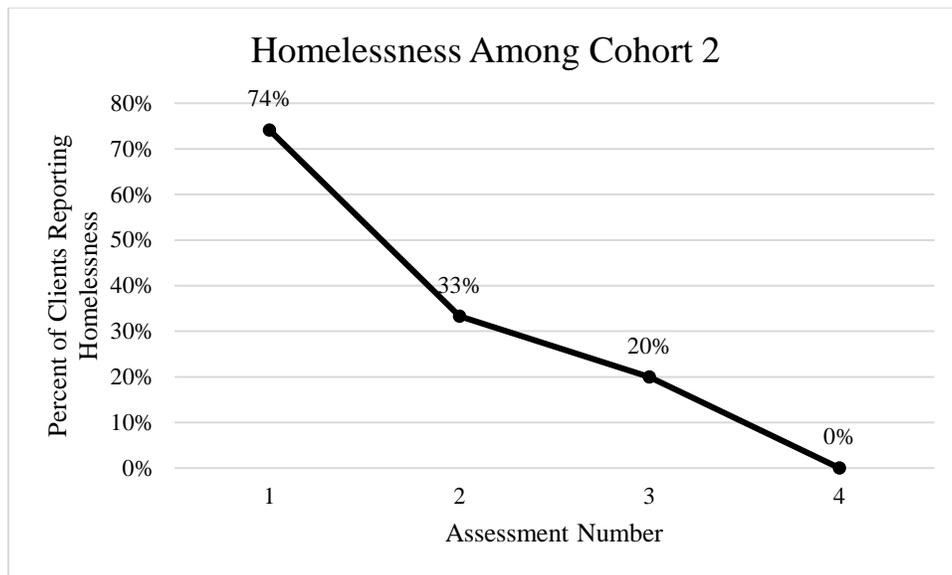
³ “Good Quality of Life” is defined as good or excellent quality of life, as reported by the participant.

⁴ Full list of included drugs: alcohol to intoxication, heroin, opiates, barbiturates, sedatives, cocaine, amphetamines, cannabis, hallucinogens, inhalants.

⁵ Methadone use is indicative of MAT participation.

⁶ Participants who report feeling this way “Several days”, “More than half the days” or “Nearly every day” in the last 30 days.

⁷ Participants who report feeling this way “Several days”, “More than half the days” or “Nearly every day” in the last 30 days.



COHORT 3: Entering program from April 2020-March 2021

Number of participants in cohort with completed follow up assessment(s): 26 (table below based on this figure)

	Initial Assessment	Most Recent Assessment
Percent of participants who are housed ¹	11.5%	50.0%
Percent of participants who are employed ²	19.2%	46.2%
Percent of participants who report good quality of life ³	3.8%	53.8%
Percent of participants who report any drug use in the last 30 days (excluding methadone) ⁴	96.2%	53.8%
Number of days of alcohol use to intoxication in the last 30 days on average	3	2
Number of days of heroin use in the last 30 days on average	8	1
Number of days of amphetamine use in the last 30 days on average	18	8
Number of days of cannabis use in the last 30 days on average	7	4
Percent of participants reporting Methadone use in last 30 days ⁵	3.8%	15.4%
Number of overnight hospitalizations in the past year on average	2	0
Number of emergency room visits in the past six months on average	2	1
Percent of participants who report feeling that they would be better off dead or hurting themselves in some way ⁶	23.1%	19.2%
Percent of participants who report feeling down, depressed, or hopeless ⁷	69.2%	65.4%

¹ "Housed" is defined as being in permanent or transitional housing.

² "Employed" is defined as pursuing self-sufficiency through part-time or full-time employment, military service, disability, school, or retirement.

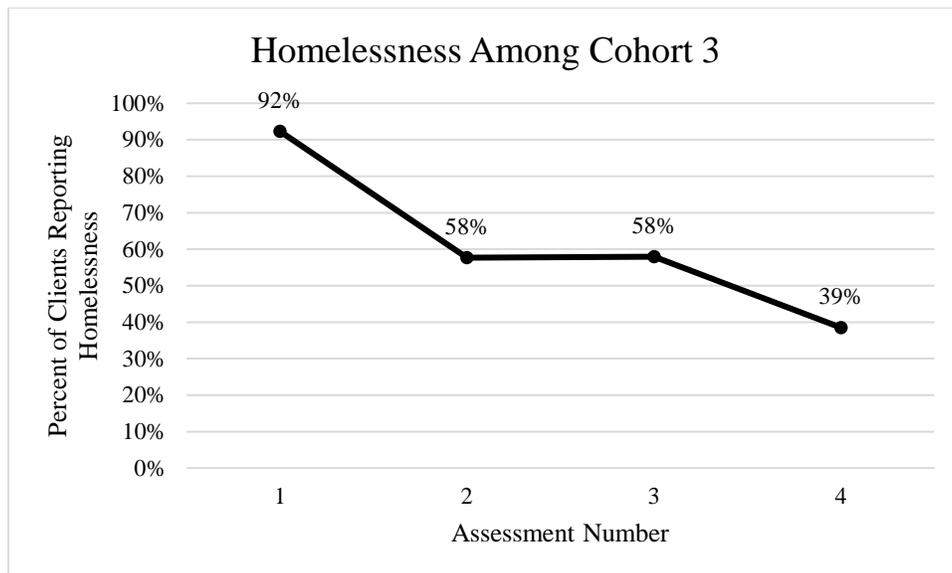
³ "Good Quality of Life" is defined as good or excellent quality of life, as reported by the participant.

⁴ Full list of included drugs: alcohol to intoxication, heroin, opiates, barbiturates, sedatives, cocaine, amphetamines, cannabis, hallucinogens, inhalants.

⁵ Methadone use is indicative of MAT participation.

⁶ Participants who report feeling this way "Several days", "More than half the days" or "Nearly every day" in the last 30 days.

⁷ Participants who report feeling this way "Several days", "More than half the days" or "Nearly every day" in the last 30 days.



COHORT 4: Entering program from April 2021-March 2022

Number of participants in cohort with completed follow up assessment(s): 19 (table below based on this figure)

	Initial Assessment	Most Recent Assessment
Percent of participants who are housed ¹	21.1%	63.2%
Percent of participants who are employed ²	26.3%	47.4%
Percent of participants who report good quality of life ³	21.1%	47.4%
Percent of participants who report any drug use in the last 30 days (excluding methadone) ⁴	84.2%	63.2%
Number of days of alcohol use to intoxication in the last 30 days on average	2	1
Number of days of heroin use in the last 30 days on average	9	0
Number of days of amphetamine use in the last 30 days on average	12	6
Number of days of cannabis use in the last 30 days on average	10	4
Percent of participants reporting Methadone use in last 30 days ⁵	21.1%	10.5%
Number of overnight hospitalizations in the past year on average	1	2
Number of emergency room visits in the past six months on average	3	1
Percent of participants who report feeling that they would be better off dead or hurting themselves in some way ⁶	42.1%	31.6%
Percent of participants who report feeling down, depressed, or hopeless ⁷	57.9%	42.1%

¹ “Housed” is defined as being in permanent or transitional housing.

² “Employed” is defined as pursuing self-sufficiency through part-time or full-time employment, military service, disability, school, or retirement.

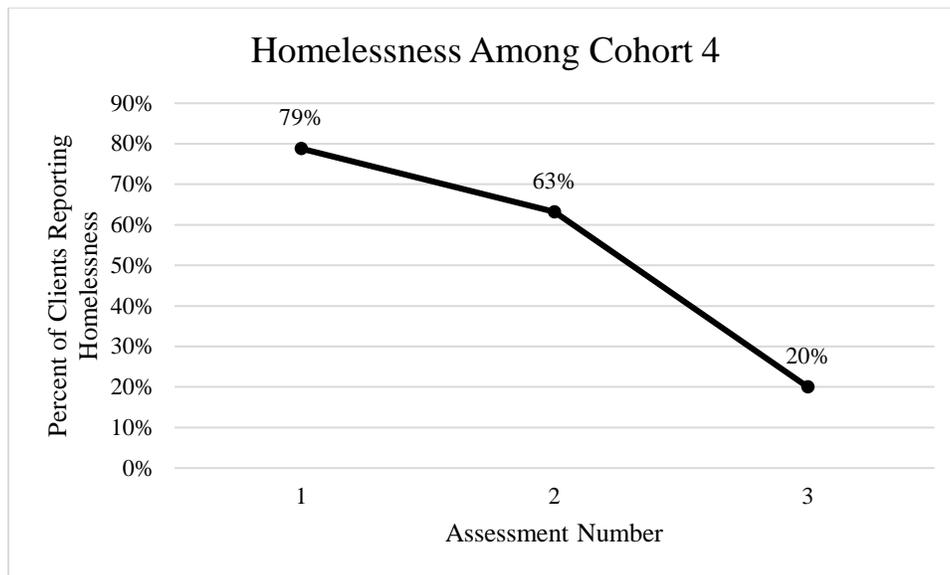
³ “Good Quality of Life” is defined as good or excellent quality of life, as reported by the participant.

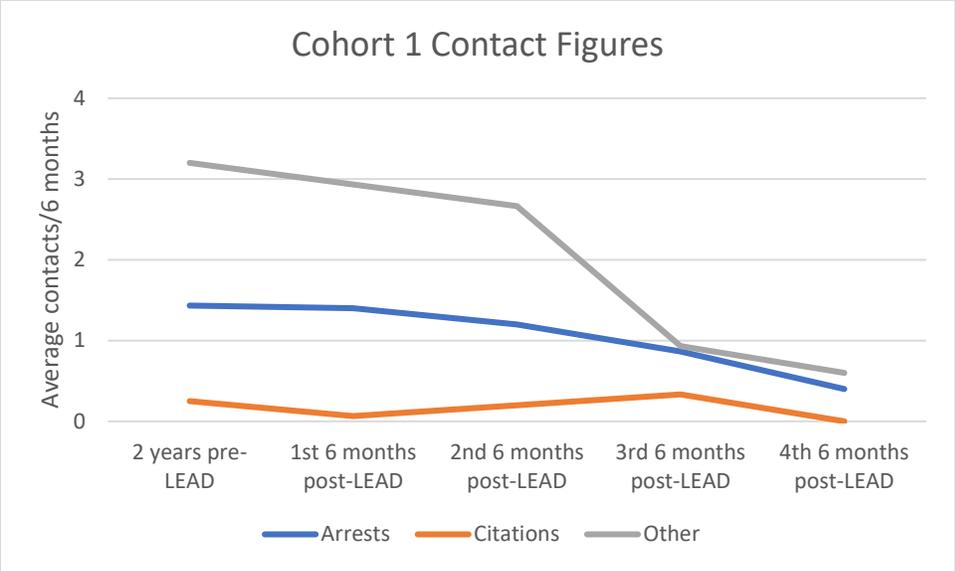
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⁵ Methadone use is indicative of MAT participation.

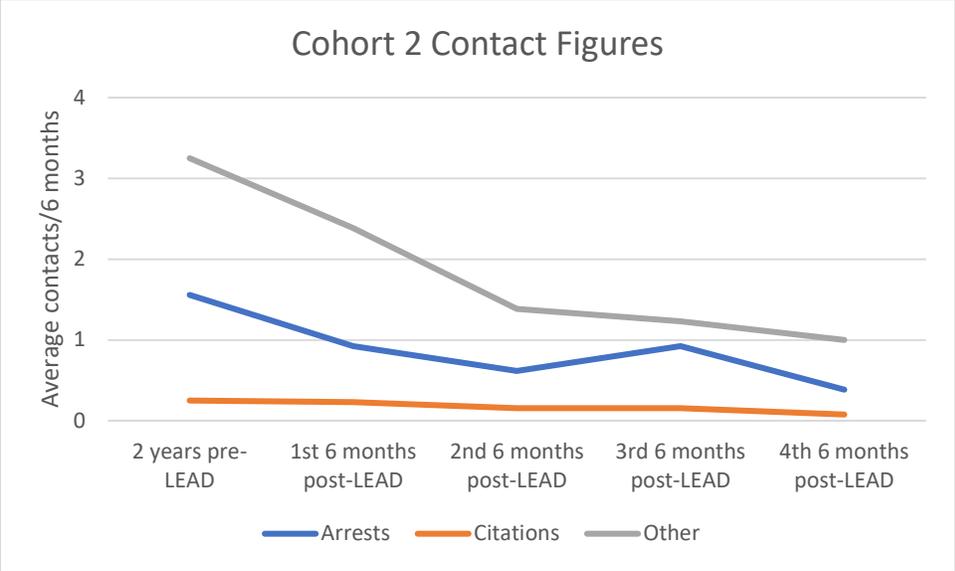
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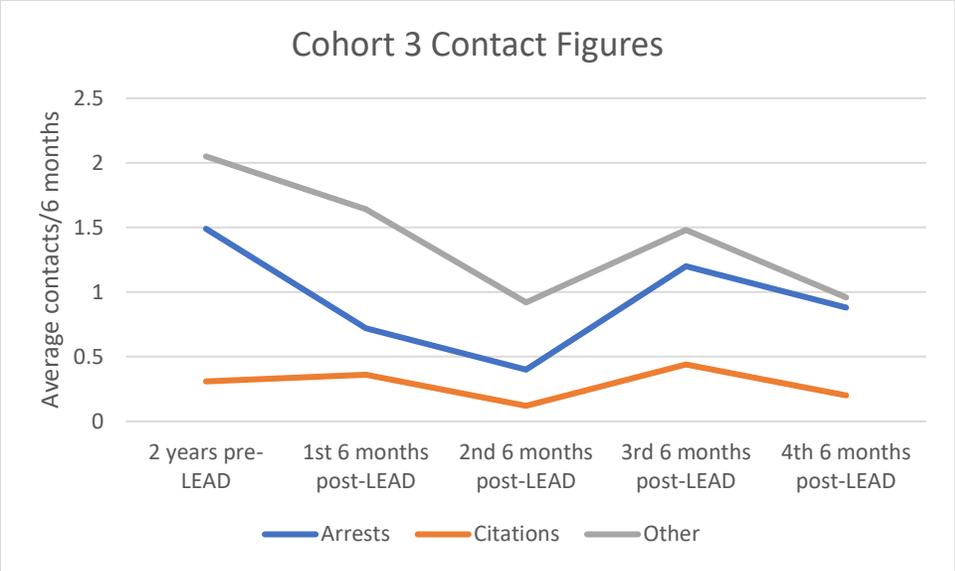




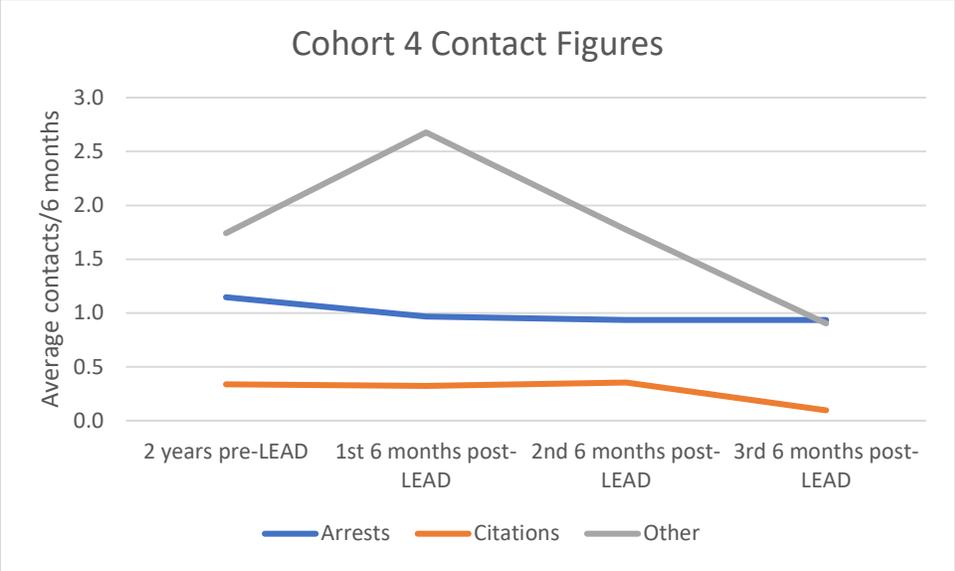
Cohort 1 entered program from April 2018 – March 2019



Cohort 2 entered program from April 2019 – March 2020



Cohort 3 entered program from April 2020 – March 2021



Cohort 3 entered program from April 2021 – March 2022

Marion County LEAD Program
 FY 2017-2018 to FY 2023-2024

	Health and Human Services						Sheriff's Office							
	FY 2017-2018		FY 2018-2019		FY 2019-2020		FY 2020-2021		FY 2021-2022		FY 2022-2023		FY 2023-2024	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual (FEB)
Federal Funding	-	-	-	-	-	750	-	-	-	9,592	-	-	-	-
HHS Funding	32,347	27,931	40,911	30,855	400,611	90,821	303,500	262,759	337,180	282,122	-	-	-	-
Transfers From General Fund	-	-	64,908	64,908	183,892	183,142	253,086	204,175	262,178	245,346	516,107	367,025	839,111	309,872
Net Working Capital	18,031	-	51,212	78,433	62,079	-	54,659	-	-	-	-	-	-	-
Total Resources	50,378	27,931	157,031	174,197	646,582	274,713	611,245	466,935	599,358	537,060	516,107	367,025	839,111	309,872
Personnel Services	50,378	13,919	116,935	115,068	269,496	237,965	303,106	259,509	254,812	345,287	445,957	324,741	681,433	289,179
Materials and Services	-	4,349	13,100	32,333	278,593	64,714	197,480	160,204	279,519	204,628	70,150	42,285	157,678	20,693
Admin Charges	-	-	26,996	26,796	98,493	93,116	110,659	107,655	65,027	60,347	-	-	-	-
Total Requirements	50,378	18,268	157,031	174,197	646,582	395,795	611,245	527,368	599,358	610,262	516,107	367,025	839,111	309,872
Ending Balance*	-	9,663	-	-	-	(121,082)	-	(60,433)	-	(73,202)	-	-	-	-

*Negative ending balance were covered by HHS programs.

POSITION NAME

Addiction Recovery Mentor	-	-	-	-	-	1.00	-	-	-	-	-	-	-	-
Drug Treatment Case Manager	-	-	-	-	-	1.00	-	-	-	-	-	-	-	-
Addiction Recovery Mentor (LEAD)	-	-	-	-	-	1.00	-	-	-	-	-	-	-	-
Drug Treatment Case Manager (LEAD)	-	-	-	-	-	1.00	-	-	-	-	-	-	-	-
Addiction Recovery Mentor	-	-	-	-	-	-	-	1.00	-	-	-	-	-	-
Addiction Recovery Mentor (LEAD)	-	-	-	-	-	-	-	1.00	-	-	-	-	-	-
Clinical Supervisor 2	0.15	-	0.15	-	0.15	-	0.15	-	0.15	-	-	-	-	-
Drug Treatment Case Manager	2.00	-	2.00	-	2.00	-	1.00	-	-	-	-	-	-	-
Drug Treatment Case Manager (LEAD)	-	-	-	-	2.00	-	1.00	-	-	-	-	-	-	-
Health Program Manager	0.05	-	0.05	-	-	-	-	0.05	-	-	-	-	-	-
Health Program Supervisor	0.05	-	-	-	-	-	0.05	-	-	-	-	-	-	-
Addiction Recovery Mentor	-	-	-	-	-	-	-	-	-	5.00	-	-	5.00	-
Program Coordinator 2	-	-	-	-	-	-	-	-	-	1.00	-	-	1.00	-
Sergeant	-	-	-	-	-	-	-	-	-	1.00	-	-	1.00	-
Total FTE			2.25		4.20		4.20		4.20		7.00		7.00	



DRUG TREATMENT CASE MANAGER

Classification Title: 536

FLSA: Non-Exempt

EEOC: 05

GENERAL STATEMENT OF DUTIES:

Assists and supports clients in county drug treatment programs in accessing community health and social services; refers clients to appropriate resources; advocates to obtain required services as necessary; provides information and education on health-related issues; performs other duties as required.

SUPERVISION RECEIVED:

Works under the general direction of a clinical supervisor who assigns work, establishes goals and reviews the results obtained for overall effectiveness.

SUPERVISION EXERCISED:

Supervision of other employees is not a responsibility of positions in this class.

EXAMPLES OF DUTIES: (Duties may include, but are not limited to the following)

1. Support A/D treatment services through mentoring functions on an outpatient basis.
2. Meet with clients and/or family members on an individual basis to offer support, guidance, and insight into treatment protocols and life's essential activities.
3. Be an on-call resource for clients and/or family members for crisis and support intervention as needed within designated parameters.
4. Assist primary counselors with group facilitation as directed.
5. Facilitate individual and group counseling sessions under the direction of the Clinical Supervisor.
6. Conduct alcohol and drug testing including breathalyzer, urine testing, and oral testing.
7. Assess and develop levels of care for placement during the intake process under the direction of the clinical supervisor and primary counselors. Maintains clinical records in accordance with federal, state, county, and program requirements under the direction of the clinical supervisor.
8. Interviews clients, caregivers and family members to assess the general well-being and personal and community support system of clients; reports to professional staff on the condition of clients.

RECRUITING REQUIREMENTS
KNOWLEDGE, SKILLS AND ABILITY:

Knowledge and understanding of general concepts of substance-related disorder and mental health issues of clients dealing with addictions; knowledge of family dynamics and individual and group counseling principles; knowledge of community resources; ability to understand and carry out directions and instructions; ability to maintain confidentiality; interest and skill in providing services to people; ability to read and write English; must be willing to work hours conducive to reaching the identified population; ability to establish and maintain cooperative working relationships with clients, coworkers, and other agencies.

EXPERIENCE AND TRAINING:

1. Must possess current CADCI (150 hours Alcohol and Drug Education and 1000 supervised experience hours in the addictions counselor competencies).

SPECIAL CHARACTERISTICS:

Must possess a current driver's license in the applicant's state of residence and an acceptable driving history. Marion County will obtain a copy of the driving record for all qualified applicants from Driver and Motor Vehicle Services. **In order to qualify for this position, you must complete the driving history release form included in the employment application.**

ADOPTED: 09/08



OREGON

MARION COUNTY

Drug Treatment Case Manager

Class Code:
536Bargaining Unit: 06 - Marion County Employees
Association

SALARY RANGE

\$16.69 - \$22.33 Hourly

OVERVIEW:

FLSA: Non-Exempt EEOC: 05 Paraprofessionals Department: Health and Human Services

GENERAL STATEMENT OF DUTIES

Assists and supports clients in county drug treatment programs in accessing community health and social services; refers clients to appropriate resources; advocates to obtain required services as necessary; provides information and education on health-related issues; performs other duties as required.

SUPERVISION RECEIVED

Works under the general direction of a clinical supervisor who assigns work, establishes goals and reviews the results obtained for overall effectiveness.

SUPERVISION EXERCISED

Supervision of other employees is not a responsibility of positions in this class.

EXAMPLES OF DUTIES - DUTIES INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

1. Support alcohol and drug treatment services through mentoring functions on an outpatient basis.
2. Meet with clients and/or family members on an individual basis to offer support, guidance, and insight into treatment protocols and life's essential activities.
3. Be an on-call resource for clients and/or family members for crisis and support intervention as needed within designated parameters.
4. Assist primary counselors with group facilitation as directed.
5. Facilitate individual and group counseling sessions under the direction of the clinical supervisor.
6. Conduct alcohol and drug testing including breathalyzer, urine testing, and oral testing.
7. Assess and develop levels of care for placement during the intake process under the direction of the clinical supervisor and primary counselors. Maintains clinical records in accordance with federal, state, county, and program requirements under the direction of the clinical supervisor.
8. Interviews clients, caregivers and family members to assess the general well-being and personal and community support system of clients; reports to professional staff on the condition of clients.

MINIMUM REQUIREMENTS:**EXPERIENCE AND TRAINING**

1. Must possess current CADC I * , OR
2. Have the ability to apply for CADC I within six (6) months of hire.

*CADC I: 150 alcohol and drug education (15 quarter or 10 semester) hours; and 1,000 supervised experience hours in the addictions counselor competencies.

SPECIAL REQUIREMENTS

- Must possess, or obtain within 30 days of hire, a valid Oregon driver's license.
- Must possess, at time of hire, and maintain an acceptable driver's record.

KNOWLEDGE, SKILLS AND ABILITIES

Knowledge and understanding of: general concepts of substance-related disorder and mental health issues of clients dealing with addictions; knowledge of family dynamics and individual and group counseling principles; knowledge of community resources;

Skill and ability to: understand and carry out directions and instructions; maintain confidentiality; interest and skill in providing services to people; read and write English; must be willing to work hours conducive to reaching the identified population; establish and maintain cooperative working relationships with clients, coworkers, and other agencies.

ADOPTED:

09/08

REVISED:

06/14

MARKET REVIEW:

02/14



Marion County Health Clinical Supervisor 2

CLASS CODE 171	SALARY	\$39.35 - \$52.75 Hourly \$3,148.00 - \$4,220.00 Biweekly \$81,848.00 - \$109,720.00 Annually
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OVERVIEW

FLSA: Exempt **EEOC:** 02 Professionals **Department:** Health and Human Services

GENERAL STATEMENT OF DUTIES

Provides leadership and manages limited scope of services within one small to mid-sized service area or one large program area within the health department behavioral health divisions. Responsibilities include supervision of other clinical supervisory staff, program staff as well as financial and operational performance of the service or program.

SUPERVISION RECEIVED

Works under the general supervision of a health program manager or program supervisor who assigns and oversees work, establishes goals and reviews results obtained for overall effectiveness and for meeting department and county objectives.

SUPERVISION EXERCISED

Exercises full supervision for clinical supervisory, professional, technical and support staff. May also supervise interns and volunteers.

DISTINGUISHING CHARACTERISTICS

Positions in this management classification differ from the manager and program supervisor classification by the factors including, but not limited to:

- Number and size of service areas/programs overseeing
- Scope of responsibility and authority over decisions within program/service areas
- Level of participation or leadership responsibility with countywide and community related services, collaboration and initiatives.
- Level of structure and established services being provided.
- Type of staff and supervisors responsible for supervising.
- Level of time and responsibility focused on treatment and direct services.

Positions in this supervisory classification differ from the clinical supervisor 1 classification by the factors including, but not limited to:

- Level of Expertise expected to perform and maintain
- Level of responsibility and lead responsibilities within a service area or program
- May supervise clinical supervisor 1 staff

EXAMPLES OF DUTIES - Duties include, but are not limited to the following

1. Supervise and administer treatment or program services; coordinate services and activities within a specific service area; monitors service areas of program responsibility to ensure goals and objectives are met.
2. Determine and implement service design, treatment methods and staff assignments.
3. Recommend rules, policies, procedures, goals and priorities to respond to division needs and to improve the effectiveness of program areas and operations.
4. Monitor financial and compliance requirements, including assisting in budget preparation and monitoring; revenue and expenditure monitoring; ensuring contract or grant compliance.
5. Supervise and coordinate clinical operations including counseling, therapy, case management, and related treatment services; assign caseloads; review client progress; assist and provide direction in difficult treatment situations; audit clinical charts, treatment interventions and ensure delivery of services conforms with standards, policies and legal guidelines.
6. Provide performance management, including recruitment and hiring; new employee orientation and training; performance evaluations; staff development; supervision; discipline; purchasing; risk management/employee safety; and co-worker feedback. May respond to first-level employee grievances.
7. Facilitate staff development efforts; promotes respect; cultural competency; positive work environment; healthy conflict resolution and supports cooperative relationships within the program, department, county and community.
8. Responsible for proper reporting, adherence and resolution to complaints and grievances.
9. Provide direct clinical services to clients as necessary.
10. Perform other duties as assigned.

MINIMUM REQUIREMENTS**EXPERIENCE AND TRAINING**

1. Bachelor's degree in a specific, professional health field related to the position and five years of responsible, professional experience in the field related to the position; OR
2. Master's degree in a specific, professional health field related to the position and three years of responsible, professional experience in the field related to the position; AND
3. Two years of supervisory experience; OR
4. Any satisfactory combination of work, education, training, or experience relevant to the position, as determined by Marion County.

SPECIAL REQUIREMENTS

- May require the possession of specific licenses, certifications or registrations such as [Peer Support Specialist](#), [CADC \(Certified Alcohol and Drug Counselor\)](#), [QMHA \(Qualified Mental Health Associate\)](#) and, or [QMHP \(Qualified Mental Health Professional\)](#).

Background Check Must be approved by the Oregon Criminal History and Abuse Records Data System (ORCHARDS)

Driver's License Must possess a current driver's license in the applicant's state of residence and acceptable driving history.

Wellness Requirements Safety Sensitive/Special Needs position. Must pass a post-offer drug screen, including testing for marijuana. The Marion County Drug and Alcohol Use and Testing Policy #518 is located at: <https://www.co.marion.or.us/BOC/Pages/policies.aspx>

KNOWLEDGE, SKILLS, AND ABILITIES

Working knowledge of principles and practices of individual and group counseling; case management methodology; behavioral modification; analysis and assessment; evidence based practices and implementation of interventions of treatment and protocols; principles of clinical ethics, confidentiality and privacy; community resources and referral services; techniques in clinical supervision; and service monitoring practices. Principles in related health services; State of Oregon Administrative Rules related to specialized health service area(s); public health administration; health integration practices; supervision and performance management.

Skills to apply service and treatment theories related to specific behavioral/mental health field(s) within various levels of skill, difficulty and complexity; diagnose, evaluate and implement treatment plans and monitor client progress toward established goals; analyze, evaluate and treat social, psychological, and physical factors affecting clients and their families; negotiate, compromise, facilitate, problem solve and provide conflict resolution; coach, mentor and train individuals and teams; develop and implement policies and procedures; effectively communicate both orally and in writing.

Ability to perform independently in a fast paced, team based environment; lead and supervise other clinical supervisors and lead staff; interpret and apply pertinent provisions of Federal, State and County statutes, rules and regulations related to the program services overseen; oversee service planning, coordination, utilization of resources, promote intended goals and outcomes; support continuous quality improvement efforts; establish and maintain effective working relationships with employees countywide, clients, government agencies, community groups/partners, and the public.

ADOPTED

02/17

MARKET REVIEW

02/17; 12/22



Marion County Health Program Manager

CLASS CODE 168

SALARY

\$45.53 - \$61.05 Hourly
\$3,642.40 - \$4,884.00 Biweekly
\$94,702.40 - \$126,984.00 Annually

OVERVIEW

FLSA: Exempt **EEOC:** 02 Professionals **Department:** Health and Human Services

GENERAL STATEMENT OF DUTIES

Provides leadership and manages the planning, development, support and delivery of efficient and high quality mental health, behavioral health or health administration services with a broad scope of authority and responsibilities within multiple small to mid-size related service areas or one or more large programs. Responsibilities include supervision of other supervisory staff, program staff as well as financial and operational performance of the service(s) and program(s).

SUPERVISION RECEIVED

Works under the general supervision of a Health Department Division Director who assigns and oversees work, establishes goals and reviews results obtained for overall effectiveness and for meeting department and county objectives.

SUPERVISION EXERCISED

Exercises full supervision for supervisory, professional, technical and support staff. May also supervise interns and volunteers.

DISTINGUISHING CHARACTERISTICS

Positions in this management classification differ from the supervisory classifications by the factors including, but not limited to:

- Overseeing and leading the integration and collaboration across county and community programs and service areas to facilitate the interfacing of complex service systems.
- Providing strong leadership to multiple program/service areas.
- Oversight of program development, grant application and implementation and budgeting expertise.
- Providing active participation and influence with interdepartmental service areas, community partners, county services and State agencies with focus on building program and department awareness.
- May supervise program and clinical supervisors.
- May oversee programs and services that are not well defined, in development or include a wide range of complexity as well as federal, state and local regulations to manage and administer.

EXAMPLES OF DUTIES - Duties include, but are not limited to the following

1. Oversee operations and services within assigned program areas and is responsible for service development; service delivery; compliance; productivity expectations; coordination with other health department function; and quality improvement management.
2. Develop, coordinate, assign, supervise and evaluate services, which may include testing, research, consultation; performs specific functions as requested by the division director; provides input and may be delegated oversight over certain services or programs requiring regular interaction with other county departments, community partners, other agencies and the board of commissioners.
3. Consult with division director and administrative division on matters of policy; program formulation; budget, grant and contract recommendations or decisions.
4. Recommend and evaluate new and revised rules, policies, procedures, goals and priorities to respond to division needs and to improve the effectiveness of program areas and operations.
5. Responsible for financial and compliance management, including budget development; revenue and expenditure monitoring; unit cost of service; client fees determination; contracts/grants compliance; services reports; developing proposals; contract monitoring.
6. Provide performance management, including recruitment and hiring; new employee orientation and training; performance evaluations; staff development; supervision; discipline; purchasing; risk management/employee safety; and co-worker feedback. May participate in labor negotiations. Responds to staff and client grievances.
7. Facilitate staff development efforts; promotes respect; cultural competency; positive work environment; healthy conflict resolution and supports cooperative relationships within the program, department, county and community.
8. Provide community interface; representative to interagency committees; liaison with state agencies; develop partnerships; coordinate services across agencies; markets services; participates in regional planning.
9. Perform other duties as assigned.

MINIMUM REQUIREMENTS

EXPERIENCE AND TRAINING

1. Bachelor's degree in a specific, professional field related to the position and seven years of responsible, professional experience in the field related to the position, including three years in a supervisory capacity; OR
2. Master's degree in a specific, professional field related to the position, and five years of responsible, professional experience in the field related to the position, including three years in a supervisory capacity; OR
3. Any satisfactory combination of work, education, training, or experience relevant to the position, as determined by Marion County.

SPECIAL REQUIREMENTS

- Some positions in this class may require the possession of specific licenses, certifications or registration (e.g. CADAC, QMHA and/or QMHP).
- Must pass a criminal history background investigation; however, conviction of a crime may not necessarily disqualify an individual for this classification.
- Must possess, or obtain within 30 days of hire, a valid Oregon driver's license. Must possess, at time of hire, and maintain an acceptable driver's record.

KNOWLEDGE, SKILLS, AND ABILITIES

Comprehensive knowledge of principles, methods and techniques of designated health service fields, related to mental health, behavioral health, addictions, developmental or intellectual disabilities. Including principles and

practices in treatment, service delivery, research methodologies, data collection and statistical analysis. Thorough knowledge of principles in related health services; State of Oregon Administrative Rules related to specialized health service areas; public health administration; health integration practices; supervision and performance management; leadership, wellness, team dynamics and staff development; program planning and budgeting, fiscal management; organizational processes and design; budget and grant preparation and administration; care coordination and recovery based treatments.

Skills to negotiate, compromise, facilitate, problem solve and provide conflict resolution; coach, mentor and train individuals and teams; develop and implement policies and procedures; effectively communicate both orally and in writing.

Abilities to perform independently in a fast paced, team based environment; effectively provide leadership, guidance and delegate to individuals and teams; lead and supervise other supervisory staff; interpret and apply pertinent provisions of federal, state and county statutes, rules and regulations related to the program services overseen; oversee service planning, coordination, utilization of resources, promote intended goals and outcomes; direct continuous quality improvement efforts; establish and maintain effective working relationships with employees countywide, clients, government agencies, community groups/partners, and the public.

ADOPTED

02/17

MARKET REVIEW

02/17; 12/22



Marion County Health Program Supervisor

CLASS CODE 169

SALARY

\$41.36 - \$55.41 Hourly

\$3,308.80 - \$4,432.80 Biweekly

\$86,028.80 - \$115,252.80 Annually

OVERVIEW

FLSA: Exempt **EEOC:** 02 Professionals **Department:** Health and Human Services

GENERAL STATEMENT OF DUTIES

Provides leadership and manages the planning, development, support, and delivery of efficient and high quality public health, mental health, behavioral health, or health administration services with moderate to high level of responsibility within two or more small to mid-size related service areas or one large program. Responsibilities include supervision of other supervisory staff, program staff, as well as financial and operational performance of the service(s) and programs.

SUPERVISION RECEIVED

Works under the general supervision of a Health Program Manager or Department Division Director who assigns and oversees work, establishes goals and reviews results obtained for overall effectiveness and for meeting department and county objectives.

SUPERVISION EXERCISED

Exercises full supervision for supervisory, professional, technical and support staff. May also supervise interns and volunteers.

DISTINGUISHING CHARACTERISTICS

Positions in this management classification differ from the manager classification by the factors including, but not limited to:

- Number and size of service areas/programs overseeing
- Scope of responsibility and authority over decisions within program/service areas
- Level of participation or leadership responsibility with countywide and community related services, collaboration and initiatives.
- Level of structure and established services being provided.
- Type of staff and supervisors responsible for supervising.

Positions in this supervisory classification differ from the clinical supervision classification(s) by the factors including, but not limited to:

- Providing leadership in area of expertise
- Providing program development
- Managing large grants, complex contracts and service/program area budget(s)

- Participating with community partners and government agencies to ensure service collaboration and awareness.
- Supervises Clinical Supervisor 2 staff

EXAMPLES OF DUTIES - Duties include, but are not limited to the following

1. Oversees operations and services within assigned program area(s) and is responsible for service development; service delivery; compliance; productivity expectations; coordination with other health department function; and quality improvement management.
2. Oversee and provide day-to-day clinical services and oversee clinical supervisors within the assigned treatment area(s).
3. Determines and implements service design, treatment methods and staff assignments.
4. Recommends rules, policies, procedures, goals and priorities to respond to division needs and to improve the effectiveness of program areas and operations.
5. Responsible for financial and compliance management, including budget development; revenue and expenditure monitoring; unit cost of service; client fees determination; contracts/grants compliance; services reports; developing proposals; contract monitoring.
6. Provides performance management, including recruitment and hiring; new employee orientation and training; performance evaluations; staff development; supervision; discipline; purchasing; risk management/employee safety; and co-worker feedback.
7. Facilitates staff development efforts; promotes respect; cultural competency; positive work environment; healthy conflict resolution and supports cooperative relationships within the program, department, county, and community.
8. Participates in state and local organizations and committees/task forces to promote and coordinate services; serves as a liaison between service area, other government agencies, community groups, and clientele.

MINIMUM REQUIREMENTS

EXPERIENCE AND TRAINING

1. Bachelor's degree in a specific, professional field related to the position and six years of responsible, professional experience in the field related to the position, including two years in a supervisory capacity; OR
2. Master's degree in a specific, professional field related to the position, and four years of responsible, professional experience in the field related to the position, including two years in a supervisory capacity; OR
3. Any satisfactory combination of work, education, training, or experience relevant to the position, as determined by Marion County.

SPECIAL REQUIREMENTS

- Some positions in this class may require the possession of specific licenses, certifications, or registration (e.g. CADDC, QMHA and/or QMHP).
- Must pass a criminal history background investigation; however, conviction of a crime may not necessarily disqualify an individual for this classification.
- Must possess, or obtain within 30 days of hire, a valid Oregon driver's license. Must possess, at time of hire, and maintain an acceptable driver's record.
- Must possess and maintain proof of personal automobile liability insurance, at a minimum, in the amount required by Oregon Law (ORS Chapter 806) as may be required to utilize personal vehicle.

KNOWLEDGE, SKILLS, AND ABILITIES

Comprehensive knowledge of principles, methods, and techniques of designated health service field(s) related to mental health, behavioral health, addictions, developmental or intellectual disabilities.

Thorough knowledge of principles and practices of individual and group counseling; case management methodology; participative management theories and treatment methodology and service delivery. Principles in related health services; State of Oregon Administrative Rules related to specialized health service area(s); public health administration; health integration practices; supervision and performance management; leadership, wellness, team dynamics and staff development; program planning and budgeting, fiscal management; organizational processes and design; budget and grant preparation and administration; care coordination and recovery based treatments.

Skills to negotiate, compromise, facilitate, problem solve and provide conflict resolution; coach, mentor and train individuals and teams; develop and implement policies and procedures; effectively communicate both orally and in writing;

Ability to perform independently in a fast paced, team based environment; effectively provide leadership, guidance and delegate to individuals and teams; lead and supervise other supervisory staff; interpret and apply pertinent provisions of federal, state and county statutes, rules and regulations related to the program services overseen; oversee service planning, coordination, utilization of resources, promote intended goals and outcomes; direct continuous quality improvement efforts; establish and maintain effective working relationships with employees countywide, clients, government agencies, community groups/partners, and the public.

ADOPTED

02/17

MARKET REVIEW

02/17; 12/22



Marion County Addiction Recovery Mentor

CLASS CODE 536

SALARY

\$18.79 - \$25.12 Hourly

\$1,503.20 - \$2,009.60 Biweekly

\$39,083.20 - \$52,249.60 Annually

OVERVIEW

FLSA: Non-Exempt **EEOC:** 05 Paraprofessionals **Department:** Health and Human Services

GENERAL STATEMENT OF DUTIES

Assist and support persons served in county addiction treatment programs in accessing community health and social services; refer persons served to appropriate resources; advocate to obtain required services as necessary; provide information and education on wellness-related issues.

SUPERVISION RECEIVED

Work under the general direction of a clinical supervisor or designee who assigns work, establishes goals and reviews the results obtained for overall effectiveness.

SUPERVISION EXERCISED

Supervision and lead work are not responsibilities of this classification. If an appointing authority assigns an employee to a full spectrum of lead worker duties, the county shall compensate the employee as described in the Marion County Personnel Rules.

EXAMPLES OF DUTIES - Duties include, but are not limited to the following

1. Support addiction treatment services through mentoring functions on an outpatient basis.
2. Meet with persons served and/or family members on an individual basis to offer support, guidance, and insight into treatment protocols and life's essential activities.
3. Serve as an on-call resource for persons served and/or family members for crisis and support intervention as needed within designated parameters.
4. Assist primary counselors with group facilitation as directed.
5. Facilitate individual and group counseling sessions under the direction of the clinical supervisor as directed.
6. Collect urine and oral samples for alcohol and drug testing; administers a breathalyzer to detect alcohol intoxication.
7. Assesses and develop level-of-care placement during the intake process under the direction of the clinical supervisor.
8. Maintains clinical records in accordance with federal, state, county, and program requirements.
9. Speaks with persons served, caregivers, and family members to assess the general well-being of persons served and community support systems; collaborates with treatment team members.
10. Perform other duties as assigned.

MINIMUM REQUIREMENTS**EXPERIENCE AND TRAINING**

1. High school diploma, or equivalent; AND
2. Two years in recovery from substance use dependence.

SPECIAL REQUIREMENTS (individual recruitment will specify details)

- **Background Check** All positions must pass a basic criminal history check. Conviction of a crime may not necessarily prohibit employment. Some may require additional clearance, including but not limited to national or state fingerprinting, CJIS clearance (Criminal Justice Information Services), or ORCHARDS (Oregon Criminal History Abuse Records Data System).
- **Driving on County Business** [Policy 502] If driving is a requirement, applicants must possess a current driver's license in their state of residence and acceptable driving history. May require proof of personal automobile liability insurance [ORS Chapter 806] and use of a personal vehicle for business use. The county may modify driving requirements under exceptional circumstances.
- **Drug and Alcohol-Free Workplace** [Policy 518] Positions may require passing a pre-employment drug screening. Safety-sensitive and special needs positions require candidates to pass a post-offer drug screen, including testing for marijuana.
- **Additional Requirements** Specific recruitments require specialized experience, education, certifications, training, or licensures with time-sensitive expectations, including:
 - Must possess or obtain within ninety (90) days of hire, a current MHACBO (Mental Health & Addiction Certification Board of Oregon) CRM certification (Certified Recovery Mentor). [See MHACBO website for requirements.](#)

KNOWLEDGE, SKILLS, AND ABILITIES

Knowledge and understanding of general concepts of substance use disorders and mental health issues of persons served dealing with addictions; knowledge of family dynamics and individual and group counseling principles; knowledge of community resources.

Skills and abilities to understand and carry out directions and instructions; maintain confidentiality; interest and skill in providing services to persons with addiction disorders; read and write English; must be willing to work hours conducive to reaching the identified population; establish and maintain cooperative working relationships with persons served, coworkers, and other agencies.

ADOPTED

09/08

REVISED

06/14; 11/20; 03/22

MARKET REVIEW

02/14; 11/20



OREGON
MARION COUNTY

Program Coordinator 2

Class Code:
082

Bargaining Unit: 06 - Marion County Employees
Association

SALARY RANGE

\$25.29 - \$33.88 Hourly

OVERVIEW:

FLSA: Non-Exempt **EEOC:** 02 Professionals **Department:** Multiple Departments

GENERAL STATEMENT OF DUTIES

Performs research, planning, design, development, implementation, monitoring and evaluation of complex department or County-wide programs, projects or grants. Recommends appropriate courses of action based on extensive evaluation and analysis of respective program effectiveness. This classification fulfills the primary responsibility of coordinating and monitoring of resources to improve the quality of client services. Incumbents possess backgrounds of specific preparation in the appropriate discipline. Assignments are performed without close supervision.

SUPERVISION RECEIVED

Works under the general direction of assigned management personnel.

SUPERVISION EXERCISED

Supervision is not a responsibility of this classification; however, incumbents in this classification may exercise lead responsibilities over one or more employees engaged in closely related duties.

EXAMPLES OF DUTIES - DUTIES INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

1. Plans, organizes and conducts studies of program effectiveness to evaluate assets, deficiencies, and utilization.
2. Plans and develops program descriptions, measurements, strategic plans, policies, procedures, budgets and systems; monitors operational details of program.
3. Recommends policy goals and objectives for program area, interprets policy and procedures, assures compliance, monitors non-compliance and takes appropriate corrective action.
4. Makes recommendations to increase effectiveness of existing program(s) and methodologies based on assessment, relevant literature and research.

5. Acts as lead in improving, coordinating, promoting and developing needed resources.
6. Establishes and maintains liaison with similar personnel engaged with other programs and agencies.
7. Works in collaboration to design, revise, negotiate and monitor contracts or grants; submits proposals and obtains financing of programs.
8. Conducts training for departmental staff in specific programs and their utilization.
9. Conducts research in areas of specialty, gathers and compiles data and information, prepares reports and makes recommendations.
10. Provides technical assistance and expert advice in program areas to related advisory councils, commissions and agencies, both private and public.
11. Performs other duties as assigned.

MINIMUM REQUIREMENTS:

EXPERIENCE AND TRAINING

1. Bachelor's Degree in public or business administration, social work or related field;
AND
2. At least two (2) years of responsible experience in program coordination, planning, development and evaluation (Depending on the program, experience in a specialized field may be required.); OR
3. Any equivalent combination of experience, education and/or training relevant to the position.

SPECIAL REQUIREMENTS

- Possession of or ability to obtain a valid class C Oregon driver's license within 30 days of hire.
- Depending on the program may be required to pass a criminal history background investigation; however, conviction of a crime may not necessarily disqualify an individual for this classification.
- Depending on the program certification(s) or additional specialized educational requirements may be required.

KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of methods and techniques of program research, design, development, implementation, monitoring and evaluation; principles and practices of contract monitoring; grant writing techniques; methodologies of program assessment and evaluation; resources available necessary to plan, develop and administer programs in areas of specialty;

Skill and ability in English usage, spelling, grammar and punctuation; basic mathematics; applying knowledge to the development, implementing and evaluating of programs; setting goals, planning, establishing and implementing procedures; compiling data from various sources, analyzing data, preparing evaluative reports and integrating plans; developing and maintaining productive liaison and contacts with citizen boards, commissions, public and private agencies, department programs and County departments; communicating clearly and concisely, both orally and in writing; effectively analyzing data and results of evaluative research; establishing and maintaining positive working relationships with coworkers and the public.

ADOPTED:

07/04

REVISED:

Revised: 06/05; 07/07 (retitled); 12/15

MARKET REVIEW:

07/04; 09/13; 10/20



Marion County Program Coordinator 2

CLASS CODE 082

SALARY

\$28.45 - \$38.11 Hourly

\$2,276.00 - \$3,048.80 Biweekly

\$59,176.00 - \$79,268.80 Annually

OVERVIEW

FLSA: Non-Exempt **EEOC:** 02 Professionals **Department:** Multiple Departments

GENERAL STATEMENT OF DUTIES

Perform research, planning, design, development, implementation, monitoring and evaluation of complex department or countywide programs, projects or grants. Recommend appropriate courses of action based on extensive evaluation and analysis of respective program effectiveness. Fulfills the primary responsibility of coordinating and monitoring of resources to improve the quality of client services. Incumbents possess backgrounds of specific preparation in the appropriate discipline. Assignments are performed without close supervision.

SUPERVISION RECEIVED

Work under the general direction of assigned management personnel.

SUPERVISION EXERCISED

Supervision is not a responsibility of this classification; however, incumbents in this classification may exercise lead responsibilities over one or more employees engaged in closely related duties.

EXAMPLES OF DUTIES - Duties include, but are not limited to the following

1. Plan, organize, and conduct studies of program effectiveness to evaluate assets, deficiencies, and utilization.
2. Plan and develop program descriptions, measurements, strategic plans, policies, procedures, budgets, and systems; monitor operational details of the program.
3. Recommend policy goals and objectives for program area, interpret policy and procedures, assure compliance, monitor non-compliance, and take appropriate corrective action.
4. Make recommendations to increase the effectiveness of existing programs and methodologies based on assessment, relevant literature, and research.
5. Act as lead in improving, coordinating, promoting, and developing needed resources.
6. Establish and maintain liaisons with similar personnel engaged with other programs and agencies.
7. Work in collaboration to design, revise, negotiate and monitor contracts or grants; submit proposals and obtain financing of programs.
8. Conduct training for departmental staff in specific programs and their utilization.
9. Conduct research in specialty areas, gather and compile data and information, prepare reports and make recommendations.

10. Provide technical assistance and expert advice in program areas to related private and public advisory councils, commissions, and agencies.
11. Perform other duties as assigned.

MINIMUM REQUIREMENTS

EXPERIENCE AND TRAINING

1. Bachelor's degree in public or business administration, social work or related field; AND
2. Two years of responsible experience in program coordination, planning, development and evaluation; OR
3. Any satisfactory combination of work, education, training, or experience relevant to the position, as determined by Marion County.

SPECIAL REQUIREMENTS

- All positions must pass a criminal history background check. Conviction of a crime may not necessarily prohibit employment. Some may require additional clearance, including but not limited to national or state fingerprinting, CJIS clearance (Criminal Justice Information Services), or ORCHARDS (Oregon Criminal History Abuse Records Data System).
- Driving on County Business [Policy 502] If driving is a requirement, applicants must possess a current driver's license in their state of residence and acceptable driving history. May require proof of personal automobile liability insurance [ORS Chapter 806] and use of a personal vehicle for business use. The county may modify driving requirements under exceptional circumstances.
- Drug and Alcohol-Free Workplace [Policy 518] Positions may require passing a pre-employment drug screening. Safety sensitive and special needs positions require candidates to pass a post-offer drug screen, including testing for marijuana.
- Specific recruitment may require experience, or additional specialized educational requirements, possession or successful completion of certifications, training, or licensures with time-sensitive expectations.

KNOWLEDGE, SKILLS, AND ABILITIES

Knowledge of methods and techniques of program research, design, development, implementation, monitoring and evaluation; principles and practices of contract monitoring; grant writing techniques; methodologies of program assessment and evaluation; resources available necessary to plan, develop and administer programs in areas of specialty.

Skill and ability in English usage, spelling, grammar and punctuation; basic mathematics; applying knowledge to the development, implementing and evaluating of programs; setting goals, planning, establishing and implementing procedures; compiling data from various sources, analyzing data, preparing evaluative reports and integrating plans; developing and maintaining productive liaison and contacts with citizen boards, commissions, public and private agencies, department programs and County departments; communicating clearly and concisely, both orally and in writing; effectively analyzing data and results of evaluative research; establishing and maintaining positive working relationships with coworkers and the public.

ADOPTED

07/04

REVISED

Revised: 06/05; 07/07 (retitled); 12/15

MARKET REVIEW

07/04; 09/13; 10/20



Marion County Sergeant

CLASS CODE 172

SALARY

\$39.35 - \$52.75 Hourly

\$3,148.00 - \$4,220.00 Biweekly

\$81,848.00 - \$109,720.00 Annually

OVERVIEW

FLSA: Exempt **EEOC:** 03 Technicians **Department:** Sheriff

GENERAL STATEMENT OF DUTIES

This classification serves as a first line supervisor; duties include directing, supervising, planning, and coordinating the activities of assigned personnel. Assignments may include administrative and investigative responsibilities.

SUPERVISION RECEIVED

Works under the general supervision of an officer of higher rank who assigns duties and reviews work for effectiveness and conformance to policies, rules, and regulations as established.

SUPERVISION EXERCISED

Exercises supervision over employees of a lower classification; participates in the selection of new personnel, recommends, and provides training, evaluates performance, handles grievances, and disciplines subordinates. May act as shift commander when needed and assigned.

EXAMPLES OF DUTIES - Duties include, but are not limited to the following

These duties are intended only as illustration of the various duties that may be performed. The omission of specific statements of duties does not exclude them from the position. Duties and responsibilities are also subject to change by the employer as the needs of the employer and requirements of the job change or evolve.

1. Participate in the development and review of office policies, procedures, rules, and regulations.
2. Facilitate and maintain positive communication between subordinates and superiors.
3. Participate in management meetings and training.
4. Receive and address public complaints and inquiries which may include the investigation of internal affairs as assigned or delegated by the Sheriff.
5. Recommend necessary training for subordinates to handle their assignments efficiently and effectively.
6. Supervise the investigation of major incidents; assign duties and tracks the management of cases. Evaluate and approve recommendations and case plans made by employees; appear and testify in court as required.
7. Participate in the activities of the section supervised which includes arresting, transporting, serving summons and other court orders; assisting with investigations as required.
8. Provide supervision of personnel within the assigned section. Provide mentoring, training, and assign duties of employees.
9. Confer with supervisors, social service agencies, schools, churches, public health agencies, criminal justice agencies and others regarding client related issues.

10. Address civic groups and other agencies concerning department programs, activities, and related matters.
11. Prepare written reports and maintains records necessary to the effective operation of the office.
12. Supervise employees and inmates in the maintenance of security, order, and discipline of the correctional facility.
13. Assign deputies to offenders' case to determine best course of action.
14. Develop programs that will assist with the improvement of supervision and treatment program planning to better support offenders transitioning back into the community.
15. Perform other duties as assigned.

MINIMUM REQUIREMENTS

EXPERIENCE AND TRAINING

1. Four years of experience as a Certified Public Safety officer; AND
2. Possess a current Public Safety Officer Certification; AND
3. Possess a current Basic Certification in discipline of application.

SPECIAL REQUIREMENTS

- Must possess a current Supervisory Certification, or obtain within 36 months of appointment. [See Oregon Department of Public Safety Standards and Training \(DPSST\) website for certification requirements.](#)

Background Check May be required to pass a Criminal Justice Information Services (CJIS) background check. Specific recruitment will identify positions.

- Marion County Sheriff's Office will conduct a comprehensive background check for all new employees and an updated background check for current employees.

Driver's License Must possess a current driver's license in the applicant's state of residence and acceptable driving history.

Wellness Requirements Safety Sensitive/Special Needs position. Must pass a post offer drug screen, including testing for marijuana. The Marion County Drug and Alcohol Use and Testing Policy #518 is located at: <https://www.co.marion.or.us/BOC/Pages/policies.aspx>

KNOWLEDGE, SKILLS AND ABILITIES

Thorough knowledge of state, county, and federal laws, including current court decisions, the relate to the classification; knowledge of laws governing arrest, search, and seizure; knowledge of investigative procedures and techniques; knowledge of administrative records, property, and evidence procedures; knowledge of personnel management, computer operations with the ability to perform routine maintenance and recommend upgrades. Skills and abilities to provide supervision, training and assign duties to law enforcement personnel; ability to establish and maintain effective working relationships with co-workers, supervisors, agencies and the general public; ability to communicate effectively in both written and oral form; ability to deal both tactfully and firmly with individuals; ability to think clearly and perform effectively in stressful or emergency situations; ability to maintain accurate and complete records; ability to obtain information from interviews, interrogation and observation; ability to function effectively in a leadership capacity; ability to plan, assign and supervise the work of employees; ability to prepare complete and objective reports; ability to act quickly and assume command in emergencies.

ADOPTED

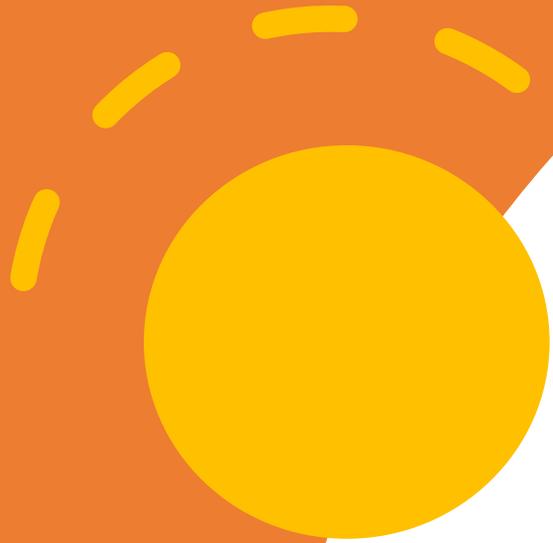
10/79

REVISED

10/79; 04/81; 02/83; 03/89; 02/94; 10/97; 06/99; 12/06; 04/10; 12/13; 09/15; 10/17; 05/20; 03/21

MARKET REVIEW

04/10; 01/16; 02/21



Deep Dive with the Marion County Law Enforcement Assisted Diversion Team

LEAD: Proven Deflection that Works!

Marion County Commissioner
Colm Willis & Marion County
Sheriff Nick Hunter

POV: Commissioner
The WHY and the HOW

Community Needs and LEAD Program's Flexible Fit-specific geography

Better Use of Resources (*read: \$*)-
Treatment vs. Jail

Funding- We started with Grants and then . . .

WHERE it LIVES-What has worked for us is a shift to the Sheriff's Office

POV: The Sheriff
The WHY and the HOW

Problem Solvers on the Street-we are looking for STABILITY

Accountability not *Arrest*

The Behavioral Change Curve-Rapport & Credibility in 5 minutes vs. 5 years

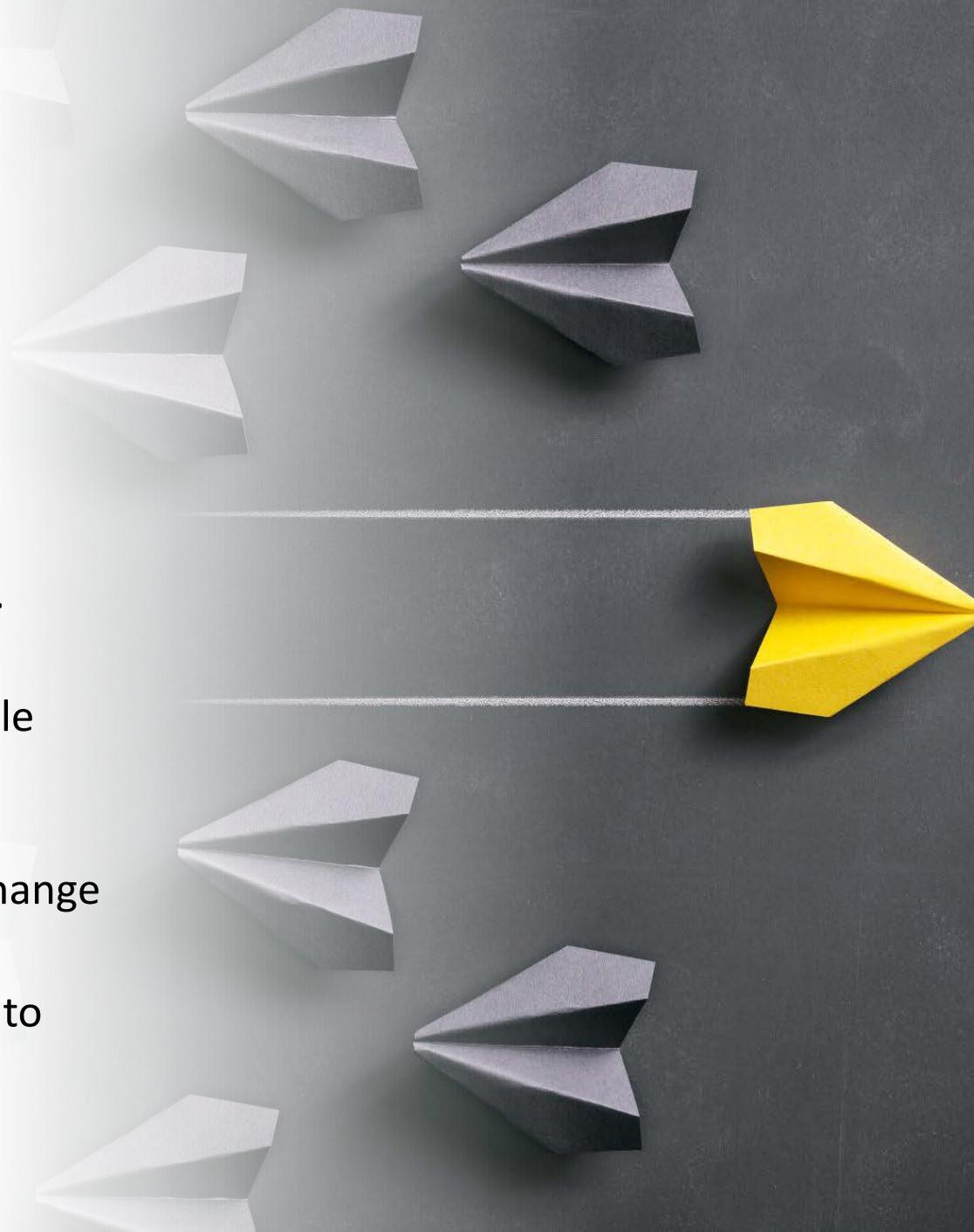
LIVIBILITY is the Goal



Salem Police Department
Deputy Chief Treven Upkes

Lessons We've Learned

- How do we even *start*?
 - SMALL. No. SMALLER.
 - Be prepared for multiple iterations
 - Your initial goals will change
 - LE Buy-In is ESSENTIAL to success





LEAD

- 
- How does this work?
 - It will be different for every locale
 - Resources?
 - Demographics? Urban vs. Rural.
 - Goals?
 - Partners?

LEAD

- This is a “YES” program
 - “Yes” that person can be evaluated
 - “Yes” we will come out to help
 - “Yes” we will take on that issue
- You will eventually identify the “NOs” for your program, but if you start there, you will lose the trust of the community and law enforcement





Marion County
LEAD Coordinator
Josh Wolf



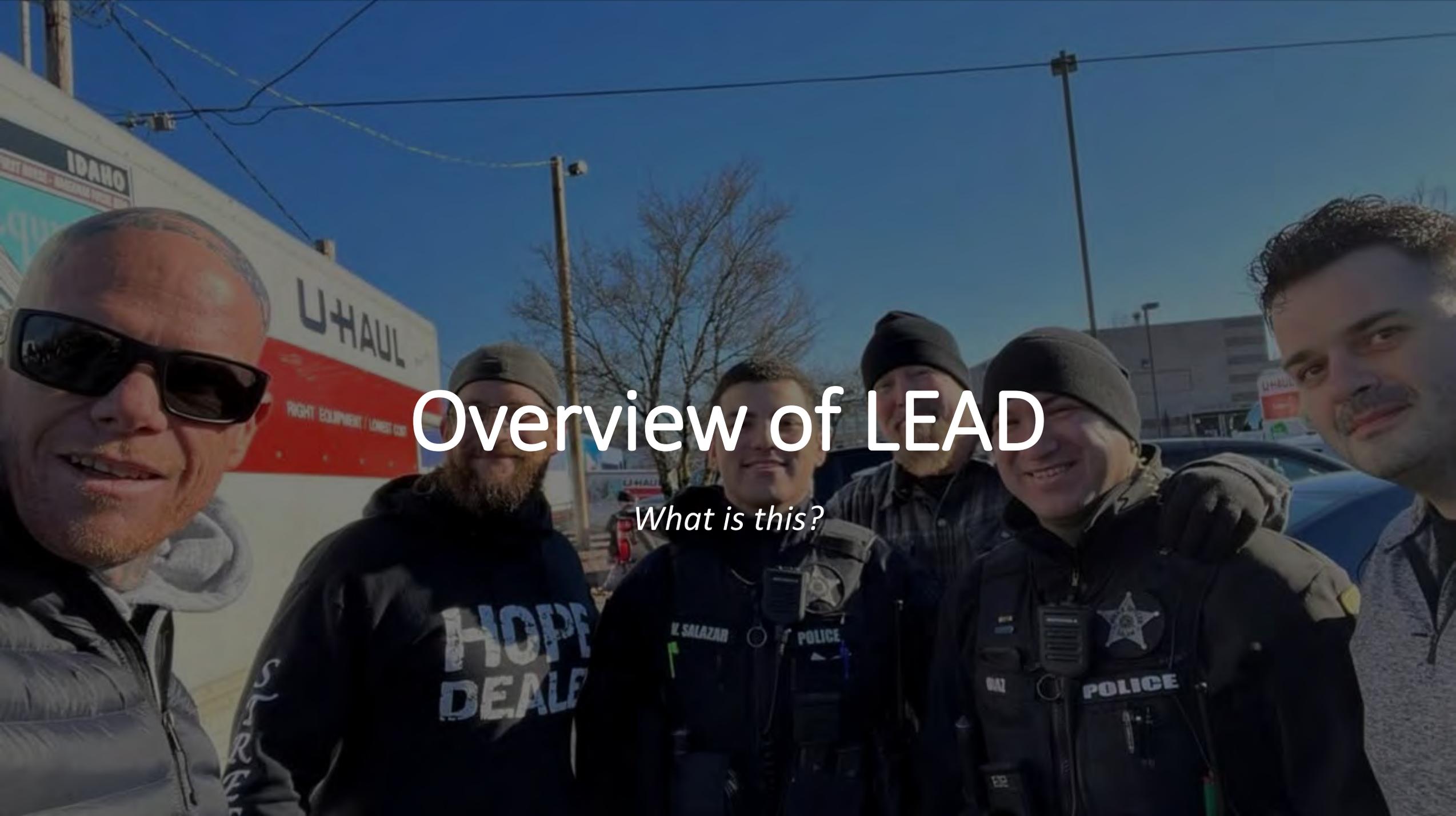
CITY OF *Salem*
AT YOUR SERVICE
City Attorney's Office

Law Enforcement Assisted Diversion



MARION COUNTY





Overview of LEAD

What is this?

What is LEAD?

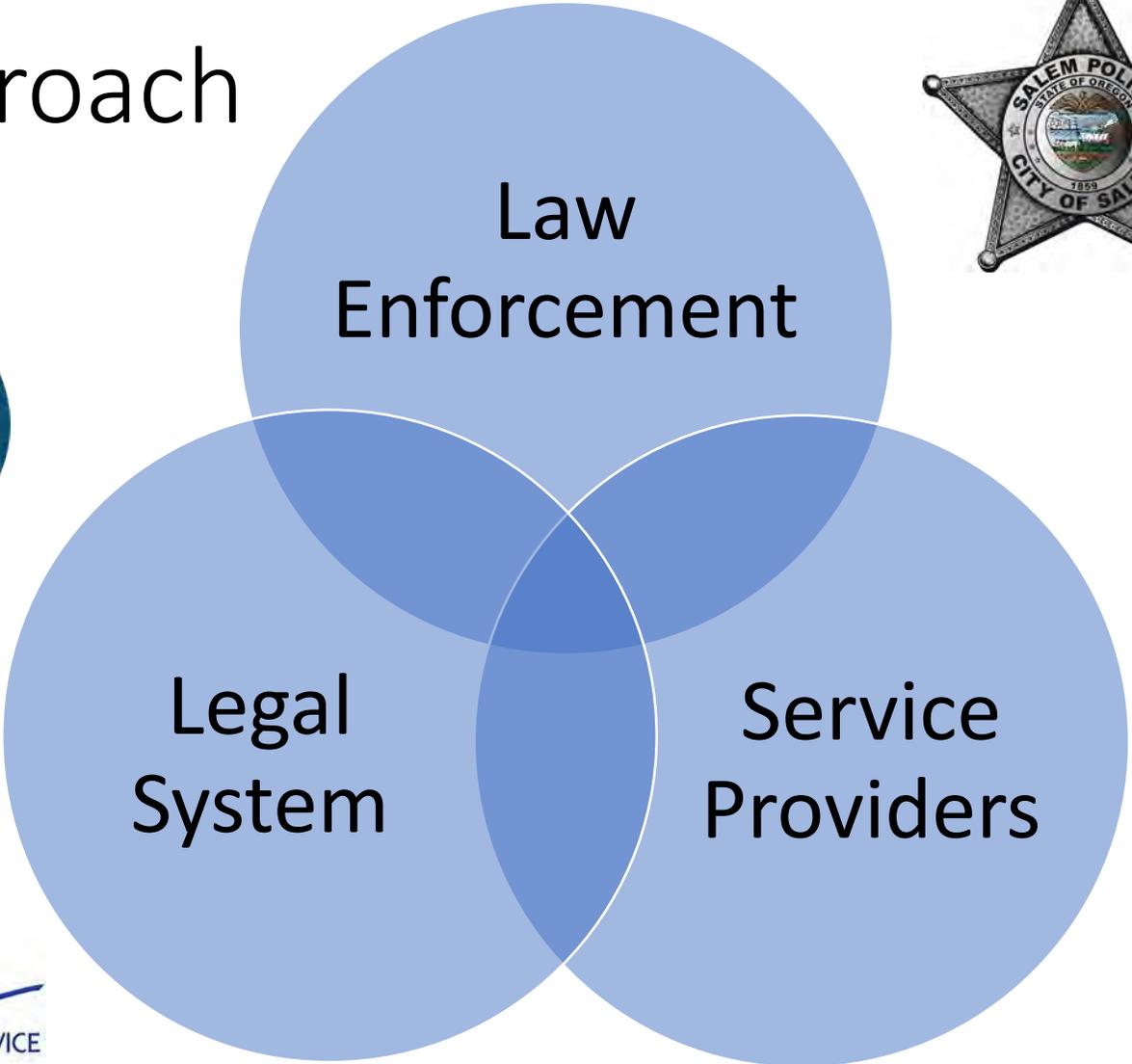
Pre-Arrest Diversion – Direct to services *instead* of arrest

For Low-level criminal activity likely fueled by **substance use/addiction, mental health needs, and/or related livability concerns** (+PCS-U post Sept 1, 2024)



Treat the cause, not the symptoms

A New Approach

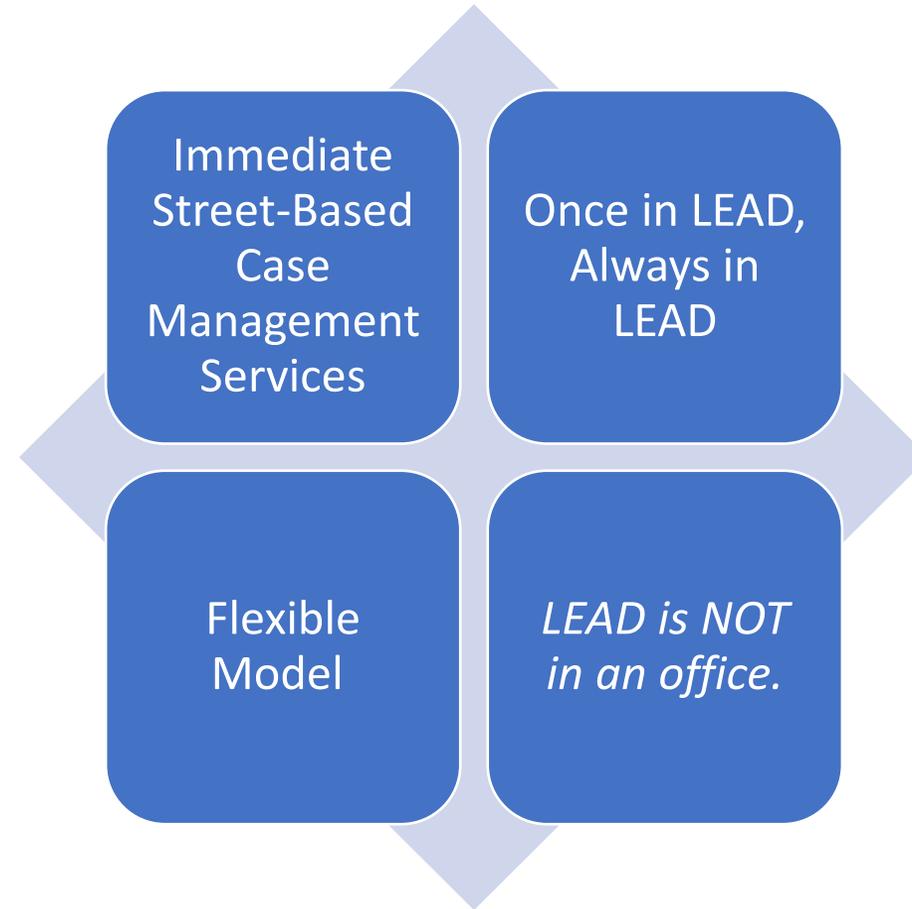


What makes LEAD different?



Law Enforcement
Assisted Diversion

MARION COUNTY



Marion County LEAD Goals

↓ Reduce individual harm and surrounding community

↓ Reduce criminal behavior of participants/crime

↑ Increase public safety/quality of life in communities

TEAM EFFORTS

*LEAD Policy Team,
Workgroup Team and
Internal Team*



The Policy Team & The Workgroup Team



Policy Team-meets as needed to ensure fidelity to our goals, policy, program metrics, funding and service capacity. Members include:

LEO Administration, DA, City Attorney, Court System, & Service Providers

Workgroup Team – where the REAL work gets done. Facilitated by Coordinator and typically meets every other week to staff & update client progress, troubleshoot issues, & more.

COMMUNICATION & COLLABORATION

between all partners. Members Include:

Law Enforcement Sergeants & LE Agency Reps, P&P, DA Rep, City Attorney Rep, & the Service Providers, LEAD Navigators + Crisis Response Teams

All Workgroup Partners must be listed in ROI Packets Signed by Clients

LEAD Internal Staff Meeting Team

Purpose is to specifically discuss client service plans, evaluate client progress, and brainstorm courses of action. Occur on opposite weeks from the Workgroup.

Includes:

- Law Enforcement-the Program Sergeant
- Service Providers-Coordinator & Navigators



Law Enforcement Assisted Diversion

MARION COUNTY

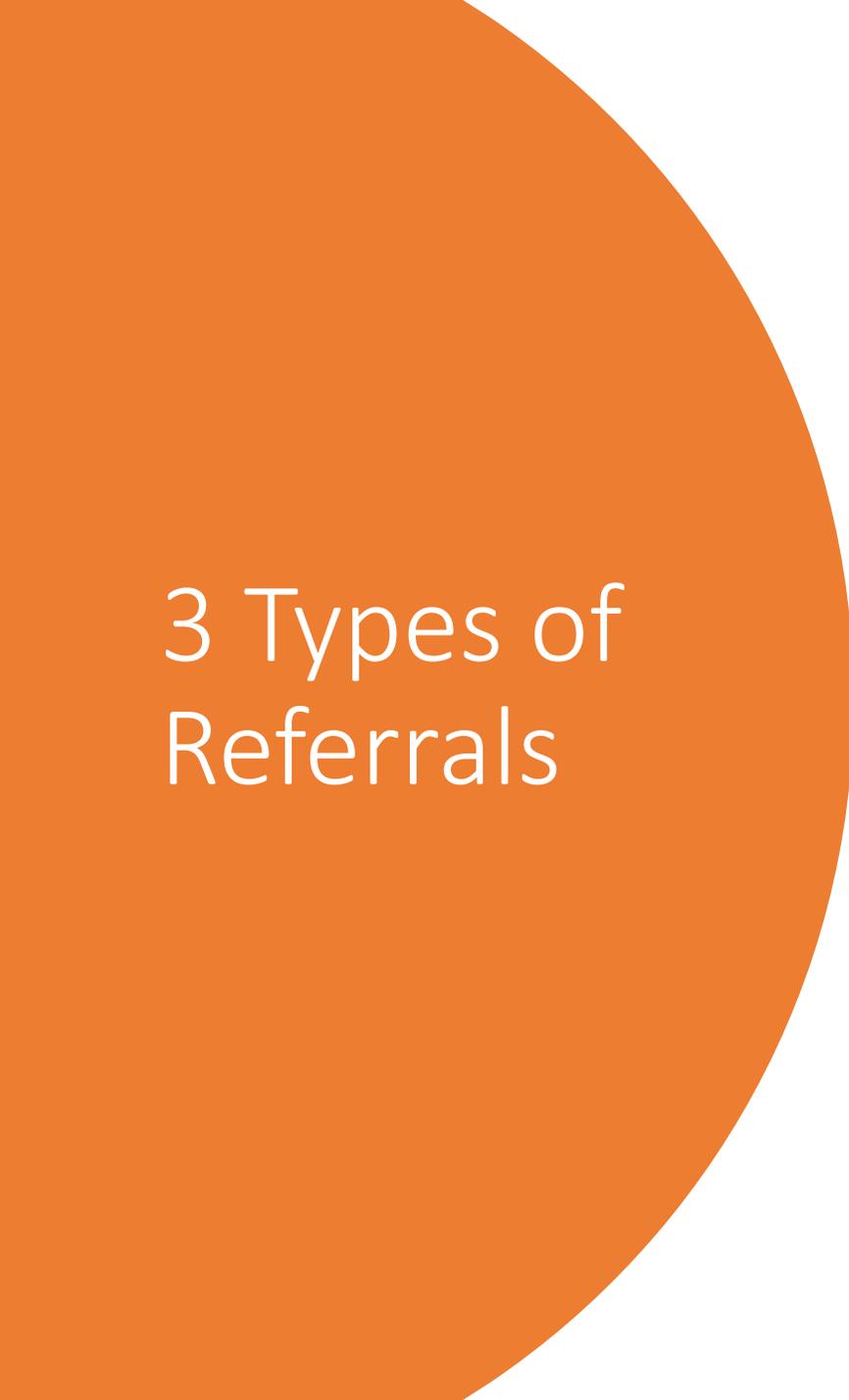
LEAD Roles and Responsibilities

- **LE Sergeant**-Supervise LEAD Program staff and training; Approve, deny or modify client assistance fund usage and rental assistance plans; Primary liaison for LE partners; Oversee budget; Implement/Develop policy modifications; Approve/Deny client enrollment into program; Maintain HIPPA compliance
- **Program Coordinator** Primary liaison with community partners; Facilitate LEAD training for LE & community partners; Monitor client progress; Monitor grant spending & track data; Review and recommend client assistance fund usage and rental assistance plans; Maintain outreach and on-hand supplies navigators; Review and audit financial information as needed; Facilitate LEAD meetings; Maintain/review client assessment & enrollment, and criminal contact data; Recommend client enrollment; Provide recommendations on LEAD policy; Maintain HIPPA Compliance
- **Program Navigator**- Respond 24/7 with on-call phone; Provide mentorship and guidance to clients; Develop possible courses of action for client recovery; Report on client progress; Connect clients to resources; Establish partnerships and network with providers; Recommend use of client assistance funds and develop sustainment plans; Conduct outreach operations; Conduct assessments and enrollments; Maintain HIPPA compliance



Client Referrals and Care

Client Referrals and Progression

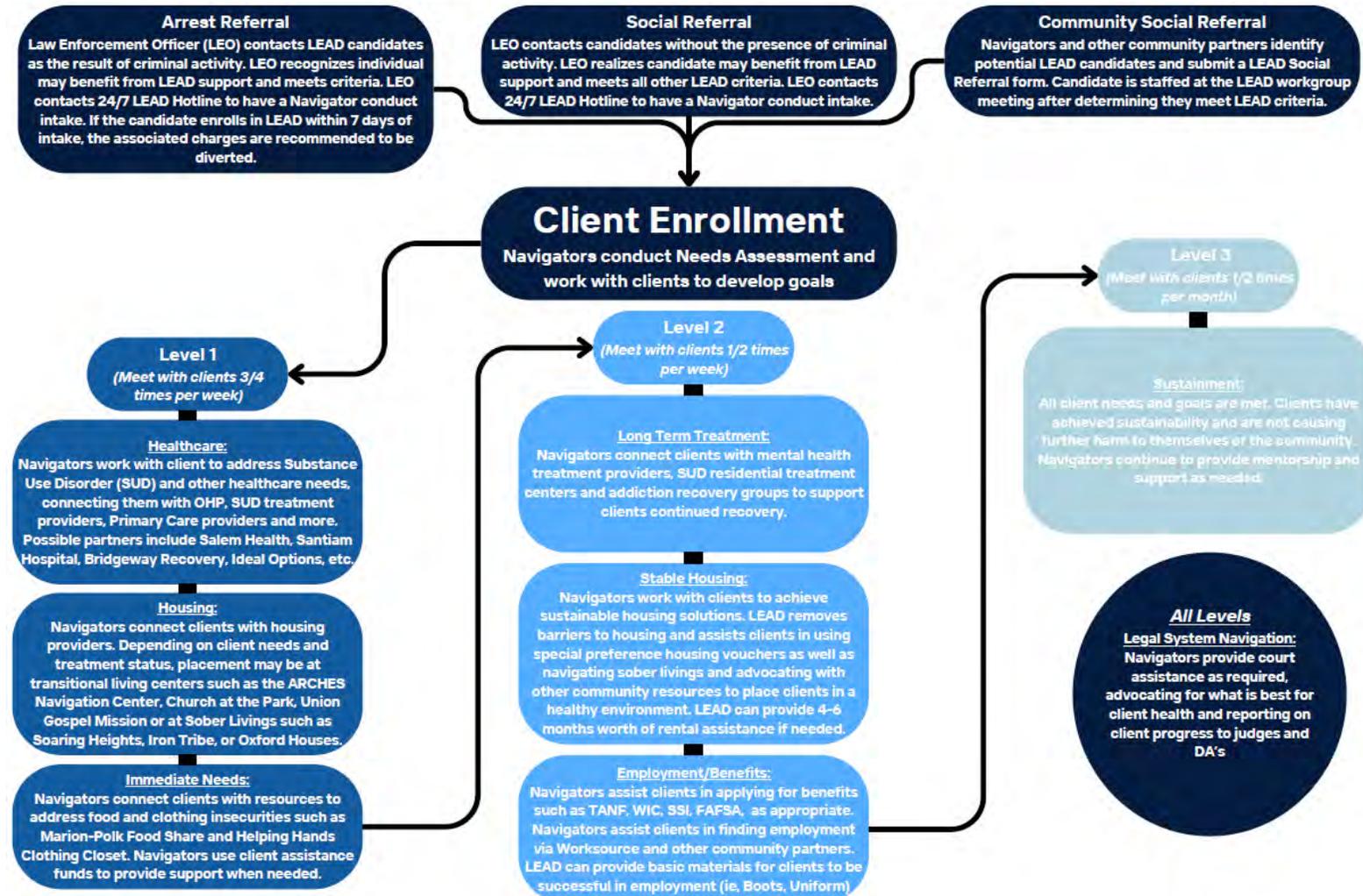
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3 Types of Referrals

- **Arrest Referrals (50%)** this may go up a bit now with HB4002
 - **Social Referrals (42%)**
 - **Community Social Referrals (8%)**
- 
- A decorative yellow dashed line is located in the bottom right corner of the slide, consisting of several short, curved segments.

Client Levels

LEAD Program Client Progress Flow Chart



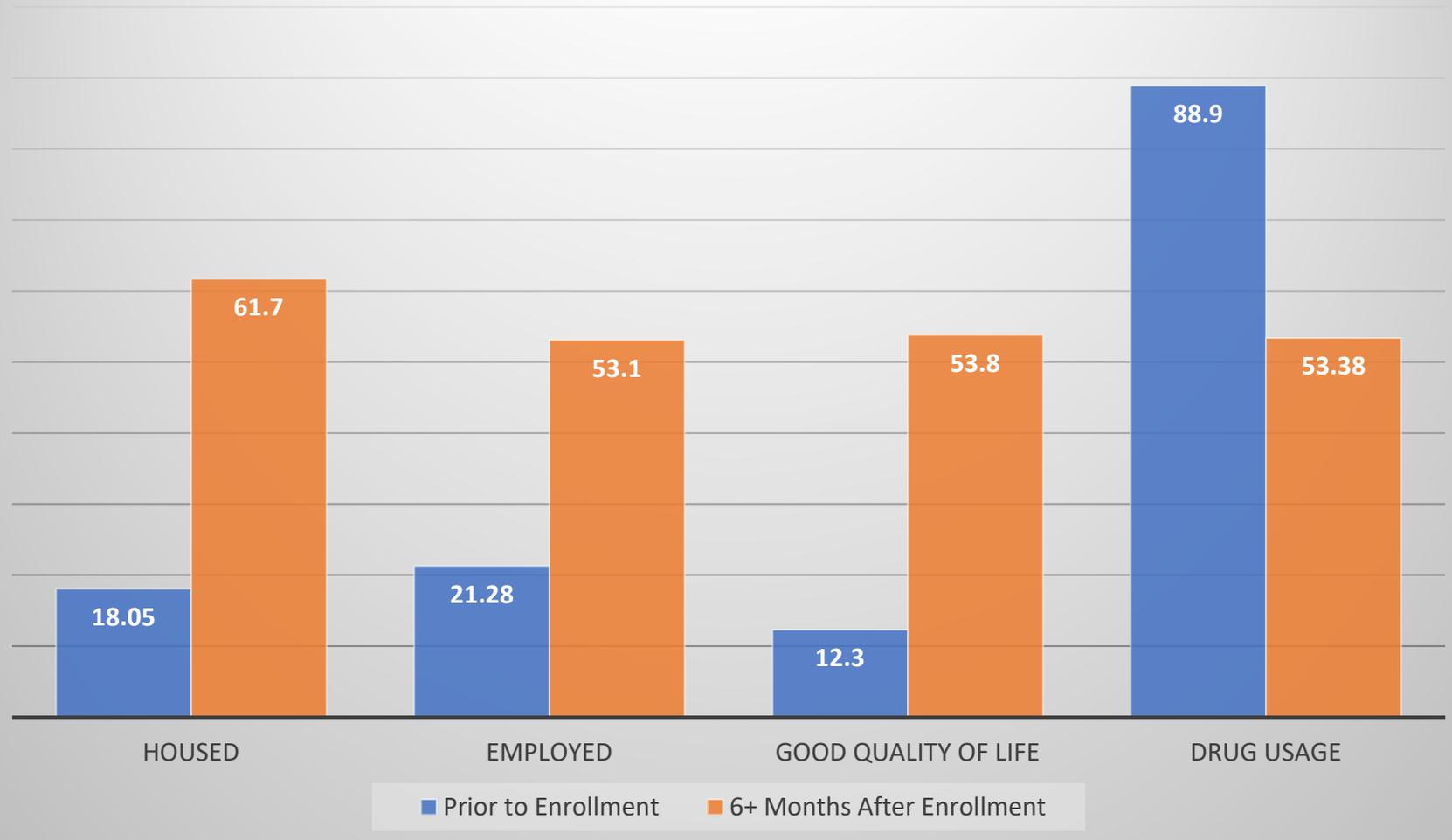
DATA COLLECTION

Monitoring Program
Effectiveness



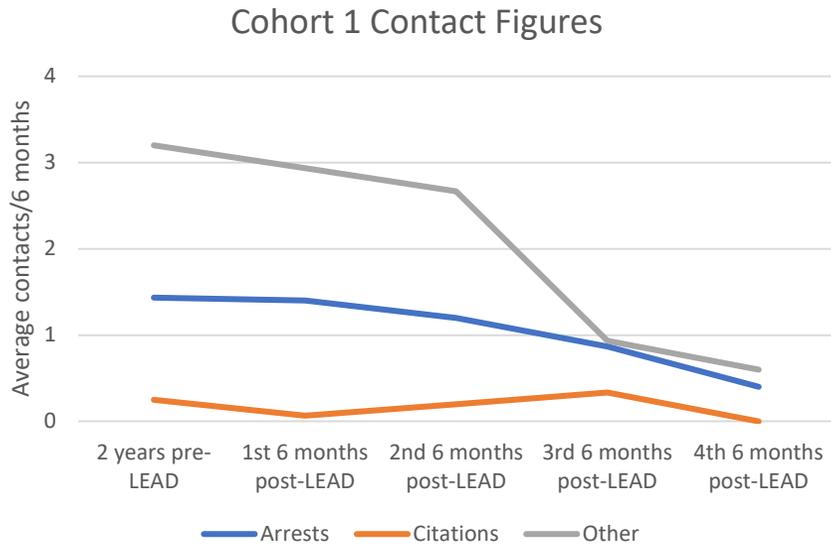
Performance Measures: Averages

Number of Participants Surveyed = 85

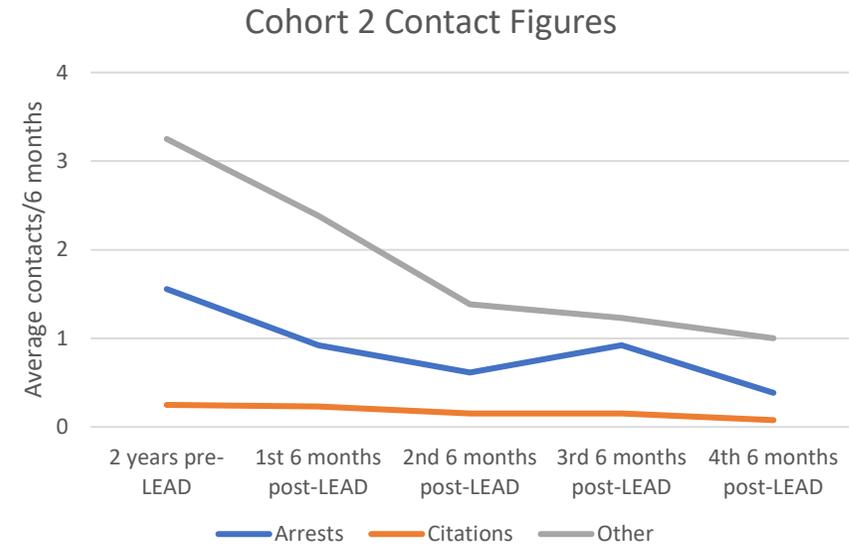


Law Enforcement Contact Data

Start Date
April 2018 – March 2019



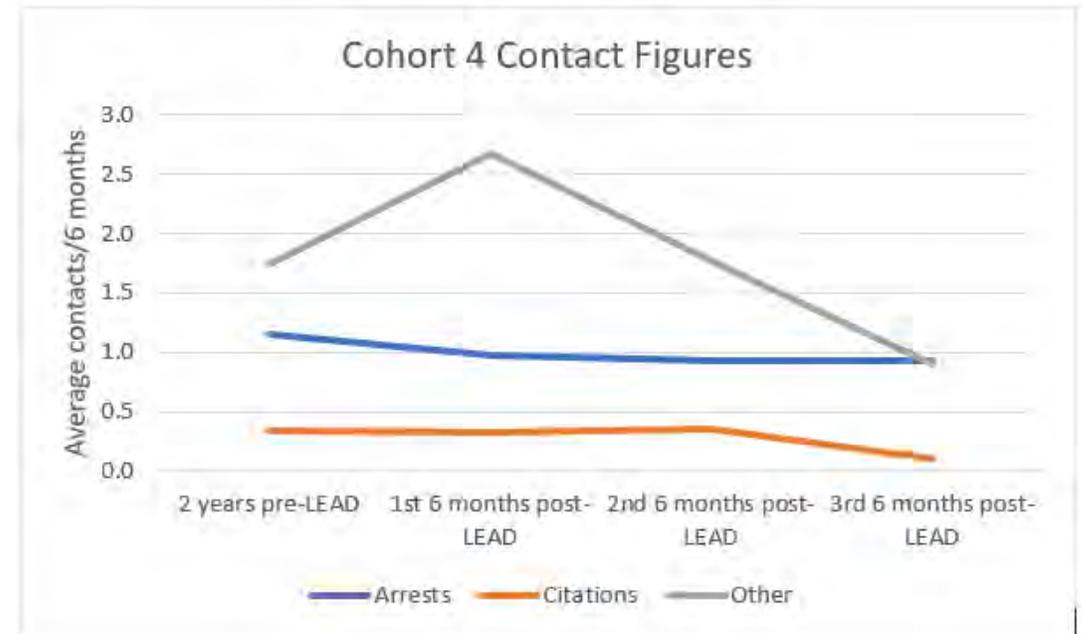
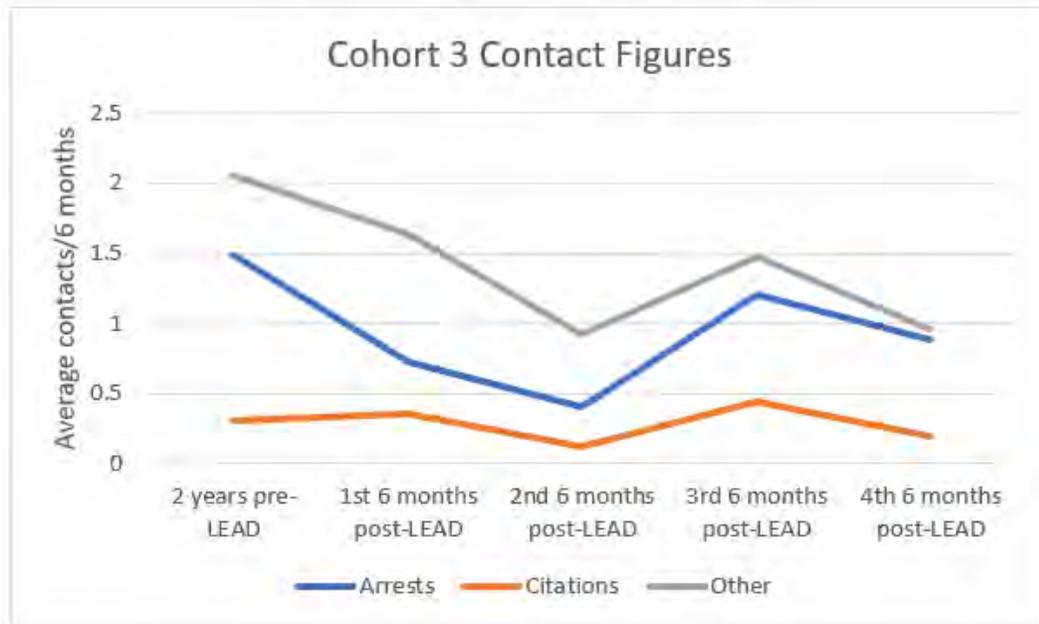
Start Date
April 2019 – March 2020



Law Enforcement Contact Data

Start Date
April 2020-March 2021

Start Date
April 2021-March 2022



Tools for Data Collection- Client Assessment

The Entry Assessment- 6 pages completed with Navigator & REDONE every 6 months. Stored in Access Database.

Housing Status
Education levels
Employment
Financial Support
Benefits
Physical and Mental Health
Personal Relationships
Alcohol and Drug Usage
Clients Goals

- Aids with client plan of care and appropriate resources.
- Client Contacts are documented in Penelope Case Management Software
- Information is sent to CJC every 6 months for evaluation

CLIENT ASSESSMENT FORM

Date: _____ Assessed by: _____ Assessment type: Initial Re-assessment Returning Client

First Name: _____ Middle Name: _____ Last Name: _____

OR ODL or ID#: _____ SID #: _____

Housing

During the past 30 days, where have you slept most frequently? 1

Emergency Shelter Family /Friends House ("couch surfing") Permanent Housing
 Street/Outside Transitional Housing Vehicle

During the past 30 days, how many nights have you spent in an emergency shelter? _____

If you are currently living in transitional or permanent housing, approximately how many months have you lived there?

If you are not currently living in transitional or permanent housing, when was the last time you had permanent housing (in months)? _____

Overall, how safe do you feel your current housing situation is?

Not at all safe Slightly Safe Moderately Safe Considerably Safe Extremely Safe

Overall, how satisfied are you with your current housing situation?

Not at all satisfied Slightly Satisfied Moderately Satisfied Considerably Satisfied
 Extremely Satisfied

Notes: _____

Education

What is the highest level of education you have completed? _____

Are you currently enrolled in any educational, vocational, or training programs (such as college, GED, ESL, or other professional courses)? Yes No

Do you have any future plans to attend any educational, vocational, or training programs (such as college, GED, ESL, or other professional courses)? Yes No

Notes: _____

Employment

What has been your usual employment status over the past year? (Note: Response should represent the majority of the past year, not just the most recent. If there are equal times for more than one situation, select the most current situation).

Full time (35+ hours) Part-time Student Military Service Retired On disability Unemployed
 Unavailable due to being in a controlled environment

Tools for Data Collection- Criminal History

- Upon client entry Crimetracer is used to pull client criminal history
- Updated every 6 months with any new offenses or contacts recorded
- CJC reviews overall contacts two years prior to LEAD involvement and two years post LEAD involvement





Law Enforcements Role

Training Our Primary Decision Makers-when to call a Navigator

LEAD Criteria

- ✓ Charge-able offense*
- ✓ Livability/possession crime (*i.e., Trespass/criminal mischief, disorderly conduct, theft, PCS...*)
- ✓ No victim with potential restitution
- ✓ Voluntary participation
- ✓ Resides in the county
- ✓ Multiple arrest cycles – *Check criminal history to confirm*
- ✓ No history of violent crime
- ✓ Not a sex offender

If individual has an active Restraining Order, they cannot receive automatic arrest diversion. Must submit to LEAD workgroup for staffing before the referral can take place.
****If no charge-able offense, consider a SOCIAL REFERRAL***

Eligibility/Exclusion Criteria – Reference Pocket Guide



Marion County LEAD

Arrest Diversion Criteria

- Chargeable Offense*
- History of low level / livability crime
- Multiple arrest cycles
- No victim with potential restitution
- Resides in Marion County
- No history of violent crime
- Not a sex offender



*If no chargeable offense, SOCIAL REFERRAL may be another option. Submit information to agency LEAD rep/ workgroup for consideration.

Call LEAD Navigator: Provide basic information, confirm location, get ETA

(503) 576 - 2809

- 1) Meet LEAD Navigator at location. Introduce to potential LEAD participant, provide case number
- 2) Complete Arrest Case Information. Include Narrative about LEAD referral
- 3) Send Notification email with case number to all the following:

Lead Program Coordinator:
MC District Attorney's Office:
City of Salem Attorney's Office:

jwolf@co.marion.or.us
leadmcd@co.marion.or.us
LEAD@cityofsalem.net



Training and Branching out

Who to Train and How to Start

Starting Out

- Law Enforcement Forward Model
 - Teams focus on targeting specific population of low-level offenders
 - Officers who patrol areas with high likelihood of contact with target population
- The Courts
 - Build rapport inside and outside the courtroom so that when a Navigator speaks, it carries weight

Branching Out

- Expanded Law Enforcement-more agencies, more officers
 - After developing a successful model, the more officers you can train, the higher the chance for success
- Community Partners
 - Once your program can accept Social Referrals, training other community organizations can increase your sphere of influence and improve community relationships



Law Enforcement Assisted Diversion

MARION COUNTY



Facilitating Training

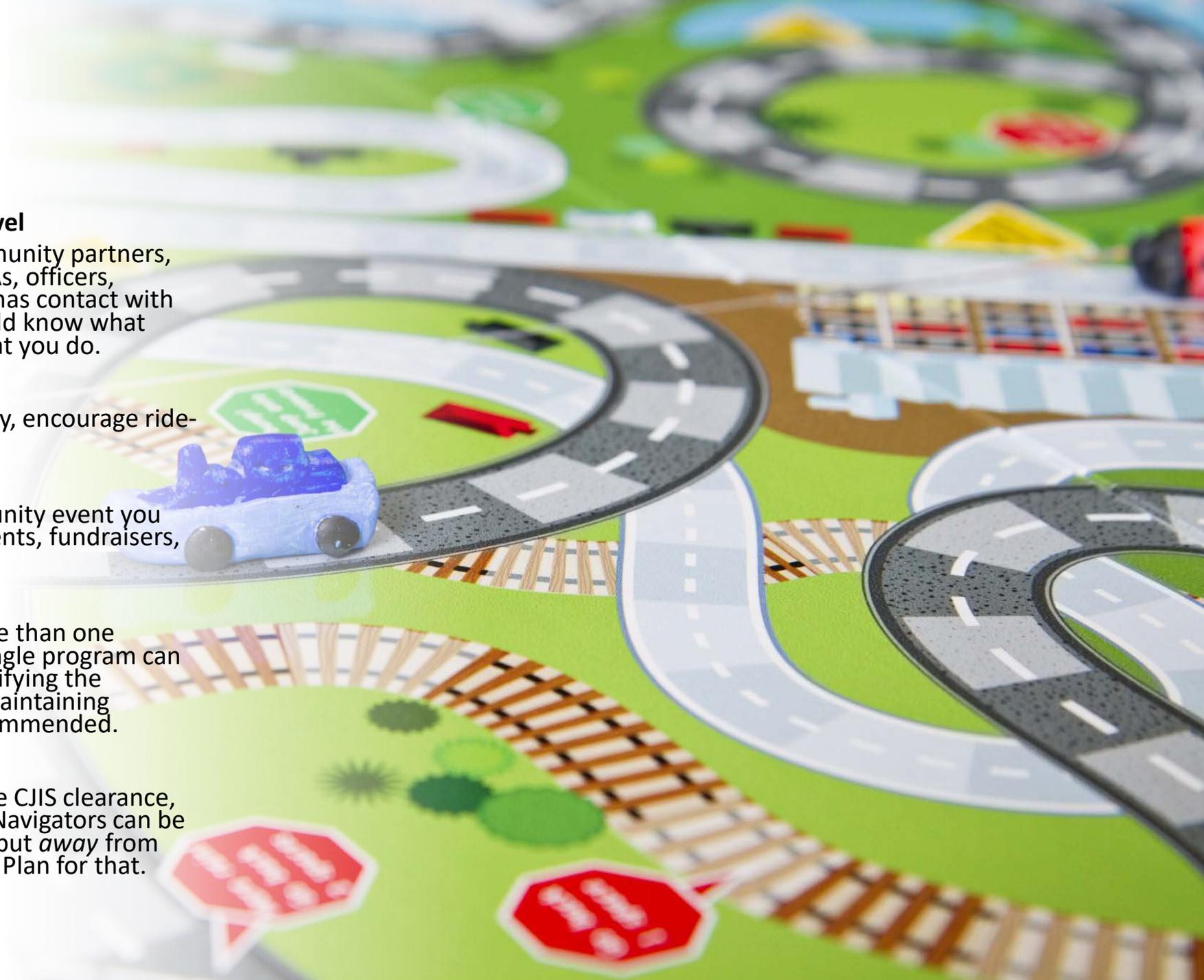
The Key Individuals

1. Program Coordinator
Outlines Program Details and the Data
2. Program Sergeant
Outlines Referral Process, Criteria, and Knowing if Someone is a Good Fit
3. Program Navigator
Boots on Ground Perspective, Client Success Stories, and Their own Journey
Meet & Greet Builds Trust

****Identify a representative to then join your workgroup team!****

Pro Tips!

- **Train Early & Often & At Every Level**
 - Encourage training for community partners, judges, public defenders, DAs, officers, anyone and everyone who has contact with your target population should know what your organization is and what you do.
- **Invest in Field Time**
 - Get to know your community, encourage ride-alongs, etc.
- **Build Community Partnerships**
 - Attend every type of community event you can! Meetings, outreach events, fundraisers, etc.
- **Command and Control**
 - Having leadership from more than one department overseeing a single program can lead to complications. Simplifying the command structure while maintaining existing relationships is recommended.
- **CJIS Clearance**
 - Navigators likely cannot have CJIS clearance, thus finding a space where Navigators can be both *with* law enforcement but *away* from CJIS material is challenging. Plan for that.



Good News Stories: Measuring Success by the ONE.

Of our 76 Current
Active Clients and
Alumni:

55 are housed

38 are on the
employment
spectrum

22 are currently
in treatment

28 have 30 days
or more clean

21 have 1 year or
more clean

19 have 2 or
more years clean

15 have gotten
back their
children

10 gave birth to
clean babies
while in LEAD



Been There, Done That

LEAD Navigators
Hank Crapser, Helen
Rice &
Renee Pfeffer
(+ guests)



Navigating to Your Navigator: who are these folks?

Mental Health and
Addiction struggles

Homelessness

Criminal Justice Systems

Incarceration

Prison Reentry Programs

Community Supervision

Sober Transitional Housing

DHS

Accessing Medical and
Behavior Health services

Detox and Residential
Treatment Facilities

“Thank you for not giving up on me and being there for me since the first day. I’ve never had people be there for me like this.” ~LEAD Alumni, 2018-2020





Marion County DA
Paige Clarkson



What I love



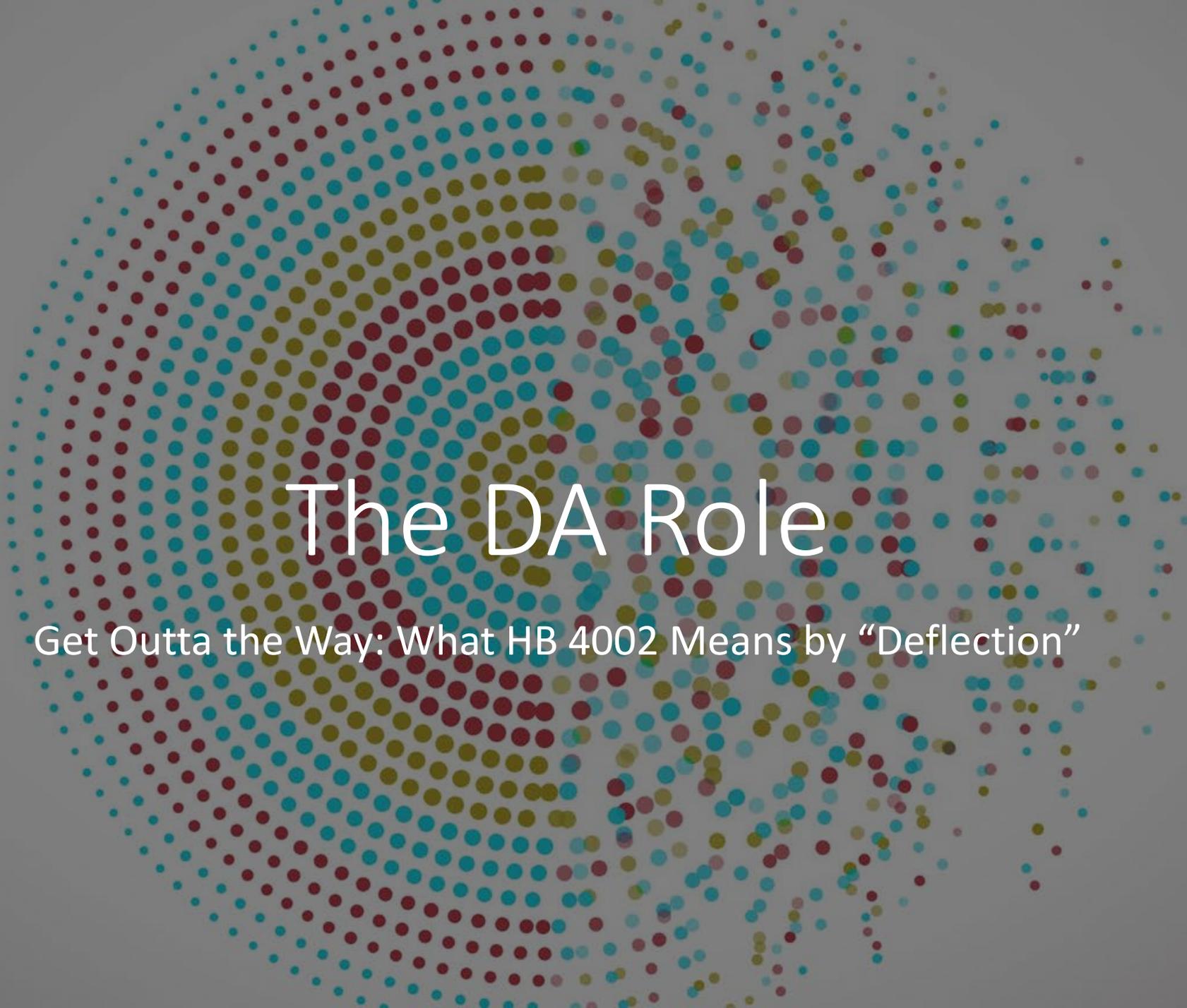
Make it your own-highly customizable



It works



Ripple Effect



The DA Role

Get Outta the Way: What HB 4002 Means by “Deflection”





Questions?

