

B-Engrossed
Senate Bill 781

Ordered by the House June 28
Including Senate Amendments dated April 7 and House Amendments
dated June 28

Sponsored by Senator MORRISETTE, Representatives DALTO, MARCH; Senator WESTLUND, Representatives BOONE, GILMAN, HANSEN, HASS, JENSON, KOMP, KRIEGER, MERKLEY, NELSON, SHIELDS, G SMITH, TOMEI, WITT

SUMMARY

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

Directs community mental health and developmental disabilities programs to provide specific services for older adults.

Directs Department of Human Services to facilitate formation of local community partnerships between specified entities by supporting development of program approaches to providing certain services to seniors, persons with disabilities and ethnic minorities.

Requires Director of Human Services or Director of Department of Corrections to dispense as written prescription for mental health drug for persons in custody of state institutions if prescription specifies "dispense as written" or contains notation "D.A.W." or words of similar meaning.

Declares emergency, effective July 1, 2005.

A BILL FOR AN ACT

1
2 Relating to mental health; creating new provisions; amending ORS 410.720, 430.625, 430.630, 430.640,
3 430.665 and 430.675; and declaring an emergency.

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

5 **SECTION 1.** ORS 430.625 is amended to read:

6 430.625. (1) If any local mental health program has an advisory committee, disabled persons, as
7 defined in ORS 430.050 (6), **and older adults** shall be appointed to serve on the advisory
8 committee. [*and*]

9 **(2) The disabled persons described in subsection (1) of this section** shall meet separately
10 as a disability issues advisory committee.

11 **SECTION 2.** ORS 430.630 is amended to read:

12 430.630. (1) In addition to any other requirements that may be established by rule by the De-
13 partment of Human Services and subject to the availability of funds, each community mental health
14 and developmental disabilities program shall provide the following basic services to persons with
15 mental retardation and developmental disabilities and alcohol abuse, alcoholism, drug abuse and
16 drug dependence:

17 (a) Outpatient services;

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

19 (c) Training, case and program consultation and education for community agencies, related
20 professions and the public; [*and*]

21 (d) Guidance and assistance to other human service agencies for joint development of prevention
22 programs and activities to reduce factors causing mental retardation and developmental disabilities

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

1 and alcohol abuse, alcoholism, drug abuse and drug dependence; **and**

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

3 (2) As alternatives to state hospitalization, it *[shall be]* **is** the responsibility of the community
4 mental health and developmental disabilities program to *[insure]* **ensure** that, subject to the avail-
5 ability of funds, the following services for the mentally retarded and developmentally disabled, al-
6 cohol abuser, alcoholic, drug abuser and drug-dependent persons are available when needed and
7 approved by the Department of Human Services:

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

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

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

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

16 (e) Inpatient treatment in community hospitals; and

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

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

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

23 (b) Crisis stabilization to meet the needs of persons suffering acute mental or emotional dis-
24 turbances, including the costs of investigations and prehearing detention in community hospitals or
25 other facilities approved by the department for persons involved in involuntary commitment proce-
26 dures;

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

29 (d) Continuity of care to link the client to housing and appropriate and available health and
30 social service needs;

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

33 (f) Residential services;

34 (g) Medication monitoring;

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

36 (i) Public education and information;

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

38 (k) Consultation with other community agencies; *[and]*

39 (L)*[(A)]* Preventive mental health services for children and adolescents, including primary pre-
40 ventive efforts, early identification and early intervention services. Preventive services should be
41 patterned after service models that have demonstrated effectiveness in reducing the incidence of
42 emotional, behavioral and cognitive disorders in children.

43 *[(B)]* As used in this *[subsection]* **paragraph**:

44 *[(i)]* **(A)** "Early identification" means detecting emotional disturbance in its initial developmental
45 stage;

1 [(ii)] **(B)** “Early intervention services” for children at risk of later development of emotional
2 disturbance means programs and activities for children and their families that promote conditions,
3 opportunities and experiences that encourage and develop emotional stability, self-sufficiency and
4 increased personal competence; and

5 [(iii)] **(C)** “Primary prevention efforts” means efforts that prevent emotional problems from oc-
6 ccurring by addressing issues early so that disturbances do not have an opportunity to develop[.];
7 **and**

8 **(m) Preventive mental health services for older adults, including primary prevention ef-**
9 **forts, early identification and early intervention services. Preventive services should be pat-**
10 **terned after service models that have demonstrated effectiveness in reducing the incidence**
11 **of emotional and behavioral disorders and suicide attempts in older adults. As used in this**
12 **paragraph:**

13 **(A) “Early identification” means detecting emotional disturbance in its initial develop-**
14 **mental stage;**

15 **(B) “Early intervention services” for older adults at risk of development of emotional**
16 **disturbance means programs and activities for older adults and their families that promote**
17 **conditions, opportunities and experiences that encourage and maintain emotional stability,**
18 **self-sufficiency and increased personal competence and that deter suicide; and**

19 **(C) “Primary prevention efforts” means efforts that prevent emotional problems from**
20 **occurring by addressing issues early so that disturbances do not have an opportunity to de-**
21 **velop.**

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

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

30 (b) The person has been hospitalized involuntarily or voluntarily, pursuant to ORS 426.130 or
31 426.220, except for persons confined to the Secure Child and Adolescent Treatment Unit at Oregon
32 State Hospital, or has been hospitalized as the result of a revocation of conditional release.

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

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

35 (e) In the case of a community hospital, the department has approved the hospital for the care
36 of mentally or emotionally disturbed persons, the community mental health and developmental disa-
37 bilities program has a contract with the hospital for the psychiatric care of residents and a repre-
38 sentative of the program approves voluntary or involuntary admissions to the hospital prior to
39 admission.

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

43 (6) Each community mental health and developmental disabilities program and the state hospital
44 serving the program’s geographic area shall enter into a written agreement concerning the policies
45 and procedures to be followed by the program and the hospital when a patient is admitted to, and

1 discharged from, the hospital and during the period of hospitalization.

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

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

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

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

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

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

19 (C) A regional local mental health authority comprised of two or more boards of county com-
20 missioners.

21 (b) Each local mental health authority that provides mental health services shall determine the
22 need for local mental health services and adopt a comprehensive local plan for the delivery of
23 mental health services for children, families, [and] adults **and older adults** that describes the
24 methods by which the local mental health authority shall provide those services. The local mental
25 health authority shall review and revise the local plan biennially. The purpose of the local plan is
26 to create a blueprint to provide mental health services that are directed by and responsive to the
27 mental health needs of individuals in the community served by the local plan.

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

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

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

32 (C) Provide supported employment and other vocational opportunities for consumers;

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

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

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

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

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

40 (I) Provide transportation supports; and

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

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

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

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

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

7 (D) Conduct a population based needs assessment to determine the types of services needed locally;
8

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

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

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

14 (i) The educational needs of children, *[and]* adults **and older adults**;

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

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

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

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

22 (J) Involve the local mental health advisory committees described in subsection (7) of this section.
23

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

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

29 (B) Secure and nonsecure extended psychiatric care;

30 (C) Secure and nonsecure acute psychiatric care;

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

32 (E) Psychiatric day treatment;

33 (F) Treatments that maximize client independence;

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

35 (H) Support services;

36 (I) Prevention and early intervention services;

37 (J) Transition assistance between levels of care;

38 (K) Dual diagnosis services;

39 (L) Access to placement in state-funded psychiatric hospital beds; *[and]*

40 (M) Precommitment and civil commitment in accordance with ORS chapter 426[.]; **and**

41 **(N) Outreach to older adults at locations appropriate for making contact with older**
42 **adults, including senior centers, long term care facilities and personal residences.**

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

1 (A) Training for all law enforcement officers on ways to recognize and interact with persons
2 with mental illness, for the purpose of diverting them from the criminal and juvenile justice systems;

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

5 (C) Developing a plan for sharing a daily jail and juvenile detention center custody roster and
6 the identity of persons of concern and offering mental health services to those in custody;

7 (D) Developing a voluntary diversion program to provide an alternative for persons with mental
8 illness in the criminal and juvenile justice systems; and

9 (E) Developing mental health services, including housing, for persons with mental illness prior
10 to and upon release from custody.

11 (g) Services described in the local plan shall:

12 (A) Address the vision, values and guiding principles described in the Report to the Governor
13 from the Mental Health Alignment Workgroup, January 2001;

14 (B) Be provided to children, **older adults** and families as close to their homes as possible;

15 (C) Be culturally appropriate and competent;

16 (D) Be, for children, **older adults** and adults with mental health needs, from providers appro-
17 priate to deliver those services;

18 (E) Be delivered in an integrated service delivery system with integrated service sites or pro-
19 cesses, and with the use of integrated service teams;

20 (F) Ensure consumer choice among a range of qualified providers in the community;

21 (G) Be distributed geographically;

22 (H) Involve consumers, families, clinicians, children and schools in treatment as appropriate;

23 (I) Maximize early identification and early intervention;

24 (J) Ensure appropriate transition planning between providers and service delivery systems, with
25 an emphasis on transition between children and adult mental health services;

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

27 (L) Be delivered collaboratively;

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

29 (N) Use best-practice innovations; and

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

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

34 (i) Each local commission on children and families shall reference the local plan for the delivery
35 of mental health services in the local coordinated comprehensive plan created pursuant to ORS
36 417.775.

37 **SECTION 3.** ORS 430.640 is amended to read:

38 430.640. (1) The Department of Human Services, in carrying out the legislative policy declared
39 in ORS 430.610, subject to the availability of funds shall:

40 (a) Assist Oregon counties and groups of Oregon counties in the establishment and financing
41 of community mental health and developmental disabilities programs operated or contracted for by
42 one or more counties.

43 (b) If a county declines to operate or contract for a community mental health and developmental
44 disabilities program, contract with another public agency or private corporation to provide the
45 program. The county must be provided with an opportunity to review and comment.

1 (c) In an emergency situation when no community mental health and developmental disabilities
2 program is operating within a county or **when** a county is unable to provide a service essential to
3 public health and safety, operate the program or service on a temporary basis.

4 (d) At the request of the tribal council of a federally recognized tribe of Native Americans,
5 contract with the tribal council for the establishment and operation of a community mental health
6 and developmental disabilities program in the same manner that the department contracts with a
7 county court or board of county commissioners.

8 (e) If a county agrees, contract with a public agency or private corporation for all services
9 within one or more of the following program areas: Mental or emotional disturbances, drug abuse,
10 mental retardation or other developmental disabilities and alcohol abuse and alcoholism.

11 (f) Approve or disapprove the biennial plan and budget information for the establishment and
12 operation of each community mental health and developmental disabilities program. [No] Subsequent
13 amendments to or modifications of an approved plan or budget information involving more than 10
14 percent of the state funds provided for services under ORS 430.630 [*shall*] **may not** be placed in ef-
15 fect without prior approval of the department. However, an amendment or modification affecting
16 10 percent or less of state funds for services under ORS 430.630 within the portion of the program
17 for persons with mental or emotional disturbances, or within the portion for persons with mental
18 retardation and developmental disabilities or within the portion for persons with alcohol and drug
19 dependence may be made without department approval.

20 (g) Make all necessary and proper rules to govern the establishment and operation of community
21 mental health and developmental disabilities programs, including adopting rules defining the range
22 and nature of the services which shall or may be provided under ORS 430.630.

23 (h) Collect data and evaluate services in the state hospitals in accordance with the same meth-
24 ods prescribed for community mental health and developmental disabilities programs under ORS
25 430.665.

26 (i) Develop guidelines that include, for the development of comprehensive local plans in consul-
27 tation with local mental health authorities:

28 (A) The use of integrated services;

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

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

31 (D) Mechanisms for local sharing of risk for state hospitalization;

32 (E) The provision of clinically appropriate levels of care based on an assessment of the mental
33 health needs of consumers; [*and*]

34 (F) The transition of consumers between levels of care[.]; **and**

35 **(G) The development, maintenance and continuation of older adult mental health pro-**
36 **grams with mental health professionals trained in geriatrics.**

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

39 (k) Provide technical assistance and information regarding state and federal requirements to
40 local mental health authorities throughout the local planning process required under ORS 430.630
41 (10).

42 (L) Provide incentives for local mental health authorities to enhance or increase vocational
43 placements for adults with mental health needs.

44 (m) Develop or adopt nationally recognized system-level performance measures, linked to the
45 Oregon Benchmarks, for state-level monitoring and reporting of mental health services for

1 children, [and] adults **and older adults**, including but not limited to quality and appropriateness of
2 services, outcomes from services, structure and management of local plans, prevention of mental
3 health disorders and integration of mental health services with other needed supports.

4 (n) Develop standardized criteria for each level of care described in ORS 430.630 (10), including
5 protocols for implementation of local plans, strength-based mental health assessment and case plan-
6 ning.

7 (o) Develop a comprehensive long-term plan for providing appropriate and adequate mental
8 health treatment and services to children, [and] adults **and older adults** that is derived from the
9 needs identified in local plans, is consistent with the vision, values and guiding principles in the
10 Report to the Governor from the Mental Health Alignment Workgroup, January 2001, and addresses
11 the need for and the role of state hospitals.

12 (p) Report biennially to the Governor and the Legislative Assembly on the progress of the local
13 planning process and the implementation of the local plans adopted under ORS 430.630 (10)(b) and
14 the state planning process described in paragraph (o) of this subsection, and on the performance
15 measures and performance data available under paragraph (m) of this subsection.

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

19 (r) Encourage the development of regional local mental health authorities comprised of two or
20 more boards of county commissioners that establish or operate a community mental health and de-
21 velopmental disabilities program.

22 (2) The department may provide technical assistance and other incentives to assist in the plan-
23 ning, development and implementation of regional local mental health authorities whenever the de-
24 partment determines that a regional approach will optimize the comprehensive local plan described
25 under ORS 430.630 (10).

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

29 **SECTION 4.** ORS 430.665 is amended to read:

30 430.665. (1) In order to improve services to mentally or emotionally disturbed persons and pro-
31 vide information for uniform analysis, each community mental health and developmental disabilities
32 program shall collect and report data and evaluate programs in accordance with methods prescribed
33 by the Department of Human Services after consultation with the program directors.

34 (2) Information collected by the department under subsection (1) of this section shall include,
35 but need not be limited to:

36 (a) Numbers of persons served;

37 **(b) Ages of persons served;**

38 [(b)] **(c) Types of services provided;** and

39 [(c)] **(d) Cost of services.**

40 (3) Within the limits of available funds allocated for the administration of community mental
41 health and developmental disabilities programs, community mental health and developmental disa-
42 bilities programs shall collect data and evaluate programs with moneys provided by the department.
43 The department shall distribute funds so that programs within the same population grouping shall
44 receive equal amounts of funds. The population groupings are:

45 (a) More than 400,000 population.

1 (b) Less than 400,000 but more than 100,000.

2 (c) Less than 100,000 but more than 50,000.

3 (d) Less than 50,000.

4 (4) During the first biennium that a new service is funded by the department, two percent of the
5 service funds shall be set aside for use in data collection and evaluation of the service. Thereafter,
6 the service shall be evaluated as a part of the total community mental health program.

7 **SECTION 5.** ORS 430.675 is amended to read:

8 430.675. Within the limits of available funds, community mental health and developmental disa-
9 bilities programs shall provide those services as defined in ORS 430.630 (3)(a) to (h) to persons in
10 the following order of priority:

11 (1) Those persons who, in accordance with the assessment of professionals in the field of mental
12 health, are at immediate risk of hospitalization for the treatment of mental or emotional disturb-
13 ances or are in need of continuing services to avoid hospitalization or pose a hazard to the health
14 and safety of themselves, **including the potential for suicide**, or others and those persons under
15 18 years of age who, in accordance with the assessment of professionals in the field of mental health,
16 are at immediate risk of removal from their homes for treatment of mental or emotional disturbances
17 or exhibit behavior indicating high risk of developing disturbances of a severe or persistent nature;

18 (2) Those persons who, because of the nature of their illness, their geographic location or their
19 family income, are least capable of obtaining assistance from the private sector; and

20 (3) Those persons who, in accordance with the assessment of professionals in the field of mental
21 health, are experiencing mental or emotional disturbances but will not require hospitalization in the
22 foreseeable future.

23 **SECTION 6.** ORS 410.720 is amended to read:

24 410.720. (1) It is the policy of this state to provide [*for the*] mental health [*needs of*] **and ad-**
25 **dition services for** all Oregon senior citizens **and persons with disabilities** through a compre-
26 hensive and coordinated statewide network of local [*senior*] mental health services and alcohol and
27 drug abuse education and treatment. These services should involve family and friends and be pro-
28 vided in the least restrictive and most appropriate settings.

29 **(2) The Department of Human Services shall facilitate the formation of local community**
30 **partnerships between the senior, disability, mental health, alcohol and drug abuse and health**
31 **care communities by supporting the development of program approaches including, but not**
32 **limited to:**

33 **(a) Mental health and addiction screenings and assessments in long term care settings;**

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

36 **(c) Multilingual and multicultural medical and psychiatric services for ethnic minorities**
37 **with physical disabilities and hearing impairments;**

38 **(d) Education and training for health care consumers, health care professionals and**
39 **mental health and addiction services providers on mental health and addiction issues, pro-**
40 **grams and services for seniors and persons with disabilities; and**

41 **(e) Education and consultation services for primary care physicians treating seniors and**
42 **persons with disabilities.**

43 [(2)] **(3)** In carrying out the provisions of [*subsection (1)*] **subsections (1) and (2)** of this section,
44 the department [*of Human Services*] shall:

45 **(a) Develop plans for service coordination within the department; [and]**

1 **(b) Recommend budget provisions for the delivery of needed services offered by the depart-**
2 **ment; and**

3 **(c) Develop plans for expanding mental health and addiction services for seniors and**
4 **persons with disabilities to meet the increasing demand.**

5 **SECTION 7. The Director of Human Services or the Director of the Department of Cor-**
6 **rections, as appropriate, shall dispense as written a prescription for a mental health drug for**
7 **a person in the custody of an institution described in ORS 179.321 if the prescription specifies**
8 **“dispense as written” or contains the notation “D.A.W.” or other words of similar meaning.**

9 **SECTION 8. Section 7 of this 2005 Act applies to persons in the custody of an institution**
10 **described in ORS 179.321 on or after the effective date of this 2005 Act.**

11 **SECTION 9. This 2005 Act being necessary for the immediate preservation of the public**
12 **peace, health and safety, an emergency is declared to exist, and this 2005 Act takes effect**
13 **July 1, 2005.**

14 _____