D e b r a A. P i n a l s, M. D.

Board Certified in Psychiatry, Forensic Psychiatry, and Addiction Medicine

Neutral Expert Seventh Report
Regarding the Consolidated *Mink and Bowman* Cases

Date of Report: October 18, 2023
Neutral Expert: Debra A. Pinals, M.D.

Background and Context of this Report:

On 12/21/21, The Honorable Michael W. Mosman, U.S. District Judge for the United States District Court for the District of Oregon, Portland Division, entered an order appointing me, Dr. Debra Pinals, as the Neutral Expert in the *Mink/Bowman* matter, granting a Stipulated Motion from defendants at the Oregon Health Authority (OHA) and the Oregon State Hospital (OSH) and plaintiffs Jarrod Bowman, Joshawn Douglas-Simpson, Disability Rights Oregon, Metropolitan Public Defender Services, Inc., and A.J. Madison. The Court's order consolidates two cases, *Bowman et al v. Matteucci* et al (Case Number: 3:21-cv-01637-MO) and *Oregon Advocacy Center et al v. Mink* et al (Case Number: 3:02-cv-00339-MO) and identifies *Mink* as the lead case. Through this consolidation, the *Bowman* case was reassigned from the Honorable Marco A. Hernandez to Judge Mosman.

Judge Mosman's order stipulated further that OHA enter into a contract with the Neutral Expert and provide any needed information to her. The Court ordered that the Neutral Expert should "make recommendations to address capacity issues at the Oregon State Hospital." The order delineates that the first report from the Neutral Expert include "suggested admissions protocol that addresses the admission of patients found unable to aid and assist in their own defense under ORS 161.370 (.370 patients) as well as patients found to be Guilty Except for Insanity (GEI patients)." The Court further ordered a second report by the Neutral Expert to include "a short report and recommendations for a proposed long-term compliance plan for OSH." After submitting my initial reports pursuant to these orders, on 6/7/22 the Court ordered my ongoing appointment and stated, "Beginning on September 7, 2022, Dr. Pinals will provide brief quarterly reports to update the Court regarding compliance status and any needed additional recommendations to address any barriers to achieving compliance." In total, I have produced and provided the following reports to the Court in this case:

- First Report, 1/30/22
- Second Report, 6/5/22
- Third Report, 9/15/22
- Fourth Report, 12/21/22
- Fifth Report, 4/17/23
- Sixth Report, 7/24/23

In accordance with the Court's order, this report will serve as my Seventh Report in this matter.

Background and Summary of the Two Consolidated Cases:

A more detailed background to these cases is reviewed in my prior reports. In summary, state defendants were previously found by the Ninth Circuit (*OAC v. Mink, 2003*) to be out of compliance with Constitutional requirements and were ordered to admit individuals found unable to Aid and Assist in their criminal cases to Oregon State Hospital for restoration within seven (7) days of receipt of an order for their commitment to OSH for restoration. In December 2021, after further litigation, the parties entered an interim settlement agreement that involved the appointment of a Neutral Expert to provide recommendations to help achieve compliance with the Ninth Circuit's seven (7) day admission requirement as outlined above.

In a separate litigation, in November 2021, plaintiffs Jarod Bowman and Joshawn Douglas-Simpson brought action against the OSH and Oregon Health Authority (OHA) (plaintiffs were later joined by Metropolitan Public Defender) for failure to timely admit these individuals adjudicated Guilty Except for Insanity (GEI) by the Multnomah County Circuit Court, after The Honorable Nan Waller ordered them to OSH for treatment, without unreasonable delay. After further litigation, The Honorable Marco A. Hernandez, United States District Court Judge, agreed with the defendants that a consolidation of the *Mink* and *Bowman* cases made sense.

In accordance with my First Report recommendations, there is since that time one waitlist for people waiting in jail for a bed at OSH, whether GEI or under the Aid and Assist process. Both those waiting times continue to be tracked as part of this consolidated litigation.

Qualifications to Perform this Work:

I have worked for almost twenty-five years as a clinical and academic and forensic psychiatrist, and over twenty years functioning in state and local level behavioral health administrative leadership, management, policy and legislative development, clinical treatment, forensic evaluation, and consultative roles across several U.S. jurisdictions. Other details are provided in my First Report.

Sources:

Background court and legal documents for this case upon which I continue to rely include:

1. Mink 0339 COURT Order Consolidating Cases and Appointing Neutral Expert #240, signed 12/21/21;
2. Bowman 1637 COURT Order Consolidating Cases and Appointing Neutral Expert #21, signed 12/21/21;
3. Bowman 1637 COURT Notice of Judicial Reassignment from Judge Hernandez to Judge Mosman #20;
4. *Mink* and *Bowman* Interim Agreement, Filed 12/17/21;
5. *Bowman* 1637 PLD Plaintiffs 1st Amended Complaint #22;
6. *Mink* 0339 Court Order Granting Motion for Stay of Deadlines. Joint Status and 5/9/22 Joint Status Report;
7. Order on Joint Stipulation to Continue Appointment of Neutral Expert, signed by the Honorable Michael W. Mosman, 6/7/22;

8. *Bowman* Opinion and Order, Case No. 3:02-cv-00339-MO (Lead Case), Case No. 3:21-cv-01637-MO (Trailing Case), signed by Judge Mosman 8/16/22;
9. Case No. 3:02-cv-00339-MO (Lead Case), Case No. 3:21-cv-01637-MO (Member Case), Order to Implement Neutral Expert's Recommendations, signed by The Hon. Michael W. Mosman on 9/1/22;
10. Case No. 3:02-cv-00339-MO (Lead Case), Case No. 3:21-cv-01637-MO (Member Case), No. 6:22-cv-01460-MO (Member Case) Amended Order to Implement Neutral Expert's Recommendations, signed by The Hon. Michael W. Mosman on 5/10/23;
11. Oregon Advocacy Center et al., v. Mink et al. Case No. 3:02-cv-00339-MO(Lead Case) Mediation Final Term Sheet (June 2023).
12. Case No. 3:02-cv-00339-MO (Lead Case), Case No. 3:21-cv-01637-MO (Member Case), Second Amended Order to Implement Neutral Expert's Recommendations, signed by The Hon. Michael W. Mosman on 7/3/23; and
13. Case No. 3:02-cv-00339-MO (Lead Case), Case No. 3:21-cv-01637-MO (Member Case), Order Determining Supremacy Clause Issues, signed by The Hon. Michael W. Mosman on 9/11/23;

Background court and legal documents I have reviewed during this interim period include:

1. Oregon Advocacy Center et al., v. Mink et al. Case No. 3:02-cv-00339-MO(Lead Case) Mediation Final Term Sheet (June 2023);
2. Mink 0339 PLD Plaintiffs Motion to Compel Compliance 8.10.23 #425 and supporting documents;
3. Mink 0339 PLD Declaration of Thomas Stenson 8.10.23 #426 and supporting documents;
4. Declarations related to supremacy clause issue and related communications from Marion County, Amici District Attorneys (#434), Commander Tad Larson (#430), Debra Wells MA, LPC (#433), DA Paige Clarkson (#432), and Ms. Jane Vetto (#431);
5. Amici Judges' Brief Re Plaintiffs' Motion to Compel Compliance (#435);
6. Joinder of Washington County in Support of Response Filed by Marion County (#436);
7. Complaint for Declaratory and Injunctive Relief filed by Ms. Jane E. Vetto of Marion County on 9/12/23; and
8. Disability Rights Oregon, et al., Plaintiffs, v. D. Baden et al., Defendants, and Jarod Bowman et al., Plaintiffs, v. Dolores Matteucci et al., Defendants (Case No. 3:02-cv-00339-MO (Lead Case), Case No. 3:21-cv-01637-MO (Member Case), Opinion and Order, Singed by The Hon. Michael W. Mosman on 10/17/23.

I reviewed additional documents and materials separate from court filings and orders during this interim period. These include the following:

1. OHA/OSH Amended Order FAQs;
2. State of Oregon v. James Michael Frances Lopes (aka Lopez), 2014;
3. Bean v. Matteucci, 2021;
4. City of Portland v. Dollarhide, 1984;
5. Miscellaneous forensic evaluations and clinical reports sent by defendants via protective order;
6. Miscellaneous OJD uniform court order drafts;
7. Miscellaneous state court orders for extensions of commitment, non-transport of OSH defendants, results of requests for extensions, and recent orders for OSH to provide restoration services within the Marion County Jail and other relevant issues;

8. Communications from CMS and to CMS pertaining to aspects of conditions and care at OSH; and
9. Miscellaneous documents regarding GEI patients including PSRB hearing statistics, the conditional release ready lists, length of stay data, OSH/HSD/PSRB documentation.

Regular case tracking and background documents I reviewed in the interim between this report and my prior report include the following:

1. OSH Forensic Admission and Discharge monthly data dashboards August, September, and October 2023 reporting the month prior to production;
2. OSH Forensic Admissions and Discharge Bi-Weekly Reports;
3. Average Wait Time Prior to Admission Progress Metrics for Benchmark Goals;
4. *Mink & Bowman* Monthly Progress Reports from OHA from August, September, and October 2023; and
5. Miscellaneous media reports.

Regular/semi-regular meetings during this interim period from my prior report including the following meetings and discussions:

1. Periodic communications with Judge Mosman and Judge Beckerman;
2. Meetings with various OHA and OSH staff, including leadership and forensic evaluators;
3. At least Weekly or bi-weekly meetings and several ad hoc meetings with OHA, OSH, DRO and MPD representatives and leaders both separately and together. In addition, I met with staff from these agencies at various points in this interval period.
    a. From OHA, OSH, the weekly/bi-weekly leadership meetings have included:
        i. Current administrative leaders including Ms. Ebony Sloan Clarke, Director of Behavioral Health, OHA and Mr. Dave Baden, Interim Director of OHA
        ii. Dolores Matteucci, OSH Superintendent-CEO
        iii. Ms. Lindsey Burrows, Deputy General Counsel, Office of Governor Kotek
    b. From Oregon Department of Justice (DOJ):
        i. Carla Scott, DOJ Special Litigation Unit Counsel
        ii. Sheila Potter, Deputy Chief Counsel, Special Litigation Unit, Oregon DOJ
        iii. Melissa M. Chureau, Senior Assistant Attorney General, HHS, General Counsel Division
    c. From Disability Rights Oregon (DRO), Emily Cooper, Legal Director, and Dave Boyer, Managing Attorney
    d. From MPD as plaintiff party, Jesse Merrithew of Levi Merrithew Horst PC
4. Periodic discussions with OJD representation through Judge Nan Waller, Multnomah County
5. Presentation for and discussion with AOCMHP representatives on 7/27/23 organized by Ms. Cherryl Ramirez

I have also had discussions with individuals and groups including Amici, not limited to:

1. Mr. Billy Williams, along with elected Washington County District Attorneys Kevin Barton, and Paige Clarkson, as well as a meeting with Polk County DA and staff, and Ms. Evelyn Centeno of the Marion County DA's office;
2. County Counsel for Washington and Marion Counties, Mr. Thomas Carr and Ms. Jane Vetto, respectively;

3. Mr. Keith Garza and Judge Nan Waller and representative judges involved as Amici; and
4. Meeting and email exchanges with Mr. Jim Hargreaves, Fullbright Expert in Law, arranged through Ms. Cooper.

I observed Federal Court hearings on 7/24/23 and listened to one on 9/6/23 before The Honorable Michael W. Mosman, and I had further discussion and interaction with The Honorable Stacie Beckerman, considering mediation efforts.

Glossary of Acronyms and Terms Used in this and Prior Reports

A&A or AA: Aid and Assist
CCOs: Coordinated Care Organizations
CCBHCs: Certified Community Behavioral Health Clinics
CFAA: County Financial Assistance Agreements
CMHPs: Community Mental Health Programs
DOJ: Department of Justice Oregon
DRO: Disability Rights Oregon
FES: Forensic Evaluation Services
GEI: Guilty Except for Insanity
HLOC: Hospital Level of Care
IMPACTS: Improving People's Access to Community-Based Treatment, Supports, and Services
ISU: Intensive Services Unit
MOOVRS: Multi-Occupancy OSH Vacancy Resource & System Improvement Team
Mosman Order: As of this report, this will refer to the July 3, 2023 Second Amended Order unless otherwise specified
MPD: Metropolitan Public Defender
OCBH: Oregon Council for Behavioral Health
OCDLA: Oregon Criminal Defense Lawyers Association
OHA: Oregon Health Authority
ORPA: Oregon Residential Provider Association
OSH: Oregon State Hospital
PDES: Program Design and Evaluation Services
PSRB: Psychiatric Security Review Board
SHRP: State Hospital Review Panel
SRTF: Secure Residential Treatment Facility

Summary of Activities During this Reporting Period:

During this reporting period, my work has centered largely along three key tracks. First, I have worked with the plaintiffs and defendants to update the recommendations from my Second Report from June 2022. Given that my Second Report was drafted over a year ago, many of the recommendations required more current language endorsed by the current administration. Some of the recommendations were not as salient as crafted in 2022. In a series of intensive meetings with the parties to the case, the recommendations were reviewed, discussed, and reformatted with specific deliverables and milestones attached. This was a very productive effort, and it was important work. The state participants were fully engaged, and it was especially good to see the participation of various staff within the Governor's office in this process.

The second key activity of this interim period has been related to the numerous legal issues that continue to surface in this case. Initially there was work to be done tracking how the amended order from July 2023 was received and how many "extender" cases were sent to OSH. At the same time, there have been several state criminal cases that have called for non-transport of defendants out of OSH, and more recently orders from Marion County courts for OSH to provide restoration services within jails (though not all of those orders are still active). My work with the parties and with amici has included tracking the state cases and the complex interplay of federal and state issues that have surfaced, especially related to Marion County. In my meetings with some Marion County leaders, I have been told that they have a disproportionate number of challenging individuals and even fewer resources to serve them. I have also been told that the courts often have different views than the service providers and the hospitals. This has certainly been seen in the cases that were sent to Judge Mosman for review.

At our all-parties meetings, there are regular updates on where things stand with the state court cases and the Federal Court briefings that have been filed. This has taken a great deal of time for the state staff and the plaintiffs to manage. Matters pertaining to the Supremacy clause and interpretation of the July 3, 2023 Second Amended Order have been under review in the Federal Court though Judge Mosman issued an order pertaining to this on 10/17/23. In that order, he reiterated the plain language of his Second Amended Order, gave his rationale, and issued a clear statement to Marion County that their efforts are not in sync with the rest of the state actors who are working together to carefully share tight resources.

The other legal matter that was active during this interim period was the work that was done between the state and OJD as court forms were updated to incorporate findings that would relate to the Second Amended Order and allow for further data collection. Although the discussions raised different viewpoints, more recently some of the challenges seem to have been resolved.

The third critical area of focused attention during this interim period has been my work with the state to review the data and monitor compliance with the seven (7) day admission mandate. Although it was not clear what would happen to compliance with the July 2023 Second Amended Order, the state has continued to be in compliance with the Federal requirement for timely admissions since 7/20/23, admitting patients within seven (7) days of the state court orders. In fact, from 7/20/23 to 10/15/23 265 out of 273 defendants were admitted within seven (7) days, and all eight (8) defendants who did not make the 7-day limit were late due to late receipt of orders or delayed transportation decisions by the counties. Thus, apart from the few outlier cases, there has been compliance with the Federal Order underlying this *Mink/Bowman* matter. This is a remarkable achievement and was preliminarily noted in my Sixth Report, yet the work and the issues pertaining to what this means continue to need sorting out. As per the mediation agreement, there will be a more thorough review of data and feedback from Amici that will be forthcoming to understand more of the overarching impact of the Second Amended Order.

In addition to these main activities, as part of my efforts during this interim reporting period, I had the opportunity to meet with the FES evaluators. They are working diligently to try to keep up with evaluations as well as work with what seems to be increasingly contested cases and the need to testify regarding opinions. As of 8/1/23 the evaluators implemented new language consistent with the 7/3/23 Federal Order regarding opinions for restorability within the next 180 days and within the foreseeable future. There continues to be concern and questions about the "never able" determinations. According

to the evaluators with whom I spoke, the statute allows for the possibility to look into the indefinite future on community restoration, so determining that a defendant would never be able to be restored would be difficult. In essence then, opinions of final findings are more often left open, leaving people potentially in restoration services for long periods of time. In other words, with community restoration as an indefinite option, there are more cases that the evaluators are seeing leave the hospital without findings of restoration. This will be reviewed more thoroughly in my next report to the Court examining the impact of the "Mosman Order."

Conclusions and Recommendations:

A key finding during this reporting period is that due to the changes made from the time of the Second Amended Order of 7/3/23 and the hard work of OSH, OHA and many partners across Oregon, the state has been compliant with admitting patients for restoration services within seven (7) days since July 20, 2023, except for a few cases where there were technical delays. Still, it remains clear from all these efforts that the Aid and Assist system is overwhelming to partners in the process, and this continues to lead to strain across systems. There has also been more flow to community restoration that will continue to require examination if it is to be sustained.

Single county concerns, especially in Marion County, have taken a great deal of time and energy in this matter. Judge Mosman's recent ruling on 10/17/23 helps sort through these recent challenges, yet given what has occurred to date and the countless unanticipated variations of how a criminal case plays out in state court, it remains to be seen as to whether individual counties actors will find other cases that attempt to put forth exceptions to the rules set forth by the Federal Court.

Nonetheless, in a future report, pursuant to the mediation agreement, I will be reporting to this Court my opinions with regard to the overall impact of the "Mosman Order" and its amendments. I have just received briefings from Amici and will be reviewing their perspectives to inform my opinions. Thus, this current Seventh Report to the Court is limited to the above descriptions of my recent activities and providing the Court with an updated version of the recommendations from my Second Report.

The items identified below have been agreed to by the defendants, vetted by the plaintiffs, and have been reviewed by me as updates to my prior 2022 recommendations. Some have already been completed, but for the sake of clarity across my Second Report and this Seventh Report, all recommendations are included. As such, in lieu of my recommendation set forth in my June 2022 Second Report, going forward, the following reflect my updated recommendations that should be followed:

#	Recommendation Summary	Milestones / Sub-tasks	Dates
1.A.1 (1st half)	**Data dashboard:** OSH will produce and distribute data dashboards twice per month.	**Data dashboard was created and is currently uploaded twice per month. Ongoing updates will continue to get added to the data dashboard and will be uploaded to the Mink/Bowman website.**	**Ongoing**
1.A.1 (2nd half)	**Data dashboard:** OHA, DRO, and MPD should begin to engage with stakeholders to	**1. Establish standard agenda using data dashboard, RTP list and hospital waitlist for OHA/OSH and county meetings**	**Completed 6/15/23**

	review this data and develop a process to best use this data to inform system change at local levels.	1.1 - The standard agenda will be used for all meetings and will be emailed out to meeting participants prior to the meeting for review and research	
		2. Hold first meeting with Multnomah County 2.1 - Completed as of 6/29/23. Data dashboard was reviewed. Mink/Bowman website was reviewed	**Completed 6/30/23**
		3. Identify pilot counties to hold monthly meetings 3.1 - Define criteria for county selection (likely highest number of individuals on RTP list) 3.2 - Select counties 3.3 - Define attendee list for each meeting	**Completed 8/30/23**
		4. Implement pilot 4.1 - Schedule meetings. Completed as of 9/30/23. 4.2 - Facilitate meetings monthly	**Ongoing**
		5. Conduct data review 5.1 - Review data with Dr. Pinals and Parties	**3/31/24**
		6. Determine whether to rollout statewide (if supported by data review) 6.1 - Identify required resources for statewide rollout 6.2 - Submit recommendation to OHA leadership regarding statewide rollout	**5/1/24**
1.A.2	**Data staff:** OHA should submit POP to legislature to fund additional Data Technician for expansion of data development.	**1. Finalize position description (PD)** 1.1 - Draft position description using template 1.2 - Have select team members review PD for content 1.3 - Send to management for PD review and approval	**Completed 8/31/23**
		2. Post position for hire 2.1 - Send finalized and approved PD to HR for posting 2.2 - Review/edit as HR sees fit 2.3 - Upload to Workday site for required period of time	**Completed 9/30/23**
		3. Hire position. 3.1 - Review submitted applications for minimum qualifications 3.2 - Conduct interviews 3.3 - Extend offer 3.4 - First day by on job	**11/30/23**

#	Recommendation Summary	Milestones / Sub-tasks	Dates
1.A.3	**Data sharing:** OHA/OSH should work in partnership with OJD to examine best	**1. Data Warehouse team to run current report using data pulled from e-court and will send to OHA/OSH teams**	**Completed 7/20/23**

	mechanisms to share their own data and utilize regular data reports from each entity to mutually inform practices.	**2. OHA/OSH team to review Data Warehouse data for alignment with Neutral Expert data sharing request elements and attempt to produce reports** 2.1.a - If data aligns with current need, the data team will create ongoing reports to be uploaded to Mink/Bowman website 2.1.b - If useful data is not able to be pulled from data warehouse, this will become an agenda item for discussion with Dr. Pinals and all parties if appropriate	**Completed 11/1/23**
		3. OHA/OSH to evaluate whether new codes that OJD is creating can be used (note: this goal is dependent upon OJD and OHA's ability to access court data) 3.1 - OJD is creating new codes to be tracked in Odyssey system, which may make it easier to track outcomes and dispositions for Aid and Assist clients 3.2 - Once codes are implemented, data warehouse techs will see if reports can be run on the new codes	**Jan 2024**
1.A.4	**Data sharing:** OHA/OSH should develop and update a public-facing Mink/Bowman website to inform stakeholders, including any information that would help the public understand this matter and progress towards compliance.	**1. Website developed and updated regularly:** https://www.oregon.gov/oha/OSH/Pages/mink-bowman.aspx	**Ongoing**
		2. Determine public funding information which will be added to the website 2.1 - ISU team will review public funding information (i.e.- grants, contracts, RFA's, CFAA) and will vet with BH Leadership. This will include funds shared to each county via RFA. Completed as of 9/30/23. 2.2 - Check with OHSU about adding their bed capacity study to the website (i.e., whether and when it is shareable) 2.3 - Vetted information to be uploaded to existing Mink/Bowman website	**Ongoing**
		3. Provide annual updates on currently posted funding sources with additional updates as needed when new funding streams begin 3.1 - Annual update to take place in July every year to align with fiscal year changes	**Annually in July**

#	Recommendation Summary	Milestones / Sub-tasks	Dates
1.B.1 (1st half)	**Standardized Assessments:** OHA/OSH should develop standardized assessment processes that support LOC determinations without overlying on a single score.	**1. Provide mock-up of new form to plaintiffs** 1.1 - Provided outline of information courts will receive in place of the LOCUS	**Completed 6/30/23**
		2. Complete training for OSH clinical staff involved in process	**Completed 7/31/23**
		3. Implement new clinical packet process	**Completed 8/2/23**

1.B.1 (2nd half)	**Standardized Assessments:** OHA should convene key partners to review the standardized process and make final recommendations. Implement rule changes if needed.	**1. Develop form to share with courts in HLOC packet, end statutory jurisdiction packet and discharge packet** 1.1 - LOCUS score will be replaced by a narrative describing client need, along with clinical information courts can use to make a more informed decision	**Completed 8/2/23**
		2. Convene partners in aid and assist discharge process to assess effectiveness of the OSH clinical progress update for decision making 2.1 - Meet with stakeholders including OJD, AOCMHP, Dr. Pinals, and parties to assess and develop needed revisions	**11/30/23**
		3. (If major revisions required) Explore OAR and/legislative changes	**6/30/24**
1.B.2 (1st half)	**Shift of court notification practice**: OHA should re-establish prior policy and discharge .370 defendants back to the committing county upon a forensic evaluation of "able."	This item is **complete**	**n/a**
1.B.2 (2nd half)	**Shift of court notification practice**: Individuals opined as "never able," or "med never" should be further studied for potential process change to support direct community discharge with CMHP assistance rather than routing back to jail.	This item is currently **paused for data collection/analysis**	**n/a**
1.B.3 .a	**Clinical reviews of utilization of OSH beds**: OSH should develop plans for prioritization of early referrals for evaluations of persons in Aid and Assist process at OSH.	This item is **complete**	**n/a**

#	Recommendation Summary	Milestones / Sub-tasks	Dates
1.B.3.b	**Clinical reviews of utilization of OSH beds:** OSH should develop plans for prioritization of earlier reviews for Hospital Level of Care (HLOC) determinations for AA patients at OSH to clinically determine readiness for stepdown or discharge as early as possible.	This item is **complete**	**n/a**
1.B.4	**Training:** Plaintiffs, OJD, and OHA should develop education for defense, prosecution, and judiciary regarding the	This item was **cancelled in agreement by All Parties**	n/a

	importance of maximizing the use of diversion from Aid and Assist processes for misdemeanant defendants and for those defendants for whom prosecution is not likely to be pursued.		
1.B.5	**Coordination with ODDS:** OHA, OSH, and ODDS should meet to identify improvements for timely discharge from OSH and diversion for individuals with IDD in the Aid and Assist and GEI processes to appropriate community alternatives.	**1. Director of Social work at OSH has met with ODDS regularly to discuss improvements to discharge and diversion from OSH of clients with IDD diagnosis**	**Completed 6/30/23**
		2. Senior Leadership from OHA to have an initial level setting meeting with Senior Leadership at ODDS to identify barriers and system improvements needed to increase/improve access to DD services for individuals who are engaged in competency restoration 2.1 - OHA Senior Leadership to meet and determine a meeting time and an agenda for the meeting with ODDS	**Completed 8/4/23**
		3. Create cross agency work group to identify barriers and system improvements needed to increase/improve access to DD services for individuals who are engaged in competency restoration	**10/31/23**
		4. Workgroup to create work plan and timeline to address needs identified in Milestone 3 meetings	**1/1/24**

#	Recommendation Summary	Milestones / Sub-tasks	Dates
1.B.6	**Development of community navigator model:** OHA should develop a model to create "community navigators" to support individuals sent for restoration as they transition from OSH into community settings.	**1. Select Community Navigator Model** 1.1 - Facilitate workgroup review of CCBHC and navigator models. Completed as of 9/5/23. 1.2 - Identify model that aligns with the CCBHC model. Completed as of 9/15/23. 1.3 - Draft model recommendation for Dr. Pinals 1.4 - Incorporate feedback from Dr. Pinals by 11/15/23	**11/15/23**
		2. Select pilot sites for CCBHC Community Navigator pilot 2.1 - Identify current CCBHCs that are CMHPs 2.2 - Schedule pilot introduction and collaboration session(s) with CCBHCs. Completed as of 8/29/23. 2.3 - Review of pilot with AOCMHP and incorporate feedback 2.4 - Request to OHA leadership to expand the scope of the pilot to include (1) individuals in community restoration, (2) CMHP pilot sites. 2.5 - Outreach to CMHPs based on Aid & Assist caseload counts 2.6 - Identify six pilot sites 2.7 - Confirm pilot sites	**11/17/23**

		3. Identify and develop training materials and plan 3.1 - Meet with CCBHCs and CMHPs to identify training needs for staff and navigator model 3.2 - Develop training materials 3.3 - Schedule training dates for pilot sites 3.4 - Complete trainings	**1/31/24**
		4. Develop data collection and reporting methods 4.1 - Review data currently reported by CCBHCs and CMHPs 4.2 - Incorporate data elements necessary for evaluation purposes including the examination of recidivism to OSH for Aid and Assist restoration 4.3 - Incorporate feedback from Dr. Pinals 4.4 - Formalize data reporting process 4.5 - Communicate process to CCBHCs and CMHPs	**1/31/24**
		5. Start Implementation 5.1 - Monthly or quarterly meetings and technical assistance with pilot sites 5.2 - Ongoing review of support and training needs	**2/1/24**
		6. Conduct mid pilot review 6.1 - Conduct data review 6.2 - Conduct stakeholder meetings: CCBHC/CMHP listening & feedback sessions 6.3 - Meet with Dr. Pinals to review and obtain feedback 6.4 - Incorporate feedback from CCBHCs and Dr. Pinals	**Aug 2024**
		7. Conduct final data review, continuation for statewide expansion 7.1 - Data review; integrate findings/recommendations with Contingency Management pilot 7.2 - Conduct stakeholder meetings: CCBHC/CMHP listening & feedback sessions 7.3 - Meet with Dr. Pinals to review and obtain feedback 7.4 - Incorporate feedback from CCBHCs and Dr. Pinals	**Feb 2025**

#	Recommendation Summary	Milestones / Sub-tasks	Dates
1.B.7.a	**Consultation/Expedited admission and diversion processes:** Expedited admission service: Modify expedited admission processes to emphasize consultative availability upon request regardless of referral source.	This item was **completed**	**n/a**

1.B. 7.b & 1.B. 7.c	**OHA will monitor the OSH waitlist weekly**. If the waitlist exceeds 10 days, OHA will initiate jail diversion meetings with CMHP to review current symptoms and explore appropriate alternative community restoration services, if available.	**1. Develop OSH waitlist review process between OSH and ISU** 1.1 - Identify OSH contact to provide a weekly report to ISU complex case coordinator (CCC) 1.2 - CCC will review report weekly for individuals with wait times exceeding ten days	**11/1/23**
		2. Develop CMHP outreach process 2.1 - CCC will initiate contact with CMHP for identified individuals requesting a status update and if appropriate alternative community restoration services are available 2.2 - To initiate a timely intervention OSH diversion meeting may be combined with RTP/EOC meetings	**11/1/23**
		3. Develop case tracking system 3.1 - Integrate Jail/OSH diversion data into the current RTP/EOC tracking mechanism	**11/1/23**
		4. 90-day review	**2/1/24**

#	Recommendation Summary	Milestones / Sub-tasks	Dates
1.B. 8.a & 1.B. 8.b	**Improvements in GEI community placement elements:** OHA should explore means to provide additional resources for community providers to prepare timely discharge plan for GEI patients including evaluations by CMHPs. This will include devising a funding mechanism to pay for evaluations by CMHPs as ordered by the PSRB. This may include a base rate for completing evaluations within 30 days. **Improvements in GEI community placement elements:** OHA should present a plan to ensure that community evaluations are scheduled within 15 days of receipt of the order and completed within 45 days. Take all reasonable steps to implement such a plan and secure funding needed to implement it.	**1. Complete draft proposal and present to relevant parties for feedback** 1.1 - Present to BHD leadership and receive feedback 1.2 - Present to PSRB leadership and receive feedback	**Completed 8/31/23**
		2. Complete draft rules, standards, internal processes, and agreements 2.1 - Complete draft standards for the thoroughness of an evaluation 2.2 - Complete draft data sharing agreement between OHA and PSRB 2.3 - Complete draft process for HSD reviewing completed evaluations 2.4 - Complete draft rule changes adjusting timeline for evaluation completion 2.5 - Complete draft standards for provider communication of vacancies and establishing of waitlists	**12/31/23**
		3. Initiate processes to make identified changes to rules, contracts, and budget 3.1 - Schedule initial meeting with Behavioral Health rules coordinator 3.2 - Identify budget source for evaluation completion incentive 3.3 - Schedule initial meeting with contract manager	**1/31/24**

		4. Present draft rules, standards, processes, and agreements to relevant parties for approval 4.1 - Hold community engagement sessions prior to initiating permanent rule process 4.2 - Present to OHA-HSD leadership for approval 4.3 - Present to PSRB (i.e., Dr. Bort) leadership for approval	**3/31/24**

#	Recommendation Summary	Milestones / Sub-tasks	Dates
1.B. 8.c	OSH will develop a policy/protocol that delineates categories of individuals who may be appropriate for more direct/expedient community discharges, ensuring that protocols and processes regarding decisions are made based on person-centered and least restrictive alternative options.	**1. Risk Review will continue to use a person-centered approach to make recommendations for gaining privileges and will share that approach with PSRB** 1.1 - OSH will revise its risk review policy to explicitly incorporate this approach	**Completed 10/17/23**
		2. OSH will develop policy/protocol that delineates categories of individuals who may be more appropriate for more direct/expedient community discharge 2.1 - OSH will share its current PSRB data and Length of Stay data with parties (ongoing) 2.2 - OSH will revise it risk review policy to incorporate a more expedient approach to conditional release for PSRB clients who have recently been revoked or otherwise do not need to take a stepwise progression through phases of privileges	**Completed 10/17/23**
1.B. 8.d	Improve GEI processes to reduce reliance on OSH when not clinically appropriate.	**1. A supervising OSH Risk Review Social worker will continue to meet at least twice monthly with the PSRB Executive Director and HSD GEI/PSRB Operations and Policy Analyst Three to:** **• Discuss current state of PSRB placements** **• Review Community vacancies** **• Problem-solve complex case and systemic issues creating barriers to discharge** **• Serve as a liaison to Risk Review committee and the PSRB** **• Attend Monthly statewide meetings**	**Ongoing**
		2. A supervising Risk Review Social worker and/or the Director of Social Work monitor revocations on an ongoing basis and clients reaching End of Jurisdiction (EOJ) beginning one year from EOJ to ensure appropriate planning and community engagement	**Ongoing**
		3. Establish a series of three to five (3-5), 1.5-hour meetings to explore opportunities to improve GEI processes and to reduce reliance on OSH bed days in partnership with DRO, OSH, HSD, PSRB and the neutral expert 3.1 - Complete facilitating meetings	**Jan 2024**

		3.2 - Set new deliverables and assign ownership and completion dates of any improvements identified	

#	Recommendation Summary	Milestones / Sub-tasks	Dates
1.B. 9.a	**Discharge process prioritization**: Informal support. General counsel for OSH should continue efforts to support compliance with SB 295 through communications with defense lawyers and prosecutors. MPD will also make themselves available to try and intervene with defense lawyers to ensure they follow SB 295.	This work is **ongoing** and does not have planned milestones	**n/a**
1.B. 9.b	**Discharge process prioritization**: Advocacy. DOJ will continue evaluating cases on a state-wide basis for direct legal intervention on behalf of OSH where SB 295 is not being followed by state courts or CMHPs.	This work is **ongoing** and does not have planned milestones	**n/a**
1.B. 9.c	**Discharge process prioritization**: Rulemaking and Reduced Reliance on Single Solutions for Discharge. OHA shall amend the OARs applicable to AA Ready-to-Place defendants to clarify that the treating clinical team's clinical recommendations primarily guide discharge planning. Consistent with clinical best practice and existing legal standards regarding the ADA's integration mandate, level of care should be the least restrictive. CMHPs should provide information about what is available in the community including any reasonable options for a referral to a different community supportive placement when clinically appropriate, if the identified recommended "level" is not	**1. Draft OARs for revision** 1.1 - Review relevant OARs and Mink/Bowman recommendations. Completed as of 8/7/23. 1.2 - Create initial draft of OARs. Completed as of 8/15/23. 1.3 - Obtain OHA leadership permission to move forward with permanent rule process. Completed as of 9/29/23. 1.4 - Leadership review of initial draft 1.5 - Incorporate leadership feedback 1.6 - Review PDES report for discharge related content and incorporate changes 1.7 - Review finalized CFAA as well as Draft CRP Manual from Recommendation 2.3.a for changes or other relevant rules to change during the permanent rule process 1.8 - Leadership Review of Final Draft 1.9 - Obtain feedback from Dr. Pinals, and Parties and finalize draft	**4/12/24**
		2. Complete permanent rule process 2.1 - Hold community engagement sessions prior to initiating permanent rule process 2.2 - Work with HSD rules coordinator to complete permanent rule process	**8/31/24**

	available. This might include, for example, providing information about a lower level of care that could be crafted with enhanced supports to meet the individual's needs.	**3. Complete training for stakeholders on new rules and expectations** 3.1 - Review relevant rule changes to inform training materials 3.2 - Develop training material to present to stakeholders around clarification of new OAR 3.3 - Schedule and present training	**10/31/24**

#	Recommendation Summary	Milestones / Sub-tasks	Dates
1.B. 10	**Forensic evaluation quality and efficiencies:** OHA/OSH should continue to support work to develop improved infrastructure and efficiencies for forensic evaluations. OJD has agreed to lead in the writing of a report, and Parties in the Mink/Bowman matter should review and refine.	This project is being completed by **OJD**	**12/29/23**
1.B. 11	OHA shall draft an analysis report that reviews the current state of care coordination operations for adults under an Aid & Assist Competency Restoration order discharging from OSH to the community, and separately those discharging from OSH to jail. Requirements review shall include: • Relevant OARs (i.e., 859, 309, & 410 OARs) • 2024 CCO contract • 2024 FFS Care Coordinator contract • 2024 CMHP contract • 2024 Comagine Contract • 2023 IQA Audit	**1. Conduct requirements review** 1.1 - Complete OAR review 1.2 - Complete 2024 CCO contract review 1.3 - Complete 2024 FFS Care Coordinator contract 1.4 - Complete 2024 CMHP contract 1.5 - Complete 2024 Comagine Contract 1.6 - Review of 2023 IQA Audit & integration of Corrective Action Plan to issues related to the LSI and Comagine	**2/15/24**
		2. Circulate analysis report draft for review 2.1 - Complete OHA Medical leadership review 2.2 - Complete OHA BH and Medicaid leadership review 2.3 - Complete OSH Social Work leadership review 2.4 - Complete PSRB review 2.5 - Complete Dr. Pinals review 2.6 - Incorporate feedback	**3/1/24**
		3. Final analysis report due	**3/29/24**
		4. Submit recommendations for consideration in the 2025 CCO and FFS care coordination contracts	**3/29/24**

#	Recommendation Summary	Milestones / Sub-tasks	Dates
1.B. 12.a	OHA will continue to pursue the 1115 Medicaid Demonstration waiver submitted in 2/2022 requesting the authority to provide Medicaid funding for a limited set of services in non-SUD IMD, i.e., OSH. Through the 1115 Medicaid Demonstration waiver we believe that providing the physical and behavioral health stabilization and reentry services to individuals in county or regional jails has a potential to mitigate the volume of individuals under arrest and charged with a crime that decompensate escalating to a hospital level of need under an A&A order.	**1. Conduct 1115 waiver carceral negotiations with CMS** 1.1 - Complete CMS negotiations 1.2 - Draft Standard Terms and Conditions (STC) with CMS 1.3 - Complete State review of draft STC 1.4 - Complete CMS post approval protocol submission 1.5 - Complete CMS post approval protocol negotiations 1.6 - Finalize post approval protocols between state and CMS	**Dependent on CMS**
		2. Conduct 1115 waiver carceral implementation planning 2.1 - Develop a staffing and project plan 2.2 - Request state general funding for federal match via rebalance or legislative session 2.3 - Complete CCO contract amendment 2.4 - Complete FFS care coordination procurement 2.5 - Complete MMIS system changes 2.6 - Complete ONE system changes 2.7 - Complete Oregon Administrative Rule development 2.8 - Complete Process development	**Dependent on CMS**

#	Recommendation Summary	Milestones / Sub-tasks	Dates
1.B. 12.b	OHA will develop a request for the 2025 legislative assembly to fund care coordination services for adults discharging from the OSH to community or jails. This may include an assessment of the CCBHC pilot currently in development under 2023 legislatively allocated resources. OHA will complete an assessment of the pre/post OSH discharge care coordination models to identify a long-term vs strategy i.e., CCO care coordination under GF via 5-year procurement versus OHA BH contract.	**1. Assess current resources** 1.1 - Identify related programs, resources, and pilots 1.2 - Draft gap analysis 1.3 - Circulate draft gap analysis for public engagement/comment 1.4 - Draft white paper with recommendations 1.5 - Circulate draft white paper with recommendations for public engagement/comment 1.6 - Present updated white paper to OHA leadership 1.7 - Share final draft of white paper with collaborators	**9/27/24**
		2. Submit 2025 legislative request 2.1 - Conduct market research 2.2 - Develop budget needs 2.3 - Draft a policy option package (POP) 2.4 - Circulate the POP for feedback among partner agencies 2.5 - Submit the POP to Gov. Affairs 2.6 - Develop an engagement strategy with legislative assembly, OSH, DOC, county/regional carceral facilities, advocacy, ODHS, etc. in the form of talking points and	**1/31/25**

		presentation that addresses reason, need, impact, monitoring, etc.	
		3. Develop Transition of Care (TOC) requirements for Medicaid members upon discharge from OSH 3.1 - Draft TOC Oregon Administrative Rule changes 3.2 - Develop processes 3.3 - Go-live	**1/31/25**

#	Recommendation Summary	Milestones / Sub-tasks	Dates
1.B.13 (1st half)	**Substance use disorder treatments:** Expand access to substance use treatment including medications for addiction treatment (MAT) and contingency management in residential and community programs that serve people under AA orders. Incorporate these services into the refinements of services offered for people in Community Restoration Programs (CRPs).	**1. Implement contingency management practices** 1.1 - Expand training on contingency management to OSH teams 1.2 - Work with Dr. Pinals to develop innovative pathways to implement contingency management	**1/31/24**
		2. Include OSH teams on the statewide ASAM training	**1/31/24**
		3. OHA to establish continuity of care for discharging patients with SUD from OSH 3.1 - SUD subject matter experts engage and collaborate with discharge planning staff (at OSH and in community) to include training community providers in Aid and Assist legal processes and requirements 3.2 - Identify key stakeholders who need to be engaged to support effective continuity of care 3.3 - Identify roles and responsibilities of key stakeholders in continuity of care 3.4 - Develop workflow to ensure that patients with SUD discharged from OSH receive needed SUD treatment integrated or concurrent with other care needs in a timely manner 3.5 - Partner with OSH for community navigators to assist with discharge planning	**7/31/24**

#	Recommendation Summary	Milestone/Sub-tasks	Dates
1.B.13 (2nd half)	**Substance use disorder treatments:** Similarly for the OSH population, foster greater focus on substance use treatment services for individuals in AA and GEI processes. Incorporate these services into the refinements of services offered for people in Community Restoration Programs (CRPs).	**1. OSH obtained additional training for a small group of OSH staff on SMART recovery and have increased access to this group service**	**Completed 8/1/23**
		2. Train a larger group of psychology, treatment services, and social work staff in Wellness Recovery Action Planning (WRAP). This will increase access to both group and individual WRAP services.	**Initiated 7/1/23 and ongoing**
		3. Train non-clinicians to provide legal education to patients, which in the long-term will reduce clinician time in that work and afford more time to provide higher skilled clinical work, including SUD services. We are working to get staff who have completed	**Ongoing**

		classroom training effectively paired with existing group leads to co-lead groups to complete the training process for those individuals.	
		4. Launch a RPI related to improving group-based treatment centered on the different jurisdictions of our patients and the unique barriers to discharge/transition for Aid and Assist, PSRB, and civil jurisdictions. This will include consideration of group SUD services and the role of addiction as a barrier to discharge/transition for different jurisdictions.	**Initiated Jul 2023 and ongoing**
		5. Work toward re-initiating a CADC training academy with a tentative goal for a cohort to begin in 2024 (contingent on positions and staffing). This program trains existing hospital staff in different positions to provide SUD services and requires that they commit to providing 2-4 hours.	**Initiate Mar 2024**
		6. Operationalize MAT protocols within OSH 6.1 - Review state and federal law and rule relating to provision of MAT 6.2 - Provide education/training/resources for OSH staff around MAT 6.3 - Develop workflow for patient initiation onto MAT	**Initiate Mar 2024**
1.B.14	**Community Restoration Program access:** OHA should conduct an inventory of the current status of CRPs and their statewide availability across all counties and present findings. Prioritize plans to address any gaps in these services.	**1. Review CRP survey from 2022 and make any necessary changes** 1.1 - Consult HSD program staff and leadership 1.2 - Consult with AOCMHP	**Completed 8/1/23**
		2. Draft and send email to CMHPs requesting completion of the CRP survey	**Completed 10/11/23**
		3. Collate submitted data and distribute to relevant parties	**11/6/23**

#	Recommendation Summary	Milestones / Sub-tasks	Dates
2.1.a	**Duration of Competence Restoration:** The parties should work jointly with willing stakeholders to propose new legislation that decreases the maximum restoration time limits. Time for both inpatient and community restoration services should be limited for misdemeanors, felonies, and serious violent felonies.	**1. OHA to establish a workgroup to include CMHP's, DAs, OHA, OSH, OJD, DRO, MPD, Forensic Evaluators** 1.1 - Draft and establish work group charter, including attendee list and meeting cadence 1.2 - Draft and establish communications plan	**10/31/23**
		2. OHA to establish a fully vetted legislative proposal	**Available for next long session in 2025**

2.1.b	**Duration of Competence Restoration:** The court in making its findings should rely upon clinical opinions, and the forensic evaluators in rendering opinions of restorability should provide compelling clinical data to support a likelihood beyond probability that the defendant shall regain their capacity to A&A at the end of restoration period.	**See 2.1.a** Note: This is happening now within OSH due to federal court order that limits OSH length of restoration across charge categories. Will require legislative change upon federal order expiration (12/31/23).	**See 2.1.a**
2.1.c	**Duration of Competence Restoration:** Restoration across multiple charges should be consolidated and contiguous consecutive periods of restoration should be eliminated unless there are new charges after an initial period of restoration.	**See 2.1.a**	**See 2.1.a**
2.1.d	**Duration of Competence Restoration:** Aid and Assist progress/periodic Aid and Assist reports should be brief, relying on more complete evaluations made for the initial findings of a defendant being Unable to Aid and Assist. The brief periodic update reports should be done at intervals. Aid and Assist progress updates should be filed as soon as feasible.	**See 2.1.a** Note: This is happening now due to federal court order. Will require legislative change upon federal order expiration (12/31/23).	**See 2.1.a**

#	Recommendation Summary	Milestones / Sub-tasks	Dates
2.1.e	**Duration of Competence Restoration:** Further explore opportunities for defendants found Unable to Aid and Assist or "Med Never" to ensure access to appropriate services.	**1. OHA to develop presentation overviewing opportunities and present to All Parties** 1.1 - SDOH manager and her team will work on a presentation for the parties outlining how the $130 million approved by the legislature for residential services was awarded and where new facilities will be coming online 1.2 - OHA/OSH will review presentation forward to leadership for approval	**Completed 7/14/23**
		2. Provide presentation to All Parties	**11/30/23**
		3. OHA to review data currently available from the OHA data warehouse that is supplied by OJD/E-Court. Further data sharing agreements and analysis will be considered after initial review of available data.	**1/1/24**
2.2	**Finances Regarding State Hospital Utilization:** Parties should work with legislators and	**1. OHA will engage a consultant to study county or CMHP incentive programs or other cost-sharing models to address the ready-to-place list after a**	**Oct 2025**

	others to add incentives to the proposed cost sharing program with CMHP or develop alternative similar fiscal approaches. Counties and CCOs should also share in both the risk and incentives aimed at reducing length of stay for individuals in the AA and GEI processes on the RTP list.	**determination that a patient no longer meets criteria for hospital level of care**	
		2. OHA will convene impacted partners to review results of study	**Jan 2026**
		3. OHA will develop legislative proposal, rule or policy change, contract amendment or other remedy to implement the incentive or other programs. Such proposal, contract amendment or other remedy shall be based on consultant recommendation and partner feedback	**Jan 2027**

#	Recommendation Summary	Milestones / Sub-tasks	Dates
2.3.a	**Community Restoration Program Refinements:** OHA should develop a CRP manual, delineate best practices across regions, engage in training, develop standard court forms. Develop standard protocols to reduce ambiguity or perceived overlap with other funded behavioral health services.	**1. Complete initial draft of community restoration manual** 1.1 - Review current training material 1.2 - Review relevant ORS and OAR 1.3 - Have ISU lead review initial draft 1.4 - Have OSH SW director review initial draft	**Completed 7/31/23**
		2. Obtain and incorporate feedback from Dr. Pinals and parties 2.1 - Provide Dr. Pinals and parties an overview on the initial manual draft 2.2 - Review and incorporate Dr. Pinals and parties' feedback into the initial draft 2.3 - Review PDES Report and incorporate appropriate changes including any additional identified best practices. This may require further research 2.4 - Review finalized CFAA and incorporate any needed changes to align CFAA with contract	**1/31/24**
		3. Review and incorporate stakeholder feedback 3.1 - Provide presentation to AOCMHP on the draft CRP manual 3.2 - Incorporate feedback	**3/29/24**
		4. Complete permanent rule process in alignment with 1.B.9.c 4.1 - Review relevant rules and Dr. Pinals recommendations from 2.3.a and 1.B.9.c as well as PDES report and CFAA 4.2 - Hold community engagement sessions prior to initiating permanent rule process 4.3 - Work with HSD rules coordinator to complete permanent rule process 4.4 - Edit CRP manual to align materials with permanent rules	**9/30/24**
		5. Conduct final stakeholder review 5.1 - Provide presentation to Dr. Pinals and parties on final draft version of CRP manual and incorporate their feedback	**11/30/24**

		5.2 - Provide presentation to AOCMHP on final draft version of CRP manual and incorporate their feedback 5.3 - Provide presentation to OJD on final draft version of CRP manual and incorporate their feedback	

#	Recommendation Summary	Milestones / Sub-tasks	Dates
2.3.b	**Community Restoration Program Refinements:** OHA should enhance CRP data reporting from quarterly to more active regular contemporaneous reporting (and fund the needed infrastructure to do so) so that reports can be generated as needed by OHA.	**1. Identify which of requested data points are already being collected by OHA, and how often they are being collected** 1.1 - Receive reports from data warehouse	**Completed 9/15/23**
		2. Complete first draft of changes needed to capture all requested data points on a monthly basis and submit to relevant parties for approval 2.1 - Consult with Health Policy and Analytics and Datawarehouse team to ensure feasibility of draft 2.2 - Present to BHD leadership and incorporate feedback 2.3 - Present to Neutral Expert	**12/15/23**
		3. Initiate processes needed to make identified changes to CRP reporting structure 3.1 - Schedule meeting with relevant contract administrator and Datawarehouse team to determine steps needed to ratify changes, as well as the timeline for ratification	**2/15/24**
2.3.c	**Community Restoration Program Refinements:** OHA should produce an annual report on CRP activities for public access to inform further legislative needs for communities to best deliver CRP services, inform proposals for legislative change, resource needs, and inter-relationships of stakeholders involved with CRP participants and the courts.	**1. Onboard OHA contractor to complete annual report** 1.1 - Coordinate with governance team to begin contract process 1.2 - Review PDES Report for potential recommendations for short legislative session 1.3 - Define scope of annual report 1.4 - Complete contracting and begin work with contractor	**2/29/24**
		2. Complete initial annual report 2.1 - Collaborate with contractor to provide required information and subject matter expertise required for them to draft report 2.2 - Review report drafts and get leadership approval 2.3 - Present annual report to Dr. Pinals and parties	**9/1/24**
2.3.d	**Community Restoration Program Refinements:** OHA should foster best practices in CRP through collaborative training opportunities across counties and in consultation with OJD, municipal courts, defense, and prosecution, by	**1. Develop training materials and plan - (aligns with completion date of the CRP manual from recommendation 2.3.a. that needs to be completed before this training can move forward)** 1.1 - Review finalized CRP manual 1.2 - Meet with stakeholders including OJD, AOCMHP, Dr. Pinals, and parties to develop training materials, objectives, and plan	**1/17/25**

	offering trainings/community of practice opportunities.	**2. Conduct provider required training** 2.1 - Schedule training dates 2.2 - Complete training requirements	**2/28/25**

#	Recommendation Summary	Milestones / Sub-tasks	Dates
2.4	**Alternative Pathways for Misdemeanant Defendants:** With regard to defendants charged with misdemeanors in the AA process, OHA/OJD/DRO/MPD should make every effort to work collaboratively with stakeholders to identify alternatives that no longer utilize OSH when there is no real Government interest in pursuing prosecution and work to pursue avenues for alternative community plans for these individuals. Beyond training, analyze data trends for individuals charged with misdemeanors sent OSH to allow for further recommendations in this matter including legislative fixes that may provide pathways to alternative access to treatments for these populations.	**See 2.1.a** Note: This is happening now due to federal court order that limits OSH admission to those charged with a "person misdemeanor." Will require legislative change upon federal order expiration (12/31/23).	**See 2.1.a**
2.5	**OSH Patient Care Improvement and Community Engagement:** OHA should explore all available means to obtain funding for one OSH data analyst and two OSH data integration specialist positions to support Mink/Bowman treatment discharge approaches, community connections, and data reporting.	**1. Submit request to the legislature prior to 2023 legislative session via POP 402** 1.1 - POP 402 was not supported by the legislature; however, OSH did receive approval for 10 positions, one of which is a research analyst 3	**Completed 6/30/23**
		2. OSH to bring staff on 2.1 - Continue to move the 10 positions approved by the legislature through classification and compensation stage of recruitment 2.2 - Positions likely to start	**1/1/24**
2.6	OHA shall expand Home CCO enrollment to align with the 2 years of continuous eligibility for individuals under an AA competency restoration order under the following scenarios: • Community restoration (no OSH stay) • OSH discharge to community restoration • OSH discharge to jail and with monitoring for release to reinstate Medicaid eligibility and CCO enrollment or FFS care coordination Additionally, OHA shall provide a warm handoff for individuals who meet Medicaid eligibility but not eligible for CCO enrollment (I.e.,	**1. Complete 1115 waiver CE negotiations with CMS** 1.1 - Complete CMS post protocol negotiations 1.2 - Finalize post approval protocols between state and CMS	**Completed**
		2. Complete expansion of Home CCO enrollment to individuals on community competency restoration service orders and OSH to jail prior to release 2.1 - Assess OSH pilot with Lane co. and Springfield jails 2.2 - Assess CCBHC pilot 2.3 - Complete workload assessment 2.4 - Develop staffing plan 2.5 - Rebalance staffing request 2.6 - Complete Oregon Administrative Rule change 2.7 - Complete process development 2.8 - Go-live (Date TBD)	**8/30/24**

	youth w/ private health insurance), or choose not to enroll into a CCO (I.e., dual Medicaid/Medicare or Native American/Alaska Native) to a Fee for Service care coordinator.		

#	Recommendation Summary	Milestones / Sub-tasks	Dates
3.B (1st half)	**Tracking legislatively appropriated funding:** The State should continue to update website to provide information about behavioral health spending.	This work is **ongoing** and does not have planned milestones	n/a
3.B (2nd half)	**Tracking legislatively appropriated funding:** OHA should continue in regular meetings to discuss implementation of legislatively appropriated funds that have the potential to help OHA achieve compliance, to address remaining questions about prior spending decisions and to foster planning for ongoing support of the above recommendations to achieve compliance.	This work is **ongoing** and does not have planned milestones	n/a

Appendix

#	Previous Recommendation Summary	Revised Recommendation Language
1.B. 7.b	Court-lead "Jail Review": Support OJD's efforts to expand the Multnomah County "jail review" initiative and prioritize AA assessments of individuals in jail who have appeared to have positive changes that would yield a finding of Able to Aid and Assist prior to OSH admission.	Due to current compliance with the Mink-Bowman order, this recommendation is paused. Instead of the original recommendation, OHA will monitor the OSH waitlist weekly. If the waitlist exceeds 10 days, OHA will initiate jail diversion meetings with CMHP to review current symptoms and explore appropriate alternative community restoration services, if available.
1.B. 7.c	Community Jail In-Reach and Diversion from OSH Admissions List: OHA should engage stakeholders to develop a process for real-time ongoing local in-jail review/consultation of all currently detained defendants in the Aid and Assist process ordered for restoration, and leverage resources expended on jail diversion programs in the community to conduct these reviews.	
1.B. 8.c	n/a	OSH will develop a policy/protocol that delineates categories of individuals who may be appropriate for more direct/expedient

		community discharges. Ensuring that protocols and processes regarding decisions are made based on person-centered and least restrictive alternative options.
1.B. 8.d	n/a	Improve GEI processes to reduce reliance on OSH when not clinically appropriate.
1.B. 11	Contractual requirement reviews: In consultation with the Neutral Expert and the plaintiffs and in an ongoing manner, OHA should review existing contracts with the CCOs and CMHP's to determine the scope of the existing contractual obligations to serve the Aid and Assist and GEI population. I understand these discussions are also happening in the legislative workgroups, but a focus on this population in particular is imperative and urgent. For example, OHA should explain to both CCOs and CMHPs that transport back to community from OSH through Non-Emergency Transport Provider (NEMT) is a Medicaid funded service, and OHA should work further with OJD to review this option given OJDs interest in this as a potentially helpful addition to increase timely transports from OSH. OHA should provide monthly updates on this in its regular progress reports to the Neutral Expert.	OHA shall draft an analysis report that reviews the current state of care coordination operations for adults under an Aid & Assist Competency Restoration order discharging from OSH to the community, and separately those discharging from OSH to jail. Requirements review shall include: • Relevant OARs (i.e., 859, 309, & 410 OARs) • 2024 CCO contract • 2024 FFS Care Coordinator contract • 2024 CMHP contract • 2024 Comagine Contract • 2023 IQA Audit The outcome of which will be shared with CCOs, FFS care coordination contractor, CMHPs, and the court. The report will include the steps that OHA is taking to bring operations in line with the requirements set forth in the OARs and 2024 contracts analyzed. The report will include acknowledgement of gaps or redundancies identified that complicate effective care coordination for adults discharging to community, and separately discharging to jail. It will also make recommendations to remediate existing gaps or redundancies with identification of immediate, annual contract reinstatements, and contract procurement cycles as applicable.

#	Previous Recommendation Summary	Revised Recommendation Language
1.B. 12	The OHA Medicaid team will continue working on the 1115 waiver, which would continue limited Medicaid coverage and for individuals at OSH under .370 orders 6 months prior to discharge. If the waiver is accepted, OHA will amend the CCO contract in 2023 to require Intensive Care Coordination for all clients currently at OSH under 370 orders in preparation for community placement. Should this occur, such ICC should be coordinated and take into account the Community Navigators, and OHA should evaluate whether the new ICC services or other available programs (such as ACT Teams) are sufficient to perform the desired functions of Community Navigators.	*Recommend decoupling the 1115 waiver effort from the care coordination effort as CMS is unlikely to approve the 1115 waiver for IMD/OSH:* **1.B.12.a.** OHA will continue to pursue the 1115 Medicaid Demonstration waiver submitted in 2/2022 requesting the authority to provide Medicaid funding for a limited set of services in non-SUD IMD, i.e., OSH. Through the 1115 Medicaid Demonstration waiver we believe that providing the physical and behavioral health stabilization and reentry services to individuals in county or regional jails has a potential to mitigate the volume of individuals under arrest and charged with a crime that decompensate escalating to a hospital level of need under an A&A order.

“ ”	“ ”	**1.B.12.b.** OHA will develop a request for the 2025 legislative assembly to fund care coordination services for adults discharging from the OSH to community or jails. This may include an assessment of the CCBHC pilot currently in development under 2023 legislatively allocated resources. OHA will complete an assessment of the pre/post OSH discharge care coordination models to identify a long-term vs strategy, i.e., CCO care coordination under GF via 5-year procurement versus OHA BH contract The care coordination services will be centered on ensuring continuity of care and coordination in preparation for discharging to the community. It will not be a payer for physical, behavioral, or oral health services. The care coordination services will be designed to establish the relationships and relay of information with the receiving PHI, CCO, or FFS care coordinator upon receipt of OHP eligibility.

#	Previous Recommendation Summary	Revised Recommendation Language
2.6	OHA should require counties to ensure ongoing CCO enrollment for all eligible individuals who have been under an Aid and Assist order within the past two years.	OHA shall expand Home CCO enrollment to align with the 2 years of continuous eligibility for individuals under an aid and assist competency restoration order under all the following scenarios: A. Community restoration (no OSH stay) B. OSH discharge to community restoration C. OSH discharge to jail and with monitoring for release to reinstate Medicaid eligibility and CCO enrollment or FFS care coordination Additionally, OHA shall provide a warm handoff for individuals who meet Medicaid eligibility but not eligible for CCO enrollment (i.e., youth w/ private health insurance), or choose not to enroll into a CCO (i.e., dual Medicaid/Medicare or Native American/Alaska Native) to a Fee for Service care coordinator This does not change the current Medicaid eligibility requirements, nor prevent suspension or termination if no longer eligible, i.e., move out of state, arrested, deceased, adult w/ private health insurance, etc.
2.2	**(Previously tagged as 2.1) The parties should work with legislators and others to add incentives to the proposed cost sharing a program with CMHP. Counties and CCOs should also share in both the risk and incentives aimed at reducing length of stay for individuals in the AA and GEI processes on the RTP list.**	(Now tagged as 2.2) The Parties should work with legislators and others to add incentives to the proposed cost sharing program with CMHP or develop alternative similar fiscal approaches. Counties and CCOs should also share in both the risk and incentives aimed at reducing length of stay for individuals in the AA and GEI processes on the RTP list.

During the mediation process with Judge Beckerman the state agreed to recommit to renewed recommendations, and they have done so through the above items. I have therefore advised the state to post to the *Mink/Bowman* website a copy of these agreed upon recommendations as an indication of their plans to pursue the above system improvements. In my opinion these recommendations and related actions have the potential to promote sustained compliance regarding the *Mink/Bowman* matter.

In closing, I would like to acknowledge the many individuals whose perspectives and input once again have been invaluable in shaping my contributions to the Oregon behavioral health AA and GEI efforts and the broader behavioral health system, and I once again commend the efforts of the Parties, and the work of the amici including the elected and other officials, as well as the active participation of the Governor's staff, who have each contributed to the discourse with regard to *Mink/Bowman* and related behavioral health systems issues. I am especially grateful for the efforts of the multi-system partners who are working diligently on behalf of the class members for whom timely access to appropriate treatment settings is so critical.

Respectfully Submitted,

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