Progress and Impact Mid-Biennium Report: Aid and Assist 2026

In Oregon, competency restoration for individuals found unable to aid and assist in their defense was historically provided only at Oregon State Hospital (OSH). Senate Bill 24 (2019) directed courts to consider the least restrictive setting for restoration and Senate Bill 295 (2021) further encouraged the use of community restoration services. Today, OHA delivers competency restoration services at OSH and funds competency restoration in the community, commonly referred to as community restoration.

Program background and summary

Through its County Financial Assistance Agreements with Community Mental Health Programs, OHA's Behavioral Health Department oversees community-based competency restoration. The 2026–27 CFAA directs CMHPs to prioritize services for individuals with the highest acuity behavioral health needs, supporting BHD's goals to:

1) Provide individualized services in the least restrictive, most integrated settings.
2) Ensure access to stable housing for people with behavioral health needs and their families.
3) Increase transparency and accountability for statewide behavioral health investments.

Trends and outcomes summary

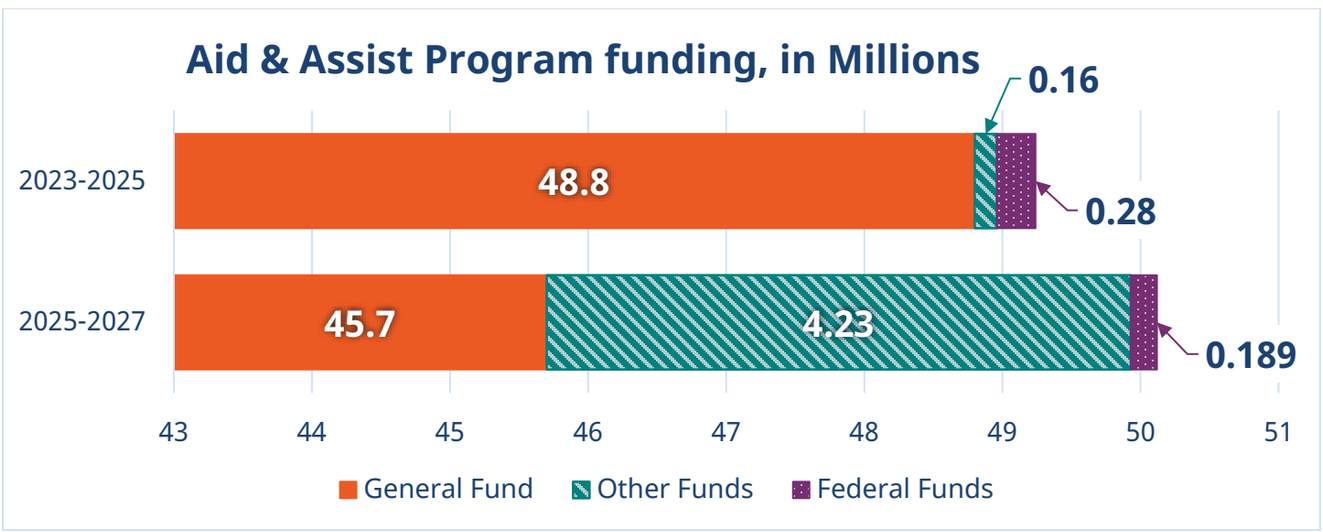
Between November 2024 and November 2025, the Community Restoration (CR) population increased 31%, and the total Aid and Assist caseload rose 16%, according to the Spring 2026 ODHS/OHA Caseload Forecast. The 2025–27 biennium projects an average monthly caseload of 1,142 individuals, with an additional 11.2% increase expected in 2027–29.

BHD oversees services that support transitions from OSH to the community for individuals under aid and assist orders, as well as services for those on community restoration. OHA's 2023–25 investments ($48.98M) supported 3,333 people in CR, funding transition planning, forensic care coordination, competency restoration, and residential and housing supports.

Supplemental funding also supports:

1) A Community Navigator pilot providing intensive case management and OSH in reach for discharge and transition planning.
2) Direct contracts for lower acuity community housing, including stabilization, transition, and supported housing programs that promote long term stability.

Program funding



*Please note this does not include any OSH funding, it is solely BHD funding.

Objectives, outputs and outcomes

Objective 1:
Increase fiscal accountability and transparency for how aid and assist funds are utilized.

Outputs:
Incorporated fiscal reporting and accountability metrics into the 2025-2027 CFAA.

Created a fiscal dashboard that identifies all State funding for aid and assist with specific data on the budgeted amount, actuals spent and percent of funding used for each CMHP. Beginning September 2026, the dashboard will reflect data on a quarterly and annual cadence.

Outcomes:
OHA receives accurate and timely quarterly fiscal reports from CMHPs, strengthening financial oversight and accountability.

Public facing dashboard that identifies aid and assist funding for each CMHP. (Mink Bowman Spending webpage)

Objective 2:
Increase timely discharges from OSH and reduce the time spent on the OSH waitlist for individuals under aid and assist orders to be compliant with ORS 161.370 and applicable federal Mink order.

Outputs:
Developed targeted metrics in the CFAA that support the prioritization of funding for aid and assist population.

Expanding the Extended Care Management Unit to provide technical assistance and training in 15 counties.

Expanding the Community Navigator (CN) program to provide support to individuals transitioning from OSH to the community.

Outcomes:
CMHPS are required to submit quarterly reports to OHA on the targeted metrics.

CN programs operating in nine counties.

Objective 3:
Increase timely discharges by focusing OSH forensic evaluation services on OSH patients approaching end of commitment date.

Output:
OSH Forensic Evaluation Services (FES) publishes and adheres to a prioritization protocol aimed at using existing resources to evaluate OSH patients approaching end of commitment.

Outcome:
OSH forensic evaluators focus 100% of their time on OSH patients who are awaiting discharge, decreasing length of stay.

Considerations

As part of the Mink Bowman litigation, Court Monitor Dr. Debra Pinals directed PCG to evaluate OHA's use of forensic funds. The final report is under review by Dr. Pinals and may require OHA to redirect funding.

HB 2005 (2025) updates Oregon's forensic behavioral health system. Its full impact will become clearer in 2027.

Other formats and languages

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