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IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF OREGON

DISABILITY RIGHTS OREGON, METROPOLITAN PUBLIC DEFENDER SERVICES, INC., and A.J. MADISON, Plaintiffs, v. DAVID BADEN, in his official capacity as head of the Oregon Health Authority, and DOLORES MATTEUCCI, in her official capacity as Superintendent of the Oregon State Hospital, Defendants.	Case No. 3:02-cv-00339-MO (Lead Case) Case No. 3:21-cv-01637-MO (Member Case) MAY 3, 2024, PROGRESS REPORT TO NEUTRAL EXPERT
JAROD BOWMAN, JOSHAWN DOUGLAS-SIMPSON, Plaintiffs, v. DOLORES MATTEUCCI, Superintendent of the Oregon State Hospital, in her individual and official capacity, David Baden, Director of the Oregon Health Authority, in his official capacity, and PATRICK ALLEN in his individual capacity, Defendants.	Case No. 3:21-cv-01637-MO (Member Case)

The parties in the above-captioned cases are endeavoring to reach a global resolution regarding the Oregon State Hospital's (OSH) obligations to admit those found unable to aid and assist in their defense (Aid and Assist patients) and those found guilty except for insanity (GEI patients). To achieve such a resolution, the parties are continuing to engage in regular collaborative meetings with a mutually-agreed upon neutral expert, Dr. Pinals.

Pursuant to the parties' Interim Settlement Agreement and the Court's December 21, 2021, Order Consolidating Cases and Appointing a Neutral Expert, and the Court's June 7, 2022, Order Continuing the Neutral Expert's Appointment, the attached chart provides Defendants' May 3, 2024, Progress Report setting out: (1) completed actions to achieve compliance; (2) actions planned to achieve compliance; (3) and barriers (if any) to completing the continuing and ongoing planned actions. Acronyms used in the attached chart are as defined below.

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GLOSSARY OF ACRONYMS

ACRONYM	DEFINITION
AA	Aid and Assist
AOCMHP	Association of Community Mental Health Providers
CA	Contract Administrator
CCBHC	Certified Community Behavioral Health Clinic
CCO	Coordinated Care Organization
CFAA	County Fiscal Assistance Agreement
CJC	Criminal Justice Commission
CLE	Continuing Legal Education
CMHP	Community Mental Health Provider
CMS	Center for Medicare & Medicaid Services
CTCLUSI	Confederated Tribes of Coos, Lower Umpqua Siuslaw Indians
CRR	Conditional release ready (PSRB/GEI population)
DAS	Department of Administrative Services
DOJ	Department of Justice
DRO	Disability Rights Oregon
FTE	Full Time Equivalent
GC	General Counsel
GEI	Guilty Except for Insanity
HLOC	Hospital Level of Care
HSD	Health Systems Division
IMPACTS	Improving People's Access to Community-Based Treatment, Supports, and Services
MOOVRS	Multi-Occupancy OSH Vacancy Resource & System Improvement Team
MPD	Multnomah Public Defenders
NWRRC	Northwest Regional Reentry Center
OAR	Oregon Administrative Rules
OC&P	Office of Contracts and Procurement
OCDLA	Oregon Criminal Defense Lawyers Association
OHA	Oregon Health Authority
OJD	Oregon Judicial Department
OPA	Operations and Policy Analyst
OSH	Oregon State Hospital
PDES	Program Design and Evaluation Services
PDTT	Person Directed Transition Team
PPS	Prospective Payer System
PSRB	Psychiatric Security Review Board
RAC	Rules Advisory Committee
RFA	Request for Application
RFGP	Request for Grand Proposal

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ACRONYM	DEFINITION
RFP	Request for Procurement
RTP	Ready to Place
SDOH	Social Determinants of Health
SPA	Special Purpose Appropriation
SRTF	Secure Residential Treatment Facility

DATED May 3, 2024.

Respectfully submitted,

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Mink/Bowman May 3rd, 2024 Progress Report

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status
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**	**Ongoing**
1.A.1 (2nd half)	**Data dashboard:** OHA, DRO, and MPD should begin to engage with stakeholders to review this data and develop a process to best use this data to inform system change at local levels.	**1. Establish standard agenda using data dashboard, RTP list and hospital waitlist for OHA/OSH and county meetings**	**6/15/23**	**Complete**
		2. Hold first meeting with Multnomah County	**6/30/23**	**Complete**
		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	**8/30/23**	**Complete**
		4. Implement pilot 4.1 - Schedule meetings 4.2 - Facilitate meetings monthly	**Ongoing**	**Ongoing**
		5. Conduct data review 5.1 - Review data with Dr. Pinals and Parties	**3/31/24**	**Complete**
		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**	**Complete**
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	**8/31/23**	**Complete**
		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	**9/30/23**	**Complete**
		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**	**In Progress**

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status
1.A.3	**Data sharing:** OHA/OSH should work in partnership with OJD to examine best mechanisms to share their own data and utilize regular data reports from each entity to mutually inform practices.	**1. Data Warehouse team to run current report using data pulled from e-court and will send to OHA/OSH teams**	**7/20/23**	**Complete**
		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	**11/1/23**	**Complete**
		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).	**Jan 2024**	**In Progress**
		4. 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 4.1 - 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. *Completed as of 1/11/24.* 4.2 - Once codes are implemented, data warehouse techs will see if reports can be run on the new codes	**Jan 2024**	**In Progress**
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	**7/15/24**	**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. *Completed as of 11/20/23.*	**7/15/24**	**Complete**
		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**	**Not Started**

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status
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	**6/30/23**	**Complete**
		2. Complete training for OSH clinical staff involved in process	**7/31/23**	**Complete**
		3. Implement new clinical packet process	**8/2/23**	**Complete**
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	**8/2/23**	**Complete**
		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**	**In Progress**
		3. (If major revisions required) Explore OAR and/legislative changes	**6/30/24**	**Not Started**
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**	**6/1/23**	**Complete**
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**	**Paused**
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**	**6/1/23**	**Complete**

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status
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**	**6/1/23**	**Complete**
1.B.4	**Training:** Plaintiffs, OJD, and OHA should develop education for defense, prosecution, and judiciary regarding the 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.	This item was **cancelled in agreement by All Parties**	**n/a**	**Canceled**
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**	**6/30/23**	**Complete**
		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	**8/4/23**	**Complete**
		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	**12/1/23**	**Complete**
		4. Workgroup to create work plan and timeline to address needs identified in Milestone 3 meetings	**1/1/24**	**In Progress**
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	**1. Select Community Navigator Model** 1.1 - Facilitate workgroup review of CCBHC and navigator models 1.2 - Identify model that aligns with the CCBHC model 1.3 - Draft model recommendation for Dr. Pinals 1.4 - Incorporate feedback from Dr. Pinals	**11/15/23**	**Complete**

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status
	transition from OSH into community settings.	**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 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**	**Complete**
		3. Identify and develop training materials and plan 3.1 - Meet with CCBHCs and CMHPs to identify training needs for staff and navigator model. *Completed as of 2/6/24.* 3.2 - Develop training materials. *Completed as of 2/6/24.* 3.3 - Schedule training dates for pilot sites 3.4 - Complete trainings	**1/31/24**	**In Progress**
		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**	**Complete**
		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**	**Ongoing**
		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**	**Not Started**
		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	**Mar 2025**	**Not Started**

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status
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**	**6/1/23**	**Complete**
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. *Ongoing.*	**11/1/23**	**Complete**
		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. *Completed as of 11/1/23.*	**Ongoing**	**Ongoing**
		3. Develop case tracking system 3.1 - Integrate Jail/OSH diversion data into the current RTP/EOC tracking mechanism	**11/1/23**	**Complete**
		4. 90-day review	**2/1/24**	**Complete**
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.	**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	**8/31/23**	**Complete**
		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**	**Complete**

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status
	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.	**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**	**Complete**
		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**	**Complete**
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	**10/17/23**	**Complete**
		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	**10/17/23**	**Complete**
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**	**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**	**Ongoing**

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status
		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. *Completed as of 1/29/24.* 3.2 - Set new deliverables and assign ownership and completion dates of any improvements identified.	**Jan 2024**	**In Progress**
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	**Ongoing**	**Ongoing**
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	**Ongoing**	**Ongoing**
1.B.9.c	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.	**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. *Completed 12/15/23.* 1.5 - Incorporate leadership feedback. *Completed as of 1/9/24.* 1.6 - Review PDES report for discharge related content and incorporate changes. *Completed as of 1/9/24.* 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 *Completed as of 3/08/24* 1.8 - Leadership Review of Final Draft. *Completed as of 4/23/24.* 1.9 - Obtain feedback from Dr. Pinals, and Parties and finalize draft	**4/12/24**	**In Progress**

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status
		2. Complete permanent rule process 2.1 - Hold community engagement sessions prior to initiating permanent rule process *Completed as of 3/22/24* 2.2 - Work with HSD rules coordinator to complete permanent rule process	**8/31/24**	**In Progress**
		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**	**Not Started**
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**	**In Progress**
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.	**1. Conduct requirements review** 1.1 - Complete OAR review *Completed as of 4/29/24* 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**	**In Progress**
		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**	**Not Started**
		3. Final analysis report due	**3/29/24**	**Not Started**
		4. Submit recommendations for consideration in the 2025 CCO and FFS care coordination contracts	**3/29/24**	**Not Started**

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status
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.	**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**	**In Progress**
		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**	**In Progress**
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**	**Not Started**
		2. Submit 2025 legislative request 2.1 - Conduct market research 2.2 - Develop budget needs *Completed as of 4/16/24* 2.3 - Draft a policy option package (POP) *Completed as of 4/16/24* 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 presentation that addresses reason, need, impact, monitoring, etc.	**1/31/25**	**In Progress**

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status
		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**	**Not Started**
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**	**In Progress**
		2. Include OSH teams on the statewide ASAM training	**1/31/24**	**Complete**
		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**	**In Progress**
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**	**8/1/23**	**Complete**
		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.	**Initiate July 2023**	**Complete**
		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 classroom training effectively paired with existing group leads to co-lead groups to complete the training process for those individuals.	**Initiate July 2023**	**Paused**

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status
		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.	**Initiate July 2023**	**In Progress**
		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**	**In Progress**
		6. Operationalize MAT protocols within OSH 6.1 - Review state and federal law and rule relating to provision of MAT. *Completed.* 6.2 - Provide education/training/resources for OSH staff around MAT 6.3 - Develop workflow for patient initiation onto MAT. *Completed.*	**Initiate Mar 2024**	**In Progress**
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	**8/1/23**	**Complete**
		2. Draft and send email to CMHPs requesting completion of the CRP survey	**10/11/23**	**Complete**
		3. Collate submitted data and distribute to relevant parties	**12/13/23**	**Complete**
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**	**Complete**
		2. OHA to establish a fully vetted legislative proposal	**1/1/25**	**In Progress**
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.	**1/1/25**	**Not Started**

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status
2.1.c	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**	**1/1/25**	**Not Started**
2.1.d	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**	**1/1/25**	**Not Started**
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	**7/14/23**	**Complete**
		2. Provide presentation to All Parties	**11/21/23**	**Complete**
2.2	Finances Regarding State Hospital Utilization: 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.	**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 determination that a patient no longer meets criteria for hospital level of care**	**Oct 2025**	**Not Started**
		2. OHA will convene impacted partners to review results of study	**Jan 2026**	**Not Started**
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	**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	**7/31/23**	**Complete**

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status
	standard protocols to reduce ambiguity or perceived overlap with other funded behavioral health services.	**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**	**Complete**
		3. Review and incorporate stakeholder feedback 3.1 - Provide presentation to AOCMHP on the draft CRP manual 3.2 - Incorporate feedback	**3/29/24**	**Ongoing**
		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 *Completed as of 3/22/24* 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**	**In Progress**
		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 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	**11/30/24**	**Not Started**
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	**9/15/23**	**Complete**
		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. *Completed as of 11/1/23.* 2.2 - Present to BHD leadership and incorporate feedback 2.3 - Present to Neutral Expert	**12/15/23**	**In Progress**

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status
		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**	**In Progress**
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. *Completed as of 11/7/23.* 1.2 - Review PDES Report for potential recommendations for short legislative session. *Completed as of 11/14/23.* 1.3 - Define scope of annual report. *Completed as of 1/9/24.* 1.4 - Complete contracting and begin work with contractor	**2/29/24**	**In Progress**
		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**	**Not Started**
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 offering trainings/community of practice opportunities.	**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**	**Not Started**
		2. Conduct provider required training 2.1 - Schedule training dates 2.2 - Complete training requirements	**2/28/25**	**Not Started**

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status
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).	**1/1/24**	**Ongoing**
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	**6/30/23**	**Complete**
		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. *Completed as of 3/20/24* 2.2 - Positions likely to start	**1/1/24**	**In Progress**

#	Recommendation Summary	Milestones / Sub-tasks	Due Date	Status
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., 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.	**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	**8/30/24**	**Complete**
		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**	**Not Started**
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	**Ongoing**	**Ongoing**
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	**Ongoing**	**Ongoing**