Neutral Expert Eleventh (11th) Report- Supplement

Regarding the Consolidated *Mink and Bowman* Cases

Date of Report: June 4, 2025

Neutral Expert: Debra A. Pinals, M.D.

On May 5, 2025, I issued my 11th report to The Honorable Adrienne Nelson in *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). In working on prior recommendations there had been work with all parties where input related to the recommendations was incorporated into them. With the status of this matter awaiting a ruling on the contempt issue raised by plaintiffs, I issued my 11th report in the absence of input from either party. Since that time, I have worked with the defendants to gather their input and latest efforts. The following chart is offered as a supplement to my 11th Report to delineate the defendants' input and my feedback on their input. I have also shown this to plaintiffs and incorporated their feedback where I thought it was appropriate.

Defendants' Positions Regarding Recommendations from Dr. Pinals 11th Report

#	Recommendation Summary	Defendant's Position	Dr. Pinals' Response
1	**Continuation of the original Mosman Order** for one year with limitations on admissions to OSH and time limits for inpatient restoration services.	The original Mosman Order should be continued for six months and reevaluated every six months thereafter. Also, Section IX of the original Mosman Order should remain in place. Section IX terminates the federal remedial orders when Defendants have timely admitted GEI and Aid & Assist patients for three consecutive months and termination of the federal orders would not cause Defendants to fall back out of compliance.	I understand the state's views though by way of explanation, I have recommended one year with the opinion that the order could be terminated sooner if there is evidence of compliance for three consecutive months and termination of the federal orders would not cause Defendants to fall back out of compliance. In my opinion, all the provisions of the Mosman order, including Section IX should remain in place should there be a renewal under The Honorable Adrienne Nelson.
2.a	**Modification of OSH Admissions and Discharge Processes:** OSH should continue to admit people based on the order of their placement on the waitlist, except in those circumstances where for logistical reasons they cannot be admitted.	Agree. This recommendation is being implemented and working as intended.	No additional comments.
2.b	**Modification of OSH Admissions and Discharge Processes:** Admissions could be further restricted such that misdemeanor defendants not be eligible for OSH admission for restoration purposes (consistent with remedies suggested by both plaintiffs). The concern with this recommendation at this time is that there could be an increased rate of more serious charges being levied, and as such, with the numbers already turning in the right direction, this may not be a necessary step.	Defendants take no position on this recommendation.	Defendants are returning closer to compliance. In the contempt hearing on I testified that I supported restricting admissions of all misdemeanor defendants from OSH admission for restoration purposes. I continue to support this direction, though I have shifted my position regarding the urgency of making this change. It appears less critical as the state's admission wait times have been moving in the right direction toward compliance. It would still make it easier to sustain compliance, but like many recommendations, it may have some unintended consequences that I noted. That said, municipal court

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			admissions continue and should be addressed.
2.c	**Modification of OSH Admissions and Discharge Processes**: I continue to recommend MPD's remedy that discharges be fully under the authority of OSH in collaboration with CMHPs pursuant to recent rule changes.	Defendants reiterate their November 17, 2025, Status Report to the Court (ECF No. 556, pp. 12-14) and their briefing responding to the motion for contempt and further federal remedial orders (ECF No. 563, p. 18).	No comment.
2.d	**Modification of OSH Admissions and Discharge Processes:** Admissions that are determined to not need hospital level of care within 10 days should be examined and expedited discharge processes should be developed.	Defendants ask that this recommendation be changed to require OSH to conduct a short-term pilot study for patients found to not need hospital level of care within 10 days and who are not discharged within 10 days and develop processes post-study to address the findings of the study. Time period and parameters of this study to be discussed with Dr. Pinals.	I agree with the modification of my recommendation to allow such a study, after which subsequent recommendations can be made. The timeline for this study should not be prolonged and should be developed with Dr. Pinals, so that this issue can be addressed.
3 (1st half)	**Further review of recent patient needs, reporting on OSH activities and leadership recruitment**. OSH should be required to regularly report to the Neutral Expert any sentinel events at the hospital, and provide status updates regarding the hiring of a permanent CMO and Superintendent. OHA should immediately restructure these positions to ensure salaries are competitive to hire the most qualified staff,and report those efforts to the Neutral Expert. The Neutral Expert should in turn be authorized to bring in additional consultants or make recommendations to improve aspects of services at OSH that impact compliance and case flow through the hospital.	This recommendation is not appropriate to include in a federal remedial order designed to return Defendants to compliance with the permanent injunction. That said, Defendants will keep Dr. Pinals informed of hiring decisions and sentinel events. In addition, Defendants would like decisions regarding whether Dr. Pinals is authorized to bring in additional consultants to be made on a case-by-case basis and not with a blanket authorization.	I agree that this recommendation need not be part of a federal order, given the defendants' current collaborative work with me. However, I do not agree that activities within OSH are outside of scope of the work. Therefore, should there appear to be a lack of transparency or barriers to appropriate conferrals related to matters at OSH, this issue will need to be addressed. In my opinion, with OHA's oversight of OSH and the fact that class members' timely admissions and discharges are directly impacted by the care provided at OSH, I do see this as relevant to the role of the Neutral Expert.

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			With regard to the need for any additional consultants or assistance, I agree with providing information on a case-by-case basis for any needed additional consultant. Should there be unresolvable disagreement about the need for additional consultants, I recommend seeking a clarification by Judge Nelson by either of the parties in terms of potential remedies to such disagreements.
3 (2nd half)	**Further review of recent patient needs, reporting on OSH activities and leadership recruitment**. Additionally, the Governor should further examine more closely why OSH was not given additional resources to help support patient care and the existing leadership at OSH surrounding recent struggles at the hospital. There may be a deeper remedy needed beyond the resignation of Dr. Walker. Further details regarding care delivery at OSH should be transparently shared with the Neutral Expert who may make further recommendations based on her training and experience.	As the Governor is not a party to this case, it would not be appropriate for the federal court to issue any remedial order directed to her. Moreover, this recommendation is beyond the scope of the permanent injunction the federal court is tasked with enforcing. That said, there is significant investment in the Governor's Budget for OSH to enhance safety and compliance with CMS. And the Governor's team and leadership at OHA and OSH are open to further discussions with Dr. Pinals regarding how care at OSH can be improved.	I agree that this recommendation need not be part of a remedial order incorporating recommendations that involve a non-party to the case. I do not agree that matters related to care and treatment at OSH are beyond the federal court's involvement in this case as in my opinion that directly impacts the ability of class members to be restored and to be discharged and therefore timely admitted. It is important to note that the state is seeking more resources for OHS and that Governor's team is open to ongoing discussions regarding how care at OSH can be improved, and to date there have been transparent discussions about this.
4.a (1st half)	**Development of Medicaid Remedies to Facilitate Continuity of Care for Mink/ Bowman Class Members:** OHA should establish a system for identifying who is funding services for individuals in the Aid and Assist processes, especially considering the Optumas data showing that a significant portion are not receiving Medicaid funding.	This recommendation is not appropriate to include in a federal remedial order designed to return Defendants to compliance with the permanent injunction. That said, Defendants will keep working with Dr. Pinals regarding system improvements that will help the aid and assist population. Defendants will continue to engage in ongoing discussion with Dr.	I do not have a position on whether this recommendation needs to be in a federal court order, other than ensuring that the defendants continue to work with Dr. Pinals on remedies that may involve Medicaid as the community system moves to expand capacity. Medicaid's role as a key payer that assists in providing safety net services is directly

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		Pinals and her consultant regarding this recommendation.	relevant to this case and the ability to sustain compliance, in my opinion.
4.a (2nd half)	In addition, OHA Medicaid should begin tracking individuals in the Aid and Assist program otherwise eligible for Medicaid as they leave jail or prison or the OSH or RTFs with the capacity to report how many of these individuals are transitioning out to their communities from these settings, whether they are accessing Medicaid benefits, how long it takes to get them enrolled, the degree to which they are utilizing emergency departments, and how often and how quickly are they reentering the criminal justice system.	This recommendation is not appropriate to include in a federal remedial order designed to return Defendants to compliance with the permanent injunction. That said, Defendants will keep working with Dr. Pinals regarding system improvements that will help the aid and assist population. Defendants will continue to engage in ongoing discussion with Dr. Pinals and her consultant regarding this recommendation.	I do not have a position on whether this recommendation needs to be in a federal court order, other than ensuring that the defendants continue to work with Dr. Pinals on remedies that may involve Medicaid as the community system moves to expand capacity. I continue to opine that an ability within Medicaid to track individuals in Aid and Assist processes is an important next step to enhance downstream care coordination efforts. Medicaid's role as a key payer that assists in providing safety net services is directly relevant to this case and the ability to sustain compliance, in my opinion
4.b	**Development of Medicaid Remedies to Facilitate Continuity of Care for Mink/ Bowman Class Members:** In addition, the proposed tracking system/Medicaid case management model for Medicaid-eligible individuals in the Aid and Assist program could facilitate rapid re-enrollment into CCO coverage for these individuals as they are leaving jails/prisons or the OSH or RTFs. Recent CMS guidance on "Accessing Enhanced Federal Medicaid Matching Rates for State Information Technology Expenditures to Improve Access to Mental Health and Substance Use Disorder Treatment and Care Coordination" could potentially help the state identify some federal funding to support development of this tracking system. The state should reach out to the CMS state Medicaid lead for Oregon to explore how this authority for enhanced federal administrative match could be accessed to support improved care coordination and eligibility and enrollment activities for Aid and Assist	This recommendation is not appropriate to include in a federal remedial order designed to return Defendants to compliance with the permanent injunction. That said, Defendants will keep working with Dr. Pinals regarding system improvements that will help the aid and assist population. Defendants will continue to engage in ongoing discussion with Dr. Pinals and her consultant regarding this recommendation.	I do not have a position on whether this recommendation needs to be in a federal court order, other than ensuring that the defendants continue to work with Dr. Pinals on remedies such as this one that can help achieve more sustained compliance as the community system moves to expand capacity. Medicaid's role as a key payor that assists in providing safety net services is directly relevant to this case and the ability to sustain compliance, in my opinion

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	individuals otherwise eligible for Medicaid as they are leaving jails and prisons, OSH, and RTFs		
4.c	**Development of Medicaid Remedies to Facilitate Continuity of Care for Mink/Bowman Class Members:** OHA should explore all means to implement a Medicaid presumptive eligibility policy and process to designate individuals in the Aid and Assist program as presumptively eligible for Medicaid program immediately after they leave jails/ prisons, OSH, and RTFs and designate these facilities as qualified entities for purposes of turning on Medicaid coverage as part of the discharge process from these settings. CMS Implementation Guide on Medicaid presumptive eligibility refers to jails as well as other facility types as potential "qualified entities" for determining presumptive eligibility.	This recommendation is not appropriate to include in a federal remedial order designed to return Defendants to compliance with the permanent injunction. Moreover, current data shows that Medicaid enrollment has not been a barrier to placing persons on the aid and assist ready to place list as alternative payment mechanisms are in place and Medicaid payments can issue retroactively.	I do not have a position on whether this recommendation needs to be in a federal court order, other than ensuring that the defendants continue to work with Dr. Pinals on remedies that enhance continuity of Medicaid and state funded services as the community system moves to expand capacity. This recommendation can enhance such continuity for individuals who are returned to jail and then released into the community who are potential recipients of future in-reach and reentry services through the 1115 waiver. Medicaid's role as a key payer that assists in providing safety net services is directly relevant to this case and the ability to sustain compliance, in my opinion.
4.d	**Development of Medicaid Remedies to Facilitate Continuity of Care for Mink/ Bowman Class Members:** OHA should coordinate to implement overarching discharge policies and requirements to assist the Aid and Assist population as they are leaving OSH and carceral settings and include requirements that these settings access the MMIS system to restart enrollment in the CCO that the person was previously enrolled in before being incarcerated or committed to OSH upon the individual's exit from one of these facilities. If access to MMIS is not allowable or practical by these types of settings, OHA should designate a Medicaid agency division charged with assisting the discharge process and reenrollment of individuals in the Aid and Assist program into the same CCO that they were previously	This recommendation is not appropriate to include in a federal remedial order designed to return Defendants to compliance with the permanent injunction. That said, Defendants will keep working with Dr. Pinals regarding system improvements that will help the aid and assist population. Defendants will continue to engage in ongoing discussion with Dr. Pinals and her consultant regarding this recommendation.	I do not have a position on whether this recommendation needs to be in a federal court order, other than ensuring that the defendants continue to work with Dr. Pinals on remedies that enhance continuity of Medicaid and state funded services as the community system moves to expand capacity. Medicaid's role as a key payer that assists in providing safety net services is directly relevant to this case and the ability to sustain compliance, in my opinion.

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	enrolled in immediately upon leaving jail/prison, OSH, or RTFs		
4.e	**Development of Medicaid Remedies to Facilitate Continuity of Care for Mink/ Bowman Class Members:** The discharge requirements for jails/prisons, OSH, and RTFs should also require that these settings connect individuals involved in the Aid and Assist program with the Community Navigator program as they are leaving these settings.	This recommendation is not appropriate to include in a federal remedial order designed to return Defendants to compliance with the permanent injunction. Notably, jail liaisons are taking on this responsibility for individuals in jails. And under CFAAs, the CMHPs are responsible for ensuring all public assistance connections, including Medicaid, and the process is already laid out in contracts. Defendants will keep working with Dr. Pinals regarding system improvements that will help the aid and assist population. Defendants will continue to engage in ongoing discussion with Dr. Pinals and her consultant regarding this recommendation.	I do not have a position on whether this recommendation needs to be in a federal court order, other than ensuring that the defendants continue to work with Dr. Pinals on remedies that enhance continuity of Medicaid and state funded services as the community system moves to expand capacity. Medicaid's role as a key payer that assists in providing safety net services is directly relevant to this case and the ability to sustain compliance, in my opinion.
4.f	**Development of Medicaid Remedies to Facilitate Continuity of Care for Mink/ Bowman Class Members:** To further support individuals involved in the Aid and Assist program as they reenter their communities, some of the new 1915(i) case managers should be designated as specializing in helping the Aid and Assist populations connect with home and community-based services including rehabilitative and social support services. These case managers should also be required to collaborate closely with the Community Navigator program.	This recommendation is not appropriate to include in a federal remedial order designed to return Defendants to compliance with the permanent injunction. That said, Defendants will keep working with Dr. Pinals regarding system improvements that will help the aid and assist population. Defendants will continue to engage in ongoing discussion with Dr. Pinals and her consultant regarding this recommendation. And Defendants are already taking steps to implement this recommendation.	I do not have a position on whether this recommendation needs to be in a federal court order, other than ensuring that the defendants continue to work with Dr. Pinals on remedies that enhance continuity of Medicaid and state funded services as the community system moves to expand capacity. Medicaid's role as a key payer that assists in providing safety net services is directly relevant to this case and the ability to sustain compliance, in my opinion.

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4.g	**Development of Medicaid Remedies to Facilitate Continuity of Care for Mink/ Bowman Class Members:** Delays in CCO re-contracting require further examination, and remedies that are more immediate from Medicaid to enhance continuity of care should be further explored and pursued as available, even if it means bringing state general fund dollars to help with bridge funding within the CCO and CMHP efforts	This recommendation is not appropriate to include in a federal remedial order designed to return Defendants to compliance with the permanent injunction. That said, Defendants will keep working with Dr. Pinals regarding system improvements that will help the aid and assist population. Defendants will continue to engage in ongoing discussion with Dr. Pinals and her consultant regarding this recommendation. And Defendants are already taking steps to implement this recommendation.	I do not have a position on whether this recommendation needs to be in a federal court order, other than ensuring that the defendants continue to work with Dr. Pinals on remedies that enhance continuity of Medicaid and state funded services as the community system moves to expand capacity. Medicaid's role as a key payer that assists in providing safety net services is directly relevant to this case and the ability to sustain compliance, in my opinion.
5	**Ongoing Advocacy for needed legislative change and funding**. OHA and OSH leadership, along with the Governor's office, should continue to advocate for legislative appropriations for community services and for time limits for restoration in accordance with my 10th report recommendations. This is critical work and is necessary for if the state is to maximize its ability to solve its own challenges with less federal court oversight. As noted above, timeframes for restoration are critical, but also are only one piece of the remedy. Compliance cannot be achieved without sufficient and necessary funding and resources.	Defendants and the Governor's Office have been outstanding advocates before the legislature regarding restoration time limits and funding needed to serve the Aid and Assist and GEI populations. As noted above, however, it would be inappropriate for the federal court to direct any remedial order to the Governor as she is not a party to these cases.	I agree that this recommendation need not be part of a remedial order incorporating recommendations that involve a non-party to the case. I note that the defendants and the Governor's Office have kept me informed of their efforts at this time before the legislature, and it appears these efforts are strong, yet there remains opposition from other stakeholders (many representing amici-related interests) at least to the time limits proposed for restoration, resulting in numerous draft bills that the legislature is reviewing. I also note that OHA and OSH should continue to pursue all avenues to receive resources needed to ensure sustained compliance.
6.a	**GEI Process Improvements:** OHA and OSH should work together, along with the PSRB leadership, to create a clear language for the steps needed to discharge individuals found GEI from OSH. All documentation should use similar labels, including labels seen on the new conditional release data tracker.	This recommendation is in process and expected to be completed by end of June 2025, if not sooner.	No comment.

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6.b	**GEI Process Improvements:** OHA and OSH should demonstrate at least a 20% improvement in the time it takes for discharge of GEI patients once identified by the treatment team as discharge ready, and this improvement should be achieved within three months.	Defendants reiterate their briefing on this recommendation in their response to the motion for contempt and further remedial orders at ECF No. 563, pp. 18-19. Nevertheless, Defendants are currently working with Dr. Pinals to identify a workable and appropriate metric to track improvements in GEI discharge efficiencies.	No comment.
7.a	**Establishment of a community-based formalized forensic evaluation and restoration service and increased access to evaluators to reduce backlog in the short term and eliminate backlog in the long term:** Forensic Evaluation Services should expedite the completion of the 150 pending evaluations within three months and staff should be contracted if additional evaluators are needed beyond the current staffing complement.	OSH FES has hired and onboarded three new evaluators, as described in Defendants' response to the pending motion for contempt and further remedial orders. OSH FES has also made tremendous progress in completing court-ordered evaluations for people in community restoration. As of 1/22/25, 267 defendants in community restoration were waiting for OSH FES to complete court-ordered evaluations. As of 4/14/25, 150 defendants in community restoration were waiting for OSH FES to complete court-ordered evaluations. As of 5/29/25, 63 defendants in community restoration were waiting for OSH FES to complete court-ordered evaluations. It is not necessary for OHS FES to hire or contract with additional evaluators at this time.	I note that the FES service has ramped up the pace of evaluations with the new hires, and that has helped alleviate backlog. This situation should continue to be monitored. I stand my recommendation that there be the establishment of a community-based formalized evaluation and restoration service and would recommend that OHA and OSH FES continue to work with the Neutral Expert to design this, and I recommend that OHA socialize its vision and seek necessary funding for it.

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7.b	**Establishment of a community-based formalized forensic evaluation and restoration service and increased access to evaluators to reduce backlog in the short term and eliminate backlog in the long term:** OHA should establish an office for community forensic services whether that becomes part of OSH FES or is managed through OHA. This will be critical to help maximize expertise in building out evaluation systems and operations for community restoration that includes regular competency updated evaluations as supported in statutory proposals. These should begin regardless of the existence statute and the state should be compelled to ensure that they are completed, so that individuals do not languish in community restoration services for unlimited periods.	Proposed legislation would require that people in community restoration be evaluated every 180 days. Defendants ask that this recommendation be tabled pending the close of the 2025 legislative session (June 29, 2025). Defendants are currently contemplating a plan to meet this expected statutory requirement.	With the numbers of community evaluations having increased over recent years, it appears time to establish a clearer path to structure access to those evaluations. The proposed legislation does not establish a service to oversee evaluation access and quality. The defendants should demonstrate movement in establishing such a service.
7.c	**Establishment of a community-based formalized forensic evaluation and restoration service and increased access to evaluators to reduce backlog in the short term and eliminate backlog in the long term:** Given the prolonged delays in receipt of OJD's GAINS center report recommending options for forensic evaluation services, I withdraw my earlier recommendation to rely upon it.	Defendants agree with this recommendation.	No comment.
8.a	**Community restoration improvements:** Pursuant to my prior recommendations, the community restoration manual should be completed and timelines for its completion delineated in discussion with the neutral expert. It will require updates to ensure it meets the specificity outlined in my Second Report.	This recommendation is in progress. The community restoration manual is currently with Dr. Pinals for her review.	I have provided defendants with my feedback on the most recent iteration of the manual. This recommendation will require further work with the defendants and with Dr. Pinals.
8.b	**Community restoration improvements:** OHA should revisit options and develop a mechanism for paying only for the portion of restoration services that occur within the community restoration timelines outlined in HB 3051. This is consistent with the MPD proposed remedy to the Court. Any other time needed should not fall to OHA or its contracted entities. Individuals in the Aid and Assist process, however, should continue to	Defendants oppose this recommendation and reiterate their briefing regarding this recommendation in their response to the pending motion for contempt and further remedial orders at ECF No. 563, p. 20.	No comment.

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	receive medically necessary services as per their usual entitlements when they are Medicaid eligible or medical services according to Medicare or private payers. This will require a delinking of what community restoration services are that are not Medicaid-reimbursable and those that are, and a concomitant revisiting of rules in the CFAA and Medicaid discussions.		
8.c	**Community restoration improvements:** Training efforts should continue to be pursued by OHA and OSH to help educate willing community partners on the activities and opportunities for services for individuals eligible to receive public services.	This recommendation is being implemented. The first round of trainings occurred in the Spring of 2025, and Defendants plan to continue the trainings twice a year.	I agree and have seen initial presentation materials for trainings and was given the opportunity for feedback. I would recommend that the defendants continue to seek feedback from the Neutral Expert on these trainings and strategies to engage others to attend them.
9.a	**Bed Capacity tracking and commissioning a study to examine community capacity and needed improvements overtime specific to the forensic population:** I support the recommendations of both MPD and DRO for an audit and study of bed capacity and recommend it occur under the Neutral Expert's guidance.	Defendants do not oppose this recommendation. OHA is actively assessing bed availability and capacity. OHA will provide Dr. Pinals with a comprehensive list of all related studies.	I look forward to receiving this list and the related study reports.
9.b	**Bed Capacity tracking and commissioning a study to examine community capacity and needed improvements over time specific to the forensic population:** OHA should examine its bed tracking website and ensure its accuracy and consistency. The staff responsible for uploading data and OHA leadership should confer and, in consultation with the Neutral Expert and perhaps others, review why there are discrepancies in bed capacity data across time and how to rectify data reporting.	Defendants do not believe this recommendation needs to be part of a federal remedial order. OHA is working on increasing clarity in forecasted Behavioral Health Housing and Licensed Capacity Investment Dashboard on its website that will enhance real-time understanding and effectiveness.	I look forward to seeing these improvements on the website and reviewing these in meetings with the defendants, and pursuing a study where there remain any gaps in understanding.
9.c	**Bed Capacity tracking and commissioning a study to examine community capacity and needed improvements over time specific to the forensic population:** OHA should report on regular progress regarding capacity expansion planning as recommended in my 10th report.	Defendants do not believe this recommendation needs to be part of a federal remedial order. That said, OHA will report on progress regarding capacity expansion planning on a monthly basis.	No comment, other than to state that in anticipation of further recommendations, it will be helpful to review the reports noted in recommendation 9.b above and pursue a study where there remain any gaps in understanding.

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10.a	**Improvements in contract management of NWRRC:** Contract management of NWRRC should be rigorously monitored at high levels of OHA with regular data reports to the Neutral Expert.	Defendants do not believe this recommendation needs to be part of a federal remedial order. Defendants are already implementing this recommendation and reporting weekly to Dr. Pinals.	Though improvements have been made on NWRCC management since this issue was raised in my meetings with the defendants, this will continue to need to be reviewed.
10.b	**Improvements in contract management of NWRRC:** Utilization management needs to include re-evaluations so that individuals whose AA status changes are not left to languish at NWRRC.	Defendants do not believe this recommendation needs to be part of a federal remedial order. Defendants are already implementing this recommendation and reporting weekly to Dr. Pinals.	Though improvements have been made on NWRCC management since this issue was raised in my meetings with the defendants, this will continue to need to be reviewed.
10.c	**Improvements in contract management of NWRRC:** Close oversight of expansion plans with construction design that is clinically oriented is imperative. The Neutral Expert should be provided with regular architectural updates and planning information. This should include an examination of the potential need (and funding for) a clinical director who has credentials that can work with people with complex behavioral health needs, conducting assessments when needed and developing policy and practices that are infused with clinical approaches	This recommendation is not appropriate to include in a federal remedial order designed to return Defendants to compliance with the permanent injunction. That said, Defendants will keep Dr. Pinals apprised regarding expansion plans and construction design for NWRRC and consult with her regarding clinical needs at that facility.	Though improvements have been made on NWRCC management since this issue was raised in my meetings with the defendants, this will continue to need to be reviewed.
11	**Focus on discharges through expansion of ECMU activities for AA and GEI populations:** Although the ECMU is just beginning to develop its mechanisms of action, this type of oversight appears to be positive, and its efforts should expand to additional counties. The RTP list and the Conditional Release Ready list must be reduced. Over 130 people are identified at OSH as not needing OSH services. Oregonians and the legislature should take note of that simple data point. Notwithstanding the concerns about over-reliance on institutions in violation of the ADA, at approximately $650,000 per year, the OSH service should be limited to those who need it.	Defendants are already implementing this recommendation and do not believe it needs to be included in any federal remedial order.	No comment.

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12	**Coordination between state agencies to enhance access to specialized services for those who need it:** Exploration of all types of services and throughput throughout the system, including work with SUD and ODDS and APD services should be built into the work. It is not acceptable that there remain silos, and that one agency does not engage with another related to the AA and GEI processes. This has been an issue for far too long. I recommend Behavioral Health leadership in the Governor's office lean into this issue. As per previously delineated recommendations, work between SUD service managers, ODDS, APD and OHA should be collaborative and built out further, with a breakdown of existing silos to prioritize appropriate services for this population.	Defendants are already implementing this recommendation and do not believe it needs to be included in any federal remedial order. And, as noted above, it would not be appropriate to direct any federal remedial order at the Governor as she is not a party to these cases.	I agree that the specific recommendation involving a non-party to the case need not be part of a remedial order. I note that the OHA leadership is now making some strides in coordinating with APD and ODDS around the Aid and Assist matters. I also note that silos with APD and working with class members have continued for too long and the defendants should continue to work on removing them across state agencies.
13	**Community Navigator continuation and expansion.** The community navigator program must be expanded. Continuity of care and support during transitions are critical if individuals in AA and GEI processes are to maximize their stability and move toward recovery and decreased engagement in problematic activities, including criminal activities and substance use.	This recommendation is part of proposed legislation. Defendants are working on a backup plan to expand the community navigator program if the legislation does not pass.	I am pleased to see that the defendants are strongly advocating with the legislature to help fund this expansion and are working on a back-up plan if it does not get funded. I will look forward to discussing this further with the parties.
14	**Ongoing review of implementation status of prior and current recommendations:** Work should continue in earnest to review and complete recommendations as delineated in the project tracker. A metric should be added to determine whether the activity is complete, partially complete, or incomplete by the deadline to help track activity and provide a better metric for the court in determining compliance and contempt issues.	Defendants agree with this recommendation and are implementing it.	No comment.

Respectfully Submitted,

Debra A. Pinals, M.D.

Neutral Expert, *Mink/Bowman*