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

Board Certified in Psychiatry, Forensic Psychiatry, and Addiction Medicine

**Court Monitor**

**Fourth (4th) Report**

**Regarding the Consolidated *Mink and Bowman* Cases**

**Date of Report:** June 6, 2026

**Court Monitor:** Debra A. Pinals, M.D.

**Background and Context of this Report:**

The *Mink/Bowman* consolidated case pertains to individuals in Oregon found unable to Aid and Assist in their own defense and individuals found Guilty Except for Insanity (GEI). Based on a longstanding permanent federal injunction against the Oregon Health Authority (OHA) and the Oregon State Hospital (OSH), OSH is ordered to admit detained Oregon criminal defendants within seven (7) days of a state court order to restore that defendant's abilities to Aid and Assist. There is no seven-day mandate for the GEI admissions, but because each of the two cases (*Mink*, pertaining to defendants unable to Aid and Assist and *Bowman*, pertaining to individuals found GEI) involved issues pertaining to timely admission of individuals who were waiting in Oregon jails for admission, the Federal Court agreed with my recommendations to merge the admission waitlists for both groups.

The original *Mink* litigation has spanned decades with several different judges. I was initially retained in December 2021 as a Neutral Expert in this case after the state was largely out of compliance in the wake of COVID-19 impacts on services. The state was moving toward

compliance in 2024 and was compliant with the order for several months and then fell out of compliance, leading plaintiffs DRO to file a motion for contempt, with MPD plaintiff also filing a motion for potential court ordered remedies. A hearing on the contempt motion was held in March 2025 before The Honorable Adrienne Nelson, who oversees this matter at present. Subsequently Judge Nelson did find the defendants in contempt and ordered remedies, including shifting my role from Neutral Expert to that of Court Monitor and issuing fines against the defendants. Specifically, the defendants are to pay fines of $500 for every day a defendant found unable to Aid and Assist wait in jail for admission beyond the 7-day mandate. The defendants have filed appeals on aspects of Judge Nelson's rulings. Hearings in the 9th Circuit are being scheduled for September 2026.

On 6/1/26, The Honorable Judge Adrienne Nelson issued her opinion regarding several pending matters before the Court. First, she clarified my role as Court Monitor, noting that I shall continue to "assure compliance with and implement the court's remedial directives," without the power to adjudicate or make rulings or take other legal actions. She noted that I am "authorized to calculate recommended fines to address defendants' noncompliance with Court orders, however, the Court Monitor is *not* [emphasis in the original] empowered to make final determinations regarding the amount of contempt fines nor the expenditure of accumulated fines. She also noted that I am to continue to provide periodic reports to the Court, and that any recommendations would be made for the Court's consideration and determination as to adoption, rejection, or modification.

In addition, the Court's ruling included that the plaintiffs' motion for a further remedial order be granted to limit admissions and reduce extensions as per my prior recommendations. Specifically, 30-day extensions are eliminated, as well as the "safety valve" exceptions, other than a one-time per defendant 180-day extension involving Measure 11 crimes after a "judicial review of the criminal defendant's current symptoms that have rendered the criminal

defendant incompetent based on a recent clinical opinion stating that the 180-extension of time has a substantial likelihood of restoring the defendant."

Finally, the 6/1/26 order included clarification regarding fines in that fines calculations will prosectively follow the 3/26/26 Order.

This report represents my fourth (4th) as the *Mink/Bowman* Court Monitor. This report is to inform the upcoming status hearing on 6/9/26 and will provide a basic overview of current data, a summary of my work since my last report dated 3/18/26, and my comments for the Court's consideration.

**Qualifications to Perform this Work:**

I have worked for over twenty-five years as a clinical and academic and forensic psychiatrist and have functioned for over twenty years 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 Neutral Expert First Report.

**Sources:**

In the interim since my 3/18/25 report, I have reviewed new relevant Court filings, including motions by both the defendants and the plaintiffs, as well as Judge Nelson's rulings.

Documents other than Court documents that I reviewed include but are not limited to:

1. OSH Forensic Admission and Discharge Dashboard and Restoration Limit Report produced monthly and reporting date reflecting the month prior to report production;
2. OSH Forensic Admissions and Discharge Bi-Weekly reports;

3. Average Wait Time Prior to Admission Progress Metrics for Benchmark Goals, produced by OSH monthly;
4. OSH-PSRB monthly conditional release dashboard, recently revised for May 2026;
5. Data requests and reports, including the weekly dashboard that is reviewed with me that shows metrics on waiting times, census and admissions, NWRRC census, admissions and discharges, GEI patient progress, data on the Extended Care Management Unit and community forensic evaluations;
6. OSH "traffic report" dashboard sent Monday through Friday to show OSH active census;
7. Fines calculation reports;
8. *Mink & Bowman* Monthly Progress Reports from OHA from April, May, and June 2026;
9. Miscellaneous media reports;
10. Mink/Bowman Comprehensive Plan updates on progress;
11. E-mail correspondence with plaintiffs and defendants;
12. Letter template from FES to state court judges regarding time frames for evaluations;
13. Various documents and data analyses reviewed for PCG report; and
14. Status report and accompanying declaration by Dr. Christa Jones, filed by OHA and OSH for the 6/9/26 status hearing.

In the time since my prior report, meetings and discussions have included the following:

1. Periodic communications with The Honorable Adrienne Nelson;
2. Meetings with various OHA and OSH staff, including leadership from the hospital and FES;
3. Regular meetings and several ad hoc meetings and discussions with representatives of Governor Kotek, as well as OHA, OSH, DRO and MPD representatives. Specifically, I met with staff from these agencies at various points in this interval period.
    a. From the Governor's Office:
        i. Amy Baker, Behavioral Health Initiative Director
        ii. Constantin Severe, Deputy General Counsel

iii. KC Ledell, Behavioral Health Senior Advisor

b. From OHA, OSH, the weekly/bi-weekly leadership meetings have included primarily:
    i. Current administrative leaders including Kristine Kautz, OHA Deputy Director, Ms. Ebony Sloan Clarke, Director of Behavioral Health, OHA, along with Samantha Byers and Dr. Christa Jones from OHA, OSH Interim Superintendent Mr. Jim Diegel, Chief Medical Officer, Dr. Amit Bhavan, Mr. Dave Baden from OHA, as well as Dr. Andy Bustos Interim Director of the OSH Forensic Evaluation Services. I have also met with Medicaid leadership including Shawna McDermott at some of these meetings.
    ii. I also met with Dr. Sejal Hathi, OHA Director, during this reporting period.
c. From Oregon Department of Justice (DOJ):
    i. Carla Scott, DOJ Special Litigation Unit Counsel
    ii. Jill Conbere, Assistant Attorney General, DOJ
    iii. Kailana Piimauna, Sr. Assistant Attorney General, General Counsel Division
    iv. Melissa Chureau, General Counsel Division
d. From Disability Rights Oregon (DRO):
    i. Emily Cooper, Legal Director
    ii. Thomas Stenson, Deputy Legal Director
e. From MPD as plaintiff party, Jesse Merrithew of Levi Merrithew Horst PC

4. Meetings with Ms. Cherryl Ramirez, Director AOCMHP, and representatives of CMHPs across Oregon; and
5. Meetings with Public Consulting Group, Inc. consultants who are working on the independent review.

I continue to periodically consult with Kirsten Beronio, JD, a Medicaid expert, to help provide insights into potential strategies within Medicaid.

**Glossary of Acronyms and Terms Used in this and Prior Reports:**

A&A or AA: Aid and Assist

APD: Aging and People with Disabilities

CCOs: Coordinated Care Organizations

CCBHCs: Certified Community Behavioral Health Clinics

CFAA: County Financial Assistance Agreements

CMHPs: Community Mental Health Programs

CRR: Conditional Release Ready meaning approved by the hospital risk review and ready for review by the PSRB

DOJ: Department of Justice Oregon

DRO: Disability Rights Oregon

ECMU: Extended Care Management Unit

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

MPD: Metropolitan Public Defender

NWRRC: Northwest Regional Reentry Center

OCBH: Oregon Council for Behavioral Health

OCDLA: Oregon Criminal Defense Lawyers Association

ODDS: Oregon Developmental Disability Services

ODHS: Oregon Department of Human Services

OHA: Oregon Health Authority

OPDS: Oregon Public Defenders Services

ORPA: Oregon Residential Provider Association

OSH: Oregon State Hospital

PDES: Program Design and Evaluation Services

PSRB: Psychiatric Security Review Board

RTP: Ready to Place

SHRP: State Hospital Review Panel

SRTF: Secure Residential Treatment Facility

**Summary of Activities and Updates During this Reporting Period:**

My work since the last status hearing has continued to involve regular meetings with the defendants and periodic check-ins with the plaintiffs. I have had the opportunity to speak to Judge Nelson on several occasions. I continue to work with the state on aspects of tracking progress on prior recommendations.

Significant themes during this reporting period continue to be the impact of HB2005 on compliance. I have discussed with the defendants GEI discharge processes and reviewed the Conditional Release data dashboard. In addition, I have focused on discussions pertaining to the hospital census as well as the census at NWRRC. I have been checking in on the recruitment of a new Superintendent and have been kept updated on its progress. I continue to receive a weekly dashboard with key metrics that serve as a point of discussion. In early May I received a draft of the Community Restoration Manual.

I have also been meeting regularly with staff of PCG to review preliminary recommendations, data that has been received and discuss any areas where there were factual questions that needed to be sent back to the defendants for data clarification. I had an one day meeting with them in the PCG Boston offices.

In addition, the work of the FES has been a topic of discussion, and I have included data that was recently produced for the Court's consideration as well.

As noted previously, there have been no regular meetings with all the parties given the status of this litigation, so I have met with defendants and plaintiffs separately.

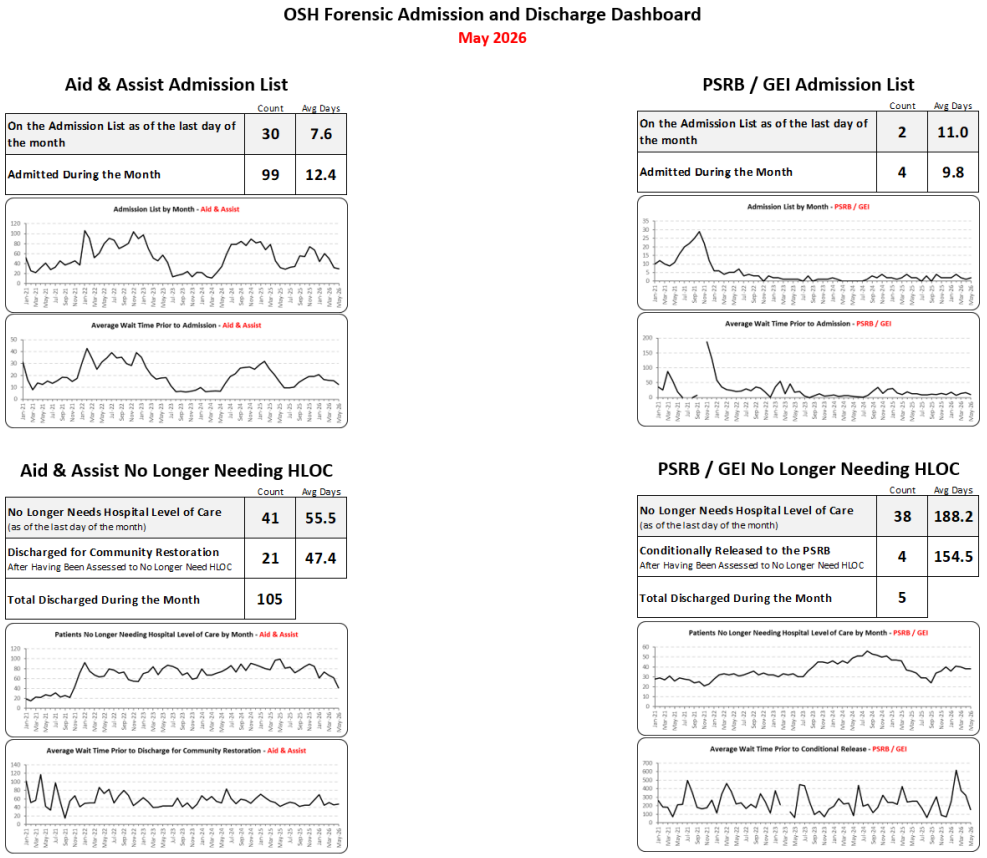
**Data Summaries:**

*Background Data*: Data show the state has continued to move toward compliance with the 7-day admission time frame, but they continue to be out of compliance overall. With several months of less than 100 court ordered admissions, the admission waitlist has predictably decreased. **Figure 1** and **Table 1** show numbers of people waiting for admission. The average number of days people ordered for restoration waited was 7.6 days by the end of May. Importantly, for individuals who were admitted the month prior (which is different from the snapshot average), defendants waited an average of 12.4 days as of the end of May, compared to 16.5 days at the end of February. The number of days that people are waiting was up to 20 days one month ago and is 13 days as of May 2026.

The number of people ready to place (RTP) into the community also decreased, from 89 last November to 73 by 2/28/26 and 41 as of May 31, 2026. There were 36 people in GEI processes thought to no longer need hospital level of care at the end of November 2025 and at the end of February there were 41, which was at 38 at the end of May 2026. This population continues to have long waits for discharge, which continues to put pressure on both hospital bed demand and community placements.

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**Figure 1. Data Dashboard Charts Reflecting Progress in *Mink/Bowman* as of May 31, 2026**




OSH Quality Management – Data and Analysis
*'Informing the Pursuit of Excellence'*

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**Table 1. Individuals Awaiting Admission**

| **1. Regarding individuals on OSH admission list with signed and received A&A court order** | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ***As of 1/5/22*** | ***As of 1/28/22*** | ***As of 5/1/22*** | ***As of 9/1/22*** | ***As of 12/1/22*** | ***As of 4/1/23*** | ***As of 7/1/23*** | ***As of 11/1/23*** | ***As of 4/1/24*** | ***As of 11/1/24*** | ***As of 4/1/25*** | ***As of 8/1/25*** | ***As of 11/1/25*** | ***As of 3/1/26*** | ***As of 6/1/26*** |
| Total Number of individuals | 46 | 93* | 67 | 70 | 104 | 51 | 42 | 24 | 11 | 76 | 79 | 33 | 54 | 60 | 30 |
| Average days current individuals have been waiting | 15.8 days | 22.5 days | 16.2 days | 19.8 days | 20.7 days | 11.1 days | 9.3 days | 3.5 days | 5.4 days | 12.6 days | 14.3 days | 4.7 days | 9.0 days | 9.2 days | 7.6 days |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Range of Days on waitlist | 2-23 days | 3-44 days | 2-28 days | 3-34 days | 1-36 days | 1-18 days | 1-17 days | 1-9 days | 3-10 days | 1-28 days | 1-28 days | 1-23 days | 1-18 days | 2-20 days | 4-13 days |
| **2. Regarding individuals found GEI and ordered to OSH** | | | | | | | | | | | | | | | |
| | *As of 1/5/22* | *As of 1/28/22* | *As of 5/1/22* | *As of 9/1/22* | *As of 12/1/22* | *As of 4/1/23* | *As of 7/1/23* | *As of 11/1/23* | *As of 4/1/24* | *As of 11/1/24* | *As of 4/1/25* | *As of 8/1/25* | *As of 11/1/25* | *As of 3/1/26* | *As of 6/1/26* |
| Total number of individuals | 15 | 4 | 3 | 4 | 0 | 1 | 1 | 1 | 0 | 2 | 2 | 0 | 4 | 4 | 2 |
| Average days waiting | 45.6 days | 23 days | 18 days | 13.0 days | N/A | 26.0 days | 10.0 days | 1.0 days | N/A | 13.0 days | 12.0 days | N/A | 6.3 days | 8.8 days | 11.0 days |
| Range of Days on waitlist | 1-110 days | 17-28 days | 12-26 days | 3-20 days | N/A | 26 days | 10 days | 1 day | N/A | 9-17 days | 12 days | N/A | 2-9 days | 2-18 days | 10-12 days |

*The marked increase in numbers awaiting admission was most likely a residual of the pauses in admissions due to COVID-19

**Table 2** and **Table 3** show the capacity and census at OSH. The hospital had identified that 704 beds were able to be utilized, and we have had many discussions about the fact that for the most part, the hospital has operated at just under 700 beds. The census is fluid with discharges, admissions, and transfers, but from the data below one can see that on 6/1/26 the census was 696. A daily "traffic report" is being sent to me to review the census movement. I plan to visit the hospital on 6/10/26 and will have further discussion about this at that time.

**Table 2: OSH Bed Capacities as of 6/1/26**

| Site | Licensed Capacity | Active Capacity |
|---|---|---|
| Salem Main Campus HLOC | 498 | 473 |
| Salem Main Campus SRTF | 90 | 87 |
| **Salem Main Campus Total** | **588** | **560** |
| Junction City HLOC | 75 | 72 |
| Junction City SRTF | 75 | 72 |
| **Junction City Total** | 150 | 144 |
| **OSH Total** | **738** | **704** |

**Table 3. OSH Census as of 6/1/26**

| Date | Aid & Assist | PSRB | Civil Commitment | Other | Total |
|---|---|---|---|---|---|
| 9/1/2022 | 410 | 275 | 14 | 1 | 700 |
| 12/1/2022 | 396 | 279 | 13 | 0 | 688 |
| 4/1/2023 | 400 | 279 | 11 | 1 | 691 |
| 7/1/2023 | 389 | 281 | 13 | 1 | 684 |
| 11/1/2023 | 366 | 291 | 17 | 1 | 675 |
| 4/1/2024 | 360 | 288 | 30 | 0 | 678 |
| 11/1/2024 | 375 | 270 | 27 | 8 | 680 |
| 4/1/2025 | 383 | 269 | 28 | 3 | 683 |
| 8/1/2025 | 394 | 262 | 37 | 3 | 696 |
| 11/1/2025 | 396 | 265 | 37 | 5 | 703 |
| 3/1/2026 | 386 | 280 | 35 | 0 | 701 |
| 6/1/2026 | 378 | 283 | 33 | 0 | 694 |

The number of orders between April 2025 and October 2025 trended higher than previous months. The increased wait times for admission even several months later was related to these numbers. With March through May having fewer than 100 orders, the hospital has been able to reduce wait times (See **Table 4** and **Figure 2**). GEI admissions do not show significant variability.

**Table 4. Aid and Assist and GEI Orders**

| Number of Orders Received | Aid & Assist | GEI |
|---|---|---|
| January 2025 | 89 | 2 (2 standard / 0 revocation) |
| February 2025 | 79 | 4 (3 standard / 1 revocation) |
| March 2025 | 96 | 8 (4 standard / 4 revocation) |
| April 2025 | 101 | 9 (8 standard / 1 revocation) |
| May 2025 | 82 | 7 (5 standard / 2 revocation) |

| | | |
|---|---|---|
| June 2025 | 105 | 5 (4 standard / 1 revocation) |
| July 2025 | 111 | 7 (4 standard / 3 revocation) |
| August 2025 | 111 | 8 (5 standard / 3 revocation) |
| September 2025 | 124 | 6 (4 standard / 2 revocation) |
| October 2025 | 100 | 7 (5 standard / 2 revocation) |
| November 2025 | 89 | 6 (4 standard / 2 revocation) |
| December 2025 | 101 | 6 (3 standard / 3 revocation) |
| January 2026 | 86 | 3 (2 standard / 1 revocation) |
| February 2026 | 106 | 10 (6 standard / 4 revocation) |
| March 2026 | 99 | 7 (6 standard / 1 revocation) |
| April 2026 | 83 | 6 (6 standard / 0 revocation) |
| May 2026 | 99 | 5 (4 standard / 1 revocation) |

**Figure 2. Aid & Assist Admissions/Orders Trends through May 2026**

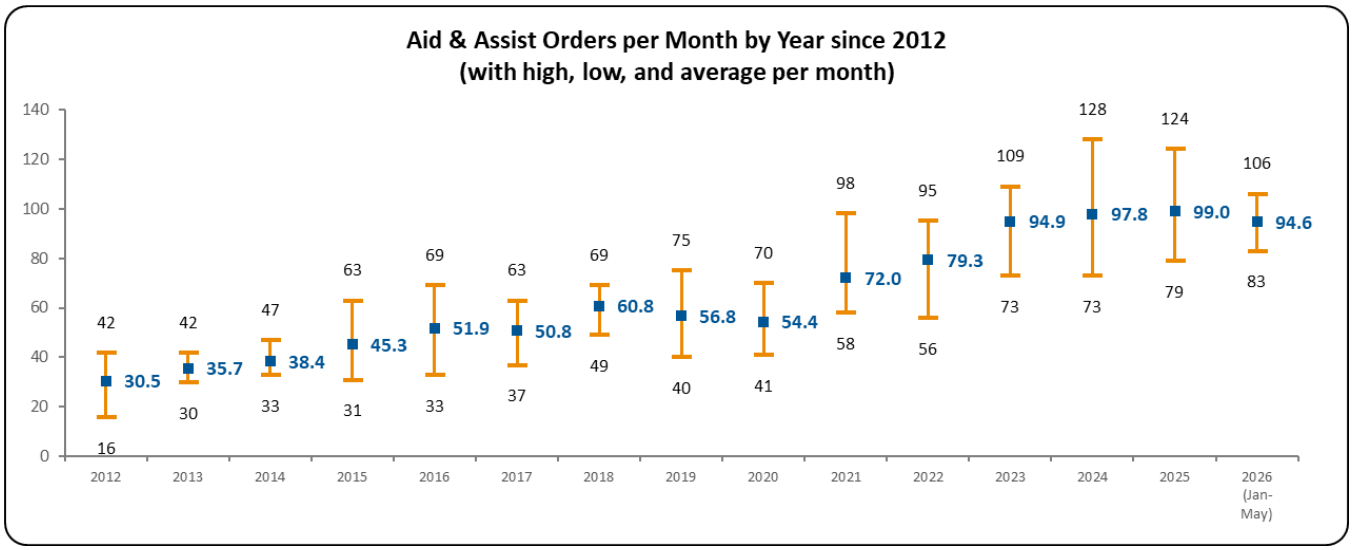
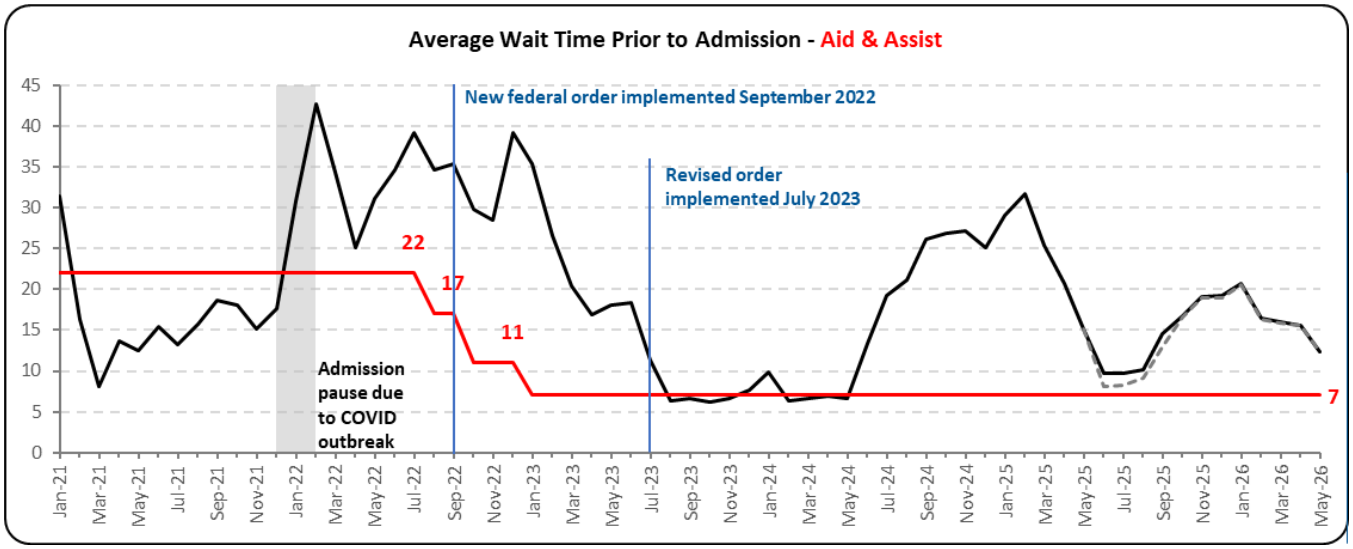



**Figure 3** is a graphic depiction of the average wait times prior to admission. The trends are moving in a positive direction toward the 7-day requirement. As the figure shows, however, there have been many months of higher wait times and lower waits. With Judge Nelson's recent order limiting admissions and reducing extensions, it is anticipated that the state will soon achieve compliance, barring any large

increases in orders for admission or upcharges that create more demand for the hospital despite the federal order.

**Figure 3. Admission Wait Time Projections Compared to Benchmarks Set in Second Report based on data as of 6/1/26**




**Figures 4, 5, 6, and 7** show various aspects of discharge reasons. First, **Figure 4** shows the percentage of people discharged due to reaching their restoration limit is lower at 12%), which means that there are other clinical reasons for discharge. **Figure 5** shows no increase in percentage of discharges sent to community restoration (32%) from 2025. **Figure 6** shows a slight increase in the percentage of people discharge with a dischargeable finding. This is helpful as it allows the courts to resolve the charges in some way. Figure 7 shows the breakdown of types of dischargeable findings, and this has been fairly consistent, with most people discharged with a finding of able. **Table 5** shows a snapshot of this information for May 2026. The reasons for some of these shifts is not entirely clear, nor is it known whether there will be any further trends in these directions.

**Figure 4.**

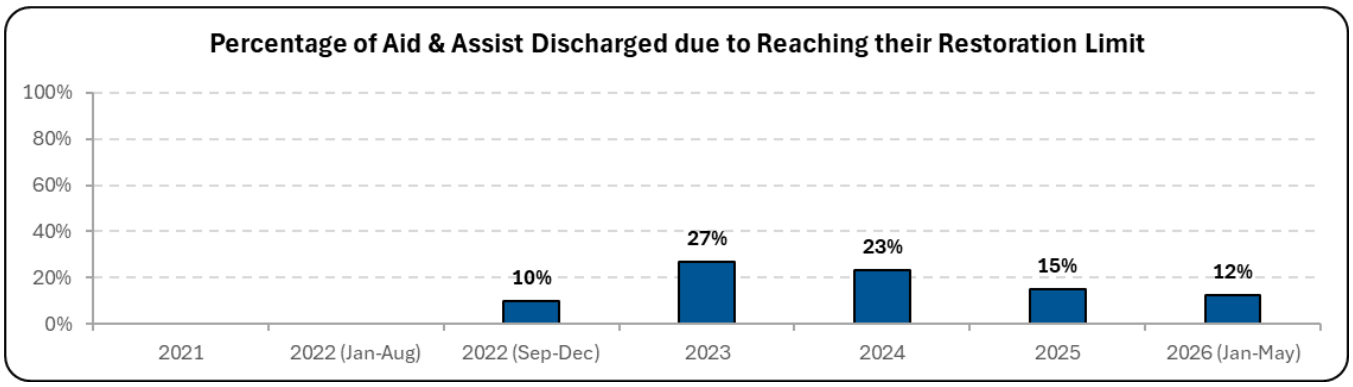



**Figure 5.**

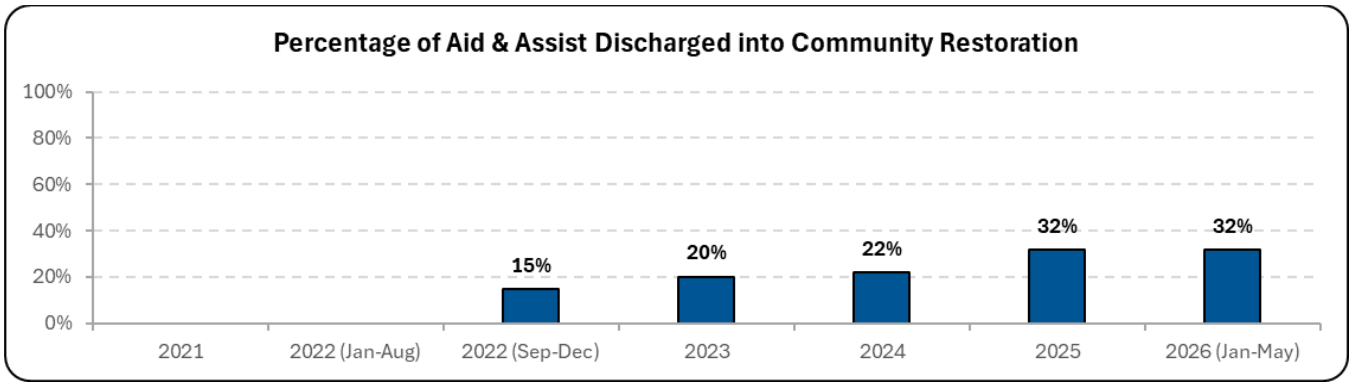



**Figure 6.**

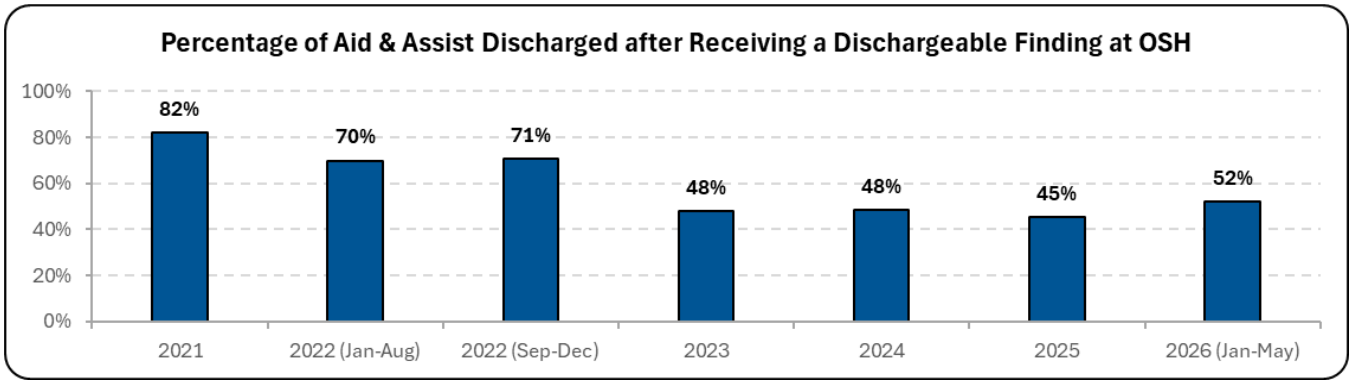



**Figure 7.**

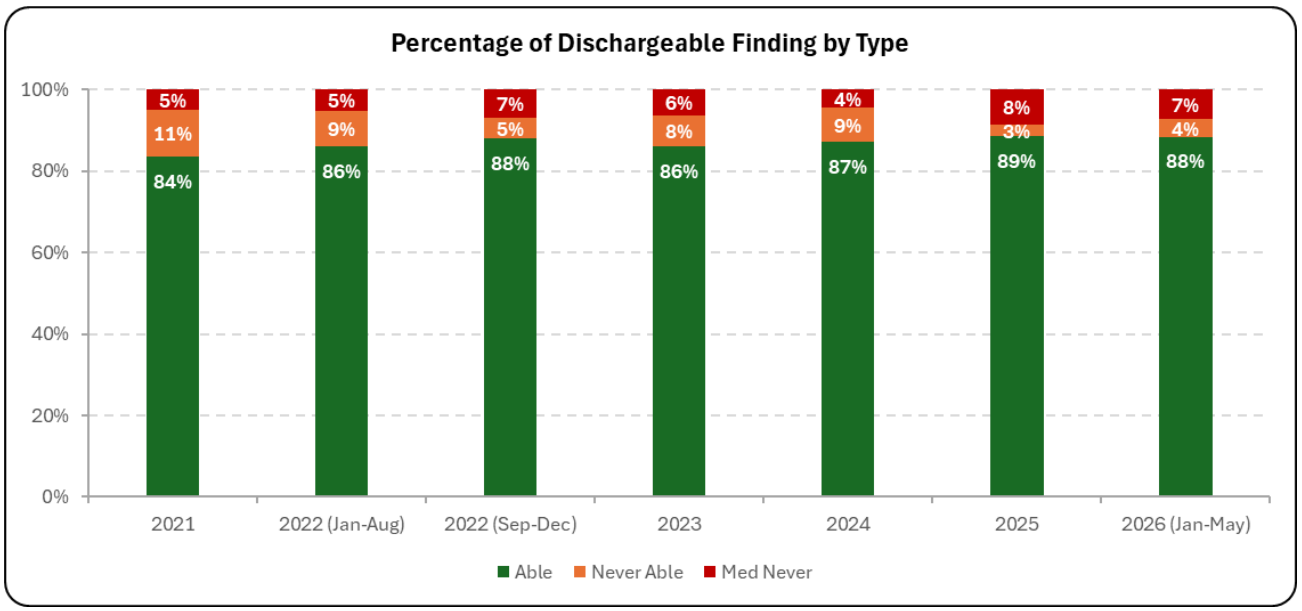



**Table 5. Legal Status of AA Discharges in May 2026 based on Hospital Data**

**May 2026 A&A Discharges**

| Reason | Count | Percent |
|---|---|---|
| Restoration Limit | 11 | 10% |
| Community Restoration | 36 | 34% |
| Dischargable Finding | 54 | 51% |
| *Able* | *50* | *47%* |
| *Never Able* | *0* | *0%* |
| *Med Never* | *4* | *4%* |
| Other | 5 | 5% |
| **Total** | **106** | **100%** |

*Note – In May 2026 there were 105 A&A discharges and one A&A who converted from A&A to a Civil-PSRB (EDP) legal status (counted in the "other" category).*

Community restoration is depicted in **Table 6** showing that community restoration episodes for the first three months of 2026 had 1085 community restoration episodes, which appears on track for more community restoration in 2026 than in 2025. Of the total community restoration episodes in 2026, 196 have lasted for over one year (1031-

835=196), and 35 lasted more than two years. HB2005 sets time limits on community restoration, but also allows for pauses and extensions. Thus, it is as yet unclear what impact it will have.

**Table 6. CMHP Reported Completed Community Restoration Data 1/1/2019 – 3/31/26**

**CMHP Reported Community Restoration Data 1/1/2019-3/31/2026**

| | |
|---|---|
| # of Community Restoration Episodes | 4637 |
| # of Days Minimum | 1 |
| # of Days Maximum | 1667 |
| # of Days Mean | 209 |
| # of Days Median | 148 |

| Days in Community Restoration | # of Community Restoration Episodes | % of Total Community Restoration Episodes |
|---|---|---|
| 0-90 | 1579 | 34.1% |
| 0-180 | 2651 | 57.2% |
| 0-365 | 3834 | 82.7% |
| 0-730 | 4515 | 97.4% |
| 0-1095 | 4609 | 99.4% |

- This table includes all community restoration cases, completed and ongoing.
- The reported numbers may change as counties are being asked to review and clean their data as necessary.

**CMHP Reported Community Restoration Data 1/1/2019-3/31/2026**

| | 2019 | | 2020 | | 2021 | | 2022 | | 2023 | | 2024 | | 2025 | | 2026 q1 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # of Community Restoration Episodes | 353 | | 405 | | 487 | | 701 | | 1160 | | 1436 | | 1759 | | 1085 | |
| # of Days Minimum | 2 | | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | |
| # of Days Maximum | 1661 | | 1661 | | 1667 | | 1667 | | 1667 | | 1667 | | 1667 | | 1667 | |
| # of Days Mean | 279 | | 304 | | 289 | | 293 | | 303 | | 318 | | 254 | | 245 | |
| # of Days Median | 200 | | 223 | | 196 | | 195 | | 219 | | 253 | | 190 | | 163 | |
| Days in Community Restoration | # of Community Restoration Episodes | % of Total Community Restoration Episodes | # of Community Restoration Episodes | % of Total Community Restoration Episodes | # of Community Restoration Episodes | % of Total Community Restoration Episodes | # of Community Restoration Episodes | % of Total Community Restoration Episodes | # of Community Restoration Episodes | % of Total Community Restoration Episodes | # of Community Restoration Episodes | % of Total Community Restoration Episodes | # of Community Restoration Episodes | % of Total Community Restoration Episodes | # of Community Restoration Episodes | % of Total Community Restoration Episodes |
| 0-90 | 77 | 21.8% | 66 | 16.3% | 106 | 21.8% | 144 | 20.5% | 245 | 21.1% | 296 | 20.6% | 452 | 25.7% | 339 | 31.2% |
| 0-180 | 163 | 46.2% | 165 | 40.7% | 215 | 44.1% | 316 | 45.1% | 499 | 43.0% | 525 | 36.6% | 837 | 47.6% | 570 | 52.5% |
| 0-365 | 260 | 73.7% | 284 | 70.1% | 355 | 72.9% | 529 | 75.5% | 815 | 70.3% | 915 | 63.7% | 1335 | 75.9% | 835 | 77.0% |
| 0-730 | 334 | 94.6% | 377 | 93.1% | 456 | 93.6% | 648 | 92.4% | 1067 | 92.0% | 1345 | 93.7% | 1679 | 95.5% | 1031 | 95.0% |
| 0-1095 | 348 | 98.6% | 399 | 98.5% | 479 | 98.4% | 678 | 96.7% | 1136 | 97.9% | 1414 | 98.5% | 1737 | 98.7% | 1066 | 98.2% |

- This table includes all community restoration cases, completed and ongoing.
- The reported numbers may change as counties are being asked to review and clean their data as necessary.

Forensic evaluation data continues to show high numbers of evaluations conducted by FES staff, including requests for evaluations of individuals outside of OSH. **Table 7** shows recent data on active cases for which

FES has been assigned to evaluate, 361 of which are not currently at OSH. Waiting times for evaluations continue to be long and is discussed further below.

**Table 7. Number of Active FES Cases as of 6/1/26**

| Type of Evaluation and Location | Number |
|---|---|
| .370 Evaluations at OSH | 384 |
| .370 Evaluations not at OSH | 404 |
| .365 Evaluations not at OSH | 110 |
| .315 Evaluations not at OSH | 29 |
| **Total Cases** | **927** |

**Table 8** shows that there are consistently about a third of people for whom a Ready to Place assessment was conducted who within 10 days are found ready to place. I have worked with the state to try to identify strategies to help them return timelier to the community. This includes possibly bringing ECMU staff to help communities identify discharge options.

**Table 8. 10-Day RTP Assessment Outcomes (August 2022 through May 2026)**

| Year | 10-Day RTP Assessments | Patients Found RTP | Percent Found RTP |
|---|---|---|---|
| 2022 (Aug-Dec) | 205 | 87 | 42.4% |
| 2023 | 648 | 250 | 38.6% |
| 2024 | 596 | 170 | 28.5% |
| 2025 | 655 | 210 | 32.1% |
| 2026 (Jan-May) | 248 | 85 | 34.3% |
| **Total** | **2,352** | **802** | **34.1%** |

The mediation that resulted in the Second Amended order from 7/3/23 offered exceptions to the original restoration duration limits and the number of these that were granted by the court are depicted below (see **Table 9**). Judge Nelson's new order will eliminate the 30-day extensions and curtail the use of 180-day

extensions to one time usage and only for certain violent crimes. This should result in decreased bed days used for extensions. In my prior report I noted that many of these extensions did not have clinical input as to whether further hospitalization was clinically indicated.

**Table 9**. **Number of 30-day and 180-day Requests to Extend Restoration Duration**

OSH Aid and Assist Extension Orders

July 1, 2023- May 31st, 2026

| **Order Type** | **Granted by Court Order** | **Denied by Court Order** |
|---|---|---|
| First 30-Day Extension Order* | 211 | |
| Second 30-Day Extension Order* | 9 | |
| Third 30-Day Extension Order* | 1 | |

| | | |
|---|---|---|
| First 180-Day Extension Order | 111 | 2 |
| Second 180-Day Extension Order | 31 | |
| Third 180-Day Extension Order | 12 | |
| Fourth 180- Day Extension Order | 3 | |
| Fifth 180- Day Extension Order | 1 | |

*Of the number of 30-Day extensions ordered, 106 out of 221 met the Federal Court Order's criteria for such extension.

In addition, civil expedited admission requests and admissions were also examined. The data produced by OSH indicated is in **Table 10**.

**Table 10. Civil Expedited Admission Requests**

| **Period** | **Requests** | **Accepted** | **Denied** | **Under Review** |
|---|---|---|---|---|
| Sep 2022 – Dec 2023 | 22 | 14 | 8 | |

| | | | | |
|---|---|---|---|---|
| 2024 | 58 | 34 | 24 | |
| 2025 | 99 | 59 | 36 | 4 |
| 2026 YTD (Jan-May) | 26 | 19 | 6 | 1 |
| **Total** | **205** | **126** | **74** | **5** |

The GEI conditional release dashboard showing each discharge process step (**Figure 8**) was updated during this reporting period. Upon discussion with OHA, it was determined that the data is better presented as a rolling number, rather than in comparison to a static point in time from years past. When done in this way, the data demonstrates positive trends of shortening various steps along GEI processes. The defendants and I have been discussing the "20% goal" that I targeted in a prior report. This will be further refined to have clear parameters of improvement. Overall, however, it is clear that the longest delays related to finding community placement. This is a larger issue that the hospital cannot fully shift. It is hoped that the PCG report will also shed light on building out community capacity to meet these specific needs.

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**Figure 8: GEI OSH Conditional Release Dashboard as of February 28, 2026**

**OSH/PSRB Conditional Release Dashboard**
**May 2026**

**Current Patients at OSH in the Conditional Release Process and Evaluation/Hearing Decisions (as of June 1, 2026)**

| Conditional Release Process Stage | Count |
|---|---|
| Meets criteria to start the conditional release process, pending order for community evaluation | 4 |
| Evaluation ordered, pending written evaluation result & plan from community | 12 |
| Evaluation result & plan received, pending hearing request | 0 |
| Hearing requested, pending hearing & result | 5 |
| **Total patients currently in the conditional release process** | **21** |

| Conditional Release Granted / Pending Release Reason | Count |
|---|---|
| Waiting for bed (SRTF) | 10 |
| Waiting for bed (RTF/RTH) | 7 |
| Waiting for bed (AFH, DOC, Independent, Other) | 0 |
| Other | 0 |
| **Total patients granted conditional release, pending conditional release** | **17** |

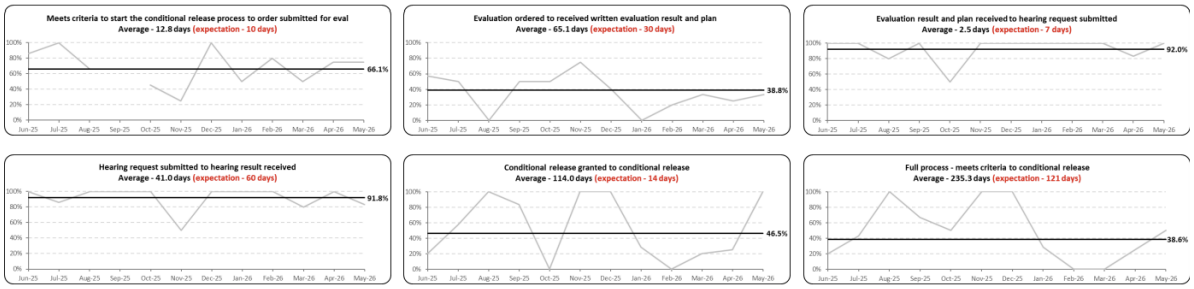
Percent of completed community evaluations where the patient is deemed appropriate for placement and accepted

| | |
|---|---|
| May 2026 | 100% (3/3) |
| Since January 2023 | 96.2% (205/213) |

Percent of PSRB hearings where the patient is granted conditional release from OSH

| | |
|---|---|
| May 2026 | 83.3% (5/6) |
| Since January 2023 | 94.4% (184/195) |

**Percent of Patients Who Complete Each Stage Within the Expected Timeframe**




*Each of the six graphs above has been updated to present a rolling 12-month time period to more accurately reflect changes over time in the target metrics and success rates at each stage in the conditional release process. That is a change from prior versions, which included historical data back to 2021.*

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The state produced data to show more details about the FES staffing and need for evaluations. **Table 11** depicts staffing levels for FES evaluators over the last several years. New hires are most recent in 2026 and there are plans to hire more, hence the projections seen in the table. There were added FTE in 2025 following the Federal Court hearing as well. **Table 12** shows trends in numbers of evaluations requested and type. Both community restoration evaluation numbers have continued to increase.

**Table 11. Number of FTE Evaluators over the last 5 years projecting into 2026**

Worker Counts over time: Clinical Psychologist 2 in OSH Supervisory Organizations related to Forensic Evaluations (FES)
FT staff only where Employee Time Type is available
pulled through June 1, 2026

| Year | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Highest # of FTE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2020 | 12 | 12 | 12 | 12 | 12 | 12 | 13 | 12 | 12 | 13 | 13 | 13 | 13 |
| 2021 | 13 | 14 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 14 | 15 | 15 | 15 |
| 2022 | 15 | 15 | 16 | 14 | 14 | 14 | 13 | 13 | 14 | 14 | 13 | 13 | 16 |
| 2023 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 12 | 11 | 15 | 14 | 14 | 15 |
| 2024 | 13 | 13 | 14 | 15 | 15 | 16 | 16 | 17 | 17 | 17 | 18 | 19 | 19 |
| 2025 | 19 | 20 | 22 | 22 | 22 | 23 | 23 | 23 | 22 | 22 | 22 | 24 | 24 |
| 2026 | 24 | 24 | 24 | 24 | 23 | 22 | | | | | | | 24 |

*FT/PT designation unavailable

**Table 12. Trend of numbers of evals requested by type over the last 5 years**

| Type: | Status: | | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|---|---|---|
| *315 | In-custody | | 66 | 41 | 33 | 30 | 41 | 12 |
| | Out of Custody | | 12 | 11 | 8 | 4 | 9 | 4 |
| 365 | In-custody | | 365 | 451 | 159 | 219 | 255 | 109 |
| | Out of Custody | | 61 | 85 | 58 | 59 | 73 | 25 |
| 370 | Inpatient | | 1431 | 1314 | 1533 | 1546 | 1523 | 514 |
| | Comm. Rest. (CR) | | 418 | 695 | 703 | 619 | 875 | 303 |
| | | Total Cases | 2353 | 2597 | 2494 | 2477 | 2776 | 967 |
| | *315 (given the low base rate of 135s, this is included in 315) | | | | | | | |

The FES tracks data on the number of evaluation that have been scheduled as well as the number of evaluations that have yet to be scheduled. It is concerning that there are a significant number of people waiting to be scheduled for their evaluations. For example, in **Table 13** shows that there are 109 individuals scheduled for community restoration evaluations, but **Table 14** shows 266 individuals waiting to be scheduled for community restoration evaluations. There has been some dialogue between plaintiffs and the defendants

about the waiting times for evaluations, as FES has been issuing letters indicating that evaluations will be scheduled in accordance with the statutory time frames for 180 days when the Judges are ordering evaluations at 90 days even for individuals for whom that frequency is not required.

**Table 13. Number and Type of Evaluations Scheduled as of 6/1/26**

| Type: | Status: | # |
|---|---|---|
| 315 | In-custody | 5 |
| | Out of Custody | 0 |
| 365 | In-custody | 25 |
| | Out of Custody | 0 |
| 370 | Inpatient | 288 |
| | Community Restoration | 109 |
| | Total | 427 |
| | *CR cases are all Post-HB 2005 | |

[Intentionally left blank]

**Table 14. Number and Type of Evaluations Waiting to be Scheduled**

| | Total # of Evals Pending Scheduling | | | |
|---|---|---|---|---|
| **Type:** | **Status:** | **#** | | **Warrant Status** |
| 315 | In-custody | 10 | | |
| | Out of Custody | 9 | | |
| | | | | |
| 365 | In-custody | 30 | | 0 |
| | Out of Custody | 51 | | 8 |
| | | | | |
| 370 | Inpatient | 0 | | |
| | Community Restoration (CR) | 266 | | |
| | Pre-HB 2005 | 150 | | 31 |
| | Post-HB 2005 | 116 | | 2 |
| | *HB 2005 enacted 09/29/2025 | | | |
| | | | | |
| | **Post-HB 2005 CR Target Month** | | | |
| | July | 32 | | |
| | August | 16 | | |
| | September | 39 | | |
| | October | 28 | | |
| | * August, September, October reflect only 180-day orders. | | | |
| | 90-Day CR orders will be received 2 months before. | | | |

**Select Updates from OHA:**

Since my last report, OHA continues to work on the project tracker to make progress with the recommendations laid out in my prior reports. Significantly, a draft of the Community Restoration manual was sent to me in May 2026 for review. This will be an important addition once completed especially as the numbers of people in community restoration continue to rise. It is important that the state establish some standards for these services and maximize the ability to stabilize individuals and move them through the competency system so that either their criminal cases can be adjudicated or they can be supported in the community appropriately if charges are dismissed.

OHA has reported that their efforts continue to build a Community Restoration Evaluation Unit (CREU) to keep up the demand on evaluations and give some relief to the hospital for all its work on evaluations outside the hospital. It is projected that the CREU will be officially in place

in March 2027 according to the defendants' declaration. OSH FES will continue to perform evaluations as needed and as ordered while CREU is being staffed.

OHA continues to take feedback on its forms and has made some modifications for them to be more user friendly by the CMHPs.

There are concerns still about overall budgetary constraints that OHA will be facing in light of some of the anticipated changes in federal funding. There continues to be some hiring freezes.

Since the time of the last status hearing in March, NWRRC has not consistently maintained a census of 35 individuals. It seems there were several people who left the facility and several people for whom placements were identified within the community behavioral health system. This flow of discharges has outpaced the ability of the facility to maintain an active higher census as admissions processing barriers make that more challenging. With the additional 20 bed capacity coming on line in less than a year, it will be important for OHA to better identify mechanisms to use the NWRRC spaces fully. I will continue to discuss this with OHA.

The RTP list has decreased, but this is also a factor of several months of fewer orders for admission. It is unclear that this would be any lasting trend.

The declaration of Dr. Christa Jones submitted 6/5/26 to the Court depicts OHA's projections of growth in bed need. The PCG report will provide further information about this.

**OSH Updates:**

Mr. Jim Diegel continues as the Superintendent of OSH in an interim capacity. The posting for a new Superintendent drew several qualified applicants and I was told that OHA has narrowed the pool to just two finalists. Dr. Hathi is due to meet with each person again to make a

determination of who should serve in that role. In addition, Dr. Amit Bhavan was named permanent Chief Medical Officer. There is an interim Chief Nursing Officer as well.

Despite the traffic reports and much discussion about patient flow, OSH is still hovering its census closer to 695-700 rather than 704. Dr. Hathi expressed concern about safety issues at 704. I have been alerted to media coverage about high seclusion numbers at OSH, though the veracity of those reports is unclear and it is also unclear if that is at all tied to census. I have asked the state to continue to look at this census to maximize bed utilization.

Administrative delays with GEI discharges have improved slightly, according to the state. We met and they provided more detailed explanations of the existing data and looked at displaying it in a different way (with numbers reported on a rolling basis rather than an absolute comparison of a much earlier point in time). In reviewing that data, I was persuaded with the state's declaration of improvements of 15% overall. However, there is still room for progress as I had recommended a 20% improvement. The defendants are working with me to establish how to measure this goal. There will be further discussions about that. I plan to visit the hospital again and also hope to see individuals being served there for their inputs on delays.

OSH has begun to implement the Remedial Order by Judge Nelson, signed on 6/1/26. This has involved sending notification letters out and also developing a way of ensuring that individuals with the relevant charges are appropriately declined for admission. To that end, and as noted above, it is my understanding that OHA and OSH are interpreting the charges listed in 1.b. of the remedial order to encompass the description in 1.a. This may be further refined if needed. I received an explanatory communication from the defendants as follows:

> ***Reduction of New Orders***
>
> *Of the patients admitted to OSH under an Aid & Assist court order in 2025, 201 patients would have been ineligible for admission based on the updated list of ineligible*

*charges. This translates to an average of 16.8 fewer eligible orders/admissions per month.*

***Reduction of Patient Length of Stay***

*In 2025, OSH spent 1,462 bed days on patients receiving a 30-day extension. Based on the Remedial Order, 30-day extensions are no longer allowed. If the bed days had been free to accept new patients, it would have translated to an average of 1.0 more admissions per month.*

*Additionally, OSH spent 2,430 bed days on patients with Felony charges receiving a 180-day extension or patients with Violent Felony charges receiving more than one 180-day extension. Both of which are no longer allowed under the Remedial Order. If those bed days had been free to accept new patients, it would have translated to an average of 1.7 more admissions per month.*

*Combined, the new limits on the use of extensions translate to an average of 2.7 additional admissions per month.*

***Assumptions and Adjustments***

*The net of the changes listed above is 19.5 fewer orders/additional admissions per month. That said, it is acknowledged that some patients may see a change in the types of charges received and the additional bed days made available might be occupied by patients under non-Aid & Assist court orders.*

*To account for this, a conservative adjusted net of 15.0 fewer orders/additional admissions per month is being used to project compliance.*

***Compliance Projection***

*Over the last 12 months (June 2025-May 2026), OSH has received an average of 101 new Aid & Assist orders per month and has admitted an average of 101 patients under an Aid & Assist court order per month. As of June 1, 2026, the number of patients under an Aid & Assist court order waiting for admission to OSH was 30, with an average wait time of 12.4 days.*

*The constant caveat to all compliance projections is that it is hard to estimate exactly how many new orders will be received each month, with random variations common. That said, assuming orders do not spike unexpectedly, and the net impact of the Remedial Order is the expected 15.0 fewer orders/additional admissions per month, OSH could expect to regain compliance with the 7-day Mink requirement in as little as 1-2 months. Additionally, again assuming there is no long-term spike in orders and the net gain remains consistent, the impact of the Remedial Order has the potential for sustained compliance.*

**Forensic Evaluation Services:**

With the departure of Dr. Morgyn Beckman as Director of FES, there has been an interim in place, Dr. Andy Bustos. Dr. Bustos worked alongside Dr. Beckman and has been covering the role without major gaps. OSH posted the position as a psychiatrist, and had a finalist, but the recruitment did not go forward. With Dr. Beckman's departure, and the role out of HB2005, there has been a recognition of increased need, and staff have been hired or are in the queue for hiring. The data above shows that the staffing went up to 24 FTE from 19 FTE in 2025. Yet there are ongoing and increasing demands for evaluations. The evaluations are needed to help people move through the Aid and Assist process, and 266 people currently have pending evaluations.

I note as well that in my 11th Neutral Expert report I reported data that showed that as of 4/23/25 there were 150 people waiting for a scheduled evaluation. That number, according to

data presented above, is currently 109 for community restoration evaluations only, and there are far more that are as yet to be scheduled. I also wrote in my 11th Neutral Expert report that Dr. Morgyn indicated that there would be another time study to determine what is a reasonable expectation of numbers of evaluations completed per week per FTE. I had learned that the total number completed dropped from 3 to 2 after the last time study, and had asked that this time study be repeated. This would also be useful to determine need for evaluator staffing when CREU is operational.

The orders have increased with HB2005 and the FES has written a letter to judges saying that they do not have the resources to keep up with demand and therefore ask the judges to withdraw orders for 90-day evaluations if they are not required in this timeframe. Plaintiffs have raised concerns to the defendants about this. It appears that that OSH is doing what is statutorily correct but this type of communication goes against the idea of completing evaluations as soon as possible.

**Summary of AOCMHP Discussions and Activities:**

I continue to meet with CMHP representatives approximately once per month and this has proven to be very productive. HB2005 continues to be a point of discussion, with individual counties making different interpretations of aspects of this bill. There has also been discussion about the use of the 30-day extensions, with the CMHPs indicated previously were used judiciously. At an upcoming meeting this will be discussed further as the data did not bear that out. As per prior discussions, there is concern about funding availability given future challenges balancing needs with the potential Medicaid cuts.

**Summary of Legislative Efforts Regarding the Mink Restoration Time Limits and Behavioral Health Funding:**

As noted previously OHA, OSH, and the Governor's office shared a plan to attempt to modify

HB2005 once examining relevant data. It is my understanding that there are preliminary meetings to learn more about HB2005's impact. Although the Court order provides certain relief, unless this is codified in statute it is likely that compliance would slide backwards without a legislative fix.

**Federal Court Order for an External Study led by the Court Monitor:**

In Judge Nelson's contempt order dated 6/6/25 she articulated the following remedial measure:

> *Defendants are ordered to hire an independent auditor, to be chosen and overseen by Dr. Pinals, to review how the State has spent funding dedicated to increasing the supply of behavioral health services in the community; identify what levels of care are still lacking and where; and provide this information in a public report to the Court, to be completed within ninety days of the date of this Opinion and Order. Defendants shall be responsible for the costs associated with implementing this remedial measure.*

Public Consulting Group is finalizing preliminary drafting of their report, which I will be reviewing. After we discuss my preliminary questions and feedback, the report draft will go to the defendants for a review of any factual error corrections. Data has been reviewed repeatedly by OHA and PCG to seek clarifications and refinements in data requests. The data collection has been a great deal of work on the part of OHA, and there efforts are much appreciated. There were some delays with draft reviews and clarifying data questions. The current remaining timeline and milestones are delineated in **Table 15**. Some timeframes have been extended such that the contract required a second extension to 8/14/26.

**Table 15. PCG Project Timeline with Milestones**

| | | |
|---|---|---|
| Dr. Pinals provides review and feedback of the Draft Report to PCG | Dr. Pinals | 6/9/2026 |
| PCG Provides Updated Draft Report to Dr. Pinals & OHA | PCG | 6/12/2026 |
| Meet with OHA to review preliminary review of Draft Report | PCG/Dr. Pinals/OHA | 6/23/2026 |
| Dr. Pinals & OHA Provide Feedback on the Draft Report to PCG | Dr. Pinals/OHA | 7/2/2026 |
| Dr. Pinals and PCG working session to review OHA feedback | PCG/Dr. Pinals | Week of 7/6/26 |
| Plaintiffs receive draft report | | Post OHA review |
| PCG Delivers Final Report to Dr. Pinals and OHA | PCG | By contract end - 8/14/2026 |

**Fines Updates:**

The defendants are no longer asking me to review fines exemptions, per Judge Nelson's order. Jail delays and Court delays continue to be limited. According to data received from defendants, fines calculations total $4,498,500 as of their 12th fines report through 5/14/26.

**Conclusions and Comments:**

As of now, the defendants are much closer to compliance than they have been for many months, with individuals waiting an average of 12.4 days for admission to OSH. The number of orders for admission has also been below 100 for several months, and this has helped the defendants get closer to compliance. Overall, however, the defendants remain out of compliance with the 7-day admission requirement in the permanent injunction.

The new Remedial Order of the Court as of 6/1/26 has already been implemented and four people who were on the waitlist were identified as no longer being eligible for admission, and communications went out to that effect. The compliance projections stated above indicate that there will likely be 15 fewer admissions per month, which when the orders are over 100 will be

helpful to maintaining compliance and will likely shift the state toward compliance more quickly, as was described in my last report to the Court. As noted previously, the potential for "up-charging" does exist and this will require monitoring especially as it relates to compliance. As noted by the defendants, the Court's Order will undoubtedly have an impact, but the projections of that impact support my opinion that the Court may wish to consider extending it for one year, beyond its current expiration of 6/30/26. In the interim periods the state can provide data regarding its effectiveness and any unforeseen consequences of this on the system and compliance.

Overall, the work of these last few months has been very productive with regard to examining GEI discharge processes. I appreciate the efforts of Ms. Jill Conbere who has helped her clients to examine their practices and also report back to me progress. A 15% improvement in some areas is significant, yet there is more to discuss, such as understanding what a 20% improvement in discharges should mean needs further elucidation in my conversations with the state.

The Community Restoration manual draft is an important product, and I will turn my attention in this next reporting period. With the number of individuals in community restoration increasing consistently, it will be important to have a final manual that helps develop consistent community restoration practices.

Evaluation services continue to be an area of concern. I appreciate very much Dr. Bustos' efforts to help stabilize and improve the service while the state contemplates another posting for a permanent Director. Overall, the processes he is developing seem appropriate and necessary. Yet at the same time there is a need to develop the service more, at the same time that the CREU needs to begin to take shape. At the time of my 11$^{th}$ report as Neutral Expert the state indicated it only needed to hire three more FTEs to keep up with demand, yet that has proven to be too low of a number. The work of the evaluators at the hospital and in the

community is critical to the flow of individuals through Aid and Assist Processes. There are still too many people waiting for scheduled evaluations, and waiting for evaluations to be scheduled. The FES also has yet to repeat its time study, despite agreeing to do so in 2025. It is therefore my recommendation that this time study be done, and that FES continues to work on reporting metrics so that trends in wait times can be monitored and improved.

The PCG report will be produced between now and the next status conference. Within this report may be suggestions for allocations of resources that may come from Fines money should the Court agree, and it may spell out other needs for the state to invest in to improve the Aid and Assist workflow and demands on the system. I look forward to reviewing their final product.

With regard to bed utilization, I continue to work with OSH and OHA on the bed utilization at NWRRC and at OSH to ensure that they are being utilized to their full potential. I also look forward to hearing about the new Superintendent soon.

Finally, OHA and OSH should continue to work through the items in the project tracker that delineates my prior recommendations. There has been an improved system of review and action on various items and I look forward to continuing that work.

I appreciate the efforts of the defendants, their counsel, the plaintiffs and other interested partners in helping improve the waiting times at issue in this matter.

**Respectfully Submitted,**



Debra A. Pinals, M.D.
Court Monitor, *Mink/Bowman*