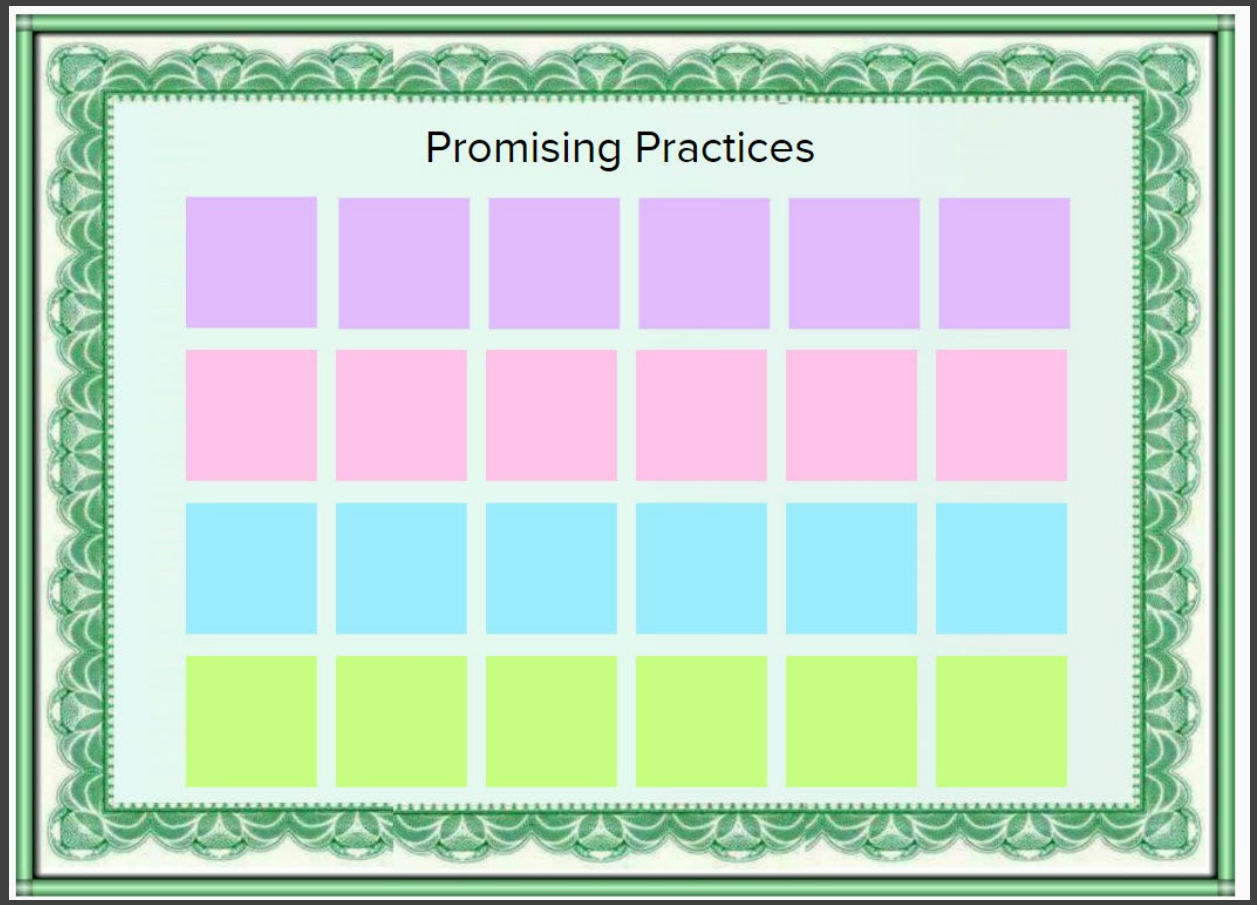
COMMITMENT TO CHANGE WORKGROUP

December 9, 2022

AGENDA

- Welcome – Chris Thomas, Workgroup Facilitator
- Public Record Reminder
- Introductions – Workgroup Membership
  - -Who
  - -Representing
  - -Share a promising practice
- Highest Hopes and Worst Fears
- Oregon Civil Commitment Overview
- Other State Civil Commitment Laws
- Constituent Input/Plan/Survey Findings
- Civil Commitment Initiation
- Mural Exercise – What do we need to start/stop doing?
- Homework

OTHER STATE PROMISING PRACTICE MURAL



WORKGROUP MEMBERSHIP

Oregon Health Authority- William Osborne

Oregon State Hospital- Dr. Katherine Tacker

Oregon Department of Human Services- Chelas Kronenberg

Disability Rights Oregon- Dave Boyer

Mental Health and Addiction Association of Oregon- Janie Gullickson

Oregon Family Support Network- Sandy Bumpus

NAMI Oregon- Chris Bouneff

Oregon House- Rep. Jason Kropf (D); Rep. Christine Goodwin (R)

Oregon Senate- Sen. Floyd Prozanski (D); Sen. Kim Thatcher (R)

WORKGROUP MEMBERSHIP—CONT.

Oregon Criminal Defense Lawyers Association- Allison Knight

Oregon District Attorneys Association- Scott Healy

Association of Oregon Community Mental Health Providers- Cherryl Ramirez

Association of Oregon Counties- Michael Burdick for Gina Nikkel

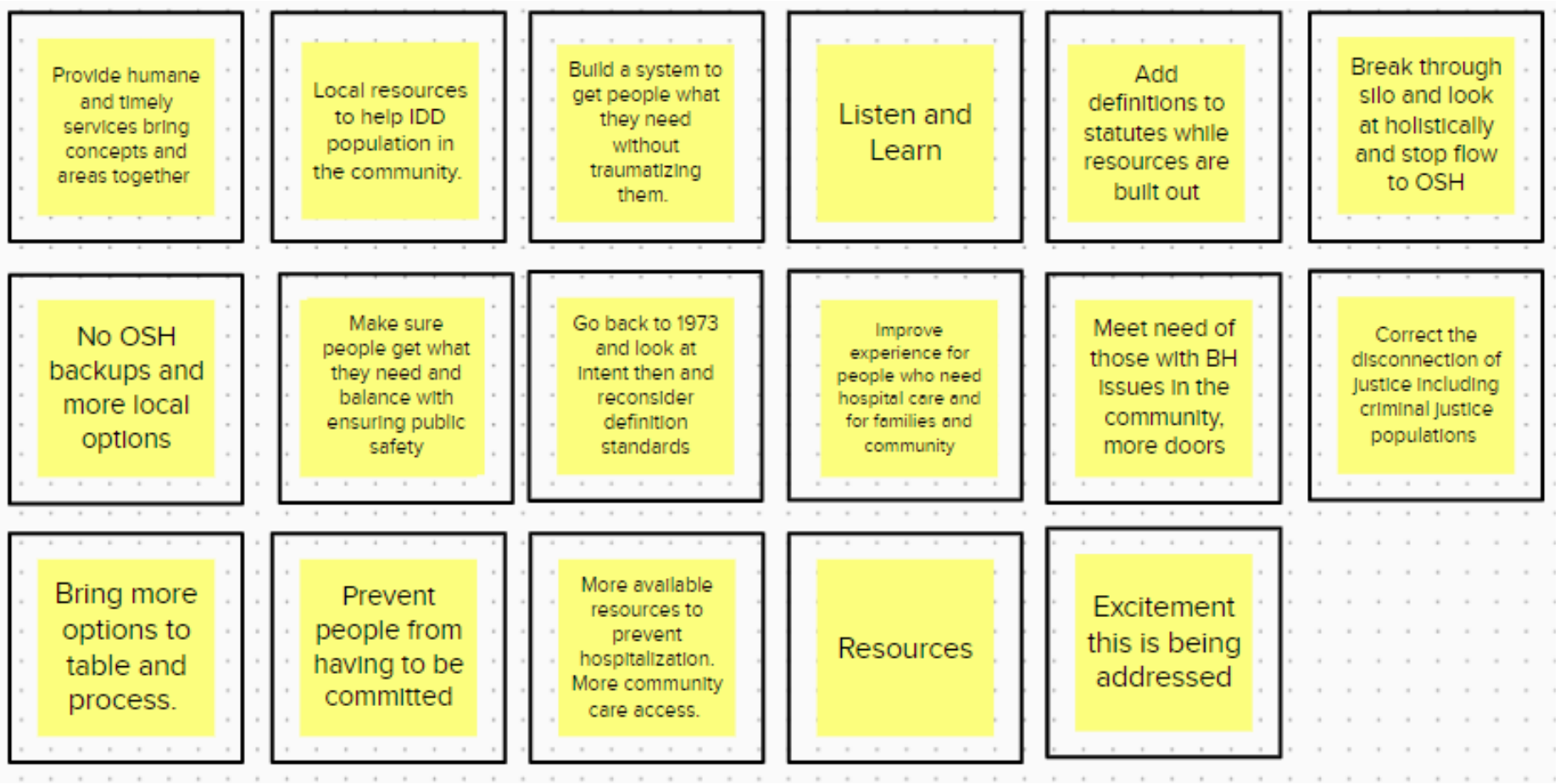
League of Oregon Cities- Dakotah Thompson

Oregon State Sheriffs' Association- Sheriff Matt Phillips

Oregon Association Chiefs of Police- Kevin Campbell

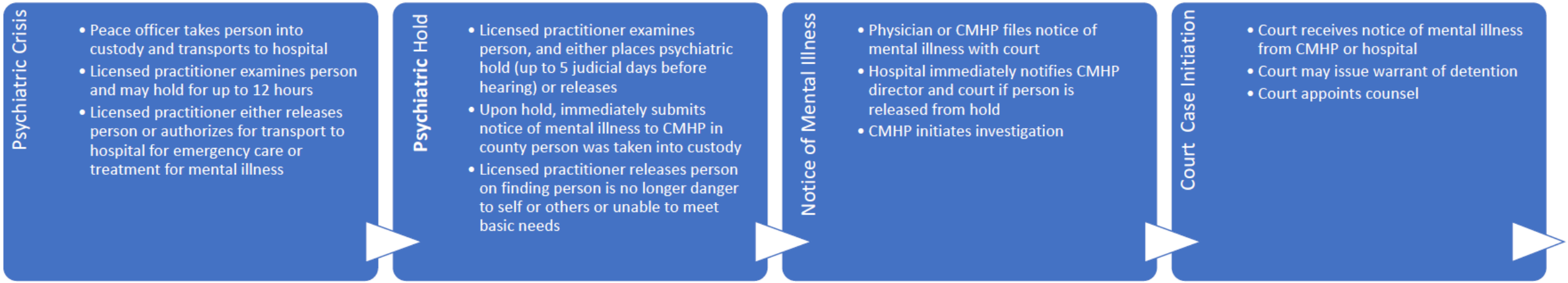
Oregon Association of Hospitals and Health Systems- Meghan Slotemaker

Oregon Judicial Department- Hon. Nan Waller; Hon. Matt Donohue

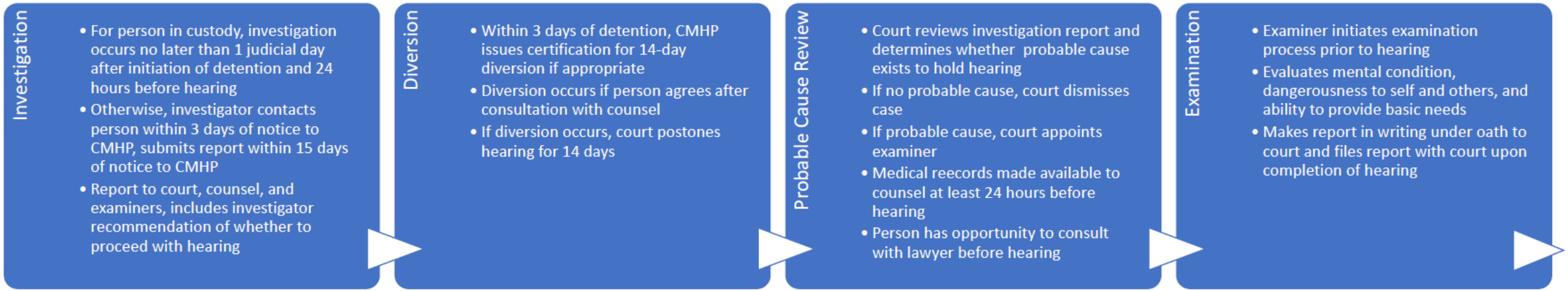


OCTOBER HIGHEST HOPES

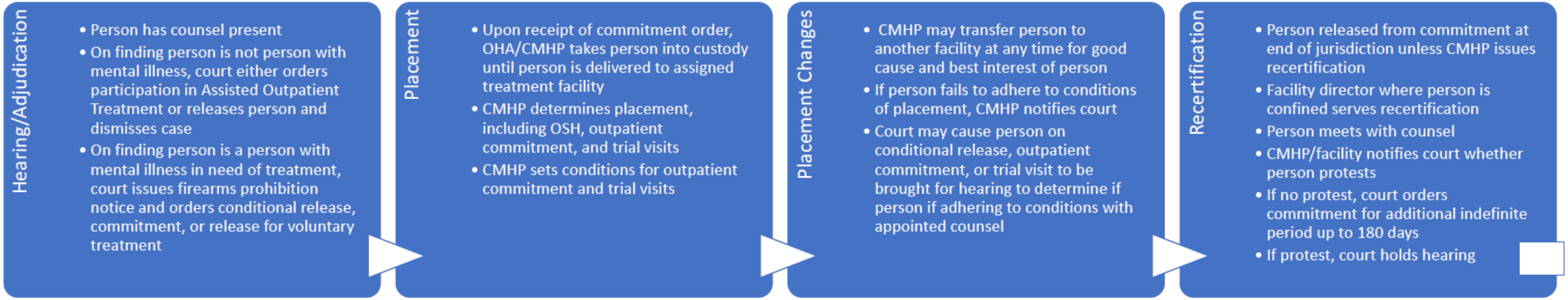
OCTOBER WORST FEARS



CIVIL COMMITMENT OVERVIEW



CIVIL COMMITMENT OVERVIEW CONT.



CIVIL COMMITMENT OVERVIEW CONT.

ORS 426

PERSONS WITH MENTAL ILLNESS

(Definitions)

426.005 Definitions for ORS 426.005 to 426.390

(Hospitals)

426.010 State hospitals for persons with mental illness

426.020 Superintendent; chief medical officer

426.060 Commitment to Oregon Health Authority; powers of authority; placement; transfer

(Commitment Procedure)

426.070 Initiation; notification required; recommendation to court; citation

426.072 Care while in custody; responsibilities of licensed independent practitioner; rules

426.074 Investigation; procedure; content; report

426.075 Notice and records of treatment prior to hearing; procedures

426.080 Execution and return of citation or warrant of detention

426.090 Citation; service

ORS 426 CONTINUED

(Commitment Procedure Continued)

426.095 Commitment hearing; postponement; right to cross-examine; admissibility of investigation report

426.100 Advice of court; appointment of legal counsel; costs; representation of state's interest

426.110 Appointment of examiners; qualifications; costs

426.120 Examination report; rules

426.123 Observation of person in custody; warning; evidence

426.125 Qualifications and requirements for conditional release

426.127 Outpatient commitment

426.129 Community liaison

426.130 Court determination of mental illness; discharge; release for voluntary treatment; conditional release; commitment; assisted outpatient treatment; prohibition relating to firearms; period of commitment

426.133 Assisted outpatient treatment

ORS 426 CONTINUED

(Commitment Procedure Continued)

426.135 Counsel on appeal; costs of appeal

426.140 Place of confinement; attendant

426.150 Transportation to treatment facility

426.155 Release of information about person held in custody pending commitment proceeding or while committed or recommitted

426.160 Disclosure of record of commitment proceeding

426.170 Delivery of certified copy of record

ORS 426 CONTINUED

(Emergency and Voluntary Admissions)

426.180 Emergency commitment of individuals in Indian country

426.200 Duties following emergency admission

426.210 Limit of detention after commitment in emergency proceedings

426.217 Change of status of committed patient to voluntary patient; effect of change

426.220 Voluntary admission; leave of absence; notice to parent or guardian

426.223 Retaking persons in custody of or committed to Oregon Health Authority; assistance of peace officers and others

426.225 Voluntary admission to state hospital of committed person; examination by licensed independent practitioner

ORS 426 CONTINUED

(Emergency Care and Treatment)

426.228 Custody; authority of peace officers and other individuals; transporting to facility; reports; examination of person

426.231 Hold by licensed independent practitioner; when authorized; statement required

426.232 Emergency admission; notice; limit of hold

426.233 Authority of community mental health program director and of other individuals; costs of transportation

426.234 Duties of professionals at facility where person admitted; notification; duties of court

426.235 Transfer between hospital and nonhospital facilities

426.236 Rules

426.237 Prehearing detention; duties of community mental health program director; certification for treatment; court proceedings

426.238 Classifying facilities

ORS 426 CONTINUED

(Costs)

426.241 Payment of care, custody and treatment costs; denial of payment; rules
426.250 Payment of costs related to commitment proceedings
426.255 County to pay costs

(Trial Visits; Conditional Release; Outpatient Commitment; Early Release)

426.273 Trial visits
426.275 Effect of failure to adhere to condition of placement
426.278 Distribution of copies of conditions for outpatient commitment or trial visit
426.292 Release prior to expiration of term of commitment

ORS 426 CONTINUED

(Competency and Discharge)

426.295 Judicial determination of competency; restoration of competency

426.297 Payment of expenses for proceeding under ORS 426.295

426.300 Discharge of committed persons; application for assistance on behalf of committed person

426.301 Release of committed person; certification of continued mental illness; service of certificate; content; period of further commitment; effect of failure to protest further commitment

426.303 Effect of protest of further commitment; advice of court

426.307 Court hearing; continuance; attorney; examination; determination of mental illness; order of further commitment; period of commitment

426.309 Effect of ORS 426.217 and 426.301 to 426.307 on other discharge procedure

ORS 426 CONTINUED

(Miscellaneous)

426.310 Reimbursement of county expenses for commitment proceedings involving nonresidents

426.320 Payment of certain expenses by the state

426.330 Presentation and payment of claims

426.335 Limitations on liability

426.370 Withholding information obtained in certain commitment or admission investigations

426.380 Availability of writ of habeas corpus

426.385 Rights of committed persons

426.390 Construction

426.395 Posting of statement of rights of committed persons

(Licensing of Persons Who May Order Restraint or Seclusion)

426.415 Licensing of persons who may order and oversee use of restraint and seclusion in facilities providing mental health treatment to individuals under 21 years of age; rule

ORS 426 CONTINUED

(COMMUNITY INTEGRATION OF PERSONS WITH CHRONIC MENTAL ILLNESS)

426.490	Policy
426.495	Definitions for ORS 426.490 to 426.500; rules
426.500	Powers and duties of Oregon Health Authority; rules
426.502	Definitions for ORS 426.502 to 426.508
426.504	Power of Oregon Health Authority to develop community housing for persons with chronic mental illness; sale of community housing; conditions
426.506	Community Mental Health Housing Fund; Community Housing Trust Account; report
426.508	Sale of F. H. Dammasch State Hospital; fair market value; redevelopment of property; property reserved for community housing

ORS 426 CONTINUED

(SEXUALLY DANGEROUS PERSONS)

426.510 "Sexually dangerous person" defined

426.650 Voluntary admission to state institution; rules

426.670 Treatment programs for sexually dangerous persons

426.675 Determination of sexually dangerous persons; custody pending sentencing; hearing; sentencing; rules

426.680 Trial visits for probationer

(EXTREMELY DANGEROUS PERSONS WITH QUALIFYING MENTAL DISORDER)

426.701 Commitment of "extremely dangerous" person with qualifying mental disorder; requirements for conditional release; rules

426.702 Discharge from commitment of extremely dangerous person with qualifying mental disorder; requirements for further commitment; protest and hearing

ORS 426- QUESTIONS

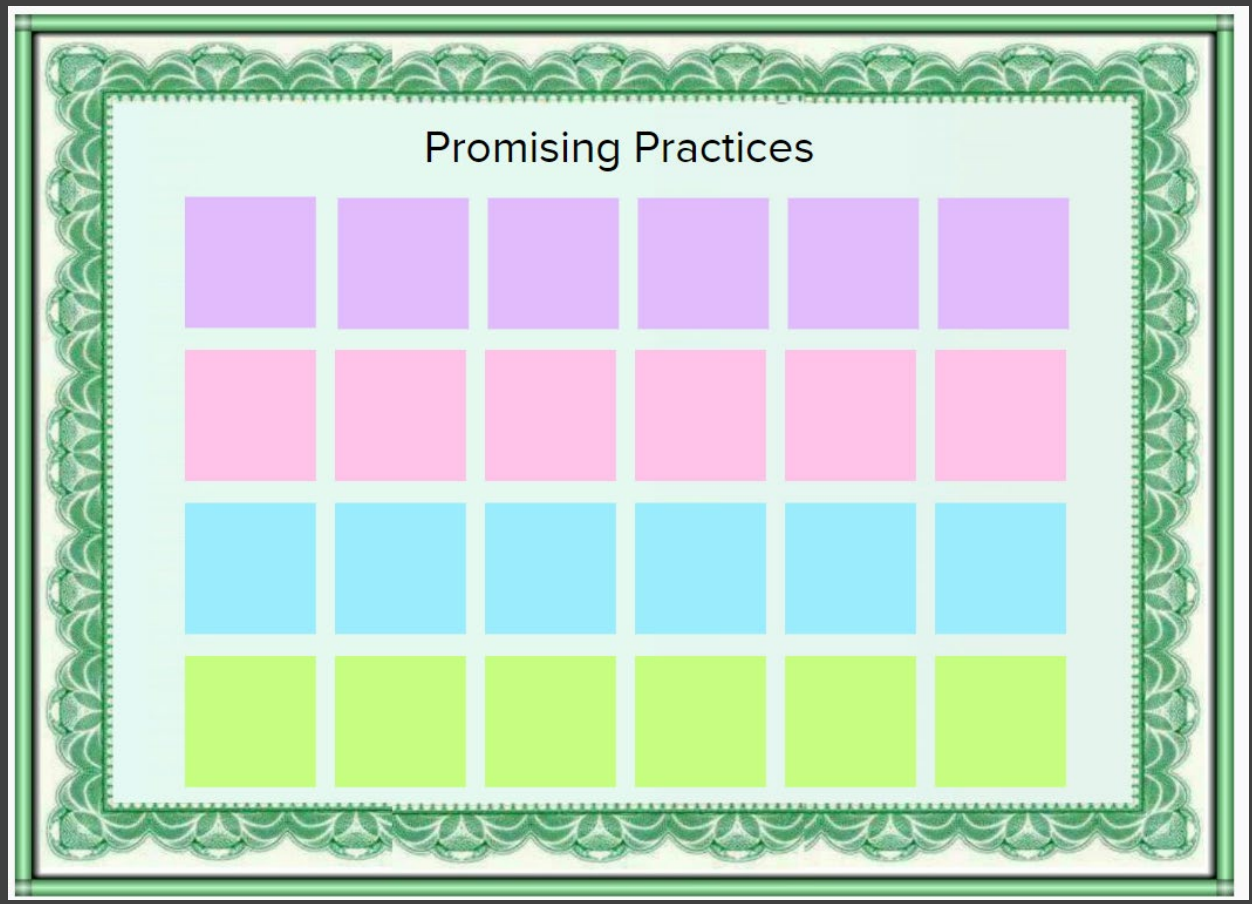
- Initiation
- Investigation
- Diversion (when appropriate)
- Probable cause determination
- Appointment of counsel
- Examination
- Hearing
- Commitment or conditional release
- Trial visit
- Continued commitment

- Are these the right headings to categorize the steps in Oregon's civil commitment process?
- Are there missing categories?

ORS 427- QUESTION

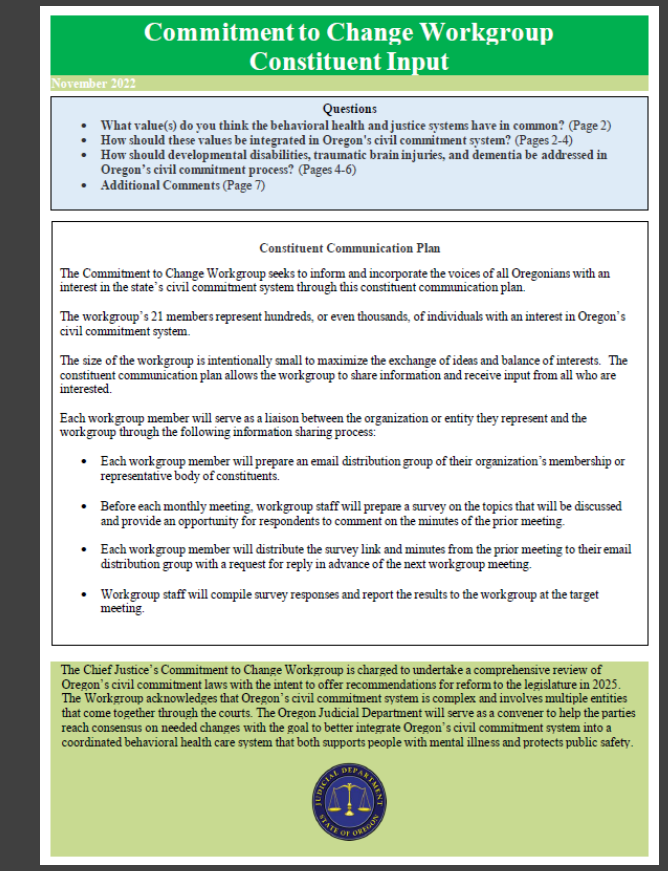
- Are there any aspects of the intellectual or developmental disability commitment statute (ORS 427) that should be considered for the person with mental illness statute (ORS 426)?

OTHER STATE PROMISING PRACTICE MURAL



CONSTITUENT FEEDBACK

- 86 responses through 12/7/2022
- Allows feedback and opportunity for all voices to be heard
- Opportunity to review Monthly Workgroup Meeting Minutes
- Constituent input document
- Incorporate feedback in meetings
- Included “represented by”
- Responses from nine Workgroup members’ constituents



Commitment to Change Workgroup
Constituent Input

November 2022

Questions

- What value(s) do you think the behavioral health and justice systems have in common? (Page 2)
- How should these values be integrated in Oregon's civil commitment system? (Pages 2-4)
- How should developmental disabilities, traumatic brain injuries, and dementia be addressed in Oregon's civil commitment process? (Pages 4-6)
- Additional Comments (Page 7)

Constituent Communication Plan

The Commitment to Change Workgroup seeks to inform and incorporate the voices of all Oregonians with an interest in the state's civil commitment system through this constituent communication plan.

The workgroup's 21 members represent hundreds, or even thousands, of individuals with an interest in Oregon's civil commitment system.

The size of the workgroup is intentionally small to maximize the exchange of ideas and balance of interests. The constituent communication plan allows the workgroup to share information and receive input from all who are interested.

Each workgroup member will serve as a liaison between the organization or entity they represent and the workgroup through the following information sharing process:

- Each workgroup member will prepare an email distribution group of their organization's membership or representative body of constituents.
- Before each monthly meeting, workgroup staff will prepare a survey on the topics that will be discussed and provide an opportunity for respondents to comment on the minutes of the prior meeting.
- Each workgroup member will distribute the survey link and minutes from the prior meeting to their email distribution group with a request for reply in advance of the next workgroup meeting.
- Workgroup staff will compile survey responses and report the results to the workgroup at the target meeting.

The Chief Justice's Commitment to Change Workgroup is charged to undertake a comprehensive review of Oregon's civil commitment laws with the intent to offer recommendations for reform to the legislature in 2025. The Workgroup acknowledges that Oregon's civil commitment system is complex and involves multiple entities that come together through the courts. The Oregon Judicial Department will serve as a convener to help the parties reach consensus on needed changes with the goal to better integrate Oregon's civil commitment system into a coordinated behavioral health care system that both supports people with mental illness and protects public safety.

CONSTITUENT FEEDBACK BY MEMBER

My Commitment to Change Workgroup Representative is:

Answer Choices	Responses	
Dr. Katherine Tacker - Oregon State Hospital	12.05%	10
Chelas Kronenberg - Oregon Department of Human Services (Office of Developmental Disabilities Services)	3.61%	3
Allison Knight - Oregon Criminal Defense Lawyers Association	3.61%	3
Scott Healy - Oregon District Attorneys Association	25.30%	21
Cherryl Ramirez - Association of Oregon Community Mental Health Providers	10.84%	9
Gina Nikkel - Association of Oregon Counties	1.20%	1
Meghan Slotemaker - Oregon Association of Hospitals and Health Systems	3.61%	3
Judge Waller & Judge Donohue - Oregon Judicial Department	32.53%	27
I am the Workgroup Member – Commitment to Change Workgroup	7.23%	6
	Answered	**83**
	Skipped	**3**

INITIATION

ROLES AND RESPONSIBILITIES

Two Laypersons

Notify CMHP

Two laypersons who identify signs that indicate mental illness and needs treatment, care, or custody may initiate the process by notifying the CHMP where the person is resides (or where the person is currently located if the person has no residence) to initiate an investigation

ORS 426.070

CMHP/OHA

CMHP Director Receives Notice of Mental Illness (NMI)

The following persons may give a notice of mental illness (NMI) to the CMHP director, stating that the person has signs of mental illness and need of treatment, care, or custody:

- Any two persons
- A county health officer; or
- Any magistrate

OAR 309-033-0240(1)(a)

CMHP Notifies Court and OHA and Initiates Investigation

Upon receipt of notice that a person has been hospitalized or an NMI stating that a person has signs of mental illness and need of treatment, care, or custody, CMHP must:

1. Immediately file the NMI with the court in the county where the person resides
2. Immediately notify OHA if commitment is proposed because person appears to be a person with mental illness
3. Initiate investigation to determine whether there is probable cause to believe person is person with mental illness

ORS 426.070(3); OAR 309-033-0240(1)(a)

INITIATION CONT.

OHA to Verify Whether Criteria is Met

OHA may verify whether person meets criteria and so inform CMHP

CMHP Director Request to File NMI

A CMHP director may request that the physician (hospital holds) or CMHP director where person was taken into custody (nonhospital hold) file the NMI, either on a case by case basis upon receiving notice or upon general request to a hospital or CMHP director

OAR 309-033-0240(5)

Take Person Into Custody on Court Order

Upon receipt of a warrant of detention, CMHP director or sheriff shall take the person into custody and remove the person to a community licensed hospital/nonhospital facility and inform the person of his/her rights with regard to representation by or appointment of counsel, and the warning that observations of the person by facility staff where the person is in custody may be used as evidence in subsequent court proceedings to determine whether the person should be committed as a person with a mental illness

OAR 309-033-0250(2)

Transfer Between Facilities and Notify Court

OHA/CMHP may transfer person between facilities at any time for good cause and in best interest of person; notify court immediately of transfer and location of person

INITIATION CONT.

Courts

Notice of Mental Illness Starts Civil Commitment Process

The civil commitment process is initiated when a Notice of Mental Illness (NMI) is filed with the circuit court.

OAR 309-033-0240

Notify CMHP if any magistrate or judge

Any magistrate or judge may initiate civil commitment procedures by giving notice to CMHP that person shows signs of mental illness and need of treatment, care, or custody

ORS 426.070(1), (2)

Initiate Civil Commitment Proceedings

Upon notice from licensed independent practitioner, hospital, or emergency care facility that that individual has been hospitalized, immediately commence civil commitment proceedings

Issue Warrant of Detention if Necessary

Upon receipt of a notice of mental illness (NMI), if the court finds probable cause to believe that failure to take the person into custody pending the investigation or hearing would pose serious harm or danger to the person or to others, the court may issue a warrant of detention to the CMHP director or sheriff of the county directing them to take the person into custody and produce the person at time and place stated in the warrant

ORS 426.070(5)(b)

INITIATION CONT.

Orders for Care and Custody Prior to Hearing

For persons taken into custody on a warrant of detention, the court may make any orders for the care and custody of the person prior to the hearing as it considers necessary

ORS 426.070(5)(b)

Only Court Can Release Person in Custody on Warrant of Detention

Once the person is taken into custody pursuant to a warrant a detention, the person may only be released by the court; however, person may be transferred to another approved facility

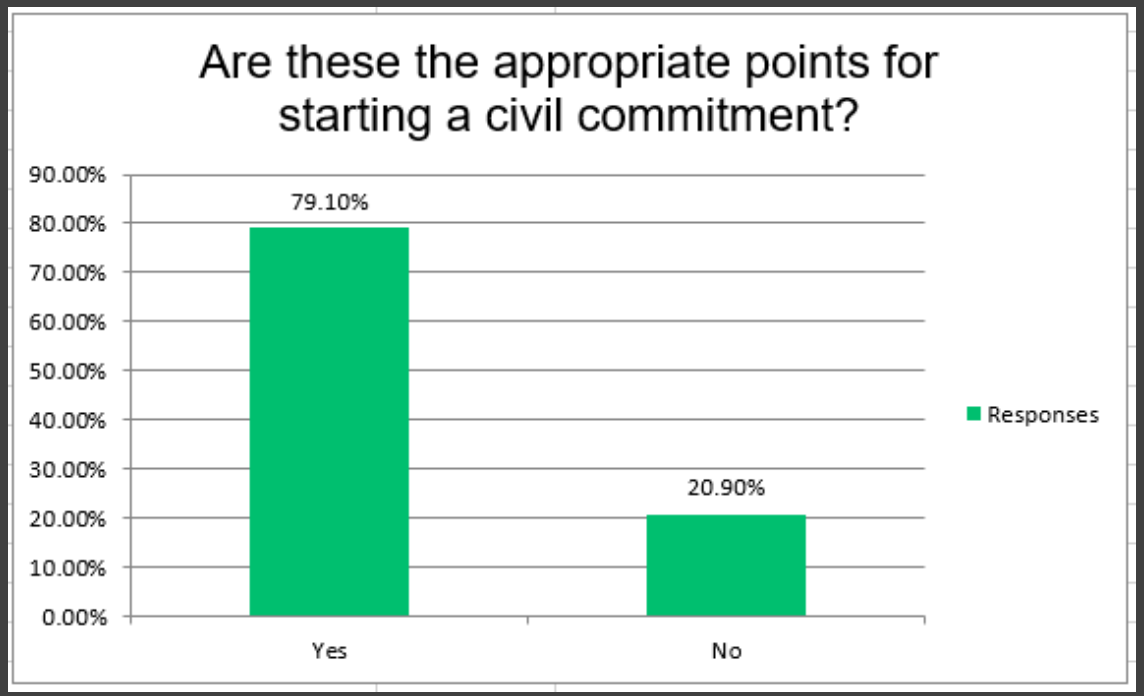
OAR 309-033-0250(6)

Notify CMHP of Release Before Hearing and Dismiss Case

Upon notice a licensed independent practitioner or CMHP released an individual from the hospital prior to hearing, notify CMHP and dismiss case within 14 days after initial detention (unless court receives recommendation under ORS 426.070(4))

APPROPRIATE POINTS FOR CIVIL COMMITMENT INITIATION?

- Law enforcement takes an individual in a psychiatric crisis to an emergency room and two health care providers notify the court
- County's local health officer (county mental health program) is notified by a practitioner or any two persons
- Judge or magistrate identifies signs of mental illness



APPROPRIATE POINTS FOR CIVIL COMMITMENT INITIATION?

426.070 Initiation; notification required; recommendation to court; citation. (1) Any of the following may initiate commitment procedures under this section by giving the notice described under subsection (2) of this section:

(a) Two persons;
(b) The local health officer; or
(c) Any magistrate or judge of a court of a federally recognized Indian tribe located in this state.

APPROPRIATE POINTS FOR CIVIL COMMITMENT INITIATION?

I believe the three ways a Civil Commitment can currently be initiated in the State of Oregon make procedural sense under those circumstances and should all continue to exist in law. However, we should re-examine the details of what exactly is legally required as a part of the report and consider other points of entry in the system or community to help get people the resources they need in a timelier manner. We need to look at this process with an eye toward reducing barriers to treatment and other mental health resources.

I think these parties having the ability to initiate commitment is appropriate, but the entry points for a commitment and how the commitment may be brought to the attention of those parties is frustrating. For example, I would prefer the statute give guidance on when a commitment referral or hold is mandatory rather than discretionary (i.e. - when a person in clear psychiatric crisis is brought to jail, it should be required that the hospital and CMHP evaluate for commitment rather than book them in on their charge).

APPROPRIATE POINTS FOR CIVIL COMMITMENT INITIATION?

We need a higher standard to remove someone's rights and more appropriate supports for health needs than law enforcement and courts. Civil commitment was designed for institutionalizing people. Appropriate home and community-based supports should be the starting place. An individual should not be punished because the community has failed them. Civil commitment (if needed at all) should not be based upon diagnosis and stigma but rather the support needs of the person. Institutionalization is largely a failure of community-based supports. Locking away an individual does not address a system problem.

How are these applied to people with intellectual and developmental disability? For the mental health civil commitment these are appropriate places to start. For people with IDD, generally hospitals and MH providers will not hold people who are not presenting mental health symptoms.

APPROPRIATE POINTS FOR CIVIL COMMITMENT INITIATION?

- Five respondents pointed out that the individual can self-refer
- Two respondents expressed surprise that a judge can initiate
- Three suggested families with additional involvement with the individual
- District Attorneys to divert people from criminal justice
- This should be expanded to include initiation by a single licensed mental health worker, specifically QMHPs such as LPCs, LCSWs, etc. Often times, crisis workers may not be responding to a situation with law enforcement, such as at a home or at the ED, and the inclusion of law enforcement may exacerbate the issue.
- County mental health should be able to initiate if a person has multiple law enforcement contacts due to mental illness
- We could consider substance use-induced psychosis and/or inability to meet basic needs because of a severe SUD
- Recommend some minimal level of training and also to remove any conflict of interest between the petitioner and constituent being recommended for commitment
- Other considerations?

APPOINTMENT OF COUNSEL

ORS 426.070 (5) When the court receives notice under subsection (3) of this section:

(b)(A) If the court finds that there is probable cause to believe that failure to take the person into custody pending the investigation or hearing would pose serious harm or danger to the person or to others, the court may issue a warrant of detention to the community mental health program director or designee or the sheriff of the county or designee directing the director, sheriff or a designee to take the person alleged to have a mental illness into custody and produce the person at the time and place stated in the warrant.

(B) At the time the person is taken into custody, the person shall be informed by the community mental health program director, the sheriff or a designee of the following:

(i) The person's rights with regard to representation by or appointment of counsel as described in ORS 426.100;

APPOINTMENT OF COUNSEL

ORS 426.090 Citation; service. The judge shall issue a citation to the person alleged to have a mental illness stating the nature of the information filed concerning the person and the specific reasons the person is believed to be a person with mental illness. The citation shall further contain a notice of the time and place of the commitment hearing, the right to legal counsel, the right to have legal counsel appointed if the person is unable to afford legal counsel, and, if requested, to have legal counsel immediately appointed, the right to subpoena witnesses in behalf of the person to the hearing and other information as the court may direct. The citation shall be served upon the person by delivering a duly certified copy of the original thereof to the person in person prior to the hearing. The person shall have an opportunity to consult with legal counsel prior to being brought before the court.

APPOINTMENT OF COUNSEL

ORS 426.100 Advice of court; appointment of legal counsel; costs; representation of state's interests. (1) At the time the person alleged to have a mental illness is brought before the court, the court shall advise the person of the following:
(e) The person's rights regarding representation by or appointment of counsel.

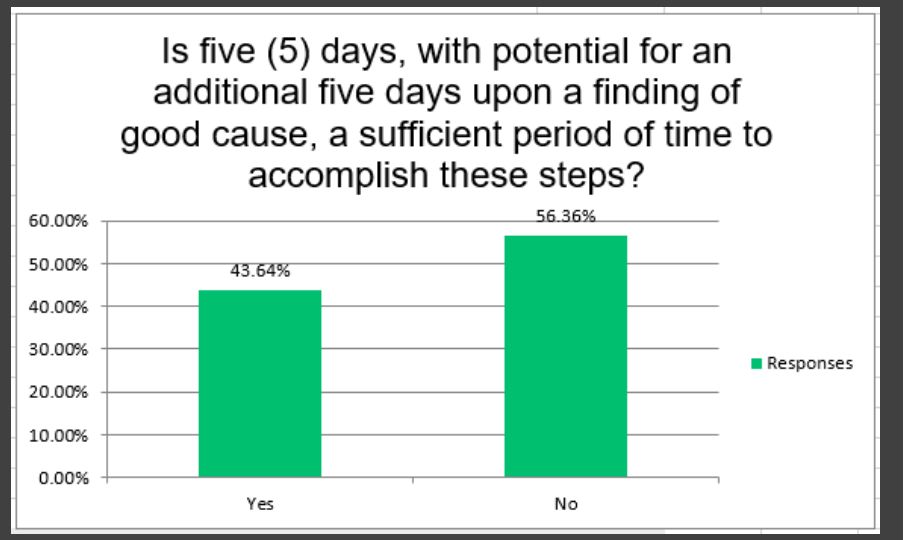
(3) When provided under subsection (2) of this section, a person alleged to have a mental illness has the following rights relating to representation by or appointment of counsel:
(a) The right to obtain suitable legal counsel possessing skills and experience commensurate with the nature of the allegations and complexity of the case during the proceedings.
(d) If no request for legal counsel is made, the court shall appoint suitable legal counsel unless counsel is expressly, knowingly and intelligently refused by the person.
(e) If the person is being involuntarily detained before a hearing on the issue of commitment, the right under paragraph (a) of this subsection to contact an attorney or under paragraph (b) of this subsection to have an attorney appointed may be exercised as soon as reasonably possible.

APPOINTMENT OF COUNSEL TIMING

- At what point should counsel be appointed?
- Should statute be explicit about timing?

5 DAYS WITH POSSIBLE 5 ADDITIONAL DAYS SUFFICIENT?

- Investigation by the community mental health program investigator and
- submission of investigation report to the court
- Court receives notice of mental illness, court may issue warrant of detention,
- court appointment of counsel
- Court reviews case for probable cause to believe the person is a person with
- mental illness in need of care or treatment for mental illness
- If the court finds probable cause the court appoints an examiner
- Examiner evaluates the individual and makes report to the court



5 DAYS WITH POSSIBLE 5 ADDITIONAL DAYS SUFFICIENT?

I think the 5-days is sufficient to accomplish the required steps. Once the parties realize the 5-days is shared between all involved, it helps to create the working relationship that is required in this case type. I think allowing more time will not change the issues that come up now and the AMIP's personal liberty is at stake. In our court process, the hearing is set on the 5th day whenever possible. If the court docket doesn't allow for a hearing on the 5th day, then whatever the time frame is, it's still shared between the parties.

We have a system that has been operating under these tight timelines for a long time now and seems to be adequate under the circumstances. I believe the initial five business day timeframe for most cases is appropriate to balance the due process rights of the individual, who is often in custody, with the individual's personal safety concerns, and the safety concerns of the community. Most cases are relatively straight forward. If for some reason the case is more complicated and the party's need more time, a "Good Cause" continuance is allowed under the law. I would like to see the "Good Cause" continuance timeframe be expanded from five days to 30 days for more complicated cases where further in-depth investigation would be helpful to the Court and Mental Health Examiners in making a decision.

5 DAYS WITH POSSIBLE 5 ADDITIONAL DAYS SUFFICIENT?

When all things go smoothly 5 days is plenty of time. It is sometimes very difficult to meet these guidelines when there are so many moving parts. Courts have a very small window in which to docket the case, initiate attorney appointment processes, prepare forms. Investigators must get their reports in to the court with enough time to issue a citation and notify the AMIP at least 24 hours in advance; attorneys have a very short window of time to meet with their clients. 5 days is sufficient IF the court is able to schedule the hearing on the 5th day, but sometimes the window is shorter if there is no available court time on that 5th day, it would have to be held even sooner, shortening the timeframes even more.

There is no doubt that a longer time period would yield a more thorough investigation, better information for the court and parties and, potentially, planning and stabilization for some outcome other than commitment. However, that reality has to be balanced against our community's interest in the person's autonomy and liberty. It seems to me that our short time frame, clear and convincing standard of proof, along with the requirement that the state demonstrate not just a need for treatment but that the person is presently dangerous to self or others means that we have decided, at least for now, to value the person's immediate autonomy and liberty above potentially better longer term outcomes. We are a system that presently values liberty over care. Whether that is appropriate or not is a very difficult question to answer and reasonable people will probably argue about it until the end of time.

5 DAYS WITH POSSIBLE 5 ADDITIONAL DAYS SUFFICIENT?

Many states have longer periods for completion of these processes. Oregon's five day limit is too short and results in early release of patients who re-enter the system quickly. A 10 day period is more appropriate given the course of acute treatment of serious psychiatric illness. The standard for commitment exercised by the community mental health program investigators and by the courts is too high. It values patient autonomy (pseudo-autonomy) over public safety and the true interests of the patient. Patients in the midst of psychotic illness frequently do not have decisional capacity and meet the standard for guardianship yet are not committed.

5 days for initial hearing is appropriate and in most cases workable, but when there is a legitimate question about whether commitment is appropriate, 10 judicial days is not enough time to put together a defense, especially if an expert would be helpful. I would prefer the defense to be able to request 14 days (the same time as a diversion) for preparation. I do think the AMIP should have to consent to this more lengthy postponement, and I envision the court doing a colloquy to ensure that consent is given before agreeing to the postponement.

5 DAYS WITH POSSIBLE 5 ADDITIONAL DAYS SUFFICIENT?

- Defense needs more time to prepare for the trial.
- 7 days. People often clear in 5 days, but when there is are requirement to make a decision about a hearing on day 3 there is often a lot of scrambling going on, only for that to change right after a hearing has been requested because a PAMI has cleared or opted for a 14 day diversion.
- The five day period is usually sufficient, but the finding of good cause needs to be expanded. Under current law, the Court's inability to hold a hearing is not good cause, nor is any other issue encountered by the State in preparing their case. A similar set of findings as used in the speedy trial law would be wonderful. We had a road go out suddenly and cut off half the county so there literally was no way to have the hearing on the fifth day and the person had to be released.
- You have to unpack a lifetime of mental illness. It leads to a rushed decision in an overwhelmed system. Time should be increased to 7-10 days.
- I have no knowledge of any success or barriers with this timeframe. Seems long for the person and fast for professionals.

5 DAYS WITH POSSIBLE 5 ADDITIONAL DAYS SUFFICIENT?

- 5 days- six responses
- 5+ days- three responses
- 6-7 days- two responses
- 7 days- four responses
- 7-10 days- one response
- 10 days- four responses
- 10-14 days- one response
- 10-15 days- two responses
- 14 days- three responses
- 14-21 days- one response

5 DAYS WITH POSSIBLE 5 ADDITIONAL DAYS SUFFICIENT?

- Is five days sufficient?
- How many days are needed?
- What do we need to account for?

SWITCHING LANES

- What are the barriers to switching someone from the forensic to the civil commitment lane?

MURAL EXERCISE

NEW FOCUS DISCUSSION

HOMEWORK

- All workgroup members to distribute January survey to their CTC WG constituent email distribution list (and to create email distribution list if have not done so already)
- Read ALL materials provided in advance of the next meeting

NEXT MONTH

Date	Subjects
January 2023	• Investigation • Diversion • Probable Cause Determination

STAFF CONTACTS

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