

Commitment to Change Workgroup Ideas Survey Results

KEY

A - Great idea!

B - Like with reservations (minor concerns or support only if other things happen concurrently)

C - Initial reaction positive but want more information

D - Neutral (I would neither support nor object to moving this idea forward)

E- Initial reaction negative but want more information

F - Strongly inclined against but open to further discussion

G - Bad idea!

Idea Number	Idea	A	B	C	D	E	F	G
2	Require the state to ensure access to community-based behavioral health treatment by individuals before they need civil commitment by requiring every region to have an adequate network of community-based resources	6	4	6	1	0	0	0
3	Amend statute and rules to prohibit behavioral health providers from refusing behavioral health care to individuals who experience high acuity symptoms	2	7	3	1	3	0	0
4	Provide education and training to behavioral health and substance use disorder providers about the criminal justice system and how to address criminogenic risk and need factors	6	2	7	1	0	0	0
5	Expand telehealth and help hotlines to improve public access to mental health providers, including psychiatric prescribers	5	4	3	3	1	0	0
6	Require STATE to build, own, operate, or fund more community-based facilities designed to provide shorter-term behavioral health inpatient care	4	3	8	0	2	0	0
7	Require COUNTIES to build, own, operate, or fund more community-based facilities designed to provide shorter-term inpatient behavioral health care	2	2	6	1	4	1	1
8	Require the state to develop programs to expand the number of providers who have training, expertise, and willingness to support people with intellectual and developmental disabilities, including people with autism and people affected by drugs and alcohol in utero	5	5	5	1	0	0	0
9	Create a state funding mechanism to reimburse community case managers for outreach efforts to individuals in need of behavioral health care	5	5	3	2	1	0	0

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10	Establish a fee schedule/funding code for billing Medicaid for behavioral health preventative care, such as 23-hour crisis and respite	6	4	5	1	0	0	0
11	Require state to build and fund more mental health crisis centers so emergency rooms are not the only option	7	4	3	1	1	0	0
12	Require first responder training on use of mental health crisis centers as an alternative to emergency rooms	6	6	1	2	0	0	0
13	Educate providers on when an individual may be released from a psychiatric hold following submission of an NMI to the court	6	5	4	0	0	0	0
14	Require OHA to provide access to historical NMIs and other investigation files for use by investigators in subsequent investigations of the same person	7	2	2	3	1	0	0
15	Require state to create a centralized repository of civil commitment investigation reports for investigators to access for subsequent civil commitment investigations of the same individual	7	4	2	2	0	0	0
16	Amend statute to add jail officials to the list of people who can refer someone for a civil commitment investigation	1	2	5	3	4	0	0
17	Amend statute to expand criteria a judge MAY consider when determining whether to issue a warrant of detention (e.g., inability to meet basic needs)	7	3	2	2	0	0	1
18	Amend statute to add limiting criteria that a judge MUST consider before ordering a warrant of detention	1	2	3	5	3	0	1
19	Require Oregon Judicial Department to collect data on the factual findings in which judges issue warrants of detention	6	5	2	2	0	0	0
20	Remove CMHP oversight of civil commitment investigators to avoid conflicts of interest	0	1	4	3	5	1	1
21	Require local district attorney offices, rather than CMHPs, to oversee processes for civil commitment investigations	0	1	3	3	2	2	4
22	Educate investigators that statute requires the submission of an investigation report regardless of whether the investigator believes that the person would be willing to participate in treatment on a voluntary basis	10	2	1	2	0	0	0
23	Amend statutes or rules to require that civil commitment investigators provide all information specified in OAR 309-033-0920 or explain why missing information cannot be obtained	5	4	3	1	1	1	0

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24	Amend statutes to remove the requirement for civil commitment investigators to provide an opinion on probable cause (retaining all other current statutory requirements for civil commitment investigators)	1	2	4	4	4	0	0
25	Require civil commitment investigators to participate in continuing education following initial certification that includes updates on relevant legal and clinical information	8	3	4	0	0	0	0
26	Require training for investigators on writing reports in a way that people without clinical background can understand	6	2	1	5	0	1	0
27	Require appointment of counsel for financially eligible individuals named in a notice of mental illness BEFORE the CMHP delivers a certification of 14-day intensive services (diversion) to the court	5	1	4	4	1	0	0
28	Require consultation of counsel with person named in a notice of mental illness BEFORE the CMHP delivers a certification of 14-day intensive services (diversion) to the court	4	2	3	4	2	0	0
29	Amend statute to include objective criteria for whether diversion is appropriate to ensure consistent consideration of all individuals named in a notice of mental illness	4	1	5	2	3	0	0
30	Amend statute to increase the maximum period of voluntary diversion from 14 days to a longer duration (workgroup to recommend the specific duration allowable)	6	3	5	0	0	0	1
31	Amend statute to require that the civil commitment case remains open pending the individual's successful completion of a diversion program so that the court may consider all options that would have been available before the certification of diversion	5	1	4	3	2	0	0
32	Amend statute to require state or local behavioral health care systems to follow up periodically with individuals following a 14-day diversion from commitment (frequency and duration to be determined)	6	4	3	1	1	0	0
33	Amend statute to require OHA to assign a "diversion navigator" to individuals upon certification for 14-day intensive treatment (i.e., civil commitment diversion) that will assist the individual to access continuing behavioral health treatment and services beyond the period of intensive treatment	5	3	3	1	2	1	0

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34	Amend statute to require that peer support services are provided to an individual upon completion of diversion treatment	3	3	6	2	1	0	0
35	Require OHA to compare civil commitment diversion programs among Oregon counties and identify best practices, including accountability mechanisms for community treatment providers	7	2	4	0	2	0	0
36	Amend statute to eliminate the requirement for a certificate before a diversion or recommitment can occur	2	1	4	5	1	0	2
37	Amend statute to require local district attorney office to review and approve investigation report before it is filed with the court	2	0	2	4	3	2	2
38	Require judges to review each investigation report to make a probable cause determination	1	3	7	2	0	1	1
39	Require CMHP to provide a behavioral health liaison to the local district attorney's office as a clinical consultant for review of investigation reports	2	2	3	3	3	1	1
40	Require courts to provide information in the citation written in a manner that is understandable to the average person	9	1	1	3	0	1	0
41	Amend statute to require access to all documentation submitted to the court as a basis for the civil commitment to the person named in the NMI and to provide notice of that right on the citation	5	0	3	3	3	0	1
42	Amend statute to require that citations include information about eligibility for 14-day intensive treatment option (diversion)	4	4	4	2	0	1	0
43	Amend statute to require that citations include more information about the civil commitment process, such as the risks and benefits of participating in the civil commitment process and the role of defense counsel	3	1	6	3	0	2	0
44	Amend statute to establish which entity/entities are required to serve the citation for a civil commitment hearing	3	2	4	4	1	1	0
45	Amend statute to clarify when law enforcement must or may be present for service of the citation	2	1	7	3	0	2	0
46	Amend statute to require an entity to establish a process and educate service providers on trauma-informed ways of serving the citation	4	4	3	3	1	1	0
47	Amend statute to require the state to collect data on how often and in what situations law enforcement is present for the service of citations	3	4	4	3	0	1	0

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48	Amend statute to require an advocate be assigned to the person named on the NMI for the duration of the civil commitment process	2	4	5	3	1	0	1
49	Amend statute to clarify when in the civil commitment process the court must appoint legal counsel to financially eligible individuals	8	1	6	0	0	0	0
50	Amend statute to require continuity of appointed legal counsel throughout process when feasible	5	3	6	0	0	0	1
51	Amend statute to require that public defenders appointed for representation in civil commitment cases have specialized knowledge and experience in civil commitment law and practice	7	4	2	0	1	1	0
52	Amend statute to require OHA to provide relevant medical records requested by defense attorneys in a civil commitment case at least 24 hours before the hearing	8	2	4	0	0	0	1
53	Amend statute to require hospitals to share pertinent documentation from electronic health record with defense attorneys for civil commitment hearings	6	3	5	2	0	0	0
54	Require the state to implement a plan to expand the number of mental health examiners for civil commitment cases (e.g. through the Oregon Behavioral Health Workforce Initiative (BHWI))	8	3	5	0	0	0	0
55	Require state to create a centralized database of mental health examiners that is available to courts and CMHPs	7	4	4	0	0	0	0
56	Amend statute to expressly authorize remote mental health examinations for civil commitment cases	3	3	2	1	2	4	1
57	Establish statewide database for mental health examiners to access relevant medical records of the individual they were appointed to examine in a civil commitment case	3	5	2	1	3	0	0
58	Amend statute to expand training requirements for mental health examiners in civil commitment cases	5	5	3	1	1	0	0
59	Amend rules to raise the minimum qualifications of mental health examiners from QMHP to licensed masters level clinician	1	4	6	1	1	1	0
60	Amend statute to clarify mental health examiners are appointed as neutral experts for the benefit of the court and are independent from counties and CMHPs	8	3	3	1	0	0	0
61	Amend statute to clarify that only one examination report is required per examiner. (Statute currently refers to examination reports in the plural.)	6	2	4	3	0	0	0
62	Amend statute to prohibit examiners from cross-examining witnesses in a civil commitment hearing	5	0	4	2	2	0	2

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63	Amend statute to authorize remote civil commitment hearings	3	3	4	1	2	2	1
64	Amend statutes to extend timeframe between notice of mental illness (NMI) and hearing to allow CMHPs to collect and distribute the required information and promote informed decision-making	2	4	2	5	2	0	0
65	Amend statute to allow more than five judicial days before the hearing as a matter of course (workgroup to recommend number of days)	2	4	1	4	4	0	0
66	Amend statute to require court to appoint a temporary guardian ad litem when necessary to protect a party's best interests in a civil commitment case	0	1	4	6	1	2	0
67	Require OJD to evaluate whether current hearing practices are trauma-informed and to use findings to implement necessary changes	7	2	2	1	3	0	0
68	Amend statute to require courts to provide procedural justice education to all court staff and judges to promote trauma-informed civil commitment hearings	5	2	4	2	1	0	0
69	Create regional mediation programs as an optional service for person named in NMI and defense counsel	1	0	4	5	3	2	0
70	Amend statute to lower the legal threshold for civil commitment	4	6	2	0	0	0	3
71	Amend criteria for civil commitment to consider substance use disorder, paired with risk of harm to self or others or inability to meet basic needs, as the basis for civil commitment	5	2	1	2	0	2	3
72	Amend statute to expand the clinical diagnoses that qualify for civil commitment, such as mental disorder, intellectual disability, developmental disability, substance use disorder, traumatic brain injury, autism, or a combination of diagnoses (workgroup to determine which clinical diagnoses to recommend)	2	5	1	0	3	3	1
73	Amend statute to include as a criterion for civil commitment whether a reasonable person would accept the treatment being offered	2	2	2	3	3	1	1
74	Amend statute to require courts to consider whether the individual attempted to seek treatment but was unable to do so because community providers refused to treat them	0	3	4	2	6	0	0
75	Amend statute to require courts to consider whether the individual attempted to seek treatment but was unable to do so due to lack of availability	1	4	3	2	5	0	0

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76	Amend statute to require court to consider what resources and services are available in the community as a criterion for whether to commit the individual	1	2	3	1	5	4	0
77	Amend statute to lower legal threshold for commitment of "extremely dangerous" person with qualifying mental disorder	1	3	3	0	2	1	5
78	Do not lower the civil commitment threshold unless Oregon's behavioral health system has adequate capacity to accommodate the increase in civil commitments that would result	2	0	3	2	6	0	2
79	Amend statute to add a definition of "mental disorder" for purposes of determining whether an individual is a "person with mental illness"	3	6	5	1	0	0	0
80	Amend and clarify statutory definitions and provide examples of events that would meet civil commitment criteria that judges can consider when making decisions	2	2	6	1	2	1	1
81	Amend statutory definition of "person with mental illness" to consider the history of a person's mental disorder(s)	5	4	2	2	0	0	2
82	Amend statutory definition of "person with mental illness" by replacing consideration of whether the person is "unable to provide for basic personal needs that are necessary to avoid serious physical harm in the near future, and is not receiving such care as is necessary to avoid such harm" with whether an individual is "gravely disabled"	2	0	6	3	1	1	2
83	Amend the statutory criteria of "danger to self or others" to consider not only past behaviors but also predicted harm	2	3	5	1	1	1	1
84	Amend statute to clarify the scope of "basic personal needs that are necessary to avoid serious physical harm in the near future" so that it's not left to court interpretation	4	0	6	2	2	1	0
85	Amend statute to consider a substance use disorder a criterion for inability to meet basic needs	3	1	3	1	1	4	2
86	Amend statute to include as a criterion for civil commitment whether an effective treatment exists for the person's mental disorder(s)**Note: this recommendation is different than availability of resources	0	2	4	0	6	2	1
87	Amend statute to authorize court to order persons with mental illness in need of treatment directly to outpatient treatment with court oversight (rather than an OHA placement determination that follows commitment)**Note: This recommendation differs from AOT in that AOT does not require a finding that the individual is a person with mental illness, and participation in treatment services for individuals ordered to AOT is voluntary	1	2	7	1	2	1	2

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88	Amend statute to create a tiered system of civil commitment with different criteria for each tier, which would authorize courts to order community-based outpatient commitment, community-based inpatient commitment, or commitment at the Oregon State Hospital	3	2	7	1	0	2	0
89	Amend statute to identify criteria that courts must consider when determining the maximum commitment period for a particular case, so that courts order shorter maximum commitment periods when appropriate, such as 30, 60, 90 days	5	3	2	1	3	1	1
90	Amend statute to require the court to consider an evidence-based risk assessment score when determining the length of commitment for "dangerous to self or others"	1	2	7	2	0	2	1
91	Require legislature to fund needed community-based mental health resources to ensure capacity for assisted outpatient treatment (AOT)	9	2	3	2	0	0	0
92	Amend ORS 430.630 to remove the "subject to the availability of funds" exceptions from the service requirements of community mental health programs	1	3	1	4	1	1	4
93	Amend AOT statutes to authorize courts to oversee and enforce court-ordered participation in appropriate community-based treatment and services	3	1	9	0	1	0	2
94	Create a state funding mechanism for AOT that is like the one available to the PSRB for individuals under its jurisdiction who receive community-based treatment and care	3	1	7	0	3	0	1
95	Provide dedicated funding to CMHPs to support 14-day intensive treatment (diversion from civil commitment)	4	3	5	3	0	0	0
96	Amend statute to clarify that CMHPs are responsible for coordinating treatment and services for AOT	2	2	6	4	0	0	1
97	Amend statute to allow courts to order an assessment of a person in AOT to determine if a higher level of intervention is needed (e.g., short-term stabilization)	3	4	4	1	1	2	0
98	Amend statute to establish criteria in which courts may order short-term stabilization for a person in AOT that requires a higher level of intervention without restarting the civil commitment process	4	3	4	1	1	1	1
99	Amend statutes to require establishment of an "AOT monitor," a designated liaison between the court and treatment team to hold the system accountable for ensuring individuals receive needed care, provide outreach, and bolster participant engagement	3	1	5	3	1	1	1

Idea Number	Idea	A	B	C	D	E	F	G
100	Amend statute to require CMHP to provide a discharge plan for AOT participants that includes continuing person-centered care coordination and substance use treatment as needed	3	1	7	3	0	1	0
101	Require OHA and OJD to collect data on AOT outcomes, such as participant experience, community safety, effectiveness of different intervention levels, and effect on later criminal justice system involvement	7	3	4	1	0	0	0
102	Amend statute to clarify the kinds of support that OHA must provide to persons ordered to conditional release	5	4	3	1	0	1	1
103	Establish criteria in statute or rule to determine when the Oregon State Hospital must admit civilly committed individuals	6	0	7	2	1	0	0
104	Amend statute to require OHA to ensure access to community-based hospital and OSH beds for all civilly committed individuals who need inpatient level of care	4	1	6	1	3	1	0
105	Require OHA to establish an intensive care case management service that can identify and place individuals who need a higher level of care but are ineligible for the Oregon State Hospital	5	1	6	2	1	0	0
106	Require treatment facilities, acute hospitals, and OSH use evidence-based and best practices related to physical space utilization to improve the therapeutic potential of civil commitments	6	3	4	2	0	1	0
107	Amend statutes to establish criteria for OHA or CMHP placement of civilly committed individuals, including individual's diagnostic needs, probability to succeed in that placement, and least restrictive environment possible	1	2	10	0	1	1	0
108	Require OHA to seek Medicaid waiver that authorizes use of Medicaid dollars to build public housing or otherwise provide housing assistance to individuals under court orders to participate in community-based behavioral health treatment	3	2	8	3	0	0	0
109	Require STATE to extend the availability of resources that are appropriate and accessible to civilly committed individuals in outpatient placements	5	2	5	4	0	0	0
110	Require COUNTIES to extend the availability of resources that are appropriate and accessible to civilly committed individuals in outpatient placements	4	0	4	3	1	2	1
111	Amend statute to require peer support and wrap-around services for individuals on outpatient commitment	4	2	8	0	0	1	0

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112	Revise rules on outpatient civil commitment to align with PSRB model for placement of individuals under its jurisdiction that are placed on conditional release	1	1	6	1	4	0	1
113	Require state to establish necessary community-based structures and sustainable funding for resources before adopting legislation to expand outpatient commitment	7	1	2	2	1	1	0
114	Amend statutes to combine outpatient commitment and AOT (this is the Treatment Advocacy Model for AOT)	2	3	4	2	2	0	1
115	Require OHA to amend its County Financial Assistance Agreements to require and fund CMHP outreach services for civilly committed individuals placed in outpatient treatment	3	3	6	3	0	0	0
116	Amend statutes or rules to establish mechanisms to transfer individuals between support levels (see Washington’s new AOT legislation)	2	3	8	2	0	0	0
117	Require OHA to develop more transitional care options to enable transfers of civilly committed individuals from inpatient treatment to a lower level of care when appropriate (e.g., licensed treatment homes, secured residential treatment facilities, and foster homes)	6	3	5	1	1	0	0
118	Amend statute to require regular court status hearings for civilly committed individuals to hold the system accountable for an individual’s progress and promote need-based transfers of care	1	5	5	2	1	1	0
119	Amend statute to allow care team to transition committed individuals between levels of civil commitment	2	1	7	3	1	0	0
120	Require OHA to collaborate with acute care hospitals and emergency rooms to move individuals in the civil commitment system to a safer and more therapeutic placement within a pre-determined timeline	2	5	5	1	2	0	1
121	Amend statutes and rules to clarify conduct and responsibility for transfers of committed individual between counties	2	4	4	5	0	0	0
122	Revise statutes and rules to change the term “trial visits” to something that more clearly describes its function (e.g., less restrictive placement)	6	3	5	0	1	0	0
123	Amend statute to maintain jurisdiction of a civilly committed individual in the county of original commitment, rather than transfer jurisdiction to the county of placement	0	1	1	8	3	1	1
124	Amend statute to clarify the entity responsible for a civilly committed individual during a trial visit	3	2	9	1	0	0	0

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125	Amend statute to require civilly committed individuals on a trial visit to engage in AOT by requiring regular check-ins with the judge, AOT case manager, AOT monitor, and treatment team to promote recovery and client engagement and help individuals feel heard and seen during the trial visit period	5	1	6	0	0	2	1
126	Amend statute to require courts to hold status hearings for individuals on trial visits	2	6	4	1	0	0	2
127	Require OHA to train providers of civilly committed individuals on the potentially traumatic effects of involuntary medication and how giving individuals more choice may improve treatment outcomes	6	2	4	0	2	1	0
128	Require providers to include the individual under civil commitment as much as possible in developing treatment plans, including medication options	8	3	3	1	0	0	0
129	Require providers, when possible, to consider alternative treatment options when a committed individual has valid reasons not to want an ordered medication	5	4	5	1	0	0	0
130	Amend rules to designate a trauma-informed method for administering involuntary medication that considers an individual's opposition to taking it	6	3	2	3	1	0	0
131	Require state or counties to establish a hotline to improve rapid access to medication management	3	1	6	1	4	0	0
132	Amend statutes to allow involuntary medication or court oversight of medication prior to a full civil commitment	2	2	1	2	2	3	2
133	Require OJD to collect data on individuals who are recertified more than once to identify that population's unique needs	7	4	4	0	0	0	0
134	Require courts to consider alternative options to civil commitment for people who been recertified for commitment multiple times	4	1	5	2	3	0	0
135	Amend statute or rule to create new alternative support and care options for civilly committed individuals at risk of multiple recertifications for commitment	2	2	6	3	2	0	0
136	Amend statute or rule to require OHA to notify individuals facing recertification about the availability of patient rights organizations, such as the OHA Office of Recovery and Resilience (Washington State has a similar Office of Behavioral Health Advocacy)	6	3	3	2	1	0	0
137	Amend statute to require court to appoint defense counsel as soon as possible in the recertification process	10	1	4	0	0	0	0

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138	Amend statute or rule to require that OHA notifies defense counsel and an ombudsperson when recertification is pursued	5	5	3	1	0	1	0
139	Require OHA to collect data on how individuals facing recertification navigate the civil commitment system	6	2	4	3	0	0	0
140	Require OJD to collect data on the total number of recommitments, number of contested recommitments, reasons for contesting, and how long people remain in the civil commitment system	11	3	1	0	0	0	0
141	Amend statute to ensure that courts have oversight on dismissals that occur before the hearing to ensure continuity of care is available	3	1	4	2	1	1	2
142	Require providers or treatment facility to include and involve individuals under civil commitment in discharge planning	6	5	4	0	0	0	0
143	Require state to create a funding stream to establish and maintain long-term and intensive treatment options for individuals upon dismissal of a civil commitment case	7	2	5	1	0	0	0
144	Require CCOs and counties to allocate, provide, and prioritize continuing support services after the civil commitment is dismissed, including robust community outreach, an accessible service network, and individualized treatment options that go beyond psychotropic medications	6	4	4	0	1	1	0
145	Require treatment team to find housing for individuals before discharge from inpatient civil commitment	6	2	3	0	3	1	1
146	Amend statute or rule to designate which entity will re-enroll individuals in the Oregon Health Plan immediately after discharge from civil commitment at OSH	9	1	3	2	0	0	0
147	Require state to fund support for non-Medicaid covered outreach services to individuals after dismissal of civil commitment case	6	4	2	2	1	0	0
148	Require OSH to notify the local CMHP when discharging an individual from civil commitment	13	1	1	1	0	0	0
149	Require OHA or CMHPs to track and report community-based supports provided to individuals following discharge and dismissal of commitment cases	6	4	3	1	1	0	0
150	Require OHA or CMHP to provide notice of discharge from commitment to the individual's legal counsel	7	4	3	1	0	0	0
151	Require treatment facility to assign support to individuals when they are discharged from civil commitment	3	1	6	1	2	1	1
152	Establish a system to improve communication between jails and the state hospital for justice-involved individuals who are discharged to custody after civil commitment	8	3	4	0	0	0	0

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153	Require OHA to amend County Financial Assistance Agreements to require CMHPs to notify and engage with families/natural supports when a person is discharged from civil commitment when appropriate	4	3	3	2	1	1	1
154	Require OHA to amend County Financial Assistance Agreements to require and fund outreach services to individuals (and to their families and natural supports) who have been subject to multiple notices of mental illness without a commitment	6	2	4	3	0	0	0
155	Require OHA to collaborate with tribes before discharging a tribal member from commitment with adequate time to plan for care coordination	7	3	3	0	1	0	0
156	Require OHA or CMHP to provide all notices of discharge from commitment with enough time to coordinate care	5	5	4	1	0	0	0
157	Amend OHA contracts to specify who should be notified and when they should be notified of an individual's discharge from civil commitment	6	5	3	0	1	0	0
158	Establish procedures to encourage investigators and treatment teams to seek a release of information that enables them to continue communication with the individual's family members or natural supports throughout the commitment process	6	1	5	3	0	0	0
159	Establish or expand mandatory training on HIPAA for investigators and treatment teams that focuses on what can be shared and when (rather than just what cannot be shared) with family members, natural supports, courts, and others with an interest in the civil commitment case	11	3	1	0	0	0	0
160	Establish a centralized state repository for NMIs than can be accessed by investigators, providers, and courts	7	4	3	1	0	0	0
161	Establish a statewide system for tracking civil commitment to improve data sharing and standardization of care across counties	8	5	1	0	1	0	0
162	Explore use of psychiatric advanced directives to facilitate needed information exchange and storage	6	3	4	1	1	0	0
163	Establish a civil commitment monitoring system (e.g., a robust and funded program that follows people through the entire civil commitment system for improved care coordination, treatment outcomes, and compliance)	7	4	4	0	0	0	0
164	Collect data and report how placement of individuals under civil commitment differs in different communities	8	3	4	0	0	0	0

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165	Require OHA and OJD to collect and evaluate data on civil commitment outcomes before making legislative recommendations for reform	4	3	3	0	2	1	2
166	Collect and analyze socioeconomic data about individuals in the civil commitment process	4	6	3	0	2	0	0
167	Collect and analyze data on individuals who have engaged in the civil commitment process more than once, including the number of individuals with multiple engagements, the period of time between engagements, the number of times those individuals were engaged in the civil commitment system, and the reasons for the repeat engagements	9	6	1	0	0	0	0
168	Improve data collection efforts by to match court records involving the same individual across cases and case types	8	4	2	0	0	0	0
169	Collect and analyze quantitative and qualitative data on individuals with traumatic brain injuries and dementia that were subject to NMIs, including the number of NMIs and number committed under ORS chapter 426 or 427	5	6	3	1	0	0	0
170	Collect data to compare and report the types, quantity, and outcomes of treatment and services provided by counties to civilly committed individuals	8	5	2	0	0	0	0
171	Research civil commitment systems in other parts of the world	8	1	5	1	0	0	0
172	Analyze CCO claims data to determine if individuals with co-occurring mental illness and intellectual disabilities are placed in emergency departments for longer than average period of time	7	2	5	1	0	0	0
173	Require Oregon Public Defense Services to educate defense lawyers on effective representative of person with mental illness who do not want to be committed	8	3	2	2	0	0	0
174	Require OHA to identify individuals in civil commitment cases who may require specialized legal advocacy (e.g., people with intellectual and developmental disabilities)	6	3	3	2	0	1	0
175	Amend statute or rule to appoint the same defense counsel to represent and individual throughout the civil commitment process when possible	7	4	3	1	0	0	0
176	Amend rules to establish a process that supports individuals and families to access advocates, including patient advocacy organizations, legal advocates, and peers	6	3	5	2	0	0	0

Idea Number	Idea	A	B	C	D	E	F	G
177	Amend statute to establish a right of individuals receiving mental health services to be present during treatment decisions regardless of their ability to participate in those discussions	2	2	5	1	4	0	1
178	Create a separate stream of funding for behavioral health care of people in court-mandated processes	5	3	3	3	1	0	0
179	Restructure the state's behavioral health funding system to allocate funds based on actual treatment and services provided to individuals rather than formula-based allocations to counties	4	1	6	3	0	0	1
180	Amend statute to require state agencies and counties to track and report the use and outcomes of designated behavioral health funding	8	0	7	0	0	0	0
181	Create a funding structure for civil commitment that incentivizes communities to apply best practices and evidence-based interventions for justice-involved individuals, including an outreach component	5	1	6	2	1	0	0
182	Research creative ways that other states have used Medicaid for housing and other needs of civilly committed individuals	8	2	3	2	0	0	0
183	Establish a state-funded statewide transport system between the Oregon State Hospital and counties that provides transportation for court-ordered individuals for admission, discharge, trial visits, and community-based placements	4	1	6	3	1	0	0
184	Amend statute or rule to establish requirements for transportation of individuals to and from psychiatric holds or the Oregon State Hospital that prohibits the use of law enforcement unless necessary to mitigate a dangerous situation, and when transportation by law enforcement is necessary requires OHA or CMHP to provide adequate notice to sheriffs' office to provide transport by a plainclothes officer with an unmarked vehicle	3	3	3	2	1	2	1
185	Clarify in statute or rule who is responsible to pay for secure transport of individuals in the civil commitment process and the amount of reasonable compensation for that service	4	4	6	2	0	0	0
186	Assess the types and level of concern about different areas of liability in the civil commitment system	5	2	6	2	0	0	0
187	Require institutions caring for individuals under civil commitment to hold regular morbidity conferences and encourage learning from mistakes instead of withholding information because of liability concerns	6	2	5	2	0	0	0

Idea Number	Idea	A	B	C	D	E	F	G
188	Provide training and education on vicarious trauma to staff of residential treatment facilities, acute hospitals, and OSH	7	2	4	2	0	0	0
189	Require residential treatment facilities, acute hospitals, and OSH to provide situational training for staff to recognize when a situation is becoming unsafe	9	3	2	1	0	0	0
190	Ensure that community hospitals have adequate staffing and specialized units to ensure staff safety	9	2	1	3	0	1	0
191	Require government entities to assess the potential impacts on individuals in the civil commitment system, public safety and well-being in communities, and public trust and confidence in government before making changes to the civil commitment system	2	1	4	2	2	4	0
192	Require state and local governments to develop public safety plans that manage individuals with behavioral health or cognitive deficits who engage in dangerous behaviors that cannot be addressed by Oregon's criminal justice or civil commitment systems	4	0	4	2	4	1	0
193	Develop proposals to address potential harm to public well-being that result from encountering people with acute mental health symptoms living on the street without options	4	1	5	3	2	0	0
194	Evaluate how tribal communities and tribal courts interact with the medical and legal systems in civil commitment processes	9	1	3	2	0	0	0
195	Require the state to seek input from tribal governments and treatment providers on the civil commitment system, including AOT	9	2	4	0	0	0	0
196	Amend statute to require OHA and OJD to consult with the tribe of a tribal member who becomes subject to civil commitment proceedings to ensure compliance with relevant laws and coordination of resources	7	4	3	1	0	0	0
197	Amend statute to authorize tribal courts to civilly commit tribal members to the jurisdiction of the Oregon Health Authority	4	2	4	4	0	1	0
198	Evaluate how cooperative agreements between Oregon and each of the Oregon Tribes may be used to improve the civil commitment process for tribal members	8	3	2	2	0	0	0
199	Amend rules to require CMHP directors to consult with the Oregon Tribe of a tribal member in the civil commitment system to improve compliance with existing rules concerning collaboration and information-sharing with tribes	6	4	3	2	0	0	0

Idea Number	Idea	A	B	C	D	E	F	G
200	Amend rules to allow tribes to participate in civil commitment proceedings involving tribal members, similar to a child welfare case	4	3	5	3	0	0	0
201	Require the state to address inequities resulting from variations in first responder responses by establishing standards and training for law enforcement and other first responders on where to take a person who is experiencing a mental health crisis	6	2	4	2	0	1	0
202	Provide education and training to behavioral health providers about issues that may contribute to racial and ethnic disparities among individuals who are civilly committed (e.g., risk of dangerousness assessments)	7	2	6	0	0	0	0
203	Require state to address geographical inequities in the civil commitment system by providing more funding and training to rural areas that lack the staffing and resources necessary for inpatient-level of care	8	4	3	0	0	0	0
204	Require the state to address geographic inequities in the civil commitment system by directly funding residential treatment facilities for placement of individuals in the civil commitment system, rather than allocating funds to CMHPs for payment management	2	2	7	2	2	0	0
205	Require the state to address inequities in the initiation of civil commitment proceedings by requiring OHA to create a notice of mental illness (NMI) form that includes a checkbox for individuals completing the form to indicate whether they considered specified factors of potential bias and inequity	2	2	2	9	0	0	0
206	Require the state to address inequities in the initiation of civil commitment proceedings by clarifying in statute and Notice of Mental Illness (NMI) forms the criteria for civil commitment that have developed in case law	1	3	6	4	1	0	0
207	Require the state to address potential socioeconomic disparities in the use of civil commitment by considering social determinants of health as part of health equity in behavioral health	2	1	5	6	1	0	0
208	Amend statute to require OHA and OJD to track demographic data of individuals in the civil commitment system to assess disparities by race, ethnicity, sexual orientation, gender identity, or cultural characteristics	8	1	6	0	0	0	0
209	Amend statute to require independent review of civil commitment case files by at least one person who has not seen the individual's name, demographic information, or any information that might create bias	2	0	4	5	3	1	0

Idea Number	Idea	A	B	C	D	E	F	G
210	Amend statute to require bias and implicit bias training for all professionals working with the civil commitment population	5	4	5	1	0	0	0
211	Amend statute to require OHA to increase the number of secure residential treatment facilities throughout the state to ensure that individuals under civil commitment can be placed in their own community	6	5	3	1	1	0	0
212	Amend statute to address time limits and other procedural requirements when initiating a civil commitment proceeding for an individual who is a defendant in a criminal case and has been found unfit to proceed	3	3	8	1	0	0	0
213	Amend statute to require jails to provide a mental health assessment by a qualified clinician of inmates who appear to need mental health care, and to transfer inmates who meet clinical criteria to a hospital	3	1	6	0	3	1	0
214	Amend statute to expand eligibility criteria for commitment of individuals determined to be an "extremely dangerous person"	2	3	4	1	2	2	1
215	Require OHA to promote the use of psychiatric advance directives to avoid the need for civil commitment when an individual experiences a mental health crisis	7	1	5	2	0	0	0
216	Increase state funding for public guardian services for people who need long-term support options due to a behavioral health condition	9	2	4	0	1	0	0
217	Amend statute to authorize guardianships for individuals with mental illness before they reach the crisis point to support them in receiving and engaging in needed services	4	2	5	0	4	0	0
218	Establish emergency guardianship service for individuals who do not meet civil commitment criteria and would be unlikely to engage in voluntary treatment	3	5	2	1	3	0	1
219	Amend statute to expand authority of guardians to ensure that individuals under their care receive needed treatment and services (e.g., authorize guardians to place individual in a residential treatment facility over the individual's objection)	3	4	2	2	3	0	1
220	Amend language in statute and rules from "person with mental illness" and "mental disorder" to "person alleged to need involuntary treatment"	4	1	1	4	3	0	2

Idea Number	Idea	A	B	C	D	E	F	G
221	Revise statutes to avoid stigmatizing individuals with mental illness by clarifying that ORS 426.130 provides the circumstances in which a person with a mental disorder can be committed (i.e., current terminology appears to focus on the person's diagnosis and not the behaviors that are associated with person's diagnosis, which are the focus of the proceeding)	3	2	6	4	0	0	0
222	Create a rapid appeal process for civil commitment cases	4	0	5	4	0	1	1
223	Require Oregon Developmental Disabilities Program to establish acute support options for people with intellectual disabilities with a co-occurring mental illness	8	2	4	1	0	0	0
224	Require state to develop or provide access to specialized treatment programs for individuals committed for intellectual disabilities	6	3	6	0	0	0	0
225	Require state to provide statewide training for behavioral health treatment providers on working with civilly committed individuals with intellectual disabilities	6	3	4	2	0	0	0
226	Amend statute to require OHA and DHS to ensure that facilities and providers are available to support people with co-occurring mental illness and intellectual disabilities	6	1	7	0	1	0	0
227	Require state to develop and implement plans to expand Oregon's access to qualified evaluators who can diagnose and assist with treatment decisions for individuals with intellectual disabilities	11	1	2	1	0	0	0
228	Explore different treatment models for civilly committed individuals with co-occurring mental illness and substance use disorder	6	4	4	1	0	0	0
229	Amend statute and rules to require publicly-funded behavioral health treatment facilities to train providers in assessment and treatment of individuals with co-occurring mental illness and substance use disorder	6	3	3	2	1	0	0
230	Amend statute to prohibit dual-diagnosis programs from excluding individuals on the basis of their mental health symptom acuity	6	3	4	1	1	0	0
231	Expand training to behavioral health providers, county behavioral health entities, judges, district attorneys, and public defenders on the purpose, legal requirements, and processes of civil commitment to include the perspectives of both the justice system and behavioral health system	8	3	3	1	0	0	0

Idea Number	Idea	A	B	C	D	E	F	G
232	Require circuit court judges to participate in regular listening sessions with people with lived experience in the civil commitment system (including families) to hear how the system is working from their perspective	7	2	3	0	3	0	0
233	Create a mechanism for people to submit questions, feedback, opinions, experiences about the civil commitment system and get answers (e.g. a website with a moderated chat)	5	3	2	5	0	0	0
234	Require OHA to establish the role and provide an advocate for individuals that is present throughout the civil commitment process	2	3	4	3	3	0	1
235	Amend statute to require counties to have a civil commitment coordinator that would be responsible for providing coordination between providers and the legal system through the civil commitment process from notice of mental illness (NMI) to discharge	2	2	5	3	1	2	0
236	Amend rules to establish clear expectations for a CMHP-led civil commitment monitoring program	3	1	4	5	2	0	0
238	Amend statute to require the state to ensure access to court-ordered behavioral health care treatment and service options at every level of the care continuum	6	2	3	0	5	0	0
239	Amend statute to require OHA to provide a broader scope of treatment and services to civilly committed individuals that support social determinants of health (e.g., safe housing, recovery-oriented mental health services for health and well-being)	7	3	5	0	0	0	0
240	Amend statute to create a process for expunging civil commitments from an individual's record	4	2	8	0	0	1	0
241	Establish a new state agency or independent commission that regulates and/or oversees all court-ordered behavioral health services and serves a liaison between state and local government entities at the intersection of the behavioral health and justice systems (e.g., aid & assist, civil commitment, GEI, psychiatric evaluations and examinations)	2	4	4	2	2	1	0
242	Abolish current civil commitment system and replace it with a robust home and community-based support system for individuals with mental illness	0	0	1	1	4	3	6
243	Amend statutes to separate the legal process of civil commitment from broader healthcare mandates	1	0	3	6	5	0	0

Idea Number	Idea	A	B	C	D	E	F	G
244	Require OJD to create a multistakeholder workgroup to support review and implementation of the Commitment to Change Workgroup recommendations, and require a rotating membership of the implementation workgroup to ensure a broader perspective	5	0	1	7	0	2	0
245	Using the model of the Commitment to Change Workgroup, create smaller geographically-focused workgroups with similar multi-agency representation	4	1	2	5	1	2	0