

Revisions Survey Results

A total of 44 ideas were accepted in some form by all entities who voted, but the only two ideas where there was consensus on a specific version were #26 and #75 (both of which were accepted as initially drafted).

Ideas Accepted in Some Form by All Entities Who Voted

1. Require STATE to build, own, operate, or fund more community-based facilities designed to provide shorter-term behavioral health inpatient care (Revisions Survey Idea 3; Recommendation Survey Idea 4)
2. 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 (Revisions Survey Idea 4; Recommendation Survey Idea 5)
3. Create a state funding mechanism to reimburse community case managers for outreach efforts to individuals in need of behavioral health care (Revisions Survey Idea 5; Recommendation Survey Idea 6)
4. Establish a fee schedule/funding code for billing Medicaid for behavioral health preventative care, such as 23-hour crisis and respite (Revisions Survey Idea 6; Recommendation Survey Idea 7)
5. Require state to build and fund more mental health crisis centers so emergency rooms are not the only option (Revisions Survey Idea 7; Recommendation Survey Idea 8)
6. Require first responder training on use of mental health crisis centers as an alternative to emergency rooms (Revisions Survey Idea 8; Recommendation Survey Idea 9)
7. Educate providers on when an individual may be released from a psychiatric hold following submission of an NMI to the court (Revisions Survey Idea 9; Recommendation Survey Idea 10)
8. Require civil commitment investigators to participate in continuing education following initial certification that includes updates on relevant legal and clinical information (Revisions Survey Idea 14; Recommendation Survey Idea 16)
9. Amend statute to require that peer support services are provided to an individual upon completion of diversion treatment (Revisions Survey Idea 16; Recommendation Survey Idea 19)

10. Amend statute to require that citations include information about eligibility for 14-day intensive treatment option (diversion) (Revisions Survey Idea 18; Recommendation Survey Idea 21)
11. 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)) (Revisions Survey Idea 23; Recommendation Survey Idea 27)
12. Require state to create a centralized database of mental health examiners that is available to courts and CMHPs (Revisions Survey Idea 24; Recommendation Survey Idea 28)
13. 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 (Revisions Survey Idea 26; Recommendation Survey Idea 30)
14. Amend statute to add a definition of "mental disorder" for purposes of determining whether an individual is a "person with mental illness" (Revisions Survey Idea 28; Recommendation Survey Idea 33)
15. 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 (Revisions Survey Idea 32; Recommendation Survey Idea 41)
16. Amend statute to require peer support and wrap-around services for individuals on outpatient commitment (Revisions Survey Idea 33; Recommendation Survey Idea 44)
17. Require OHA to amend its County Financial Assistance Agreements to require and fund CMHP outreach services for civilly committed individuals placed in outpatient treatment (Revisions Survey Idea 34; Recommendation Survey Idea 46)
18. 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) (Revisions Survey Idea 36; Recommendation Survey Idea 49)
19. Amend statute to clarify the entity responsible for a civilly committed individual during a trial visit (Revisions Survey Idea 38; Recommendation Survey Idea 51)
20. Require providers to include the individual under civil commitment as much as possible in developing treatment plans, including medication options (Revisions Survey Idea 39; Recommendation Survey Idea 55)

21. Require providers, when possible, to consider alternative treatment options when a committed individual has valid reasons not to want an ordered medication (Revisions Survey Idea 40; Recommendation Survey Idea 56)
22. Require OJD to collect data on individuals who are recertified more than once to identify that population's unique needs (Revisions Survey Idea 41; Recommendation Survey Idea 57)
23. Amend statute to require court to appoint defense counsel as soon as possible in the recertification process (Revisions Survey Idea 42; Recommendation Survey Idea 59)
24. 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 (Revisions Survey Idea 47; Recommendation Survey Idea 66)
25. Require state to fund support for non-Medicaid covered outreach services to individuals after dismissal of civil commitment case (Revisions Survey Idea 48; Recommendation Survey Idea 67)
26. Require OHA or CMHPs to track and report community-based supports provided to individuals following discharge and dismissal of commitment cases (Revisions Survey Idea 50; Recommendation Survey Idea 69)
27. 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 (Revisions Survey Idea 56; Recommendation Survey Idea 77)
28. Explore use of psychiatric advance directives to facilitate needed information exchange and storage (Revisions Survey Idea 58; Recommendation Survey Idea 80)
29. 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 (Revisions Survey Idea 60; Recommendation Survey Idea 84)
30. Research civil commitment systems in other states and other parts of the world (Revisions Survey Idea 63; Recommendation Survey Idea 88)
31. Require Oregon Public Defense Services to educate defense lawyers on effective representative of person with mental illness who do not want to be committed (Revisions Survey Idea 65; Recommendation Survey Idea 90)

32. Amend rules to establish a process that supports individuals and families to access advocates, including patient advocacy organizations, legal advocates, and peers (Revisions Survey Idea 66; Recommendation Survey Idea 93)
33. Research creative ways that other states have used Medicaid for housing and other needs of civilly committed individuals (Revisions Survey Idea 69; Recommendation Survey Idea 96)
34. Provide training and education on vicarious trauma to staff of residential treatment facilities, acute hospitals, and OSH (Revisions Survey Idea 73; Recommendation Survey Idea 100)
35. Require the state to seek input from tribal governments and treatment providers on the civil commitment system, including AOT (Revisions Survey Idea 75; Recommendation Survey Idea 103)
36. 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 (Revisions Survey Idea 76; Recommendation Survey Idea 104)
37. 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 (Revisions Survey Idea 77; Recommendation Survey Idea 106)
38. 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) (Revisions Survey Idea 80; Recommendation Survey Idea 109)
39. 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 (Revisions Survey Idea 81; Recommendation Survey Idea 110)
40. 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 (Revisions Survey Idea 82; Recommendation Survey Idea 111)
41. Require state to provide statewide training for behavioral health treatment providers on working with civilly committed individuals with intellectual disabilities (Revisions Survey Idea 87; Recommendation Survey Idea 119)
42. 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 (Revisions Survey Idea 89; Recommendation Survey Idea 125)

43. 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) (Revisions Survey Idea 90; Recommendation Survey Idea 127)

Ideas that at Least One Entity Cannot Recommend in Any Version

<i>Entity (# of Ideas Cannot Recommend)</i>		
OHA (20)	OAHHS (4)	NAMI Oregon (1)
ODAA (9)	OACMPH (3)	MOMI (1)
AOC (7)	OCDLA (2)	OSSA (1)
DRO (5)	ODHS (2)	

Note: Going into this survey, all 89 ideas were recommended by all members or all but one member as originally drafted or with specific modifications or combinations. The purpose of this survey was to build consensus by incorporating the specific modifications or combinations identified by members. In the Revisions Survey, however, some members went the other direction by responding that they could not recommend any version of certain ideas. The footnotes indicate where an entity previously supported advancing the idea in the workgroup's Consensus Survey.

Idea #	Idea	Cannot Recommend Any Version of Idea
2	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 (Recommendation Survey Idea 3)	OHA
10	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 (Recommendation Survey Idea 11)	DRO
11	Require Oregon Judicial Department to collect data on the factual findings in which judges issue warrants of detention (Recommendation Survey Idea 13)	AOC ODAA
12	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 (Recommendation Survey Idea 14)	AOC
13	Amend statutes or rules to require that civil commitment investigators provide all information specified in OAR 309-033-0940 or explain why	AOC

Idea #	Idea	Cannot Recommend Any Version of Idea
	missing information cannot be obtained (Recommendation Survey Idea 15)	
15	Amend statute to increase the maximum period of voluntary diversion from 14 days to a longer duration (workgroup to recommend the specific duration allowable) (Recommendation Survey Idea 17)	NAMI Oregon
17	Require OHA to compare civil commitment diversion programs among Oregon counties and identify best practices, including accountability mechanisms for community treatment providers (Recommendation Survey Idea 20)	AOC
20	Amend statute to require continuity of appointed legal counsel throughout process when feasible (Recommendation Survey Idea 23)	ODAA
21	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 (Recommendation Survey Idea 24)	ODAA
22	Amend statute to require hospitals to share pertinent documentation from electronic health record with defense attorneys for civil commitment hearings (Recommendation Survey Idea 26)	ODAA OAHHS
25	Amend statute to expand training requirements for mental health examiners in civil commitment cases (Recommendation Survey Idea 29)	OCDLA
27	Amend statute to clarify that only one examination report is required per examiner. (Statute currently refers to examination reports in the plural.) (Recommendation Survey Idea 31)	OCDLA ¹
29	Provide dedicated funding to CMHPs to support 14-day intensive treatment (diversion from civil commitment) (Recommendation Survey Idea 37)	OHA
30	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	ODAA

¹ OCDLA responded in Consensus Survey that it recommended advancing the concept/process presented in this idea but reserved the possibility to object to the specific policy directions or unfunded mandates that may result from the open-ended process.

Idea #	Idea	Cannot Recommend Any Version of Idea
	justice system involvement (Recommendation Survey Idea 38)	
31	Amend statute to clarify the kinds of support that OHA must provide to persons ordered to conditional release (Recommendation Survey Idea 39)	OACHMP
35	Establish mechanisms to certify, monitor, and measure the performance of facilities where civilly committed individuals are placed to provide trauma-informed care (Recommendation Survey Idea 47)	OHA
37	Revise statutes and rules to change the term “trial visits” to something that more clearly describes its function (e.g., less restrictive placement) (Recommendation Survey Idea 50)	ODHS
43	Amend statute or rule to require that OHA notifies defense counsel and an ombudsperson when recertification is pursued (Recommendation Survey Idea 60)	OHA OAHHS ²
44	Require providers or treatment facility to include and involve individuals under civil commitment in discharge planning (Recommendation Survey Idea 63)	OHA ³
45	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 (Recommendation Survey Idea 64)	OHA AOC
46	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 (Recommendation Survey Idea 65)	AOC AOCMHP

² OAHHS responded in Consensus Survey that it recommended advancing the concept/process presented in this idea but reserved the possibility to object to the specific policy directions or unfunded mandates that may result from the open-ended process.

³ OHA responded in Consensus Survey that it recommended advancing the concept/process presented in this idea but reserved the possibility to object to the specific policy directions or unfunded mandates that may result from the open-ended process.

Idea #	Idea	Cannot Recommend Any Version of Idea
49	Require OSH to notify the local CMHP when discharging an individual from civil commitment (Recommendation Survey Idea 68)	OHA
51	Require OHA or CMHP to provide notice of discharge from commitment to the individual's legal counsel (Recommendation Survey Idea 70)	OHA ⁴
52	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 (Recommendation Survey Idea 72)	DRO ⁵
53	Require OHA to collaborate with tribes before discharging a tribal member from commitment with adequate time to plan for care coordination (Recommendation Survey Idea 73)	OHA
54	Require OHA or CMHP to provide all notices of discharge from commitment with enough time to coordinate care (Recommendation Survey Idea 74)not recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."	AOC
55	Amend OHA contracts to specify who should be notified and when they should be notified of an individual's discharge from civil commitment (Recommendation Survey Idea 75)	OHA ⁶

⁴ OHA responded in Consensus Survey that it recommended advancing the concept/process presented in this idea but reserved the possibility to object to the specific policy directions or unfunded mandates that may result from the open-ended process.

⁵ DRO responded in Consensus Survey that it would recommend this idea with specific changes to its wording: "Families and "natural supports" are not entitled to legal and/or medical information. For some individuals, releasing this information could be traumatic, dangerous, or damaging to natural support relationships. Outreach services could be overly intrusive and possibly triggering to individuals experiencing mental health issues (and PTSD or similar from involuntary treatment/holds). We are in favor of OFFERING voluntary services at the initial point of contact. Resources should be offered to the individual directly as needed."

⁶ OHA responded in Consensus Survey that it recommended advancing the concept/process presented in this idea but reserved the possibility to object to the specific policy directions or unfunded mandates that may result from the open-ended process.

Idea #	Idea	Cannot Recommend Any Version of Idea
57	Establish a statewide system for tracking civil commitment to improve data sharing and standardization of care across counties (Recommendation Survey Idea 79)	DRO ⁷
59	Collect and analyze socioeconomic data about individuals in the civil commitment process (Recommendation Survey Idea 83)	ODAA
61	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 (Recommendation Survey Idea 86)	OHA ⁸
62	Collect data to compare and report the types, quantity, and outcomes of treatment and services provided by counties to civilly committed individuals (Recommendation Survey Idea 87)	OHA ⁹
64	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 (Recommendation Survey Idea 89)	OAHHS
67	Amend statute to require state agencies and counties to track and report the use and outcomes of designated behavioral health funding (Recommendation Survey Idea 94)	AOCMPH
68	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 (Recommendation Survey Idea 95)	DRO ¹⁰

⁷ DRO responded in Consensus Survey that it recommended advancing the concept/process presented in this idea but reserved the possibility to object to the specific policy directions or unfunded mandates that may result from the open-ended process.

⁸ OHA responded in Consensus Survey that it recommended advancing the concept/process presented in this idea but reserved the possibility to object to the specific policy directions or unfunded mandates that may result from the open-ended process.

⁹ OHA responded in Consensus Survey that it recommended advancing the concept/process presented in this idea but reserved the possibility to object to the specific policy directions or unfunded mandates that may result from the open-ended process.

¹⁰ DRO responded in Consensus Survey that it recommended advancing the concept/process presented in this idea but reserved the possibility to object to the specific policy directions or unfunded mandates that may result from the open-ended process.

Idea #	Idea	Cannot Recommend Any Version of Idea
70	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 (Recommendation Survey Idea 97)	OHA ¹¹
71	Assess the types and level of concern about different areas of liability in the civil commitment system (Recommendation Survey Idea 98)	ODHS ¹²
72	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 (Recommendation Survey Idea 99)	OAHHS
74	Require residential treatment facilities, acute hospitals, and OSH to provide situational training for staff to recognize when a situation is becoming unsafe (Recommendation Survey Idea 101)	OHA ¹³
78	Amend rules to allow tribes to participate in civil commitment proceedings involving tribal members, similar to a child welfare case (Recommendation Survey Idea 107)	OHA ODAA
79	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 (Recommendation Survey Idea 108)	OHA ¹⁴ OSSA
83	Amend statute to require bias and implicit bias training for all professionals working with the civil	OHA ¹⁵

¹¹ OHA responded in Consensus Survey that it recommended advancing the concept/process presented in this idea but reserved the possibility to object to the specific policy directions or unfunded mandates that may result from the open-ended process.

¹² ODHS responded in Consensus Survey that it recommended this idea as currently drafted.

¹³ OHA responded in Consensus Survey that it recommended advancing the concept/process presented in this idea but reserved the possibility to object to the specific policy directions or unfunded mandates that may result from the open-ended process.

¹⁴ OHA responded in Consensus Survey that it recommended advancing the concept/process presented in this idea but reserved the possibility to object to the specific policy directions or unfunded mandates that may result from the open-ended process.

¹⁵ OHA responded in Consensus Survey that it recommended advancing the concept/process presented in this idea but reserved the possibility to object to the specific policy directions or unfunded mandates that may result from the open-ended process.

Idea #	Idea	Cannot Recommend Any Version of Idea
	commitment population (Recommendation Survey Idea 112)	ODAA
84	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 (Recommendation Survey Idea 115)	OHA ¹⁶ MOMI ¹⁷ ODAA
85	Increase state funding for public guardian services for people who need long-term support options due to a behavioral health condition (Recommendation Survey Idea 116)	DRO ¹⁸
86	Require state to develop or provide access to specialized treatment programs for individuals committed for intellectual disabilities (Recommendation Survey Idea 118)	OHA
88	Explore different treatment models for civilly committed individuals with co-occurring mental illness and substance use disorder (Recommendation Survey Idea 122)	OHA ¹⁹

¹⁶ OHA responded in Consensus Survey that it recommended advancing the concept/process presented in this idea but reserved the possibility to object to the specific policy directions or unfunded mandates that may result from the open-ended process.

¹⁷ MOMI responded in Consensus Survey that it recommended advancing the concept/process presented in this idea but reserved the possibility to object to the specific policy directions or unfunded mandates that may result from the open-ended process.

¹⁸ DRO responded in Consensus Survey that it would recommend this idea with specific changes to its wording: "There may be a need for more funds for a competent public guardian for indigent respondents, but there are many reasons for a guardianship and behavior/mental health should not be its own category. This seems like an attempt to work around the current civil commitment system. Perhaps the funding stream for the public guardian would best be tackled by another group looking at the guardianship statutes."

¹⁹ OHA responded in Consensus Survey that it recommended advancing the concept/process presented in this idea but reserved the possibility to object to the specific policy directions or unfunded mandates that may result from the open-ended process.

Comprehensive Report of Survey Responses

1. Which stakeholder group were you appointed to represent on the Commitment to Change Workgroup?

Respondents:

- Families of Individuals with Lived Experience (Mothers of the Mentally III)
- Individuals with Lived Experience and their Families (NAMI Oregon)
- Advocates of People with Mental Illness (Disability Rights Oregon)
- Oregon Judicial Department
- Oregon Health Authority
- Oregon State Hospital
- Oregon Department of Human Services
- Coordinated Care Organizations
- Oregon Association of Hospitals and Health Systems
- Oregon Criminal Defense Lawyers Association (Public Defenders)
- Association of Oregon Community Mental Health Programs
- Oregon Tribes
- Oregon State Sheriffs' Association
- Association of Oregon Counties
- Oregon District Attorneys Association

Non-Respondents:

- Legislature (House Democrats)
- Legislature (House Republicans)
- Legislature (Senate Democrats)
- Legislature (Senate Republicans)
- Governor's Office
- League of Oregon Cities
- Oregon Association of Chiefs of Police

I. Community-Based Behavioral Health Services

2. 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

Recommendations Idea #: 3

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	38%	AOC, DRO, MOMI, OAHHS, OSSA

Require OHA and OJD to develop and provide an evidence-based collaborative process among behavioral health and justice system partners, advocates of individuals experiencing behavioral health issues, patients and their families, and external subject matter experts to develop and implement a curriculum that integrates with existing education and training requirements to educate and train behavioral health and substance use providers about the criminal justice system and how to address criminogenic risk and need factors.

# Recommending	% Recommending	Entities Recommending
5	38%	OSH, DRO, MOMI, OAHHS, OSSA

Provide education and training to behavioral health and substance use disorder providers about the criminal legal system and how to improve services upstream in order to prevent criminalization.

# Recommending	% Recommending	Entities Recommending
3	23%	DRO, MOMI, OSSA

(Combined training recommendation) Provide education and training to behavioral health and substance use disorder providers on the following topics:

- * criminal justice system processes
- * criminogenic risk and need factors
- * warrants of detention for psychiatric hold pending hearing
- * guidance on HIPAA regarding what CAN be shared and when with family members, natural supports, courts, and others with an interest in the civil commitment case
- * vicarious trauma
- * situational training for staff to recognize when a situation is becoming unsafe
- * bias/implicit bias, including issues that may contribute to racial and ethnic disparities among civilly committed individuals (e.g., risk of dangerousness assessments)
- * working with civilly committed individuals with intellectual disabilities.

# Recommending	% Recommending	Entities Recommending
12	92%	AOC, OSH, OCDLA, DRO, AOCMHP, ODHS, MOMI, ODAA, OAHHS, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	8%	OHA

Abstain (1):

NAMI

Comments

OHA: As recommendations for legislation, this one appears to be better suited in a comprehensive list specific to workforce development across the board.

OSH: Any training topics and interventions required/implemented must:

- Either have well-established evidence of effectiveness OR be implemented in a manner that includes evaluating the effectiveness of outcomes via formal quality improvement project or research study in order to determine if the requirement should be sustained or necessitates improvements.
- Make effort to avoid unnecessary redundancies/collaborate with effective educational/training programs already being implemented in some parts of the state.

MOMI: All have important elements, and, to impact change, the training will need to be required by state law and funded.

NAMI: There are elements that NAMI Oregon would support, but as a package, it's too much for us to get there. Thus, our abstention.

3. Require STATE to build, own, operate, or fund more community-based facilities designed to provide shorter-term behavioral health inpatient care (TOP 5 IDEAS OF OJD, AOC, OAHHS, OSSA)

Recommendations Idea #: 4

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
3	21%	DRO, MOMI, OAHHS

State should have a more centralized role of ensuring that publicly-funded residential behavioral health care facilities for mental health and substance use disorders are available and accessible across the state.

# Recommending	% Recommending	Entities Recommending
11	79%	Tribes, AOC, OSH, DRO, ODHS, MOMI, ODAA, OAHHS, OJD, CCO, OSSA

State should have a more centralized role of ensuring that publicly-funded residential behavioral health care facilities are available and accessible to the civil commitment population across the state.

# Recommending	% Recommending	Entities Recommending
8	57%	Tribes, AOC, MOMI, ODAA, OAHHS, OJD, CCO, OSSA

State should have a more centralized role of ensuring that publicly-funded residential behavioral health facilities are available and accessible across the state for needed short-term acute care.

# Recommending	% Recommending	Entities Recommending
9	64%	Tribes, AOC, DRO, MOMI, ODAA, OAHHS, OJD, CCO, OSSA

State should have a more centralized role of ensuring that publicly-funded residential behavioral health care facilities are available and accessible across the state.

# Recommending	% Recommending	Entities Recommending
8	57%	Tribes, AOC, MOMI, ODAA, OAHHS, OJD, CCO, OSSA

State should have a more centralized role of ensuring that publicly-funded residential behavioral health care facilities are available and accessible across the state, including responsibility for funding and oversight.

# Recommending	% Recommending	Entities Recommending
10	71%	Tribes, OHA, OSH, DRO, OACMHP, MOMI, ODAA, OAHHS, OJD, OSSA

State should continue to make investments in community-based treatment facilities and prioritize investments consistently with the recommendations in the July 2024 report of the Public Consulting Group.

# Recommending	% Recommending	Entities Recommending
8	57%	Tribes, OHA, AOC, OACMHP, OAHHS, NAMI, CCO, OSSA

State should oversee and fund the development of additional behavioral health residential facilities with capacity to ensure availability of needed inpatient-equivalent care, subacute treatment, and respite care in every region of the state.

# Recommending	% Recommending	Entities Recommending
10	71%	Tribes, AOC, OSH, OACMHP, MOMI, ODAA, OAHHS, NAMI, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0%	None

Abstain (1):
OCDLA

Comments

OSH: Unsure why "substance use disorders" is only specified in the 1st option. Would want the other statements listed above to be inclusive of this treatment need (often intimately intertwined with other behavioral health disorders).

MOMI: State investment in community treatment without centralized organization and oversight is how we got into this mess.

II. Psychiatric Emergency Holds

4. 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 (TOP 5 IDEAS OF ODHS)

Recommendations Idea #: 5

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
8	53%	AOC, OCDLA, DRO, ODHS, MOMI, OAHHS, OJD, OSSA

Require Oregon Department of Human Services 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.

# Recommending	% Recommending	Entities Recommending
11	73%	Tribes, OHA, OCDLA, DRO, OACMHP, MOMI, OAHHS, NAMI, OJD, CCO, OSSA

Require a state agency 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.

# Recommending	% Recommending	Entities Recommending
9	60%	Tribes, OSH, OCDLA, DRO, MOMI, ODAA, OAHHS, NAMI, OSSA

Cannot recommend any of the above

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0%	None

Abstain (0)

Comments

ODAA: ODAA supports additional training and program development for individuals experiencing IDD but does this is not a replacement for commitment when necessary

5. Create a state funding mechanism to reimburse community case managers for outreach efforts to individuals in need of behavioral health care

Recommendations Idea #: 6

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	36%	DRO, MOMI, OAHHS, CCO, OSSA

Establish and fund more salaried positions for community case managers to provide outreach and engagement services to individuals in need of behavioral health care.

# Recommending	% Recommending	Entities Recommending
8	57%	Tribes, AOC, OSH, OACMHP, MOMI, ODAA, OAHHS, OSSA

Create a state funding mechanism to reimburse community case managers for outreach efforts to individuals with exceptional behavioral health needs or high acuity who lack insurance coverage for case management.

# Recommending	% Recommending	Entities Recommending
7	50%	Tribes, AOC, ODHS, MOMI, ODAA, OAHHS, OSSA

Amend statute, rules, and contracts to clarify CMHP and CCO responsibilities to cover the costs of community case managers for outreach efforts to individuals in need of behavioral health care.

# Recommending	% Recommending	Entities Recommending
8	57%	OHA, AOC, MOMI, ODAA, OAHHS, NAMI, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0%	None

Abstain (1):

OCDLA

Comments

MOMI: Whatever wording is needed to make outreach a funded priority--absolutely critical in the SMI space!

ODAA: This is an area of expertise outside of my field of knowledge. Light support for the general concept because I don't know enough about this issue and funding streams to see the consequences of these options.

6. Establish a fee schedule/funding code for billing Medicaid for behavioral health preventative care, such as 23-hour crisis and respite (TOP 5 IDEAS OF OHA)

Recommendations Idea #: 7

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	42%	DRO, MOMI, OAHHS, OJD, OSSA

Seek CMS authorization to add Medicaid coverage for behavioral health outreach and engagement, and if approved, appropriate required General Fund match.

# Recommending	% Recommending	Entities Recommending
7	58%	Tribes, OHA, AOC, MOMI, OAHHS, OJD, OSSA

Seek a funding source for behavioral health outreach and engagement, either by working with CMS to establish a billing or payment code for billing Medicaid for those services or appropriating General Funds to provide those services.

# Recommending	% Recommending	Entities Recommending
9	75%	Tribes, AOC, OSH, OACMHP, ODHS, MOMI, OAHHS, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0%	None

Abstain (3):

OCDLA, ODAA, NAMI

Comments

OCDLA: I think this is a good idea but my organization has nothing to do with insurance or specific funding mechanisms so I am abstaining on these kinds of questions.

MOMI: This is a weird mixing of outreach and crisis respite services, but yes to funding and managing both to hugely expand options to keep people with SMI out of emergency departments and jails.

ODAA: Again, this seems like a good idea but it is outside of the expertise of prosecutors.

OAHHS: We support further edits to this concept to clarify it. For example, "crisis" treatment in not preventative care

7. Require state to build and fund more mental health crisis centers so emergency rooms are not the only option (TOP 5 IDEAS OF OHA, HOUSE REPUBLICANS)

Recommendations Idea #: 8

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
6	40%	AOC, DRO, MOMI, OAHHS, OJD, OSSA

State should invest in funding to expand the number of local crisis stabilization centers, urgent walk-in clinics, and street outreach services available statewide to serve individuals voluntarily seeking care and those who can be diverted from involuntary holds in hospitals and jails.

# Recommending	% Recommending	Entities Recommending
10	67%	Tribes, OSH, OCDLA, DRO, MOMI, ODAA, OAHHS, NAMI, OJD, OSSA

State should fund county and regional plans to develop a full array of behavioral health services and facilities in each area, including but not limited to crisis stabilization centers and recovery centers, to enable diversion from emergency rooms and jails.

# Recommending	% Recommending	Entities Recommending
13	87%	Tribes, OHA, AOC, OCDLA, DRO, OACMHP, ODHS, MOMI, ODAA, OAHHS, OJD, CCO, OSSA

State should build, license or certify, and contract for staffing and operations of more crisis stabilization centers statewide as an alternative to emergency rooms and jails for individuals experiencing an acute behavioral health crisis.

# Recommending	% Recommending	Entities Recommending
8	53%	OHA, OSH, OCDLA, DRO, MOMI, ODAA, OAHHS, OSSA

Encourage emergency departments to adapt their infrastructure to accommodate behavioral health crises.

# Recommending	% Recommending	Entities Recommending
4	27%	AOC, OSH, MOMI, NAMI

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0%	None

Abstain (0)

Comments

OSH: "Encouraging ED's to adapt infrastructure" will be insufficient on its own but should also still be done regardless of additional efforts pursued.

MOMI: Yes, all of the above, to begin building an actual continuum of care for the SMI population.

OAHHS: Crisis stabilization centers are relatively new, and we should evaluate their effectiveness. Health care dollars are limited, and the system needs additional funding at all levels of care. What is the best use of limited Oregon dollars?

8. Require first responder training on use of mental health crisis centers as an alternative to emergency rooms

Recommendations Idea #: 9

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	47%	AOC, OCDLA, DRO, OACMHP, MOMI, OAHHS, OJD

Encourage counties to develop informational materials for first responders that identify local resources other than emergency rooms that are available for drop-off of individuals experiencing a mental health crisis.

# Recommending	% Recommending	Entities Recommending
12	80%	Tribes, OHA, OSH, DRO, ODHS, MOMI, ODAA, OAHHS, NAMI, OJD, CCO, OSSA

Cannot recommend any of the above

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0%	None

Abstain (0)

Comments

OSH: Under current limitations of alternative resources to make use of in many parts of the state, would encourage counties to develop these informational resources. If more alternative resources are developed around the state, would then be worth considering required training to help ensure their appropriate use

MOMI: Yes, and... crisis centers need to exist first so let's get a lot more of those built!

ODAA: Training mandates for first responders can be tricky. providing robust training and encouraging relationships for that training and information sharing will have better long term results.

9. Educate providers on when an individual may be released from a psychiatric hold following submission of an NMI to the court

Recommendations Idea #: 10

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
6	50%	AOC, OCDLA, DRO, OAHHS, CCO, OSSA

Educate providers that when a person is held at a hospital under a warrant of detention pending a civil commitment hearing, the licensed independent practitioner may not release the individual prior to the hearing.

# Recommending	% Recommending	Entities Recommending
7	58%	Tribes, OSH, ODHS, MOMI, ODAA, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0%	None

Abstain (3):

OHA, OACMHP, NAMI

Comments

OHA: Could be combined with workforce development and training revision in #2.

OSH: The process/ paperwork from court should clearly and efficiently provide this information (vs. "education" in the sense of a separate training)

OACMHP: Isn't this a component of pre-civil commitment training? Seems duplicative.

III. Notice of Mental Illness/Initiation of Civil Commitment Process

10. 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 (TOP 5 IDEAS OF OHA)

Recommendations Idea #: 11

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
2	14%	MOMI, OSSA

Require and fund OHA to create a secure centralized repository of civil commitment investigation reports accessible only to investigators for subsequent civil commitment investigations of the same individual, and to develop a mechanism to inform appropriate use of the information and avoid inappropriate bias.

# Recommending	% Recommending	Entities Recommending
5	36%	AOC, ODHS, MOMI, OAHHS, OSSA

Require and fund OHA to create a secure centralized repository of civil commitment investigation reports for use in subsequent civil commitment investigations of the same individual, including clear restrictions on who may access that repository and how long reports remain in the depository, and to develop a mechanism to inform appropriate use of the information and avoid inappropriate bias.

# Recommending	% Recommending	Entities Recommending
9	64%	Tribes, OHA, AOC, OSH, MOMI, OAHHS, OJD, CCO, OSSA

Require and fund OHA to create a secure centralized repository of civil commitment investigation reports for use in subsequent civil commitment investigations of the same individual that limits access to investigators, examiners, and attorneys, deletes reports from the repository after five years, and includes a mechanism to inform appropriate use of the information and avoid inappropriate bias.

# Recommending	% Recommending	Entities Recommending
4	29%	AOC, OCDLA, OAHHS, OSSA

Require and fund OHA to develop a secure centralized repository of civil investigation reports that can be accessed only by investigators, the defense, prosecution and Mental Health Examiner in a subsequent civil commitment proceeding, and to provide training on the how to appropriately use historical data and to mitigate risk of implicit bias.

# Recommending	% Recommending	Entities Recommending
4	29%	OACMHP, ODAA, OAHHS, OSSA

Add to any alternatives selected above: Include in repository the ability to search the history of commitments of the individual in the current case, which would inform investigator of individuals who meet extended criteria.

# Recommending	% Recommending	Entities Recommending
6	43%	OHA, AOC, OSH, MOMI, ODAA, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	7%	DRO

Abstain (1):

NAMI

Comments

DRO: This would be a different case if it was a database of actual civil commitments as opposed to investigations.

MOMI: Yes to storage and access to information that enables a current investigator to consider a person's history of illness. Yes to ensuring that this information is not used to prevent someone from getting a job, renting an apartment, or other discriminatory

practices. No to erasing the information to make sure a person in need of involuntary treatment won't get it later because the history has been erased.

ODAA: Please use "attorneys" rather than defense/prosecutors as these titles vary from location to location.

IV. Warrant of Detention

11. Require Oregon Judicial Department to collect data on the factual findings in which judges issue warrants of detention

Recommendations Idea #: 13

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
2	15%	DRO, MOMI

Require Oregon Judicial Department to collect data on the factual findings in which judges issue warrants of detention, and to evaluate the consistency of factual findings identified to support warrants of detention ordered by judges statewide.

# Recommending	% Recommending	Entities Recommending
11	85%	Tribes, OHA, OSH, OCDLA, DRO, OACMHP, ODHS, MOMI, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
2	15%	AOC, ODAA

Abstain (2):

OAHHS, NAMI

Comments

OSH: Agree with comments by DRO of making data public if adequate privacy protections in place.

DRO: ONLY with appropriate privacy protections and made available to the public.

MOMI: It's truly bizarre that this information is not already required to be collected and analyzed.

ODAA: This seems like open ended busy work. If there is no identifiable check in or time period, it is on going review of factual findings without clearly serving a purpose.

V. Investigation

12. 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

Recommendations Idea #: 14

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
6	40%	OHA, DRO, MOMI, OAHHS, OJD, OSSA

[Combination of Ideas 12, 13, 14, 83, and 87] Require OHA to include the following components in investigator certification and continuing certification training:

- * Requirement to submit an investigation report to the court following every notice of mental illness regardless of whether the investigator believes that the person would be willing to participate in treatment on a voluntary basis
- * Requirement to include in investigation report ALL evidence and documentation listed in OAR 309-033-0940 (see lists of required information under OAR 309-033-0940(1)-(5)) or explain why missing information cannot be obtained.
- * Guidance on avoiding bias and implicit bias on the basis of legally protected classifications
- * Guidance on unique issues for investigations involving individuals with intellectual disabilities
- * Continuing education that includes updates on relevant legal and clinical information.

# Recommending	% Recommending	Entities Recommending
13	87%	Tribes, OSH, OCDLA, DRO, OACMHP, ODHS, MOMI, ODAA, OAHHS, NAMI, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	7%	AOC

Abstain (0)

Comments

MOMI: A quick "sure, I'll get treatment" from a very unwell individual is being used as an excuse to abandon them and the record of what happened when somebody tried to intervene. Of course the investigations should be reported and reviewed!

13. 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

Recommendations Idea #: 15

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	50%	OCDLA, DRO, ODHS, MOMI, OAHHS, OJD, OSSA

Amend OAR 309-033—0940 to clarify the existing requirement that civil commitment investigators provide ALL information specified in the rule or explain why missing information cannot be obtained.

# Recommending	% Recommending	Entities Recommending
11	79%	Tribes, OHA, OSH, OCDLA, DRO, MOMI, ODAA, OAHHS, OJD, CCO, OSSA

Amend County Financial Assistance Agreement (CFAA) to require that civil commitment investigators provide all information specified in OAR 309-033-0940 or explain why missing information cannot be obtained

# Recommending	% Recommending	Entities Recommending
5	39%	Tribes, OSH, OACMHP, MOMI, OAHHS

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	7%	AOC

Abstain (1):

NAMI

Comments

OSH: Either recommendation or as the combined inclusion from #12 (recommendation survey idea 14) above.

OCDLA: I don't know how the CFAA works and would abstain on that question since it doesn't have anything to do with my organization, but if others who deal with that piece think it's a necessary part to implement this I wouldn't oppose it.

MOMI: Again, I cannot believe this isn't already required.

14. Require civil commitment investigators to participate in continuing education following initial certification that includes updates on relevant legal and clinical information

Recommendations Idea #: 16

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	47%	AOC, DRO, MOMI, OAHHS, OJD, CCO, OSSA

Require civil commitment investigators to participate in continuing education following initial certification that includes updates on relevant legal and clinical information, including but not limited to anosognosia and medical dangers as a result of psychiatric or cognitive impairments (e.g., eating disorders, mismanaged diabetes).

# Recommending	% Recommending	Entities Recommending
7	47%	Tribes, OSH, OACMHP, MOMI, OAHHS, OJD, OSSA

Amend statute or rule to require civil commitment investigators to participate in continuing education following initial certification that includes updates on relevant legal and clinical information.

# Recommending	% Recommending	Entities Recommending
9	60%	Tribes, AOC, OCDLA, DRO, ODAA, OAHHS, NAMI, OJD, OSSA

Require civil commitment investigators to participate in continuing education following initial certification that includes updates on relevant legal and clinical information, and establish a quality assurance review of random investigations to evaluate consistency and trends for education.

# Recommending	% Recommending	Entities Recommending
10	67%	Tribes, OHA, OSH, OCDLA, DRO, ODHS, MOMI, OAHHS, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0%	None

Abstain (0)

Comments

MOMI: Anosognosia made its way into the recommendations--yes please and thank you because missing knowledge about this disabling and common symptom is a huge gap in the system!

OSSA: I just wonder who is going to provide the training and do the research needed for the training.

VI. 14-Day Voluntary Diversion

15. Amend statute to increase the maximum period of voluntary diversion from 14 days to a longer duration (workgroup to recommend the specific duration allowable) (TOP 5 IDEAS OF OJD, HOUSE REPUBLICANS)

Recommendations Idea #: 17

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
6	40%	AOC, DRO, MOMI, OAHHS, OJD, OSSA

Amend statute to increase the maximum period of voluntary diversion from 14 days to a longer duration, including clear criteria on when the period may exceed 14 days, and setting the specific number of maximum days to provide in statute following additional input from system partners.

# Recommending	% Recommending	Entities Recommending
9	60%	Tribes, OCDLA, DRO, OACMHP, ODHS, OAHHS, OJD, CCO, OSSA

Amend statute to increase the maximum period of voluntary diversion from 14 days to a longer duration and allow parties to agree to a diversion at any time during the pre-hearing period or the hearing.

# Recommending	% Recommending	Entities Recommending
11	73%	Tribes, OHA, AOC, OSH, OCDLA, DRO, MOMI, OAHHS, OJD, CCO, OSSA

Amend statute to increase the maximum period of voluntary diversion from 14 days to 21 days with the duration of treatment based on the clinical judgment of the licensed independent provider.

# Recommending	% Recommending	Entities Recommending
3	20%	ODAA, OAHHS, OSSA

(Combined with Idea #15) Amend statute to increase the maximum period of voluntary diversion from 14 days to a longer duration and require that citations include information about eligibility.

# Recommending	% Recommending	Entities Recommending
4	27%	Tribes, OSH, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	7%	NAMI

Abstain (0)

Comments

OSH: If decision for duration not based on clinical judgment of LIP, a systematic set of criteria to provide in statute should include ample input from range of experienced clinicians to help ensure key clinical criteria are recognized and considered

OCDLA: I would not agree to extending the length if the timeframe for accepting was not included, but I also would not agree to extend the length without clear criteria on when the period may exceed 14 days. I would agree to a combination of the two ideas I checked.

MOMI: I cannot support any recommendation that specifies how much time a very unwell person has to stabilize. Individualized care needs to be prioritized, and adequate healing time needs to be based on clinical assessments, not pre-set legal criteria.

ODAA: Longer diversion periods are supported. ODAA also supports allowing diversions after day 3, but not necessarily earlier. We want investigators and providers to have adequate time to assess before diversion is offered.

OAHHS: We support additional conversation to develop this concept. We suggest the workgroup consider allowing for voluntary diversion to last for a longer period (e.g., up to 21 days), with the duration of treatment based on the clinical judgment of the LIP.

VII. Probable Cause Determination

16. Amend statute to require that peer support services are provided to an individual upon completion of diversion treatment

Recommendations Idea #: 19

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
2	14%	MOMI, OSSA

Amend statute and provide necessary funding to require OHA to offer transitional services to an individual upon completion of civil commitment diversion treatment.

# Recommending	% Recommending	Entities Recommending
7	50%	Tribes, OCDLA, DRO, MOMI, ODAA, OJD, OSSA

Amend statute and provide necessary funding to require that transitional services are offered to an individual upon completion of civil commitment diversion treatment for the purpose of ongoing clinical support.

# Recommending	% Recommending	Entities Recommending
12	86%	Tribes, OHA, OSH, OCDLA, DRO, OACMHP, ODHS, MOMI, NAMI, OJD, CCO, OSSA

Amend statute and provide necessary funding to require that transitional services are offered to an individual upon completion of civil commitment diversion treatment for the purpose of assessing whether follow up care arranged at discharge was utilized.

# Recommending	% Recommending	Entities Recommending
5	36%	Tribes, OHA, OCDLA, MOMI, OSSA

Amend statute and provide necessary funding to require that transitional services are offered to an individual upon completion of civil commitment diversion treatment for the purpose of evaluating diversion as a tool to reduce, rather than merely delay, the need for civil commitment.

# Recommending	% Recommending	Entities Recommending
6	43%	Tribes, OHA, AOC, OSH, OCDLA, MOMI

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (1):

OAHHS

Comments

MOMI: What is important here is the requirement for follow through--no more treat and street.

OAHHS: Peer support services should be offered to an individual as an option and not a requirement. If this is mandated it is important that it is not an unfunded mandate.

NAMI: This really is a responsibility of the CCO for Medicaid members. Current laws are applicable in that respect.

17. Require OHA to compare civil commitment diversion programs among Oregon counties and identify best practices, including accountability mechanisms for community treatment providers

Recommendations Idea #: 20

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	38%	OCDLA, DRO, MOMI, OJD, OSSA

Require OHA to compare civil commitment diversion programs among Oregon counties and identify evidence-based practices, including accountability mechanisms for community treatment providers.

# Recommending	% Recommending	Entities Recommending
5	38%	Tribes, OCDLA, DRO, MOMI, OJD

Require OHA to compare and evaluate civil commitment diversion practices across Oregon counties and identify successful evidence-based practices for urban, rural, and frontier regions.

# Recommending	% Recommending	Entities Recommending
10	77%	Tribes, OSH, OCDLA, DRO, ODHS, MOMI, OAHHS, OJD, CCO, OSSA

Require OHA to compare and evaluate civil commitment diversion practices across Oregon counties and identify evidence-based practices to inform improvements on program development, accountability, monitoring and funding across the state.

# Recommending	% Recommending	Entities Recommending
9	69%	Tribes, OSH, OCDLA, DRO, OACMHP, MOMI, ODAA, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	8%	AOC

Abstain (2):

OHA, NAMI

Comments

OHA: It may be better written to provide providers of diversion treatment services to provide written practices, policies, and programming that clearly defines diversion treatment as separate to both AOT and civil commitment options.

VIII. Citation and Service

18. Amend statute to require that citations include information about eligibility for 14-day intensive treatment option (diversion)

Recommendations Idea #: 21

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
6	43%	DRO, OACMHP, ODHS, OAHHS, OJD, OSSA

Amend statute to require that information be provided to person upon commencement of civil commitment investigation about eligibility for 14-day intensive treatment option (diversion).

# Recommending	% Recommending	Entities Recommending
7	50%	Tribes, OHA, DRO, OAHHS, OJD, CCO, OSSA

Amend statute to require that information be provided to person upon conclusion of civil commitment investigation about eligibility for 14-day intensive treatment option (diversion). [Note: May require amending statute to extend the three-day requirement to file the certificate of 14-day intensive treatment]

# Recommending	% Recommending	Entities Recommending
10	71%	Tribes, AOC, OSH, OCDLA, DRO, MOMI, ODAA, OAHHS, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (1):

NAMI

Comments

MOMI: I think this means after a person has been in the hospital for a bit?... Yes, of course a person with a modicum of capacity should be aware of their right to choose this or that. But serving a person in psychosis a complicated notice about their right to

choose a more "self-directed" path when they haven't any capacity to make a reasonable decision contradicts the entire point of an involuntary hold.

ODAA: Provide information if going to hearing. Best place to provide this will be in a clinical setting.

IX. Appointment of Counsel

19. Amend statute to clarify when in the civil commitment process the court must appoint legal counsel to financially eligible individuals (TOP 5 IDEAS OF DRO)

Recommendations Idea #: 22

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
8	53%	AOC, DRO, OACMHP, MOMI, OAHHS, OJD, CCO, OSSA

Amend statute to clarify when in the civil commitment process the court must appoint legal counsel.

# Recommending	% Recommending	Entities Recommending
13	87%	Tribes, OHA, AOC, OSH, OCDLA, DRO, ODHS, MOMI, ODAA, OAHHS, NAMI, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0%	None

Abstain (0)

Comments

OSH: Significant concerns around Oregon's limited public defender workforce #s need to be simultaneously addressed.

OCDLA: I would need to know what the clarification would be - when are we suggesting the court must appoint?

DRO: Would like it to read: Amend statute to clarify when in the civil commitment process the court must appoint legal counsel to financially eligible individuals and to individuals for whom eligibility cannot be determined.

20. Amend statute to require continuity of appointed legal counsel throughout process when feasible

Recommendations Idea #: 23

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	50%	OHA, AOC, DRO, OACMHP, MOMI, CCO, OSSA

Amend statute to require continuity of appointed legal counsel to mean same lawyer or within the same firm throughout process when feasible.

# Recommending	% Recommending	Entities Recommending
6	43%	Tribes, AOC, OSH, MOMI, NAMI, OJD

Amend statute to require continuity of appointed legal counsel to mean same lawyer or within the same firm throughout process unless absent a court-ordered exception for good cause.

# Recommending	% Recommending	Entities Recommending
6	43%	Tribes, OCDLA, ODHS, MOMI, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	7%	ODAA

Abstain (1):

OAHHS

Comments

OSH: Given public defender shortage, the definition of "when feasible" deserves serious discussion.

ODAA: While this is a great goal, ODAA cannot support this as a statewide statutory concept when we have a shortage of defense attorneys.

21. 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

Recommendations Idea #: 24

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	38%	AOC, OACMHP, MOMI, CCO, OSSA

Amend statute or rule to require that public defender firms must have lawyers with specialized knowledge and experience in civil commitment law and practice to be eligible to be appointed for those cases.

# Recommending	% Recommending	Entities Recommending
5	38%	Tribes, AOC, OSH, MOMI, OSSA

Amend statute or rule to require all public defenders and prosecutors who may participate in civil commitment cases to specialized knowledge and experience in civil commitment law and practice.

# Recommending	% Recommending	Entities Recommending
9	69%	Tribes, OHA, OSH, OCDLA, DRO, ODHS, MOMI, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	8%	ODAA

Abstain (2):

OAHHS, NAMI

Comments

OSH: Validity and quality of hearing process would highly likely benefit from public defenders and prosecutors having this expertise - however, training logistics and burden on workforce very concerning if shortages of personnel not addressed first.

OCDLA: It should say state's attorney rather than prosecutors, not all counties contract with the district attorney's office for civil commitment.

ODAA: Again, we cannot support this additional requirement with the current defense situation.

X. Access to Medical Records

22. Amend statute to require hospitals to share pertinent documentation from electronic health record with defense attorneys for civil commitment hearings (TOP 5 IDEAS OF OCDLA)

Recommendations Idea #: 26

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	45%	AOC, DRO, OACMHP, OJD, OSSA

Amend statute to require all entities with relevant medical records to share documentation from written and electronic health records immediately upon request with defense attorneys for civil commitment hearings, and specify a remedy if they fail to do so.

# Recommending	% Recommending	Entities Recommending
6	55%	Tribes, AOC, OCDLA, DRO, ODHS, OSSA

Amend statute to require all entities with relevant medical records, including state agencies, hospitals, and community and independent providers, to share documentation from written and electronic health records within 24 hours of a request by a defense attorneys for a civil commitment hearing, and specify a remedy if they fail to do so.

# Recommending	% Recommending	Entities Recommending
5	45%	Tribes, OSH, OCDLA, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
2	18%	ODAA, OAHHS

Abstain (4):

OHA, MOMI, NAMI, CCO

Comments

OHA: With a functional centralized system for civil commitment investigations, including for records and reports, this recommendation is not needed. Plus, statute already calls for this.

AOC: Dependent on the remedy that is specified.

DRO: Please note that we would agree with the third option as well EXCEPT for the 24 hours timeline. Since we have 24 hours from appointment until hearing, getting records within 24 hours of our request would not help us in preparation for the hearing, which would already have occurred.

ODAA: Medical records are often important to the proceeding but the time constraints make this very difficult to fulfill and hospitals and providers are already strained in what they can do. There have been many instances when the delay in getting medical records is used as a sword to try and get a case dismissed or to delay a proceeding. ODAA does not currently support this proposal without the infrastructure to make it happen effectively.

OAHHS: It would be helpful to hear what problem this is trying to solve. Hospitals already provide documentation. We are open to exploring concepts that address current concerns.

XI. Examination

23. 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))

Recommendations Idea #: 27

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	50%	AOC, DRO, OACMHP, ODHS, MOMI, OJD, OSSA

Develop and invest funding to implement a statewide plan to expand the number of qualified mental health examiners for civil commitment cases as provided in ORS 426.110 (e.g., add to scope and funding of the current Oregon Behavioral Health Workforce Initiative to achieve this objective).

# Recommending	% Recommending	Entities Recommending
11	79%	Tribes, OHA, AOC, OSH, OCDLA, MOMI, ODAA, NAMI, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (1):

OAHHS

Comments

None

24. Require state to create a centralized database of mental health examiners that is available to courts and CMHPs

Recommendations Idea #: 28

Recommend this idea as currently drafted

# Recommending	% Recommending	Entities Recommending
4	31%	AOC, MOMI, OJD, OSSA

Create a centralized statewide database of mental health examiners who are qualified for appointment to civil commitment cases that is available to courts and CMHPs.

# Recommending	% Recommending	Entities Recommending
7	54%	OHA, AOC, MOMI, ODAA, OJD, CCO, OSSA

Create a centralized statewide database of mental health examiners who are qualified for appointment to civil commitment cases that is available to courts, CMHPs, and defense counsel.

# Recommending	% Recommending	Entities Recommending
5	38%	Tribes, AOC, OCDLA, DRO, OSSA

Create a centralized statewide database of mental health examiners who are qualified for appointment to civil commitment cases that is available to courts, CMHPs, defense counsel, and prosecutors.

# Recommending	% Recommending	Entities Recommending
8	62%	Tribes, AOC, OSH, DRO, OACMHP, ODHS, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0%	None

Abstain (2):

OAHHS, NAMI

Comments

ODAA: The examiner is there to help the courts. Defense and state should not be involved in picking an examiner.

25. Amend statute to expand training requirements for mental health examiners in civil commitment cases

Recommendations Idea #: 29

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
9	69%	OHA, AOC, OSH, DRO, OACMHP, ODHS, OJD, CCO, OSSA

Amend statute to expand the duration of training requirements for certification and recertification of mental health examiners in civil commitment cases.

# Recommending	% Recommending	Entities Recommending
2	15%	DRO, OJD

Amend statute to require training for all mental health examiners in civil commitment cases, including psychiatrists who are not required to receive certification as a mental health examiner.

# Recommending	% Recommending	Entities Recommending
6	46%	Tribes, AOC, DRO, MOMI, ODAA, OJD

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	8%	OCDLA

Abstain (2):

OAHHS, NAMI

Comments

OCDLA: The role of the examiner needs to be clarified before expanding their training.

OAHHS: Would this proposal expand what is required for initial training? Would this proposal add requirements for ongoing or periodic training? We would like more information on what problem this proposal intends to solve.

26. 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

Idea #: 30

Recommendations Idea #: 30

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
14	100%	Tribes, OHA, AOC, OSH, OCDLA, DRO, ODHS, MOMI, ODAA, OAHHS, NAMI, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0%	None

Abstain (1):

OACHMP

Comments

None

27. Amend statute to clarify that only one examination report is required per examiner. (Statute currently refers to examination reports in the plural.)

Recommendations Idea #: 31

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
9	64%	AOC, DRO, OACMHP, ODHS, MOMI, OAHHS, OJD, CCO, OSSA

Amend ORS 426.120 to clarify that only one examination report is required per examiner.

# Recommending	% Recommending	Entities Recommending
10	71%	Tribes, OHA, AOC, DRO, MOMI, ODAA, OAHHS, NAMI, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	7%	OCDLA

Abstain (1):

OSH

Comments

None

XII. Court Determination of Mental Illness

28. Amend statute to add a definition of “mental disorder” for purposes of determining whether an individual is a “person with mental illness”

Recommendations Idea #: 33

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	47%	AOC, DRO, OACMHP, MOMI, OJD, CCO, OSSA

Establish a workgroup to establish a statutory definition of “mental disorder” for purposes of determining whether an individual is a “person with mental illness.”

# Recommending	% Recommending	Entities Recommending
12	80%	Tribes, OHA, AOC, OSH, OCDLA, DRO, ODHS, MOMI, ODAA, OAHHS, NAMI, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0%	None

Abstain (0)

Comments

OHA: The inability to unwilling to engage in voluntary treatment should be in the definition as well, allowing for release from holds due to voluntariness.

OAHHS: Clinicians should be a part of this workgroup.

XIII. Court Options Following Determination of Mental Illness

29. Provide dedicated funding to CMHPs to support 14-day intensive treatment (diversion from civil commitment) (TOP 5 IDEAS OF HOUSE REPUBLICANS)

Recommendations Idea #: 37

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	54%	Tribes, AOC, DRO, MOMI, OAHHS, OJD, OSSA

Provide sufficient dedicated funding to CMHPs to support their statutory and contractual duties to provide services and payments for individuals engaged in 14-day intensive treatment (diversion from civil commitment).

# Recommending	% Recommending	Entities Recommending
11	85%	AOC, OSH, DRO, OACMHP, ODHS, MOMI, ODA, OAHHS, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	8%	OHA

Abstain (2):

OCDLA, NAMI

Comments

OHA: The use of diversion (through OHA) in hospital settings and AOT (primarily a function of courts) in community settings should be studied to determine how much funding should be allocated to which program, in which counties, in what regions, etc. first. **Even though statute does allow for diversions in community-settings, they do not happen. Rather than invest in that option, investing

MOMI: Not sure why AOT is described prior to this unrelated initiative.

OAHHS: If this concept is referring to 14 day intensive treatment in the community in order to divert hospitalization and civil commitment, then we are supportive of this concept. If this concept is about 14 day intensive treatment in the hospital, then we would not support additional funding going to CMHPs for that treatment.

NAMI: While philosophically aligned -- CMHPs should be funded for contractual requirements -- a cost study required under HB 4092 will help determine costs for civil commitment, mobile crisis, etc. The Legislature then has a decision to make as to whether to actually fund all the services for which CMHPs are contractually obligated.

30. 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

Recommendations Idea #: 38

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	45%	DRO, OACMHP, MOMI, OJD, OSSA

Require and fund OHA and OJD to collect aggregate (anonymized) data on AOT outcomes, such as participant experience, community safety, effectiveness of different intervention levels, and effect on later criminal justice system involvement with the objective of expanding the use of AOT.

# Recommending	% Recommending	Entities Recommending
8	73%	Tribes, AOC, OSH, OCDLA, ODHS, MOMI, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	9%	ODAA

Abstain (3):
OHA, OAHHS, NAMI

Comments

OHA: Data on behavioral health outcomes for AOT participants is inherently available via OHA databases, even if not captured as such specifically so. If the focus of this idea is, as written, criminal justice system involvement, perhaps this should be a mandate to the CJC, akin to deflection.

DRO: We agree if the data is anonymized (aggregate) and made available to the public

MOMI: Absolutely collect data, but we need to build AOT programs first.

ODAA: AOT needs to be functional before it is evaluated.

XIV. Conditional Release

31. Amend statute to clarify the kinds of support that OHA must provide to persons ordered to conditional release

Recommendations Idea #: 39

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending

Amend statute to require OHA to create administrative rules regarding the services that OHA must provide and fund for people who are on conditional release.

# Recommending	% Recommending	Entities Recommending
8	57%	AOC, OCDLA, DRO, ODHS, MOMI, OAHHS, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	7%	OACMHP

Abstain (1):

OHA

Comments

OHA: Conditional release in civil commitment, often confused with that of PSRB, should be considered for removal. Ordering a person to AOT and including the natural support as part of the treatment plan makes more/most sense.

XV. Inpatient Commitment

32. 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 (TOP 5 IDEAS OF OSH)

Recommendations Idea #: 41

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	36%	OACMHP, MOMI, OAHHS, OJD, OSSA

Require and fund OHA to provide intensive care case management services that ensure access to adequately staffed local treatment programs statewide for all civilly committed individuals who need a higher level of care than community-based inpatient care but presently cannot be admitted to the Oregon State Hospital due to lack of capacity and related enhanced admission requirements (e.g., Post-Acute Intermediate Treatment Services (PAITS) Program that is designed to be less acute than hospital care and more acute than an SRTF).

# Recommending	% Recommending	Entities Recommending
9	64%	Tribes, AOC, OSH, OCDLA, MOMI, OAHHS, NAMI, OJD, CCO

Establish and fund statewide intensive care case management services and adequately staffed local treatment programs across the state for individuals following a notice of mental illness, including voluntary and involuntary placement options.

# Recommending	% Recommending	Entities Recommending
10	71%	Tribes, OHA, AOC, OCDLA, MOMI, ODAA, OAHHS, OJD, CCO, OSSA

Require and fund OHA to coordinate intensive care case management services to ensure appropriate placements and level of care for civilly committed individuals who would have been placed at the Oregon State Hospital given sufficient capacity.

# Recommending	% Recommending	Entities Recommending
6	43%	Tribes, AOC, OCDLA, MOMI, ODAA, CCO

Require and fund OHA to coordinate with CCOs to develop, fund, staff, and ensure access to intensive case management and access to higher levels of services for individuals following a notice of mental illness who do not meet the legal threshold for civil commitment.

# Recommending	% Recommending	Entities Recommending
7	50%	OSH, OCDLA, ODHS, MOMI, ODAA, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0%	None

Abstain (1):

DRO

Comments

MOMI: Yes, however it's worded; appropriate intensive services are absolutely needed to stench the flow of people who need commitment but instead get a bed under a bridge or a coffin.

OAHHS: The state should be accountable for ensuring appropriate placements are available. The CHOICE program should be improved. Some patients have multiple case managers with no movement because resources are not available. Funding should go to additional options for care and treatment.

OSSA: OSH should be funded for adequate capacity.

XVI. Outpatient Commitment

33. Amend statute to require peer support and wrap-around services for individuals on outpatient commitment

Recommendations Idea #: 44

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
3	21%	MOMI, OAHHS, OSSA

Require and fund OHA to ensure that evidence-based peer support and wrap-around services are available for individual on outpatient commitment

# Recommending	% Recommending	Entities Recommending
8	57%	AOC, OSH, OCDLA, OACMHP, MOMI, OAHHS, OJD, OSSA

Amend statute to require and fund peer support services to be offered to individuals on outpatient commitment.

# Recommending	% Recommending	Entities Recommending
8	57%	OHA, DRO, ODHS, MOMI, OAHHS, NAMI, OJD, OSSA

Amend statute to require and fund peer support and wrap-around services to be offered to individuals on outpatient commitment.

# Recommending	% Recommending	Entities Recommending
10	71%	OSH, OCDLA, DRO, MOMI, ODAA, OAHHS, NAMI, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0%	None

Abstain (1):

Tribes

Comments

Tribes: Wrap around is a youth in focused service, fidelity model and refers to two or more agencies working together to keep youth engaged in services needed OHA:

OHA: Peer services, if offered and accepted though never required, would be acceptable.

OSH: Should be both "available" and "offered"

ODAA: Cautious support based on funding issues.

OAHHS: Peer support services should be offered to an individual as an option and not a requirement. If this is mandated it is important that it is not an unfunded mandate.

34. Require OHA to amend its County Financial Assistance Agreements to require and fund CMHP outreach services for civilly committed individuals placed in outpatient treatment

Recommendations Idea #: 46

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	56%	OSH, MOMI, OAHHS, OJD, OSSA

OHA should amend its County Financial Assistance Agreements to fund CMHP outreach services for civilly committed individuals placed in outpatient treatment.

# Recommending	% Recommending	Entities Recommending
6	67%	OACMHP, MOMI, ODAA, OAHHS, OJD, OSSA

Amend statute to require OHA to fund CMHPs to provide outreach services for civilly committed individuals placed in outpatient treatment.

# Recommending	% Recommending	Entities Recommending
6	67%	MOMI, ODAA, OAHHS, OJD, CCO, OSSA

Amend statute to require OHA to provide outreach services for civilly committed individuals placed in outpatient treatment.

# Recommending	% Recommending	Entities Recommending
5	56%	AOC, OSH, MOMI, OAHHS, OJD

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0%	None

Abstain (6):

Tribes, OHA, OCDLA, DRO, ODHS, NAMI

Comments

Tribes: Does this need to be funded or can we amend to add "outreach activities to current structure" I didn't see that option?

OHA: Any person placed on outpatient commitment per ORS 426 should not be in need of outreach services, as they are required to be enrolled with a provider. Engagement services, which are different services, is covered by outpatient and intensive service coordination or case management. Since outpatient commitment is a product of a hearing, where a person has been engaged, outreach services are unnecessary.

OSH: Either "as written" or the option to centralize to OHA

MOMI: Outreach is key to long-term recovery.

35. Establish mechanisms to certify, monitor, and measure the performance of facilities where civilly committed individuals are placed to provide trauma-informed care

Recommendations Idea #: 47

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	50%	OCDLA, DRO, MOMI, NAMI, OJD, CCO, OSSA

Establish mechanisms to measure outcomes for civilly committed defendants and determine which facilities and types of facilities are most successful at promoting those outcomes.

# Recommending	% Recommending	Entities Recommending
5	36%	OSH, MOMI, ODAA, OJD, OSSA

Establish mechanisms and resources to support community-based facilities where civilly committed individuals are placed to meet the needs of this population.

# Recommending	% Recommending	Entities Recommending
6	43%	AOC, AOCMHP, ODHS, ODAA, OAHHS, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	7%	OHA

Abstain (1):

Comments

OHA: Consensus as a state as to what trauma-informed services are, and what they look like in varying and various settings would have to come first.

ODAA: Options two and three seem to get at different needs. additionally, there will need to be some discussion on what successful outcomes are.

OAHHS: We still have many questions. Significant oversight already applies to hospitals. This concept is not needed for community hospitals.

XVII. Changes in Placement

36. 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) (TOP 5 IDEAS OF CCO, OSSA)

Recommendations Idea #: 49

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	38%	ODHS, MOMI, OAHHS, OJD, OSSA

Require and fund 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) during the period of commitment.

# Recommending	% Recommending	Entities Recommending
6	46%	Tribes, AOC, MOMI, OAHHS, OJD, OSSA

Consistently with recommendations on residential treatment capacity in the recent Public Consulting Group report, require and fund 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) during the period of commitment.

# Recommending	% Recommending	Entities Recommending
11	85%	AOC, OSH, OCDLA, AOCMHP, MOMI, ODAA, OAHHS, NAMI, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (2):

OHA, DRO

Comments

OHA: These services exist with CCOs, CMHPs, community-based organizations and even with hospitals. to complete the continuum of care and of services, the focus should be, if anywhere, on transitions back up to higher levels of care upon unsuccessful episodes of care at lower-level care settings.

XVIII. Trial Visits

37. Revise statutes and rules to change the term “trial visits” to something that more clearly describes its function (e.g., less restrictive placement)

Recommendations Idea #: 50

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	54%	AOC, DRO, MOMI, OAHHS, NAMI, OJD, OSSA

Revise statutes and rules to change the term “trial visit” to “less restrictive placement.”

# Recommending	% Recommending	Entities Recommending
5	38%	Tribes, AOC, MOMI, OAHHS, OJD

Revise statutes and rules to:

- * change the term “trial visits” to something that more clearly describes its function,
- * clarify when a trial visit should be offered (rather than discharge), and
- * clarify remedies and opportunities to challenge a decision to place a civilly committed person on a trial visit.

# Recommending	% Recommending	Entities Recommending
11	85%	Tribes, OHA, OSH, OCDLA, DRO, MOMI, ODAA, OAHHS, NAMI, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	8%	ODHS

Abstain (2):

AOCMHP, CCO

Comments

OHA: Note: OSH to community inpatient does not require a TV and likely should not be happening per hospital licensing requirements. OSH is considering a higher level of care to community inpatient, but it is also a different kind of care and treatment; OSH is for more chronic, long-term needs and community inpatient is for acute needs and stabilization only, not longer term chronic needs or residential alternatives.

ODHS: Trial visit = test. Less Restrictive placement = a step down placement that is not a test

38. Amend statute to clarify the entity responsible for a civilly committed individual during a trial visit

Recommendations Idea #: 51

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
6	43%	DRO, ODHS, MOMI, OAHHS, OJD, OSSA

Amend statute or rules to clarify the roles of the treatment facility, OHA, and CMHPs in the county of commitment, county of placement, and county of individual's county of permanent residence.

# Recommending	% Recommending	Entities Recommending
13	93%	Tribes, AOC, OSH, OCDLA, DRO, AOCMHP, MOMI, ODA, OAHHS, NAMI, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (1)

OHA

Comments

OHA: This seems more a contract, program operations, provider network concern as statute is clear on who can initiate a TV, who must agree to it, what is required, who monitors (i.e. provides oversight), who establishes conditions, who can change them, the court's role, etc.

XIX. Medication

39. Require providers to include the individual under civil commitment as much as possible in developing treatment plans, including medication options

Recommendations Idea #: 55

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	50%	OCDLA, DRO, AOCMHP, MOMI, NAMI, OJD, OSSA

Require providers that are treating individuals on trial visits and outpatient commitment to include the individual under civil commitment as much as possible in developing treatment plans, including medication options.

# Recommending	% Recommending	Entities Recommending
9	64%	Tribes, AOC, OCDLA, DRO, ODHS, OAHHS, NAMI, OJD, OSSA

Educate providers that treat individuals in civil commitment placements on evidence-based practices for whole-person care when working with patients who lack insight into their conditions.

# Recommending	% Recommending	Entities Recommending
9	64%	AOC, OSH, OCDLA, MOMI, ODA, NAMI, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (1)

OHA

Comments

OHA: This is a contract issue rather than a statutory issue in that it is really training/performance expectations. the nature of unpredictable acuity and 'as much as possible'

stipulations don't lend to statutory obligations on this topic. Contractual guidance and support seems more appropriate.

AOC: Providers are already involving the patient as much as they see feasible. Therefore, greatest benefit may come from ensuring ongoing ready access to updates on *evidence-based* approaches to doing this.

ODAA: I fear some providers would take a requirement to involve the individual to mean no medication or treatment plan if the individual refuses to participate or lacks insight.

OAHHS: In hospitals, this is already occurring. If this idea does not apply to hospitals and is focused on settings outside of hospitals, we are open to considering the idea.

40. Require providers, when possible, to consider alternative treatment options when a committed individual has valid reasons not to want an ordered medication

Recommendations Idea #: 56

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
4	29%	OCDLA, DRO, OJD, OSSA

[Combine with Idea #39] Educate providers that treat individuals in civil commitment placements on evidence-based practices for whole-person care, such as motivational interviewing, working with patients who lack insight into their conditions, and collaborating with patients on the use of medications.

# Recommending	% Recommending	Entities Recommending
12	86%	Tribes, AOC, ODLA, AOCMHP, ODHS, MOMI, ODAA, OAHHS, NAMI, OJD, CCO, OSSA

Require providers to consider alternative treatment options when a committed individual does not want an ordered medication.

# Recommending	% Recommending	Entities Recommending
6	43%	OSH, OCDLA, DRO, NAMI, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (1)

OHA

Comments

OHA: The substance of this recommendation is needed; however, without a requirement to document attempts at engagement (and thus patient/client response), it becomes an unchecked and rogue statutory requirement.

OSH: This is already integrated into the informed consent processes at OSH and should be routine in any provider's informed consent process.

MOMI: The conflicts of CTC members are inherent in these choices of wording. The goal should be person-centered care whenever practicable, but in the status quo people who are severely disconnected from reality due to psychosis are given "self-determination" to remain unmedicated for treatable conditions and outcomes include fatalities. Under the guise of "person-centered care" and "ethics," doctors are giving up and abandoning extremely vulnerable patients to their own delusional decision-making. This denial of care is egregious, and my concern is that unthoughtful requirements to "educate providers" will lead to more of this professionally endorsed helplessness and more abandonment of medical responsibility. Done well, motivational interviewing and other evidence-based strategies to work with patients who lack insight can be effective--but sometimes not until medication has elicited a modicum of sanity.

ODAA: One aspect of civil commitment is stabilization, often through medication. Public safety overrides the person's liberty interest in these circumstances.

OAHHS: In hospitals, this is already occurring. If this idea does not apply to hospitals and is focused on settings outside of hospitals, we are open to considering the idea.

XX. Recertification for Continued Commitment

41. Require OJD to collect data on individuals who are recertified more than once to identify that population's unique needs

Recommendations Idea #: 57

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
3	23%	MOMI, OAHHS, OSSA

Require OJD to collect aggregate (anonymized) data on individuals who are recertified more than once to identify that population's unique needs.

# Recommending	% Recommending	Entities Recommending
12	92%	Tribes, AOC, OSH, OCDLA, DRO, MOMI, ODAA, OAHHS, NAMI, OJD, CCO, OSSA

Require OJD to collect aggregate (anonymized) data on individuals who are recertified more than once to develop better services and treatment for this population.

# Recommending	% Recommending	Entities Recommending
12	92%	Tribes, AOC, OSH, OCDLA, DRO, AOCMHP, MOMI, ODAA, OAHHS, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (2):

OHA, ODHS

Comments

OHA: 'Recertified' is not in statute, and as a function of civil commitment does not actually statutorily exist. it, somewhere along the way, got put into rule or community vocabulary of the program. the only civil commitment processes that are 'certified;' are what we call diversions and then commitments. a civil commitment is an order from a judge, not a certificate filed with the court. so, as written, this would be about people who get recommitted more than once on

the same civil commitment case number, and that would be a very, very tiny number of people. diversions can't be 'recertified' because that would essentially be a hearing postponement at that point, which statute already has direction for.

ODAA: I can't tell in this format if it should combine with another idea.

42. Amend statute to require court to appoint defense counsel as soon as possible in the recertification process (TOP 5 IDEAS OF OCDLA)

Recommendations Idea #: 59

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
8	67%	AOC, OCDLA, AOCMHP, ODHS, ODAA, OAHHS, OJD, OSSA

Combine with Idea #60 (see alternatives under Idea #60).

# Recommending	% Recommending	Entities Recommending
5	50%	Tribes, OSH, DRO, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (3):

OHA, MOMI, NAMI

Comments

OHA: Same as above: 'recertification' does not exist as used in civil commitment. for commitments, this is a reasonable recommendation.

OCDLA: Should clarify that the "recertification process" is when the CMHP seeks re-certification, not just when the person contests recertification.

43. Amend statute or rule to require that OHA notifies defense counsel and an ombudsperson when recertification is pursued (TOP 5 IDEAS OF DRO, OCDLA)

Recommendations Idea #: 60

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
6	50%	AOC, AOCMHP, ODHS, ODAA, OJD, CCO

Combine with Idea #59.

# Recommending	% Recommending	Entities Recommending
2	17%	DRO, OJD

Amend statute to require OHA to notify the court of intent to pursue recertification of commitment before the certification is served on the individual, and to require the court to initiate the recertification process by serving the individual and appointing defense counsel for financially eligible civilly committed individuals upon receipt of that notice.

# Recommending	% Recommending	Entities Recommending
5	42%	Tribes, OCDLA, DRO, MOMI, OJD

Amend statute to require OHA, rather than the placement facility, to file notices of recertification with the court.

# Recommending	% Recommending	Entities Recommending
1	8%	OJD

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
2	17%	OHA, OAHHS

Abstain (3):

OSH, NAMI, OSSA

Comments

OHA: (see previous two comments). In commitments, a facility director typically notifies the court via certificate of the need for hearing, and OHA is not generally involved (unless this is a reference to OSH, in which case that should be specified). If intended to be OHA, this is not reasonable considering process, and should be directed to OJD. Without additional funds for ombuds, cannot support this recommendation.

OSH: In light of the numerous comments, concerns, logistical points, and caveats by various stakeholders, further discussion/clarity needed to understand the pros/cons/feasibility of this idea.

DRO: Two things to add: - also appointing counsel for civilly committed individuals for whom eligibility cannot be determined. - notifies defense counsel, ombudsperson and state P&A authority.

OAHHS: It is unclear to us why OHA should be added to the process. It is our understanding that the counties currently provide notification to the court. Then the court notifies the defense counsel and ombudsperson.

XXI. Discharge and Dismissal

44. Require providers or treatment facility to include and involve individuals under civil commitment in discharge planning

Recommendations Idea #: 63

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
4	27%	OCDLA, MOMI, OJD, OSSA

Require providers and treatment facilities to provide an opportunity for individuals under civil commitment to be involved in their discharge planning.

# Recommending	% Recommending	Entities Recommending
11	73%	Tribes, AOC, OSH, DRO, ODHS, MOMI, ODAA, NAMI, OJD, CCO, OSSA

Require providers and treatment facilities to provide an opportunity for individuals under civil commitment to be involved in their discharge planning and request assistance from an ombudsperson or advocate.

# Recommending	% Recommending	Entities Recommending
9	60%	OSH, OCDLA, DRO, MOMI, ODAA, OAHHS, NAMI, OJD, OSSA

Require providers and treatment facilities to provide an opportunity for individuals under civil commitment, and the individual's guardian if one is appointed, to be involved in their discharge planning.

# Recommending	% Recommending	Entities Recommending
11	73%	Tribes, AOC, OSH, AOCMHP, MOMI, ODAA, OAHHS, NAMI, OJD, CCO, OSSA

Require providers to assess individuals under civil commitment for eligibility of all pertinent Medicaid programs prior to discharge, and advise the individual of that information during discharge planning.

# Recommending	% Recommending	Entities Recommending
11	73%	Tribes, OSH, OCDLA, DRO, MOMI, ODAA, OAHHS, NAMI, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	7%	OHA

Abstain (0)**Comments**

OHA: This is already required by way of person-centered planning in both the CMHP and residential provider contracts and/or rules. without funding for additional ombuds, cannot support this recommendation.

OSH: Opportunity for involvement in DC planning, including guardian and/or other advocate, is (and certainly should be if individual providers are not) standard practice. Unclear what the monitoring/enforcement would entail?

OAHHS: Hospitals already do this. There are times when a patient who is civilly committed will refuse all placements. There should be a solution to that. An ombudsman or advocate may be able to assist the patient under civil commitment with discharge planning.

45. 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 (TOP 5 IDEAS OF OAHHS)

Recommendations Idea #: 64

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
4	31%	MOMI, OAHHS, OJD, OSSA

Establish a state funding stream for long-term maintenance and intensive treatment options for individuals on dismissal of a civil commitment case.

# Recommending	% Recommending	Entities Recommending
7	54%	OSH, MOMI, ODAA, OAHHS, OJD, CO, OSSA

Enforce CCO contracts and increase funding for CMHPs to support long-term maintenance and intensive treatment options for individuals on dismissal of a civil commitment case.

# Recommending	% Recommending	Entities Recommending
10	77%	Tribes, OSH, AOCMHP, ODHS, MOMI, ODAA, OAHHS, NAMI, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
2	15%	OHA, AOC

Abstain (2):

OCDLA, DRO

Comments

OHA: To assume that all persons who are civilly committed will require the long-term involvement of safety net, government programs is inaccurate. this would lend to option 3 above, with enforcement of CCO contracts for those enrolled and for CMHPs for, presumably, those not enrolled and without other supports. however, the Choice contract would meet this identified need, which can be both the CMHP or a CCO. cannot support; would support more clarity in CMHP, CCO, and Choice contractor responsibilities.

OSH: One or the other.

OAHHS: We are unclear about which patient population this concept is about. What does enforce CCO contracts mean? Need more details about the funding streams and who would enforce it. Not all patients are enrolled in a CCO.

46. 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

Recommendations Idea #: 65

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
4	31%	MOMI, OAHHS, OJD, OSSA

Require CCOs and counties to allocate funds, provide, and prioritize voluntary continuing support services for all individuals who have been civilly committed following dismissal of the case, including robust community outreach, an accessible service network, and individualized treatment options.

# Recommending	% Recommending	Entities Recommending
7	54%	DRO, ODHS, MOMI, ODDA, OAHHS, OJD, OSS

Require CCOs to allocate funds, provide, and prioritize voluntary continuing support services for all individuals who have been civilly committed following dismissal of the case, including robust community outreach, an accessible service network, and individualized treatment options.

# Recommending	% Recommending	Entities Recommending
6	46%	MOMI, OAHSS, OJD, OSSA

State should adequately fund and enforce statutes, rules, and contracts that require CCOs and counties to allocate, provide, and prioritize voluntary continuing support services for all individuals who have been civilly committed following dismissal of the case, including robust community outreach, an accessible service network, and individualized treatment options.

# Recommending	% Recommending	Entities Recommending
9	69%	OSH, DRO, MOMI, ODAA, OAHHS, NAMI, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
2	15%	AOC, AOCMHP

Abstain (1)

OCDLA

Comments

OSH: Either Option

AOCMHP: CCO's and CMHP's have different roles so none of these statements are quite accurate.

MOMI: Those funds should also support AOT/Outpatient commitment as an involuntary outpatient alternative for individuals who cannot access voluntary services due to their symptoms of cognitive decline and anosognosia.

47. 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

Recommendations Idea #: 66

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	36%	OCDLA, DRO, AOCMHP, MOMI, OJD

Amend rules to designate which entity is required to re-enroll eligible individuals in the Oregon Health Plan following civil commitment at OSH to ensure that coverage is effective upon discharge.

# Recommending	% Recommending	Entities Recommending
9	64%	OHA, OSH, OCDLA, ODHS, MOMI, ODA, NAMI, OJD, OSSA

Require OSH to re-enroll eligible individuals in the Oregon Health Plan following civil commitment at OSH to ensure that coverage is effective upon discharge.

# Recommending	% Recommending	Entities Recommending
6	43%	AOC, OCDLA, MOMI, OAHH, CCO, OSSA

Require OSH to re-enroll eligible individuals in the Oregon Health Plan as part of discharge from civil commitment at OSH.

# Recommending	% Recommending	Entities Recommending
6	43%	AOC, OCDLA, MOMI, OAHH, NAMI, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (0)**Comments**

OSH: Benefit coordination unit already does this really well. Successful engagement with CMS will streamline this. Can reflect in rule.

MOMI: It's shocking that no one is held responsible for this.

48. Require state to fund support for non-Medicaid covered outreach services to individuals after dismissal of civil commitment case

Recommendations Idea #: 67

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	58%	AOC, AOCMHP, MOMI, OAHH, OJD, CCO, OSSA

State should adequately fund and assign an entity with responsibility to offer outreach services that are not covered by public or private insurance to individuals following dismissal of a civil commitment case.

# Recommending	% Recommending	Entities Recommending
7	58%	OSH, DRO, ODHS, MOMI, OAHH, OJD, OSSA

State should adequately fund and require CMHPs to offer outreach services that are not covered by public or private insurance to individuals following dismissal of a civil commitment case.

# Recommending	% Recommending	Entities Recommending
5	42%	DRO, MOMI, ODDA, OAHH, OSSA

State should adequately fund and require CMHPs to offer specified outreach services that are not covered by public or private insurance to individuals following dismissal of a civil commitment case.

# Recommending	% Recommending	Entities Recommending
5	42%	MOMI, OAHH, NAMI, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (2):

OHA, OCDLA

Comments

OHA: MHS 24 allows for stabilization and other supportive services for people with 2 or more civil commitments in their lifetime, or a recommitment ever. Other programs are available for outreach to vulnerable adults in questionable situations or circumstances, such as adult protective services. Support for inclusion of self-neglect as a possible allegation in community referrals for adults with SMI; currently not permitted. or at least start with self-neglect in low-support or no-support residential settings and those living independently. key here is to let people get treatment and then be independent. forever-funds for forever-outreach is unsustainable and unjust.

MOMI: Insurance blind outreach will save the state a ton of money in the long term.

49. Require OSH to notify the local CMHP when discharging an individual from civil commitment.

Recommendations Idea #: 68

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	64%	AOC, ODHA, MOMI, OAHH, OJD, CCO, OSSA

Require OHA to enforce the requirement in OAR 309-033-0330 to notify the CMHP director of the county of commitment 48 hours before discharging a person from a hospital, nonhospital or residential facility, or outpatient treatment.

# Recommending	% Recommending	Entities Recommending
7	64%	AOC, OSH, OCDLA, AOCMHP, MOMI, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	27%	OHA

Abstain (3):

DRO, ODAA, NAMI

Comments

OHA: The statute allowing OSH to discharge civil commitments independently is no longer functioning with the current system, and raised concerns around conflicts of interest especially since OSH became JCAHO-certified. that statute should be revisited; cannot support.

MOMI: For the love, yes, please, people, talk to each other so human beings don't fall through all the cracks in the system!

50. Require OHA or CMHPs to track and report community-based supports provided to individuals following discharge and dismissal of commitment cases

Recommendations Idea #: 69

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	50%	OCDLA, OACMHP, MOMI, OAHH, OJD

Require and adequately fund OHA to establish a system to track and report aggregate (anonymized) data to the public on community-based supports offered and provided to individuals following discharge and dismissal of civil commitment cases, including data from CCOs on Medicaid-covered support and from CMHPs on support not covered by Medicaid.

# Recommending	% Recommending	Entities Recommending
7	70%	AOC, OSH, DRO, ODHS, MOMI, ODDA, OJD

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (4):

OHA, NAMI, CCO, OSSA

Comments

OHA: This could be captured by hospitals for inpatient commitments that get discharged from hospital. this is already done for trial visits as documented in a conditions of placement. most individuals needing ongoing services would be reported on in other program areas (ACT, Choice, outpatient, ICM, or of course aid and assist, jail diversion, etc.). the substance of the recommendation is necessary, but it is in motion currently.

AOCMHP: If CMHPs are required to track and report community-based supports, funding is needed.

ODAA: I'm hesitant on supporting this as we want to know what services are available, but we wouldn't support a huge apparatus in order to gather and maintain this information.

51. Require OHA or CMHP to provide notice of discharge from commitment to the individual's legal counsel

Recommendations Idea #: 70

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	38%	OCDLA, AOCMHP, MOMI, OJD, OSSA

Require OHA or CMHP to provide notice of discharge from commitment to the individual's legal counsel if permitted by the individual.

# Recommending	% Recommending	Entities Recommending
5	38%	DRO, MOMI, ODAA, NAMI, OSSA

Require OHA or CMHP to provide notice of discharge from commitment to the individual's legal counsel for medically necessary communications and transition planning or if permitted by the individual.

# Recommending	% Recommending	Entities Recommending
4	31%	AOC, OSH, MOMI, OSSA

Require OHA or CMHP to provide notice of discharge from commitment to the individual's legal counsel of record in the civil commitment hearing if permitted by the individual.

# Recommending	% Recommending	Entities Recommending
5	38%	DRO, MOMI, NAMI, CCO, OSSA

Require OHA or CMHP to provide notice of discharge from commitment to the individual's legal counsel of record in the civil commitment hearing for medically necessary communications and transition planning or if permitted by the individual.

# Recommending	% Recommending	Entities Recommending
4	31%	AOC, ODHS, MOMI, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	8%	OHA

Abstain (1):

OAHH

Comments

OHA: OJD issues order of discharge for all civil commitments, per statute. OHA/CMHP only provide notice to the courts. This recommendation should be directed to OJD.

52. 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

Recommendations Idea #: 72

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
4	31%	MOMI, OAHH, OJD, OSSA

Adequately fund CMHPs to carry out duties prescribed in the CFAA to support individuals who have been subject to multiple notices of mental illness without a commitment.

# Recommending	% Recommending	Entities Recommending
10	77%	AOC, OSH, AOCMHP, MOMI, ODAA, OAHH, NAMI, OJD, CCO, OSSA

Adequately fund OHA to ensure appropriate outreach services are offered to individuals who have been subject to multiple notices of mental illness without a commitment, and related supports to their families and natural supports that can be offered without releasing protected information.

# Recommending	% Recommending	Entities Recommending
6	46%	OHA, AOC, OSH, MOMI, OJD, OSSA

Require CCOs to ensure that appropriate outreach services are offered to OHP-enrolled individuals who have been subject to multiple notices of mental illness without a commitment, and related supports to their families and natural supports that can be offered without releasing protected information.

# Recommending	% Recommending	Entities Recommending
9	69%	OHA, OSH, ODHS, MOMI, ODAA, OAHH, NAMI, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	8%	DRO

Abstain (1):

OCDLA

Comments

OSH: Any of above selections depending on whether locus of outreach funding/oversight is deemed most appropriate or feasible (OHA, CCO, CMHP, etc)

MOMI: However it's worded, yes, please yes!, outreach to very vulnerable people will improve outcomes and save so much state money!

53. Require OHA to collaborate with tribes before discharging a tribal member from commitment with adequate time to plan for care coordination

Recommendations Idea #: 73

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
6	46%	Tribes, AOC, AOCMHP, MOMI, OAHHS, OJD

If desired by civilly committed tribal member, require OHA to collaborate with tribes before discharging a tribal member from commitment with adequate time to plan for care coordination.

# Recommending	% Recommending	Entities Recommending
7	54%	AOC, OCDLA, DRO, ODHS, MOMI, OAHHS, OJD

If desired by civilly committed tribal member, require OHA and CMHPs to collaborate with tribes before discharging a tribal member from commitment with adequate time to plan for care coordination.

# Recommending	% Recommending	Entities Recommending
8	62%	OSH, OCDLA, DRO, MOMI, ODAA, OAHHS, OJD, CCO

If desired by civilly committed tribal member, require OHA to notify tribal mental health authority before discharging a tribal member from commitment with adequate time to plan for care coordination.

# Recommending	% Recommending	Entities Recommending
6	46%	AOCDLA, DRO, MOMI, OAHHS, OJD

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	8%	OHA

Abstain (2):
NAMI, OSSA

Comments

OHA: All individuals have rights under HIPAA, and those should be respected and followed, including for enrolled tribal members or others eligible for tribal behavioral health services. OAR 309-033-0940 was amended in 2023 to require CMHPs to collaborate with tribes during investigations. It is recommended to provide same amendment to CMHP rules to require CMHP: tribal collaboration during both care coordination and discharge efforts to the extent permitted by release of information. OHA does support continuing discussions with tribes around this identified interest area.

54. Require OHA or CMHP to provide all notices of discharge from commitment with enough time to coordinate care

Recommendations Idea #: 74

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	54%	AOCMHP, MOMI, OAHHS, NAMI, OJD, CCO, OSSA

Require OHA or CMHP to provide all notices of discharge from commitment with enough time to coordinate care and avoid slowing down the discharge process.

# Recommending	% Recommending	Entities Recommending
6	46%	Tribes, ODHS, ODAA, OHHS, OSSA

Require OHA, CMHPs, and hospitals to coordinate care before issuing a notice of discharge from civil commitment, and provide an opportunity for the individual to contest the discharge.

# Recommending	% Recommending	Entities Recommending
7	54%	Tribes, OCDLA, DRO, MOMI, NAMI, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	8%	AOC

Abstain (1):

OSH

Comments

OHA: 'Enough time to coordinate care' is a variable, unpredictable length of time and sets CMHPs and providers across the board up for failure.

OSH: Unclear how to reconcile defining "enough time to coordinate care" with the paucity of resources in community (e.g, discharge-ready patients sitting in hospital level care because housing and/or timely follow-up services unavailable or wait-listed).

OAHHS: Concept should be clarified to apply to Oregon State Hospital only.

55. Amend OHA contracts to specify who should be notified and when they should be notified of an individual's discharge from civil commitment

Recommendations Idea #: 75

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	45%	AOCMHP, MOMI, OAHHS, OJD, OSSA

Amend rules and OHA contracts with CMHPs to specify who should be notified and when they should be notified of an individual's discharge from civil commitment.

# Recommending	% Recommending	Entities Recommending
9	82%	Tribes, AOC, OSH, ODHS, MOMI, OAHHS, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	9%	OHA

Abstain (4):

OHA, ODAA, OAHHS

Comments

OHA: Ultimately, OJD discharges the civil commitment and this should be directed to OJD if supported.

ODAA: Not enough information on the change sought.

OAHHS: This concept is not clear. What is the role of OHA contracts in accomplishing this objective? Should OHA be making the notifications or the counties?

XXII. Data Sharing and Confidentiality (Case Management)

56. 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

Recommendations Idea #: 77

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
8	57%	AOC, AOCMHP, ODHS, MOMI, OAHHS, NAMI, OJD, OSSA

Establish or expand mandatory training on HIPAA to civil commitment investigators and treatment teams that is provided by legal professionals and includes balanced information on what can and cannot be shared under current law.

# Recommending	% Recommending	Entities Recommending
11	79%	Tribes, OSH, OCDLA, DRO, MOMI, ODA, OAHHS, OJD, CCO, OSSA

Amend statute or rules to establish what information and with whom that civil commitment investigators and treatment teams can share consistently with HIPAA.

# Recommending	% Recommending	Entities Recommending
4	29%	AOC, OCDLA, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (1)

OHA

Comments

OHA: The issue is not with investigators wanting to access info; it is with providers fulfilling the request. explicit language in provider contracts around records/info release pursuant to ORS 426 statutes is more appropriate to meet need/fill the gap identified.

OSH: This type of education should likely also include facility Health Information/Records Depts since most treatment teams/providers are instructed to refer all requests through the facility's formal request processes.

ODAA: This work should be provided by county counsel.

OAHHS: This idea is focused on training. Would training solve the problem? Does the idea include changing Oregon law to adjust the standard of what can be shared and who can receive the information? Federal law will also apply.

57. Establish a statewide system for tracking civil commitment to improve data sharing and standardization of care across counties

Recommendations Idea #: 79

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
13	93%	Tribes, AOC, OSH, OCDLA, AOCMHP, ODHS, MOMI, ODAA, OAHHS, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	7 %	DRO

Abstain (1)

NAMI

Comments

OHA: A centralized system for investigations and reports would likely fulfill this recommendation as well (see #10 on this survey).

58. Explore use of psychiatric advance directives to facilitate needed information exchange and storage

Recommendations Idea #: 80

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	54%	AOC, DRO, MOMI, OAHHS, NAMI, OJD, CCO

Explore the use of psychiatric advance directives to increase the voices and power of individuals with lived experience.

# Recommending	% Recommending	Entities Recommending
9	69%	OHA, AOC, OSH, DRO, AOCMHP, ODHS, MOMI, OAHHS, OJD

Explore use of psychiatric advance directives to have a viable, durable role under circumstances that could otherwise result in civil commitment.

# Recommending	% Recommending	Entities Recommending
8	62%	OHA, AOC, OCDLA, DRO, ODAA, OAHHS, NAMI, OJD

Explore use of psychiatric advance directives as a way to reduce the need for civil commitment.

# Recommending	% Recommending	Entities Recommending
8	62%	OHA, AOC, OCDLA, DRO, ODAA, OAHHS, NAMI, OJD

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (2)

Tribes, OSSA

Comments

OHA: Also amend standards for certified hospitals with appropriate and applicable processes/practices to honor and enact DMHTs (start with certified, but really all of them)

OSH: Legal durability questionable in the classic sense of advance directive - but worth exploring concept of establishing a record of patient's preferred plan of care that may have potential to inform team of more individualized, patient-centered approaches.

MOMI: A PAD can enable ongoing stability and reduce the need for commitment, but it can also enable a commitment EARLIER in a period of decompensation to reduce the length of stay and get a person back on track more effectively. The goal should be to make care more personalized, not to eliminate part of the care continuum that might be needed.

ODAA: Psychiatric advance directives will need a separate and robust discussion to be effective.

XXIII. Data Collection, Analysis, and Reporting (Policy)

59. Collect and analyze socioeconomic data about individuals in the civil commitment process

Recommendations Idea #: 83

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
4	31%	Tribes, MOMI, OAHHS, NAMI

Collect and analyze aggregate (anonymized) socioeconomic data about individuals in the civil commitment process.

# Recommending	% Recommending	Entities Recommending
7	54%	AOC, DRO, MOMI, OAHHS, NAMI, OJD, CCO

Collect and analyze aggregate (anonymized) socioeconomic data about individuals in the civil commitment process to identify disparate outcomes or other patterns that may inform system improvement.

# Recommending	% Recommending	Entities Recommending
10	77%	AOC, OSH, OCDLA, DRO, AOCMHP, ODHS, MOMI, OAHHS, NAMI, OJD

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	8%	ODAA

Abstain (1):

OSSA

Comments

ODAA: I'm not sure we learn much from this and it creates an administrative burden when focus should be on meetings the needs of the individual and community.

OAHHS: MOTS already exists. We request that additional and better data analysis occur.

60. 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

Recommendations Idea #: 84

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
4	27%	MOMI, OAHHS, OJD, CCO

Collect and analyze aggregate (anonymized) data that is subsequently made available to the public 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, the reasons for the repeat engagements, and the number of individuals who have also been involved in the aid & assist system.

# Recommending	% Recommending	Entities Recommending
8	53%	Tribes, OSH, DRO, MOMI, OAHHS, NAMI, OJD, OSSA

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, the reasons for the repeat engagements, and the number of individuals who have also been involved in the aid & assist system.

# Recommending	% Recommending	Entities Recommending
10	67%	Tribes, AOC, OCDLA, MOMI, ODAA, OAHHS, NAMI, OJD, CCO, OSSA

Collect and analyze data on individuals who have engaged in the civil commitment process more than once to identify patterns that may inform system improvement; include 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, the reasons for the repeat engagements.

# Recommending	% Recommending	Entities Recommending
10	67%	Tribes, OHA, AOC, AOCMHP, MOMI, ODAA, OAHHS, NAMI, OJD, OSSA

Analyze existing data and collect additional data as needed about individuals who have engaged in the civil commitment process more than once to determine 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.

# Recommending	% Recommending	Entities Recommending
9	60%	Tribes, OHA, AOC, ODHS, MOMI, OAHHS, NAMI, OJD, OSSA

Cannot recommend any of the above

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (0)

Comments

OHA: The data is available, the tracking is insufficient. this could also be solved by training ER providers how to use Z-codes and then requiring them for all ED encounters regardless of population. how do we get to know our communities without Z-codes in a sterile world? we don't. so require it.

OCDLA: I would support the other two options on this list if they also included people involved in the .370 system.

OAHHS: MOTS already exists. We request that additional and better data analysis occur.

61. 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 (TOP 5 IDEAS OF ODHS)

Recommendations Idea #: 86

Recommend this idea as currently drafted :

# Recommending	% Recommending	Entities Recommending
6	46%	Tribes, AOC, MOMI, OJD, CCO, OSSA

Collect and analyze aggregate (anonymized) quantitative and qualitative data that is subsequently made available to the public 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.

# Recommending	% Recommending	Entities Recommending
6	46%	OSH, OCDLA, DRO, MOMI, OJD, OSSA

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, to identify patterns that may inform system improvement.

# Recommending	% Recommending	Entities Recommending
9	69%	AOC, OCDLA, AOCMHP, ODHS, MOMI, ODAA, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	8%	OHA

Abstain (2):

OAHHS, NAMI

Comments

OHA: 427 commitments do not statutorily start with NMIs, so this will never be perfectly collected data if supported. also of great importance are the narratives from circumstances that

go unfiled by family and providers due to not knowing the system or the system tossing them out at some confusing juncture (probably more info here than by the ones filed). broader language is needed to include developmental disabilities (not captured in 427 commitments as it is only intellectual disabilities), medically related cognitive impairments (Huntington's, ALS, etc.), incidence of violence and police engagement in APD homes and facilities (from LEDS and CAM reports presumably) ... lots more here that this recommendation leaves neglected.

OAHHS: MOTS already exists. We request that additional and better data analysis occur.

62. Collect data to compare and report the types, quantity, and outcomes of treatment and services provided by counties to civilly committed individuals

Recommendations Idea #: 87

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	50%	AOC, ODHS, MOMI, OAHHS, OJD, CCO, OSSA

Use existing data and collect additional data as needed data to compare and report the types, quantity, and outcomes of treatment and services provided by counties to civilly committed individuals.

# Recommending	% Recommending	Entities Recommending
7	50%	AOC, OCDLA, MOMI, ODAA, NAMI, OJD, OSSA

Collect data to compare and report the types, quantity, and outcomes of treatment and services provided by counties to civilly committed individuals to identify and fill in treatment gaps in local communities.

# Recommending	% Recommending	Entities Recommending
7	50%	AOC, OSH, OCDLA, AOCMHP, MOMI, OJD, OSSA

Collect aggregate (anonymized) data that is subsequently made available to the public to compare and report the types, quantity, and outcomes of treatment and services provided by counties to civilly committed individuals.

# Recommending	% Recommending	Entities Recommending
7	50%	AOC, OSH, OCDLA, DRO, MOMI, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	7%	OHA

Abstain (1):

Tribes

Comments

OHA: Most 'treatment and services' to people on civil commitment are provided in hospitals and licensed facilities. without robust support and motivated expansion of community-based options (trial visit, outpatient commitment, AOT), CMHPs do not have the data this recommendation is hoping to find.

OAHHS: MOTS already exists. We request that additional and better data analysis occur.

63. Research civil commitment systems in other states and other parts of the world

Recommendations Idea #: 88

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
6	46%	AOC, DRO, MOMI, OAHHS, OJD, OSSA

Require existing and continued research on civil commitment systems in other states and other parts of the world to include data collection performed in a transparent manner and made publicly accessible for shared use.

# Recommending	% Recommending	Entities Recommending
5	38%	AOC, OSH, DRO, MOMI, OSSA

Research civil commitment systems in other states and other parts of the world to identify approaches that may inform system improvement in Oregon.

# Recommending	% Recommending	Entities Recommending
12	92%	Tribes, OHA, AOC, OCDLA, DRO, AOCMHP, MOMI, ODAA, OAHSS, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (2):

ODHS, NAMI

Comments

None

64. 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

Recommendations Idea #: 89

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
2	18%	MOMI, OJD

Analyze CCO claims data as a one-time exercise and updates on some regular cycle to determine if individuals with co-occurring mental illness and intellectual disabilities are placed in emergency departments for longer than average period of time.

# Recommending	% Recommending	Entities Recommending
4	36%	Tribes, MOMI, ODAA, OJD

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, and make aggregate (anonymized) data available to the public.

# Recommending	% Recommending	Entities Recommending
6	55%	Tribes, AOC, DRO, ODHS, MOMI, OJD

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, and if so, utilize the data to identify, fund, and fill in treatment and service gaps in local communities.

# Recommending	% Recommending	Entities Recommending
7	64%	Tribes, OHA, AOC, AOCMHP, MOMI, OJD, CCO

Ensure necessary data collection codes are available to identify individuals with intellectual disabilities in CCO claims, and 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.

# Recommending	% Recommending	Entities Recommending
4	36%	OHA, AOC, MOMI, OJ

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	9%	OAHHS

Abstain (4):

OSH, OCDLA, NAMI, OSSA

Comments

MOMI: Yes, collect and analyze the data--do all the things!

OAHHS: What would be the objective? Hospitals are advocating for Oregon to build a better continuum of care so that individuals can access care in locations other than emergency departments and be discharged from hospitals to appropriate treatment locations.

XXIV. Rights of Individuals in Civil Commitment System

65. Require Oregon Public Defense Services to educate defense lawyers on effective representative of person with mental illness who do not want to be committed

Recommendations Idea #: 90

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	47%	AOC, DRO, AOCMHP, ODHS, OAHHS, CCO, OSSA

Require Oregon Public Defense Services to create a training requirement and curriculum for defense lawyers to be completed before appointment to a civil commitment case on effective representative of person with mental illness who does not want to be committed.

# Recommending	% Recommending	Entities Recommending
6	40%	Tribes, OHA, AOC, ODLA, OAHHS, OSSA

Provide training to defense lawyers on effective representative of person with mental illness who does not want to be committed.

# Recommending	% Recommending	Entities Recommending
7	47%	Tribes, OHA, AOC, OSH, NAMI, OJD, OSSA

The Oregon State Bar should offer a training for public defense lawyers on how to incorporate the principles of procedural justice into representation that includes education on effective representation of a person with mental illness who does not want to be committed.

# Recommending	% Recommending	Entities Recommending
8	53%	Tribes, OHA, AOC, MOMI, ODAA, OAHHS, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (0)**Comments**

MOMI: And training ABOUT mental illness so these attorneys understand psychosis, anosognosia, state-dependent memories, and other aspects of the illnesses that make their clients confusing to work for and that make it hard to tell what you are "defending" in terms of civil versus human rights.

66. Amend rules to establish a process that supports individuals and families to access advocates, including patient advocacy organizations, legal advocates, and peers

Recommendations Idea #: 93

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	58%	AOC, AOCMHP, ODHS, MOMI, OAHHS, OJD, OSSA

Amend rules to establish a process that supports individuals to access advocates, including patient advocacy organizations, legal advocates, and peers.

# Recommending	% Recommending	Entities Recommending
8	67%	AOC, OSH, DRO, MOMI, ODAA, OAHHS, OJD, OSSA

Require OHA to amend rules to establish a process that supports individuals to access advocates, including patient advocacy organizations, legal advocates, and peers.

# Recommending	% Recommending	Entities Recommending
7	58%	Tribes, OCDLA, DRO, MOMI, OAHHS, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (3):

OHA, NAMI, CCO

Comments

OHA: Hospitals and providers are the better conduits for these links and connections; this seems like a contract/performance concern rather than rule or statute.

XXV. Funding System

67. Amend statute to require state agencies and counties to track and report the use and outcomes of designated behavioral health funding

Recommendations Idea #: 94

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	64%	OHA, DRO, ODHS, MOMI, ODAA, OAHHS, OJD

Amend statute to require state agencies to track and report the use and outcomes of designated behavioral health funding.

# Recommending	% Recommending	Entities Recommending
6	55%	AOC, OSH, MOMI, OAHHS, OJD, CCO

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	9%	AOCMHP

Abstain (4):

Tribes, OCDLA, NAMI, OSSA

Comments

AOCMHP: This can be done through contract

68. 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

Recommendations Idea #: 95

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	45%	AOC, MOMI, OAHHS, OJD, OSSA

Create a funding structure for civil commitment that incentivizes communities to apply best practices and evidence-based interventions for all individuals involved in the civil commitment system, including an outreach component.

# Recommending	% Recommending	Entities Recommending
9	82%	AOC, OSH, ODHS, MOMI, ODAA, OAHHS, OJD, CCO, OSSA

Create a funding structure for civil commitment that incentivizes ways to support people effectively in their communities.

# Recommending	% Recommending	Entities Recommending
5	45%	AOC, AOCMHP, OAHHS, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	9%	DRO

Abstain (4):

Tribes, OHA, OCDLA, NAMI

Comments

OHA: AOT for criminal-legal diversion is a process already available to communities via the courts and CMHP collaborations. provide incentives to LPSCCs to standup, coordinate, mediate between DAs and communities. if primary concern is criminal-legal involvement, these funds should be directed to/coming from OJD, CJC, DOC, etc

69. Research creative ways that other states have used Medicaid for housing and other needs of civilly committed individuals

Recommendations Idea #: 96

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
6	46%	OHA, MOMI, AOC, OAHHS, OJD, OSSA

Research creative ways that other states have funded housing and other needs of civilly committed individuals.

# Recommending	% Recommending	Entities Recommending
12	92%	Tribes, AOC, OSH, DRO, AOCMHP, ODHS, MOMI, ODAA, OAHHS, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (2):

OCDLA, NAMI

Comments

ODHS: HCBS through Medicaid are voluntary and based on choice. Civil commitment removes the voluntary and choice aspect of where they live and what services they receive

XXVI. Transportation

70. 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

Recommendations Idea #: 97

Recommend this idea as currently drafted.:

# Recommending	% Recommending	Entities Recommending
7	58%	AOC, DRO, MOMI, ODAA, OAHHS, OJD, OSSA

Clarify in statute or rule who is responsible to pay for secure transport of individuals in the civil commitment process, including the clarification that the individual being transported cannot be charged for the cost, and the amount of reasonable compensation for that service.

# Recommending	% Recommending	Entities Recommending
8	67%	Tribes, AOC, OSH, DRO, MOMI, NAMI, OJD, OSSA

Clarify in statute that the state via OHA is responsible for all costs for someone who is civilly committed to state care, including transportation, whether directly or through the County Financial Assistance Agreement.

# Recommending	% Recommending	Entities Recommending
9	75%	Tribes, AOC, DRO, MOMI, OAHHS, NAMI, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	8%	OHA

Abstain (3)

OCDLA, AOCMHP, ODHS

Comments

OHA: Statute and rule exist that direct the county of custody to pay for secure transport for the episode of custody of concern. NEMT can be used for Medicaid-enrolled individuals if private

orgs. or deputies decline. providing reasonable range of rates in places similar to Oregon, socioeconomically including geography, could be appropriate for providers outside typical reimbursement rate contracting or negotiations.

AOCMHP: This recommendation seems too specific for either statute or rule.

ODHS: It is unclear what the transportation is for. Where and for what

XXVII. Liability

71. Assess the types and level of concern about different areas of liability in the civil commitment system

Recommendations Idea #: 98

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
7	58%	AOC, OCDLA, MOMI, OAHHS, OJD, CCO, OSSA

Explore concerns of treatment and service providers regarding their potential legal liabilities as participants in the civil commitment system.

# Recommending	% Recommending	Entities Recommending
9	75%	OHA, AOC, OSH, AOCMHP, MOMI, ODAA, OAHHS, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	8%	ODHS

Abstain (3):

Tribes, DRO, NAMI

Comments

ODAA: The liability protections for my organization and our law enforcement partners seems adequate. I am reluctant to have my organization engage in a wide ranging liability discussion with other participants.

72. 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

Recommendations Idea #: 99

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
4	33%	DRO, MOMI, OJD, OSSA

Require institutions caring for individuals under civil commitment to hold regular morbidity conferences, make the aggregate (anonymized) data public information, and encourage learning from mistakes.

# Recommending	% Recommending	Entities Recommending
6	50%	Tribes, AOC, OCDLA, DRO, MOMI, OJD

Require institutions caring for individuals under civil commitment to hold regular morbidity conferences to learn from mistakes with assurances that the information will be confidential and cannot be used to establish liability.

# Recommending	% Recommending	Entities Recommending
10	83%	Tribes, AOC, OSH, OCDLA, AOCMHP, ODHS, MOMI, ODAA, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	8%	OAHHS

Abstain (3):

OHA, NAMI, CCO

Comments

OHA: All facility deaths are reported via MH APS, including those at OSH, and are screened and then investigated as indicated/appropriate. this is already in motion.

OAHHS: We are not recommending this concept at this time as currently drafted. Hospitals already review cases to learn from them and have processes that are followed to do so. There is already robust regulatory oversight on this issue in hospitals.

XXVIII. Provider Safety

73. Provide training and education on vicarious trauma to staff of residential treatment facilities, acute hospitals, and OSH

Recommendations Idea #: 100

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
4	31%	AOC, DRO, MOMI, OJD

State should collaborate with counties to develop a statewide training and education curriculum on vicarious trauma for staff of residential treatment facilities, acute hospitals, and OSH.

# Recommending	% Recommending	Entities Recommending
7	54%	OHA, OSH, OCDLA, DRO, MOMI, OAHHS, OJD

Require training and education on vicarious trauma to be part of the certification/licensing process for residential treatment facilities, acute hospitals, and OSH.

# Recommending	% Recommending	Entities Recommending
6	46%	AOC, OCDLA, DRO, MOMI, ODAA, OJD

[Combine with Idea #74] Require residential treatment facilities, acute hospitals, and OSH to train to staff on vicarious trauma and provide situational training to recognize when a situation is becoming unsafe.

# Recommending	% Recommending	Entities Recommending
9	69%	Tribes, AOC, OCDLA, DRO, AOCMHP, ODHS, MOMI, OJD, CCO

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (2):

NAMI, OSSA

Comments

OHA: Contract/performance issue

74. Require residential treatment facilities, acute hospitals, and OSH to provide situational training for staff to recognize when a situation is becoming unsafe

Recommendations Idea #: 101

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
12	92%	AOC, OSH, OCDLA, DRO, AOCMHP, ODHS, MOMI, ODAA, OAHHS, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	8%	OHA

Abstain (2):

Tribes, NAMI

Comments

OHA: Contract/performance issue

XXIX. Collaboration with Oregon Tribes

75. Require the state to seek input from tribal governments and treatment providers on the civil commitment system, including AOT

Recommendations Idea #: 103

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
14	100%	Tribes, OHA, AOC, OSH, OCDLA, DRO, AOCMHP, ODHS, MOMI, ODAA, OAHHS, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (1):

NAMI

Comments

None

76. 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

Recommendations Idea #: 104

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
8	62%	Tribes, AOC, AOCMHP, ODHS, MOMI, OAHHS, OJD, OSSA

Amend statute to require OHA and OJD, upon the consent of a tribal member who is subject to civil commitment proceedings and with sufficient privacy protections, to consult with the individual's tribe to ensure compliance with relevant laws and coordination of resources.

# Recommending	% Recommending	Entities Recommending
10	77%	AOC, OSH, OCDLA, DRO, MOMI, ODAA, OAHHS, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (2):

OHA, NAMI

Comments

OHA: OAR 309-033-0940 already requires CMHPs to do this in course of investigations.

ODHS: It should be recognized that we can require OHA and OJD to ask for consultation but nothing requires a tribe to respond with consultation. suggest editing the language

77. 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

Recommendations Idea #: 106

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	50%	AOCMHP, MOMI, ODAA, OAHHS, OJD

Amend rules to require CMHP directors, upon consent of a tribal member who is subject to civil commitment proceedings, to consult with the individual's tribe to improve compliance with existing rules concerning collaboration and information-sharing with tribes.

# Recommending	% Recommending	Entities Recommending
6	60%	OCDLA, DRO, MOMI, OAHHS, OJD, CCO

Amend rules to require a designated state agency, upon consent of a tribal member who is subject to civil commitment proceedings, to consult with the individual's tribe to improve compliance with existing rules concerning collaboration and information-sharing with tribes.

# Recommending	% Recommending	Entities Recommending
7	70%	AOC, OSH, OCDLA, DRO, MOMI, OAHHS, OJD

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (4):

OHA, ODHS, NAMI, OSSA

Comments

OHA: This should be a practice between CMHPs and tribal behavioral health organizations whether enrolled members are subject to proceedings or not.

ODHS: Recommend state agencies begin working on ways to engage the tribes

78. Amend rules to allow tribes to participate in civil commitment proceedings involving tribal members, similar to a child welfare case

Recommendations Idea #: 107

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	42%	AOCMHP, ODHHS, MOMI, OJD, OSSA

Amend rules to allow tribes to participate in civil commitment proceedings involving tribal members, similar to a child welfare case, except only upon request or consent of the individual.

# Recommending	% Recommending	Entities Recommending
8	67%	Tribes, AOC, OCDLA, DRO, MOMI, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
2	17%	OHA, OSH

Abstain (3):

OSH, OAHHS, NAMI

Comments

OHA: This recommendation can be interpreted to equate being subject to civil commitment to being a child. the overall intent of ICWA is quite different than the mental health treatment of an adult with adult rights, privileges, and expectations.

OSH: Unclear on "child welfare case" analogy and why an adult tribal member's process/protections are being aligned with this layer of infringement vs that of a non-tribal adult's process/protections.

XXX. Equity

79. 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

Recommendations Idea #: 108

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	36%	AOC, OCDLA, MOMI, OAHHS, OJD

State should partner with CIT Center of Excellent at DPSST to establish standards and provide training for law enforcement and other first responders on where to take a person who is experiencing a mental health crisis.

# Recommending	% Recommending	Entities Recommending
10	71%	AOC, OSH, AOCMHP, ODHS, MOMI, ODAA, OAHHS, NAMI, OJD, CCO

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 and specifying that a mental health response should be the primary (and first) option for first responders, not law enforcement.

# Recommending	% Recommending	Entities Recommending
7	50%	AOCDLA, DRO, MOMI, OAHHS, NAMI, OJD

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
2	14%	OHA, OSSA

Abstain (1)

Tribes

Comments

OHA: This is in motion via partnership with DPSST and with GOBHI. the concern brought fore here is an issue of contract and performance which can be addressed via those contracts and relationships.

OCDLA: I'm not sure what "not law enforcement" means in this sentence since law enforcement is included in "establishing standards and training for law enforcement" earlier. I'm agreeing to this understanding the standards and training apply to law enforcement as well as other first responders.

CCO: CITCOE is Excellence not Excellent

OSSA: This is difficult to accomplish because each region will have different resources available to them. Considerable time and effort is already afforded to CIT training now as well as trauma informed care.

80. 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)

Recommendations Idea #: 109

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
10	77%	AOC, OCDLA, DRO, AOCMHP, MOMI, ODA, OAHHS, OJD, CCO, OSSA

State should collaborate with behavioral health entities and organizations to 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).

# Recommending	% Recommending	Entities Recommending
9	69%	Tribes, AOC, OSH, OCDLA, DRO, MOMI, OAHHS, OJD, OSSA

Add to behavioral health provider licensing/certification requirements that providers must participate in training on issues that may contribute to racial and ethnic disparities among individuals who are civilly committed (e.g., risk of dangerousness assessments).

# Recommending	% Recommending	Entities Recommending
7	54%	Tribes, AOC, OCDLA, DRO, ODHS, MOMI, OJD

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (2):

OHA, NAMI

Comments

OHA: Contract/performance issue related to qualifications, expectations, and performance.

81. 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

Recommendations Idea #: 110

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
8	62%	AOC, OCDLA, MOMI, ODAA, OAHHS, OJD, CCO, OSSA

State should address inequities in the civil commitment system (e.g., based on geographic and demographic needs assessment data) by providing more funding and training to areas that lack the staffing and resources necessary to provide needed care.

# Recommending	% Recommending	Entities Recommending
10	77%	Tribes, AOC, OSH, OCDLA, DRO, AOCMHP, MOMI, OAHHS, OJD, OSSA

State should address geographical inequities in resources available for civilly committed individuals by providing more funding and training in rural and frontier areas that lack the staffing and resources necessary to provide needed care.

# Recommending	% Recommending	Entities Recommending
8	62%	Tribes, AOC, OCDLA, MOMI, OAHHS, NAMI, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (1):

ODHS

Comments

AOCMHP: Every county needs more funding for civil commitment services, whether large or small.

ODHS: There was a prior question asking for a study on geographic anomalies and inequities. Seems that's needed first. Before addressing these inequities with funding, seems like we need to know what the problems are.

82. 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

Recommendations Idea #: 111

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
4	36%	AOC, MOMI, OAHHS, CCO

Amend statute to require OHA and OJD to track demographic data of individuals in the civil commitment system to assess and address disparities by race, ethnicity, sexual orientation, gender identity, or cultural characteristics.

# Recommending	% Recommending	Entities Recommending
5	45%	Tribes, AOC, AOCMHP, MOMI, OJD

Amend statute to require and adequately fund OHA and OJD to track demographic data of individuals in the civil commitment system to assess and address disparities by race, ethnicity, sexual orientation, gender identity, or cultural characteristics.

# Recommending	% Recommending	Entities Recommending
4	36%	AOC, OSH, MOMI, OJD

Amend statute to require OHA and OJD to track and subsequently make available to the public aggregate (anonymized) demographic data of individuals in the civil commitment system to assess disparities by race, ethnicity, sexual orientation, gender identity, or cultural characteristics.

# Recommending	% Recommending	Entities Recommending
5	45%	OSH, OCDLA, DRO, MOMI, OJD

Amend statute to require OHA, OJD, CMHPs, and providers to track demographic data of individuals in the civil commitment system to assess disparities by race, ethnicity, sexual orientation, gender identity, or cultural characteristics.

# Recommending	% Recommending	Entities Recommending
3	27%	ODHS, MOMI, OJD

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (4):

OHA, ODAA, NAMI, OSSA

Comments

OHA: This is already done and REAL/SOGI requirements soon-to-integrate will address this.

OSH: Require, adequately fund, and de-identify to make publicly available

MOMI: I support whoever added "and make available to the public aggregate (anonymized) demographic data" to all of these initiatives related to data collection and analysis--yes please.

ODAA: Again, this level of data tracking is supported but not at the expense of actually providing beds and services

OAHHS: MOTS already exists. We request that additional and better data analysis occur.

83. Amend statute to require bias and implicit bias training for all professionals working with the civil commitment population

Recommendations Idea #: 112

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
5	38%	Tribes, AOC, MOMI, OAHHS, OJD

Amend rules to require bias and implicit bias training for all professionals working with the civil commitment population.

# Recommending	% Recommending	Entities Recommending
5	38%	AOC, DRO, MOMI, OJD, CCO

Amend statute to require outcomes-focused, evidence-based bias and implicit bias training for all professionals working with the civil commitment population.

# Recommending	% Recommending	Entities Recommending
4	31%	AOC, MOMI, OAHHS, OJD

Amend rules to require outcomes-focused, evidence-based bias and implicit bias training for all professionals working with the civil commitment population.

# Recommending	% Recommending	Entities Recommending
8	62%	AOC, OSH, OCDLA, DRO, AOCMHP, ODHS, MOMI, OJD

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
2	15%	OHA, ODAA

Abstain (2):

NAMI, OSSA

Comments

OHA: This is not a need specific to civil commitment and should be addressed in provider contracts.

ODAA: All professionals working with the civil commitment population is a huge field of individuals and would be a logistical nightmare to implement this as a requirement.

XXXI. Psychiatric Advance Directives

84. 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 (TOP 5 IDEAS OF DRO)

Recommendations Idea #: 115

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
8	62%	AOC, OCDLA, DRO, AOCMHP, OAHHS, OJD, CCO, OSSA

Require OHA to promote the use of psychiatric advance directives and establish rules around revocation to avoid the need for civil commitment when an individual experiences a mental health crisis.

# Recommending	% Recommending	Entities Recommending
8	62%	AOC, OCDLA, DRO, ODHS, OAHHS, NAMI, OJD, OSSA

Require OHA to promote the use of psychiatric advance directives and establish rules around revocation to avoid the need for civil commitment when an individual experiences a mental health crisis.

# Recommending	% Recommending	Entities Recommending
7	54%	AOC, OCDLA, DRO, OAHHS, NAMI, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
3	23%	OHA, MOMI, ODAA

Abstain (2):

Tribes, OSH

Comments

OHA: OAR 309-033-0220(3) already recommends this; requires CMHP directors to educate and offer DMHTs to civil commitment clients. Unclear what this revocation is referring to (in ORS 426 or in ORS 127).

AOC: 2 and 3 looked identical, so I chose both.

OSH: Requires much more extensive discussion given legal complexity of situation and challenges of a psychiatric advance directive. Unsure if advance directive is most viable pathway but ultimate goal of having tools in place to increase patient's voice and inform team of an individual's preferences and tailoring care where possible is important objective.

ODHS: selection #2 and #3 appear the exact same above.

MOMI: I do not support the weaponizing of a PAD as a way to circumvent a commitment system intended to save lives and stop the system's status quo of neglect and abandonment.

ODAA: The psychiatric advance directive needs statutory modification in order to be an effective tool. Without it, it's wasted time and paper.

XXXII. Guardianships

85. Increase state funding for public guardian services for people who need long-term support options due to a behavioral health condition (TOP 5 IDEAS OF AOC, OSH)

Recommendations Idea #: 116

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
13	93%	Tribes, AOC, OSH, OCDLA, AOCMHP, ODHS, MOMI, ODAA, OAHHS, NAMI, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	7%	DRO

Abstain (0)

Comments

OHA: Wording as is with additional note for specialized unit of public guardians with background as a behavioral health clinician.

XXXIII. Commitment of Individuals with Intellectual Disability

86. Require state to develop or provide access to specialized treatment programs for individuals committed for intellectual disabilities (TOP 5 IDEAS OF ODHS)

Recommendations Idea #: 118

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
9	64%	AOC, OCDLA, AOCMHP, ODHS, MOMI, ODAA, OAHHS, OJD, OSSA

Require state to develop or provide access to specialized, non-institutional programs to serve individuals with intellectual disabilities committed under ORS Chapter 427.

# Recommending	% Recommending	Entities Recommending
6	43%	AOC, OCDLA, DRO, OAHHS, OJD, OSSA

Require state to develop or provide access to specialized programs to serve civilly committed individuals with intellectual disabilities or cognitive impairments such a dementia or traumatic brain injuries.

# Recommending	% Recommending	Entities Recommending
9	64%	Tribes, OSH, OCDLA, MOMI, ODAA, OAHHS, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	7%	OHA

Abstain (1):

NAMI

Comments

OHA: ORS 427 is the specialized treatment program available to individuals with intellectual disabilities. Amend the statute to include development disabilities. Refer to #28 and #61 for dementia, TBI, etc.

87. Require state to provide statewide training for behavioral health treatment providers on working with civilly committed individuals with intellectual disabilities

Recommendations Idea #: 119

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
8	53%	AOC, OCDLA, DRO, MOMI, OAHHS, NAMI, OJD, OSSA

Require ODHS to provide statewide training for behavioral health treatment providers on working with civilly committed individuals with intellectual disabilities.

# Recommending	% Recommending	Entities Recommending
13	87%	Tribes, OHA, AOC, OSH, OCDLA, DRO, AOCMHP, MOMI, OAHHS, NAMI, OJD, CCO, OSSA

State should consider developing a crisis response system for individuals with intellectual disabilities.

# Recommending	% Recommending	Entities Recommending
5	33%	AOC, OCDLA, ODHS, MOMI, OAHHS

State should provide statewide training for behavioral health treatment providers on working with individuals with intellectual disabilities.

# Recommending	% Recommending	Entities Recommending
10	67%	Tribes, AOC, OCDLA, DRO, ODHS, MOMI, ODAA, OAHHS, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (0)

Comments

None

XXXIV. Co-Occurring Mental Illness and Substance Use Disorder

88. Explore different treatment models for civilly committed individuals with co-occurring mental illness and substance use disorder

Recommendations Idea #: 122

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
9	60%	AOC, DRO, AOCMHP, ODHS, MOMI, ODA, OAHHS, CCO, OSSA

Require OHA to explore and recommend different evidence-based treatment models for civilly committed individuals with co-occurring mental illness and substance use disorder.

# Recommending	% Recommending	Entities Recommending
10	67%	Tribes, AOC, OSH, OCDLA, DRO, MOMI, OAHHS, NAMI, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
1	7%	OHA

Abstain (0)

Comments

OHA: Would support this recommendation with included language on FTE, study funding, and funding opportunity for program innovation/creation based on study

MOMI: Combined care is the most needed and the most rare--a huge growth area.

XXXV. Education about Civil Commitment

89. 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

Recommendations Idea #: 125

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
11	79%	AOC, OCDLA, DRO, AOCMHP, MOMI, ODA, OAHHS, NAMI, OJD, CCO, OSSA

Bridge institutional differences and build common understanding across the behavioral health and justice systems by expanding 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 that includes the perspectives of both systems.

# Recommending	% Recommending	Entities Recommending
10	71%	Tribes, AOC, OSH, OCDLA, ODHS, MOMI, OAHHS, OJD, CCO, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (1):

OHA

Comments

OHA: Include hospitals and public health agencies and behavioral health providers are required, active participants and collaborators on already-required LPSCCs and protective service MDTs.

XXXVI. Structural System Changes

90. 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) (TOP 5 IDEAS OF OAHHS)

Recommendations Idea #: 127

Recommend this idea as currently drafted.

# Recommending	% Recommending	Entities Recommending
6	46%	DRO, MOMI, OAHHS, OJD, CCO, OSSA

Require and adequately fund 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).

# Recommending	% Recommending	Entities Recommending
12	92%	Tribes, AOC, OSH, OCDLA, DRO, AOCMHP, ODHS, MOMI, ODAA, OAHHS, OJD, OSSA

Cannot recommend any of the above.

# Cannot Recommend	% Cannot Recommend	Entities Not Recommending
0	0	None

Abstain (2):

OHA, NAMI

Comments

OHA: With shifts to practices such as automatic stepdown to trial visit as default, or increasing placements on outpatient commitment, civilly committed individuals would have access to those supports with additional monitoring for engagement, support for stabilization, early crisis intervention, etc., which increase successful outcomes in mental health, community connection, etc. Current civil commitment infrastructure and current programs exist that, with additional and/or different encouragements (navigators, peers, etc.) will be addressed. monitoring staff can also ensure appropriate linkage to and use of home and community-based services

OACMHP: The wording is not quite accurate, as OHA would fund entities to provide the services.

OAHHS: Funding should be directed to patient care. We suggest that the funding be tracked and there be accountability