

## Revisions Survey for Commitment to Change Workgroup Members

### **Purpose of Survey**

**The CTC Workgroup's goal is to provide recommendations that improve the civil commitment system.**

**All of the ideas in this Survey have already received nearly unanimous member support ("Close to Yes" ideas). Members have discussed lingering reservations and identified wording changes and combinations of ideas that could enable broader support.**

**This survey incorporates the input from workgroup members provided in the Recommendations Survey, Consensus Survey, and workgroup meetings. The purpose of this survey is for workgroup members to consider those suggested variations and reach consensus on as many ideas as possible.**

## Revisions Survey for Commitment to Change Workgroup Members

### Instructions and Tips for Completing Survey

Please refer to the CTC Workgroup Consensus Survey Results document side-by-side with this survey to review member comments on each idea.

As you complete this survey, keep in mind that the legislature has requested input and that ideas with consensus are far more likely to get traction. The workgroup will be most productive if it can reach consensus on more recommendations that the legislature can act on. The workgroup's final report will offer the more nuanced perspectives of members, and the legislative process will facilitate further refinement of ideas.

In this survey, workgroup members will have an opportunity to select one or more versions of each idea, including the original version, that the entity they represent would recommend. Please select as many versions of ideas to recommend as you can. While some concepts may not fit as well with the varied perspectives of all workgroup members, everyone benefits from the momentum of shared vision. To be clear, OJD does not have a position on what those consensus ideas should be. However, finding consensus has the power to trigger legislative processes and present an antidote to decades of inertia.

Only those versions of ideas that have unanimous agreement among responding members (excluding votes to abstain) will be identified as workgroup recommendations. If more than one version of an idea receives unanimous support, the workgroup will discuss which version to recommend. All survey responses will be provided in the workgroup's final report.

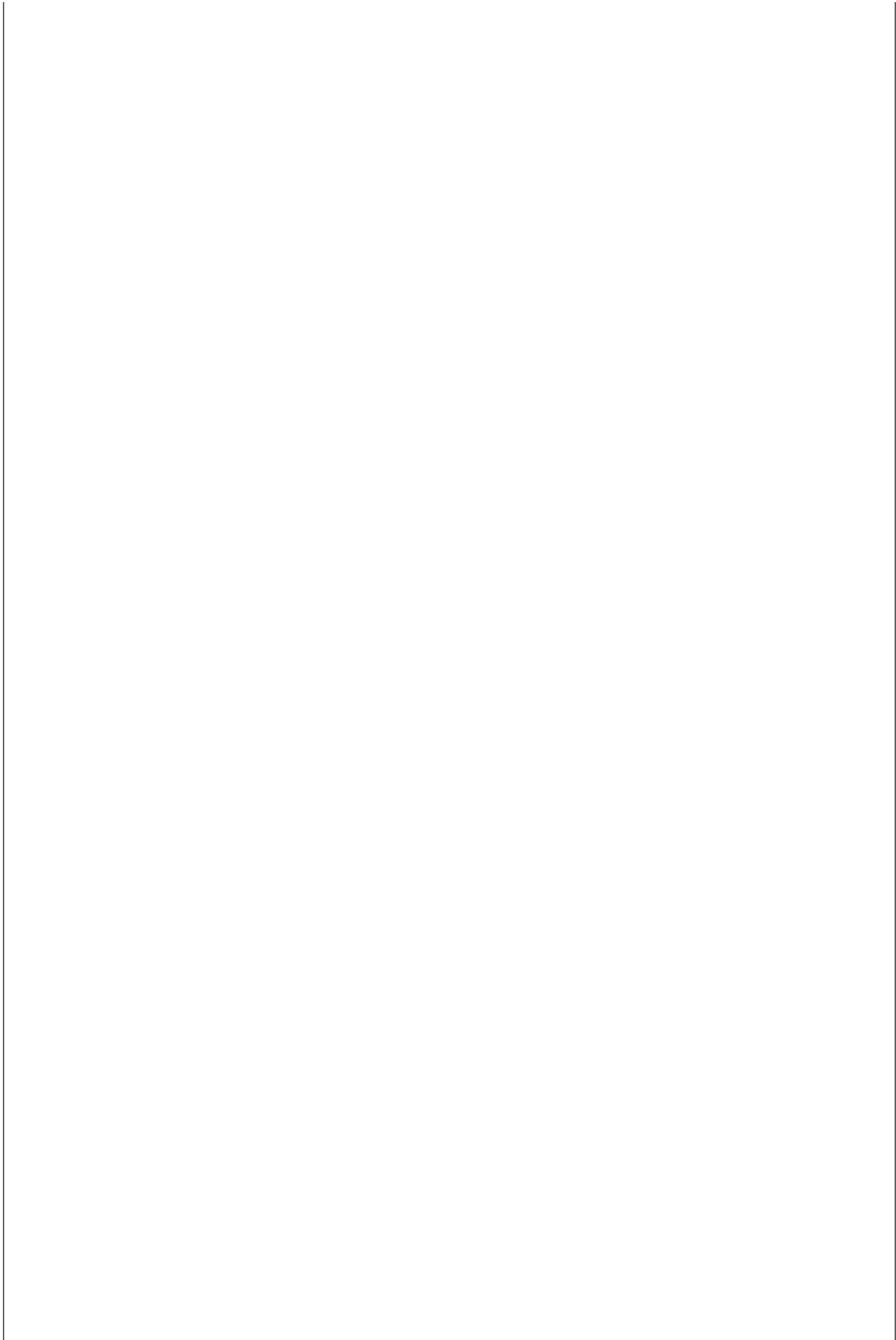
**IMPORTANT!** Member entities that vote to recommend any version of an idea reserve the option to object to specific policy directions or unfunded mandates that may result from the open-ended process.

You will see that many of the ideas include a NOTE. The notes provide additional information in response to workgroup member questions and comments about the idea. Some notes have similar information, but they each contain unique information to that idea. Please read the note on each idea before making your selections.

Members who represent government agencies, organizations, or other entities that require leadership approval to represent the entity should receive approval for all submitted responses.

Consider using a printed version of the survey to plan your answers and then entering them in Survey Monkey all at once. Alternatively, you can return to your incomplete survey and add or modify responses until the survey deadline.

If you need assistance completing this survey, please contact Debra Maryanov (debra.c.maryanov@ojd.state.or.us).



## Revisions Survey for Commitment to Change Workgroup Members

### Workgroup Member Representation

By Chief Justice Order, the following individuals were appointed to represent the designated entities or constituencies on the Commitment to Change Workgroup:

- **People with Lived Experience**
  - **Families: Jerri Clark (Mothers of the Mentally Ill)**
  - **Individuals and Families: Chris Bouneff (NAMI Oregon)**
  - **Legal Advocates: Jude Kassar (Disability Rights Oregon)**
- **Oregon Tribes: Angie Butler**
- **Oregon Judicial Department: Hon. Nan Waller; Hon. Matthew Donohue**
- **Oregon Senate Democrats: Sen. Floyd Prozanski**
- **Oregon Senate Republicans: Sen. Kim Thatcher**
- **Oregon House Democrats: Rep. Jason Kropf**
- **Oregon House Republicans: Rep. Christine Goodwin (proxy Rep. Charlie Conrad)**
- **Governor's Office: Juliana Wallace**
- **Oregon Health Authority: Zachary Thornhill**
- **Oregon State Hospital: Dr. Katherine Tacker**
- **Oregon Department of Human Services: Chelas Kronenberg**
- **Coordinated Care Organizations: Melissa Thompson (CCO Oregon)**
- **Association of Oregon Community Mental Health Providers: Cherryl Ramirez**
- **Oregon Association of Hospitals and Health Systems: Meghan Slotemaker**
- **League of Oregon Cities: Dakotah Thompson**
- **Association of Oregon Counties: Marcus Vejar**
- **Oregon Criminal Defense Lawyers Association: Allison Knight (Public Defenders)**
- **Oregon District Attorneys Association: Channa Newell (District Attorneys)**
- **Oregon State Sheriffs' Association: Sheriff Matt Phillips**
- **Oregon Association of Chiefs of Police: Chief Jim Ferraris**

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

## Revisions Survey for Commitment to Change Workgroup Members

### Community-Based Behavioral Health Services

**Many individuals raised ideas to improve the behavioral health system generally. Although these ideas are beyond the scope of the workgroup charge, a limited number are presented here so that the workgroup may discuss whether to include them in the workgroup report**

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)

**NOTE:** Criminogenic risk factors means those risk factors found in empirical research to be predictors of criminal behaviors and recidivism and to which targeted interventions are responsive. (See, *e.g.*, Bolaños, A. D., Mitchell, S. M., Morgan, R. D., & Grabowski, K. E. (2020). [A comparison of criminogenic risk factors and psychiatric symptomatology between psychiatric inpatients with and without criminal justice involvement](#) *Law and Human Behavior*, 44(4), 336-346.

Further details may be necessary for implementation, such as who would provide the training and how the requirement would be enforced. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

A suggestion was made to combine this recommendation with other behavioral health provider training recommendations. Here is a list of all recommendations for provider training and education that were included in the Recommendations Survey and Consensus Survey (first number Consensus Survey; number in parenthesis Recommendations Survey):

- 2 (3): 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
- 9 (10): Educate providers on when an individual may be released from a psychiatric hold following submission of an NMI to the court
- 25 (29): Amend statute to expand training requirements for mental health examiners in civil commitment cases
- 56 (77): 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
- 73 (100): Provide training and education on vicarious trauma to staff of residential treatment facilities, acute hospitals, and OSH
- 74 (101): Require residential treatment facilities, acute hospitals, and OSH to provide situational training for staff to recognize when a situation is becoming unsafe
- 80 (109): 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)
- 83 (112): Amend statute to require bias and implicit bias training for all professionals

working with the civil commitment population

- 87 (119): Require state to provide statewide training for behavioral health treatment providers on working with civilly committed individuals with intellectual disabilities
- 89 (125): 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

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- (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
- Cannot recommend any of the above
- Abstain

Comments

3. Require STATE to build, own, operate, or fund more community-based facilities designed to provide shorter-term behavioral health inpatient care (Recommendation Survey Idea 4)

TOP 5 IDEAS OF OJD, AOC, OAHHS, OSSA

**NOTE:** There has been some confusion about ideas that say "Require STATE" to do something. That wording was intended to convey a recommendation to the legislature to require that a **state** agency/entity, rather than a **county/local** one, carry out the idea.

The workgroup has discussed the merits of a more centralized and more localized system of behavioral health care. Currently, all residential treatment facilities in Oregon (SRTF, RTF, RTH, AFH) are required to serve anyone regardless of county of residence if they accept Medicaid payments.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend any of the above" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- 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.
- State should have a more centralized role of ensuring that publicly-funded short-term residential behavioral health care facilities, up to and including a hospital level of care, are available and accessible across the state.
- 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.
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

## Psychiatric Emergency Holds

- **Hold for Transport:** A licensed independent practitioner (LIP) may hold a person in a health care facility for transportation to a treatment facility for up to 12 hours if the LIP believes person is dangerous to self or others and in need of emergency care or treatment for mental illness.
- **CMHP-Authorized Hold:** A CMHP director or designee may authorize involuntary admission or retention of an admitted person in a nonhospital facility or direct an authorized person to transport the person in custody to a hospital if the CMHP director believes the person is dangerous to self or others and is in need of immediate care, custody or treatment for mental illness (CMHP can also authorize a psychiatric hold of a civilly committed person placed on conditional release, outpatient commitment, or trial visit that the CMHP believes is dangerous to self or others or unable to provide for basic personal needs, not receiving necessary care for health and safety, and is in need of immediate care, custody or treatment for mental illness)
- **LIP-Authorized Hold:** If an LIP believes a person who has been brought to a hospital believes a person is dangerous to self or others and is in need of emergency care or treatment for mental illness, the LIP may detain the person and cause the person to be admitted or retained in the hospital or may approve the person for emergency care or treatment at an OHA-approved non-hospital facility.
- **LIP Notice to CMHP:** When approving a person for emergency care or treatment at a nonhospital facility, LIP must immediately notify the CMHP in the county where the person was taken into custody.
- **LIP Duties During Hold:** At the time a person alleged to have a mental illness is admitted or detained in a hospital or nonhospital facility, an LIP, nurse, or qualified mental health professional at the facility must inform the person of their right to representation by or appointment of counsel, give the person the warning under ORS 426.123, immediately examine the person, and set forth in writing the person's condition and need for emergency care or treatment.
- **5-Day Limit:** If the person is being held at a hospital, the LIP must maintain the person for as long as feasible given the needs of the person for mental or physical health or safety, but no longer than five judicial days.



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 (Recommendation Survey Idea 5)

TOP 5 IDEAS OF ODHS

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

5. Create a state funding mechanism to reimburse community case managers for outreach efforts to individuals in need of behavioral health care (Recommendation Survey Idea 6)

OHA's County Financial Assistance Agreements currently include some funding for outreach to individuals involved in civil commitment, PSRB, and aid & assist.

Further details may be necessary for implementation, such as the target population for this outreach (e.g., all levels of behavioral health or only high acuity) and how this idea comports with engagement models being developed around mobile crisis and other existing outreach programs and services. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

The proposed revisions to Idea #7 below include a combination o this idea with Idea #7.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Establish and fund more salaried positions for community case managers to provide outreach and engagement services to individuals in need of behavioral health care.
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

6. Establish a fee schedule/funding code for billing Medicaid for behavioral health preventative care, such as 23-hour crisis and respite (Recommendation Survey Idea 7)  
TOP 5 IDEAS OF OHA

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Seek CMS authorization to add Medicaid coverage for behavioral health outreach and engagement, and if approved, appropriate required General Fund match.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

7. Require state to build and fund more mental health crisis centers so emergency rooms are not the only option (Recommendation Survey Idea 8)  
TOP 5 IDEAS OF OHA, HOUSE REPUBLICANS

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- 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.
- Encourage emergency departments to adapt their infrastructure to accommodate behavioral health crises.
- Cannot recommend any of the above
- Abstain

Comments

8. Require first responder training on use of mental health crisis centers as an alternative to emergency rooms (Recommendation Survey Idea 9)

**NOTE:** Further details may be necessary for implementation, such as what the training would be, who would be trained, how training would be compelled, and what to do for the majority of communities that do not have crisis centers. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- Cannot recommend any of the above
- Abstain

Comments

9. Educate providers on when an individual may be released from a psychiatric hold following submission of an NMI to the court (Recommendation Survey Idea 10)

**NOTE:** The intention of this idea was to ensure that providers are aware that they cannot release individuals without a court order after a warrant of detention is signed by the court.

A suggestion was made to combine ideas for behavioral health provider training and education. See Idea #2 for a list of ideas that include training and education for behavioral health providers.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- Cannot recommend any of the above
- Abstain

Comments

**Notice of Mental Illness/Initiation of Civil Commitment Process**

**A notice of mental illness (NMI) is the notification that the OHA director or their designee must submit to the court to commence proceedings. A NMI may be filed by two persons, a county health officer, or a magistrate or judge of a court of a federally recognized Indian tribe located in this state.**

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)

TOP 5 IDEAS OF OHA

NOTE: Further details may be necessary for implementation, such as assurances that the information is adequately protected and that the privacy rights of individuals will be addressed. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- 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.
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Warrant of Detention

**The court may issue a warrant of detention to bring a person into custody before the investigation or hearing if the court finds probable cause to believe that failure to do so would pose serious harm or danger to the person or others.**

11. Require Oregon Judicial Department to collect data on the factual findings in which judges issue warrants of detention (Recommendation Survey Idea 13)

**Note:** The premise of this idea is a concern that judges may not be consistent statewide in making comparable factual findings that lead them to find probable cause to believe that failure to take the person into custody pending the investigation or hearing to determine whether the person is a person with mental illness. ORS 426.070(5)(b). Just as judges may vary on the fact patterns to support a determination that a person is a person with mental illness (as evidenced by the number of Court of Appeals reviews), this idea calls for data collection to assess the fact patterns that judges have found to determine that detention is needed.

Further details may be necessary for implementation, such as how data would be collected and how the data would be used. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- Cannot recommend any of the above
- Abstain

Comments



## Revisions Survey for Commitment to Change Workgroup Members

### Investigation

**Upon receipt of a NMI, the Community Mental Health Program (CMHP) initiates an investigation to gather information to determine whether there is probable cause to believe that the person is in fact a person with mental illness. A recommendation based upon the investigation report must be promptly submitted to the court.**

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)

**NOTE:** The alternative listed below combines of ideas regarding investigator training in Ideas 12, 13, 14, 83, and 87.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- [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
- Cannot recommend any of the above
- Abstain

Comments

13. Amend statutes or rules to require that civil commitment investigators provide all information specified in OAR 309-033-0940 or explain why missing information cannot be obtained (Recommendation Survey Idea 15)

**NOTE:** The OAR referenced in the Consensus Survey was a typo and should have been OAR 309-033-0940. The purpose of the investigation report is to provide the court with sufficient information to make a probable cause determination. The investigator's recommendation does not stand alone. OAR 309-033-0940 currently lists specific information that must be included in the report. However, investigation reports frequently leave out required information without explanation.

The alternative wording for Idea #12 combines this idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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
- 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
- Cannot recommend any of the above
- Abstain

Comments

14. Require civil commitment investigators to participate in continuing education following initial certification that includes updates on relevant legal and clinical information (Recommendation Survey Idea 16)

**NOTE:** OAR 309-033-0920(5) provides: Qualifications for recertification. The Division may recertify a mental health investigator or a senior mental health investigator who is currently employed by a CMHP, is recommended by the director for recertification and who, during the period of certification, has maintained the QMHP certification or other equivalent licensure and completed eight hours of training provided by the Division covering civil commitment statutes, administrative rules, and procedures.

The alternative wording for Idea #12 combines this idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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)
- 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
- 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
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### 14-Day Voluntary Diversion

**No later than three judicial days after the initiation of a prehearing period of detention, the CMHP may issue a 14-day period of intensive treatment (diversion from civil commitment proceeding). Diversion occurs only if the person, after consulting with their counsel, voluntarily agrees, and the circuit court adopts the recommendation of the CMHP.**

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)

TOP 5 IDEAS OF OJD, HOUSE REPUBLICANS

**NOTE:** Further details may be necessary for implementation, such as who would develop the new standard, the specific maximum duration that would be permitted, the specific criteria for when a person could stay longer, how the duration would be determined and by whom. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- 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.
- (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.
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Probable Cause Determination

**The court reviews the investigation report and determines whether probable cause exists to hold a hearing.**

16. Amend statute to require that peer support services are provided to an individual upon completion of diversion treatment (Recommendation Survey Idea 19)

**NOTE:** Further details may be necessary for implementation, such as the purpose of the peer support services (e.g., for ongoing clinical support or to assess clinical status following diversion treatment), how it would be funded, the roles of CCOs, PCPCHs, and CCBHCs, how the requirement would be enforced if a county/region lacked adequate resources for compliance, and whether mechanisms would be developed to provide expedited access to inpatient care if decompensation is detected. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Amend statute and provide necessary funding to require OHA to offer transitional services to an individual upon completion of civil commitment diversion treatment
- 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
- 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
- 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
- Cannot recommend any of the above
- Abstain

Comments

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)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Require OHA to compare civil commitment diversion programs among Oregon counties and identify evidence-based practices, including accountability mechanisms for community treatment providers
- 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
- 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
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Citation and Service

**If the court concludes that there is probable cause to believe that the person investigated is a person with mental illness, the court issues a citation to the person to appear at a hearing. The citation states the nature of the information filed concerning the person and the specific reasons the person is believed to meet civil commitment criteria. The server of the citation is required to provide proof of service to the court. The statute is silent regarding who is required to serve the citation, and practices vary by county.**

18. Amend statute to require that citations include information about eligibility for 14-day intensive treatment option (diversion) (Recommendation Survey Idea 21)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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).
- 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]
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Appointment of Counsel

**If the person is determined to be financially eligible for appointed counsel at state expense, the court will appoint legal counsel to represent the person.**

19. Amend statute to clarify when in the civil commitment process the court must appoint legal counsel to financially eligible individuals (Recommendation Survey Idea 22)

TOP 5 IDEAS OF DRO

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Amend statute to clarify when in the civil commitment process the court must appoint legal counsel
- Cannot recommend any of the above
- Abstain

Comments



20. Amend statute to require continuity of appointed legal counsel throughout process when feasible (Recommendation Survey Idea 23)

**NOTE:** Further details may be necessary for implementation, such as what would qualify as “feasible,” under what circumstances a patient preference for counsel would be honored, and how continuity would be defined. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Amend statute to require continuity of appointed legal counsel to mean same lawyer or within the same firm throughout process when feasible
- 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
- Cannot recommend any of the above
- Abstain

Comments

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)

**NOTE:** Further details may be necessary for implementation, such as the criteria for “specialized knowledge and experience in civil commitment law and practice.”

Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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
- 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
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Access to Medical Records

#### The statutes allow access to medical records by the investigator, examiner, and defense counsel

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)

TOP 5 IDEAS OF OCDLA

**NOTE:** ORS 426.075(2) provides: "The records established by the Oregon Health Authority by rule and the investigation report shall be made available to the examiners at least 24 hours before the hearing in order that the examiners may review the medical record and have an opportunity to inquire of the medical personnel concerning the treatment of the person alleged to have a mental illness during the detention period prior to the hearing." ORS 426.075(3) provides: "The medical record described in subsection (2) of this section shall be made available to counsel for the person alleged to have a mental illness at least 24 hours prior to the hearing."

OHA states that, in the tri-county, investigators typically have their own login to the EHR at the hospitals.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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
- 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
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Examination

**A certified mental health examiner examines the person's mental condition. At the completion of the hearing, the examiner files a report with the court regarding whether the person meets civil commitment criteria. If the person meets civil commitment criteria, the examiner must indicate what type of treatment facility would best help the person recover.**

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)) (Recommendation Survey Idea 27)

**NOTE:** Further details may be necessary for implementation, such as who would be supervising the examiners, how examiners would be chosen, how examiners would be paid, to whom examiners would report, and whether there would be oversight of examiners' methods and findings. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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)
- Cannot recommend any of the above
- Abstain

Comments

24. Require state to create a centralized database of mental health examiners that is available to courts and CMHPs (Recommendation Survey Idea 28)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

25. Amend statute to expand training requirements for mental health examiners in civil commitment cases (Recommendation Survey Idea 29)

**NOTE:** ORS 426.110 provides that civil commitment examiners must be either: (1) a physician licensed by the Oregon Medical Board who is competent to practice psychiatry as provided by OHA or the PSRB by rule; or (2) certified by OHA or PSRB as a mental health examiner qualified to make examinations for involuntary commitment proceedings. OAR 309-033-0950(1) provides that **psychiatrists are exempt from certification to serve as an examiner**. OAR 309-033-0950(2) provides that certification of persons other than psychiatrists requires the following qualifications:

(a) Has at least three years clinical experience in the diagnosis and treatment of adults with severe and persistent mental illness who primarily live with a psychotic disorder;

(b) Presents acceptable written references from two persons who have the above qualifications and can demonstrate direct knowledge of the person's qualifications;

(c) Is recommended by the CMHP director to be an examiner in the county; and

(d) Has established individual competence through training provided by the Division in the following areas:

(A) The role and duties of an examiner and the process of examination;

(B) Oregon statutes and administrative rules relating to the civil commitment of persons with mental illness;

(C) Establishing clear and convincing evidence for mental disorder;

(D) The mental status examination; and

(E) The assessment of suicidality, self-harm, risk of harm to self or others, and ability to care for basic needs.

*OHA provides an 8-hour training for individuals seeking certification as an examiner.*

A suggestion was made to combine ideas for behavioral health provider training and education. See Idea #2 for a list of ideas that include training and education for behavioral health providers.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted or advancing with reservation to object to specific policy directions or unfunded mandates that may result from an open-ended implementation process
- Amend statute to expand the duration of training requirements for certification and recertification of mental health examiners in civil commitment cases
- 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
- Cannot recommend any of the above
- Abstain

Comments

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 (Recommendation Survey Idea 30)

**Note:** All respondents voted to advance this idea as currently worded. OHA commented that implementation of this idea would require changes to statute and rule because an examiner must be recommended by a CMHP director. The relevant statute (ORS 426.110) does not reference CMHPs and would not require any changes (see statute wording above in Note following Idea #25). OAR 309-033-0950(2)(c) includes in the certification requirements (not applicable to psychiatrists) that the applicant is recommended by the CMHP director to be an examiner in the county. That rule may have to be revised or deleted.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

[No alternatives identified]

- Recommend this idea as currently drafted
- Cannot recommend any of the above
- Abstain

Comments

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)

**NOTE:** This recommendation does not address the number of examiners that may be appointed per case. It suggests a technical statutory change to clarify that the requirement for each examiner is to produce ONE report. ORS 426.120 currently references "reports" of each examiner in the plural.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Amend ORS 426.120 to clarify that only one examination report is required per examiner.
- Cannot recommend any of the above
- Abstain

Comments



### **Court Determination of Mental Illness**

**After hearing all of the evidence, and reviewing the findings of the examiners, the court shall determine whether the person has a mental illness and is in need of treatment.**

**Statute defines "person with a mental illness" as a person who, because of a mental disorder is one or more of the following:**

**(A) Dangerous to self or others.**

**(B) Unable to provide for basic personal needs that are necessary to avoid serious physical harm in the near future, and is not receiving such care as is necessary to avoid such harm.**

**(C) A person:**

**(i) With a chronic mental illness, as defined in ORS 426.495;**

**(ii) Who, within the previous three years, has twice been placed in a hospital or approved inpatient facility by the authority or the Department of Human Services under ORS 426.060;**

**(iii) Who is exhibiting symptoms or behavior substantially similar to those that preceded and led to one or more of the hospitalizations or inpatient placements referred to in sub-subparagraph (ii) of this subparagraph; and**

**(iv) Who, unless treated, will continue, to a reasonable medical probability, to physically or mentally deteriorate so that the person will become a person described under either subparagraph (A) or (B) of this paragraph or both.**

28. Amend statute to add a definition of “mental disorder” for purposes of determining whether an individual is a “person with mental illness” (Recommendation Survey Idea 33)

**Note:** ORS 426.130(1) requires the court to determine whether the person has a mental illness, and ORS 426.005 (1)(f) defines “person with mental illness” as a person who, **because of a mental disorder**, is one or more of the following..., establishing that there are two qualifications for a determination of mental illness: (1) person has a mental disorder, and (2) the mental disorder causes certain outcomes. ORS Chapter 426 does not include a definition of a mental disorder, leaving open to interpretation the scope of individuals who meet the first requirement. Among the conditions that may be included or excluded depending on the definition of “mental disorder” are those without a clinical diagnosis, traumatic brain injury, dementia, autism, and mental symptoms resulting from a substance use disorder. An individual who, as a result of any of those conditions, is dangerous to self or others, unable to provide for basic personal needs that are necessary to avoid serious physical harm in the near future, or has a chronic mental illness with specified circumstances may not be eligible for civil commitment. Absent a statutory definition, the determination of who has a “mental disorder” is subject to judicial interpretation.

Support for the idea as drafted would not endorse a particular definition of mental disorder. It would advance the concept that a statutory definition should be developed, which would require the development of processes and discussions to establish a definition.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Establish a workgroup to establish a statutory definition of “mental disorder” for purposes of determining whether an individual is a “person with mental illness.”
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Assisted Outpatient Treatment

**In Oregon, assisted outpatient treatment (AOT) is not civil commitment and does not include an order for involuntary medication. A court may order a person to participate in AOT for up to 12 months if the person has a mental disorder, will not obtain community-based treatment voluntarily, is unable to make an informed decision to seek or comply with voluntary treatment, is incapable of surviving safety in the community without treatment, and requires treatment to prevent a deterioration in condition that will predictable result in meeting civil commitment criteria**

29. Provide dedicated funding to CMHPs to support 14-day intensive treatment (diversion from civil commitment) (Recommendation Survey Idea 37)

TOP 5 IDEAS OF HOUSE REPUBLICANS

**Note:** The current County Financial Assistance Agreement (CFAA) includes a service element specifically to fund CMHPs for services related to civil commitment, MHS 24. MHS 24 requires the county to provide MHS 24 services to adults who are alleged to be a person with a mental illness and may be diverted from civil commitment, as well as those who are diverted through the civil commitment process to voluntary treatment. Among its performance requirements, the CMHP is required to provide payment for MHS 24 services provided to individuals who are uninsured, underinsured, not eligible for Medicaid, or have exhausted Medicaid services.

Idea #29 would advocate for funding necessary for CMHPs to cover the costs associated with a 14-day intensive treatment (the statutory term for civil commitment diversion) for the individuals described above who do not have another source of funding.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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).
- Cannot recommend any of the above
- Abstain

Comments

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 (Recommendation Survey Idea 38)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Conditional Release

**If the court determines the person has a mental illness and is in need of treatment, the court may order conditional release if:**

- 1. The conditional release is requested by the legal guardian, relative, or friend of the person with mental illness;**
- 2. The legal guardian, relative, or friend requesting the conditional release requests to be allowed to care for the person during the period of commitment in a place satisfactory to the judge; and**
- 3. The legal guardian, relative, or friend requesting the release establishes to the satisfaction of the court their ability to care for the person and that there are adequate financial resources available for the care of the person**

31. Amend statute to clarify the kinds of support that OHA must provide to persons ordered to conditional release (Recommendation Survey Idea 39)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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
- Cannot recommend any of the above
- Abstain

Comments

## **Inpatient Commitment**

- **OHA has discretion to direct any court-committed person to the facility best able to treat the person, and the decision of OHA on such matters is final. OHA may delegate to a CMHP director, pursuant to OHA rules, the responsibility for assignment and transfer of civilly committed individuals to suitable facilities.**
- **Under OHA rules, a CMHP director may not place a person under civil commitment at OSH without consent of the OSH superintendent.**
- **OHA may only place a person in outpatient commitment if an adequate treatment facility is available.**
- **Inpatient civil commitment occurs in an OHA designated Class 1 facility. A Class 1 facility is OHA-approved to be locked to prevent a person from leaving the facility, to use seclusion and restraint, and to involuntarily administer psychiatric medication.**

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 (Recommendation Survey Idea 41)

TOP 5 IDEA OF OAHHS, OSH

**NOTE:** OHA states that this service exists with the Choice Program, which is required to serve anyone at risk of hospitalization, acute or otherwise. OHA indicates that anyone who has been civilly committed would be eligible for Choice, and Choice is tasked with care transitions, primarily around residential.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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).
- 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.
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

## Outpatient Commitment

- **OHA may only place a person in an outpatient commitment if an adequate treatment facility is available. The CMHP of the county in which the hearing takes place must set the conditions for outpatient commitment and gives copies of the conditions to designated individuals and entities. The CMHP for the county where a person is on outpatient commitment may modify the conditions when a modification is in the best interest of the person.**
- **If the person responsible for the civilly committed individual determines that the person is failing to adhere to the terms and conditions of the placement, the person must notify the court of jurisdiction and the CMHP of the county in which the person on outpatient commitment lives.**
- **The court with jurisdiction may hold a hearing to determine if the person is violating the terms and conditions of placement. Pursuant to the court's determination, a person on placement shall either continue the placement on the same or modified conditions or be returned to OHA for involuntary care and treatment on an inpatient basis.**
- **If the person on placement is living in a county other than the committing court, the committing court shall transfer jurisdiction to the appropriate court of the county where the person is living.**

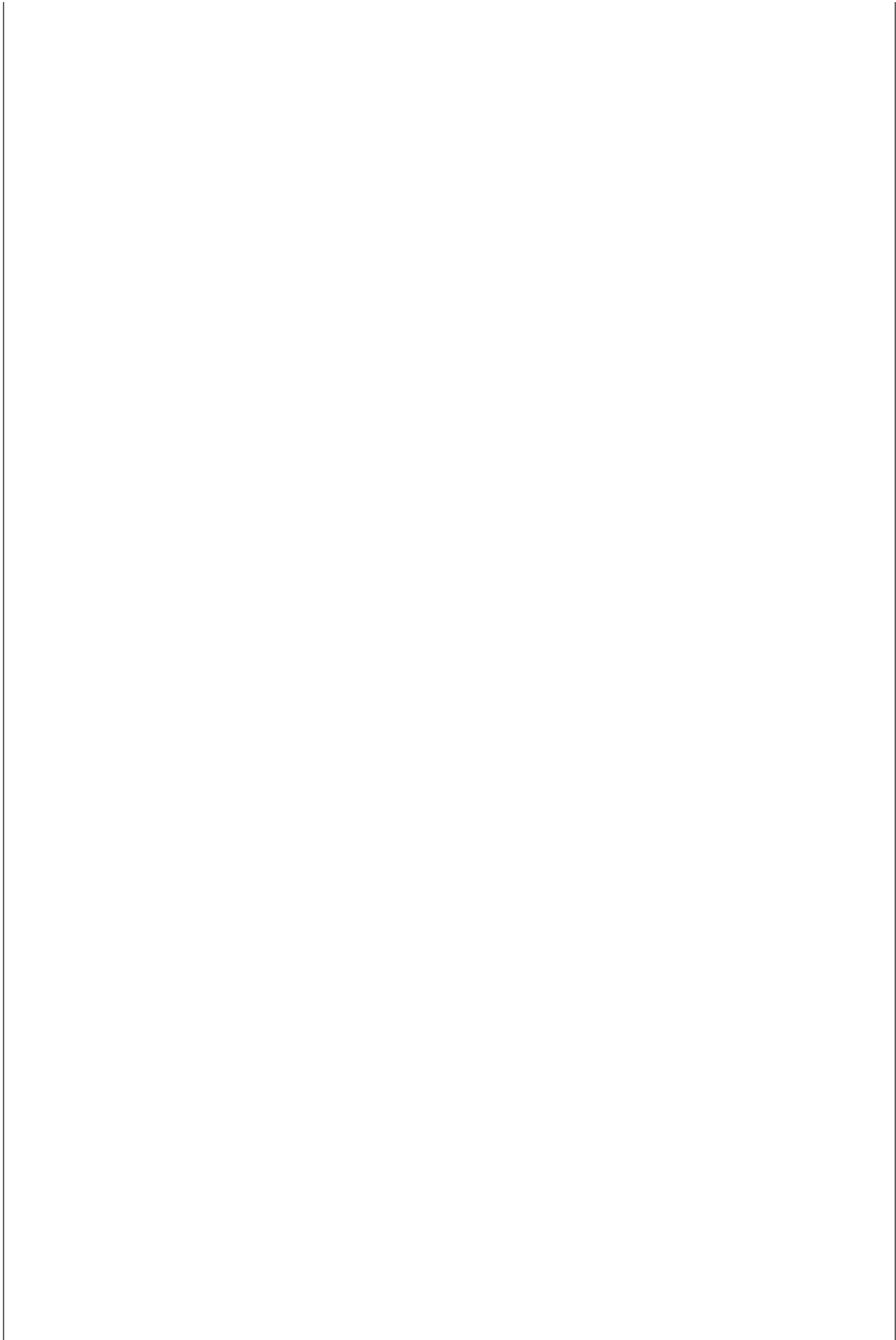
33. Amend statute to require peer support and wrap-around services for individuals on outpatient commitment (Recommendation Survey Idea 44)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Require and fund OHA to ensure that evidence-based peer support and wrap-around services are available for individual on outpatient commitment
- Amend statute to require and fund peer support services to be offered to individuals on outpatient commitment
- Amend statute to require and fund peer support and wrap-around services to be offered to individuals on outpatient commitment.
- Cannot recommend any of the above
- Abstain

Comments





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 (Recommendation Survey Idea 46)

**Note:** MHS 24 of the County Financial Assistance Agreement requires CMHPs to provide services that support individuals in their community-based outpatient services. Provision of services under MHS 24 includes, to list some examples (MHS 24 does not include the word “outreach”):

- provide services specified in OAR 309-035-0100 through 309-035-0225;
- develop a treatment service plan for the individual in the least restrictive, most integrated setting appropriate to meet the individual’s behavioral health needs, preferences, choices, and strengths;
- identify an appropriate provider that is able to meet the individual’s behavioral health needs and willing to provide that care, treatment services to the individual; continue to send referrals to providers until the individual is placed at or is receiving appropriate services;
- assign and direct the placement of the individual to an appropriate provider with the provider’s agreement; monitor the individual’s progress in their treatment service plan and current placement, and identify when the individual may be transferred to a lower level of care;
- ensure discharge planning continues throughout the individual’s civil commitment placement with the goal of moving the individual to the lowest level of care that will maintain long term their mental and physical health; facilitate communication between the individual, family, natural supports, community resources, providers, ODHS and the courts;
- serve as a single point of contact for all referrals from OSH to Assertive Community Treatment;
- assist with or arrange for the supervision of the individual’s daily living activities and life skills (if appropriate)
- provide for or arrange for the care of the individual, including the assumption of responsibility for the safety and well-being of the individual;
- if the individual is placed in a residential setting, ensure the provider is providing a safe environment for the individual;
- provide or arrange for the administration and supervision of prescribed and non-prescribed medication(s);
- provide or arrange for routine and emergency transportation;
- provide financial assistance for individual services and activities, as described in OAR 309-035-0200, including but not limited to provision of adequate shelter, assistance with acquiring skills to live as independently as possible, and assistance with accessing other additional services as needed;
- services to remove barriers to community-based care when consistent with the individual’s treatment service plan, including but not limited to room and board payments, rental assistance, security deposits, and application fees, utility payments and deposits, prescription or over-the-counter medications and medical supplies not covered by Medicaid or other sources, transportation, and activities to facilitate securing of guardianship services

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this

idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- OHA should amend its County Financial Assistance Agreements to fund CMHP outreach services for civilly committed individuals placed in outpatient treatment
- Amend statute to require OHA to fund CMHPs to provide outreach services for civilly committed individuals placed in outpatient treatment
- Amend statute to require OHA to provide outreach services for civilly committed individuals placed in outpatient treatment.
- Cannot recommend any of the above
- Abstain

Comments

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)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Establish mechanisms to measure outcomes for civilly committed defendants and determine which facilities and types of facilities are most successful at promoting those outcomes.
- Establish mechanisms and resources to support community-based facilities where civilly committed individuals are placed to meet the needs of this population
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Changes in Placement

**At any time, for good cause and in the best interest of the committed individual, OHA has authority to transfer a committed person from one facility to another.**

- **If the transfer is to a facility in a less restrictive class, OHA must follow the procedures for trial visits**
- **If the transfer is to a facility in a more restrictive class, OHA must follow the procedures under ORS 426.275**

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) (Recommendation Survey Idea 49)

TOP 5 IDEAS OF CCO, OSSA

**NOTE:** The focus of this idea is expanding options for placement transfers that occur during the period of commitment when an individual is ready for a lower level of care but not ready to be discharged from commitment. That is different than transitions to post-commitment care options upon discharge from commitment.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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
- 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
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Trial Visits

**A trial visit refers to a transfer in placement of a civilly committed person from a higher to a lower level of care. The trial visit may be a transfer from the Oregon State Hospital to a community-based inpatient setting or from an inpatient to an outpatient setting.**

- **OHA may grant a trial visit for a period of time and under any conditions OHA shall establish.**
- **OHA may not grant a trial visit without agreement by the CMHP director or designee for the county where the person would reside.**
- **The CMHP of the county in which the person on trial visit is receiving treatment must notify the court if the committed individual is not adhering to the terms and conditions of the placement.**
- **The court may hold a hearing on whether the person is failing to adhere to the terms and conditions, and may either continue the placement on the same or modified conditions or return the individual to OHA for involuntary care and treatment on an inpatient basis.**

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)

**NOTE:** The term “trial visit” can be confusing as a statutory term because the word “trial” could be understood to mean the court function of holding a trial.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Revise statutes and rules to change the term “trial visit” to “less restrictive placement”
- 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.
- Cannot recommend any of the above
- Abstain

Comments

38. Amend statute to clarify the entity responsible for a civilly committed individual during a trial visit (Recommendation Survey Idea 51)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Medication

**ORS 426.072(2)(c) authorizes a Licensed Independent Practitioner (LIP) to administer medication without obtaining prior informed consent, subject to OHA rules, to a person alleged to have a mental illness who has been placed in custody at a hospital or non-hospital facility.**

**Under OAR 309-033-0520, the OHA rule establishing classes of facilities that provide care, custody, or treatment to civilly committed persons, only a Class 1 facility has express authority to involuntarily administer psychiatric medication. Class 1 facilities may include a hospital, regional acute psychiatric care facilities, and other nonhospital facility approved under OAR 309-033-0530.**

39. Require providers to include the individual under civil commitment as much as possible in developing treatment plans, including medication options (Recommendation Survey Idea 55)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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
- 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
- Cannot recommend any of the above
- Abstain

Comments

40. Require providers, when possible, to consider alternative treatment options when a committed individual has valid reasons not to want an ordered medication (Recommendation Survey Idea 56)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- [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
- Require providers to consider alternative treatment options when a committed individual does not want an ordered medication.
- Cannot recommend any of the above
- Abstain

Comments



**Recertification for Continued Civil Commitment**

- **Decision to Issue Recertification.** At the end of the 180-day period of commitment, the treating facility may, in consultation with the CMHP of residence, issue a certification that the person is still a person with mental illness and in need of further treatment
- **Notice to Civilly Committed Person,** The treating facility must serve a copy of the certification on the civilly committed person and inform the committing court in writing that service has been made. The certification must notify the civilly committed person of their rights, including but not limited to rights to consult with an attorney, to court-appointed counsel for financially qualified individuals, and to protest the further period of commitment within 14 days.
- **Absent Protest, Person is Recommitted.** If the person does not protest within 14 days, commitment will be continued for an indefinite period of time up to 180 days.
- **Upon Protest, Court Again Notifies Person of Rights.** If the person protests, the court shall have the person brought before it and again advise the person of their rights.
- **Hearing Upon Request of Committed Individual.** If the person requests a hearing, the hearing shall be conducted as promptly as possible.

41. Require OJD to collect data on individuals who are recertified more than once to identify that population's unique needs (Recommendation Survey Idea 57)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Require OJD to collect aggregate (anonymized) data on individuals who are recertified more than once to identify that population's unique needs
- Require OJD to collect aggregate (anonymized) data on individuals who are recertified more than once to develop better services and treatment for this population
- Cannot recommend any of the above
- Abstain

Comments

42. Amend statute to require court to appoint defense counsel as soon as possible in the recertification process (Recommendation Survey Idea 59)

TOP 5 IDEAS OF OCDLA

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Combine with Idea #60 (see alternatives under Idea #60)
- Cannot recommend any of the above
- Abstain

Comments

43. Amend statute or rule to require that OHA notifies defense counsel and an ombudsperson when recertification is pursued (Recommendation Survey Idea 60)

TOP 5 IDEA OF DRO, OCDLA

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Combine with Idea #59.
- 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.
- Amend statute to require OHA, rather than the placement facility, to file notices of recertification with the court.
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Discharge and Dismissal

**OHA may release a person from a hospital or other facility in which the person is being treated prior to the expiration of the period of commitment when, in the opinion of the facility or the Licensed Independent Practitioner who is treating the person, the person is no longer a person with mental illness.**

44. Require providers or treatment facility to include and involve individuals under civil commitment in discharge planning (Recommendation Survey Idea 63)

**NOTE:** Further details may be necessary for implementation, such as how compliance this requirement would be enforced. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Require providers and treatment facilities to provide an opportunity for individuals under civil commitment to be involved in their discharge planning
- 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
- 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
- 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
- Cannot recommend any of the above
- Abstain

Comments

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)

TOP 5 IDEAS OF OAHHS

**NOTE:** Service Element MHS 24 of the County Financial Assistance Agreement (CFAA) provides for “stabilization” services for continued engagement with individuals who were taken to civil commitment hearing but not committed. However, it does not cover continuing care for individuals who are civilly committed after the case is dismissed. That care may be covered by CCOs for individuals enrolled in the Oregon Health Plan. See OAR 410-141-3870.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Establish a state funding stream for long-term maintenance and intensive treatment options for individuals on dismissal of a civil commitment case
- 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
- Cannot recommend any of the above
- Abstain

Comments

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)

**NOTE:** Service Element MHS 24 of the County Financial Assistance Agreement (CFAA) provides for “stabilization” services for continued engagement with individuals who were taken to civil commitment hearing but not committed. However, it does not cover continuing care for individuals who are civilly committed after the case is dismissed. That care may be covered by CCOs for individuals enrolled in the Oregon Health Plan. See OAR 410-141-3870.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

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 (Recommendation Survey Idea 66)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- Require OSH to re-enroll eligible individuals in the Oregon Health Plan as part of discharge from civil commitment at OSH.
- Cannot recommend any of the above
- Abstain

Comments

48. Require state to fund support for non-Medicaid covered outreach services to individuals after dismissal of civil commitment case (Recommendation Survey Idea 67)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

49. Require OSH to notify the local CMHP when discharging an individual from civil commitment (Recommendation Survey Idea 68)

**NOTE:** This is already required by rule. OAR 309-033-0330(1) provides that only the CMHP director of the county of placement may discharge a person under civil commitment who has been placed in the community. OAR 309-033-0330(2) requires the following persons 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:

(a) If the person under civil commitment is in a state hospital, the superintendent or designee shall notify the director;

(b) If the person under civil commitment is in a hospital serving as a regional acute care hospital or a private hospital, the treating Licensed Independent Practitioner shall notify the director;

(c) If the person under civil commitment is placed in a nonhospital or residential facility, the administrator of the facility shall notify the director;

(d) If the person is placed with an outpatient treatment provider or program, the administrator of the program where the person is receiving outpatient treatment shall notify the director.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- Cannot recommend any of the above
- Abstain

Comments

50. Require OHA or CMHPs to track and report community-based supports provided to individuals following discharge and dismissal of commitment cases (Recommendation Survey Idea 69)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- Cannot recommend any of the above
- Abstain

Comments

51.

- Require OHA or CMHP to provide notice of discharge from commitment to the individual's legal counsel (Recommendation Survey Idea 70)

**NOTE:** Notifying the defense counsel provides an opportunity to contest the discharge from civil commitment. The Oregon Public Defense Commission (OPDC) does not include a sample contract for civil commitment appointments, but does have a sample [OPDC Contract for Public Defense Services in Criminal Cases](#) (Exhibit C - Additional Performance Requirements for Criminal Contract) includes the following provision (I) on post-judgement obligations, which may be informative:

Post-Judgment Obligations. Following the entry of judgment or other final order in a case, counsel shall provide post-judgment representation in accordance with the Oregon Rules of Professional Conduct, including, but not limited to:

- Seeking modification or amendment of any judgment or final order that does not accurately reflect terms of sentencing or other disposition favorable to the client that were agreed upon in resolution of the case or pronounced by the court and through inadvertence or error not correctly included in a judgment or final order;
- Litigating issues of restitution arising from the case until a judgment on restitution is entered by the court;
- Completing questionnaires, forms, or other processes necessary to timely obtain appellate counsel for clients requesting an appeal;
- Seeking court orders or other remedies on behalf of a client if a term of sentencing or other



disposition favorable to the client is not followed or implemented by a probation department, Department of Corrections, the Department of Human Services, the Oregon Youth Authority, or other entity having authority over the client in connection with the subject of the representation;

- Filing a motion for new trial;
- Filing motions for reduction of certain felonies to misdemeanors, pursuant to ORS 161.705, when merited and requested by a former Client;
- Consulting with counsel representing the client on appeal or in post-conviction relief proceedings arising from the subject of the representation; and
- Upon request, providing copies of the entire file to appellate or post-conviction relief counsel

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Require OHA or CMHP to provide notice of discharge from commitment to the individual's legal counsel if permitted by the individual.
- 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.
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

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)

**NOTE:** Section (2)(i) of MHS 24 (Civil Commitment Service Element) of the CFAA requires CMHPs to provide specified services to individuals who are not currently civilly committed or have civil commitment proceedings pending, but have been:

A. Civilly committed under ORS 426.130 more than once, recommitted under ORS 426.307, held on two or more emergency holds under ORS 426.232 or 426.233 in the last year that did not result in a civil commitment, or held on two or more warrants of detention under ORS 426.070 in the last year that did not result in a civil commitment; and

B. Require continuing Services to prevent hospitalization and posing a danger to themselves or others; or

C. Require continuing Services to maintain stability and learn skills needed to be placed in a more integrated community setting; and

D. Had their civil commitment end within the past 12 months.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

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)

**NOTE:** ORS 426.180 to 426.210 govern “emergency commitment of individuals in Indian country.” ORS 426.180(9) requires the director of the hospital or nonhospital facility or licensed independent practitioners to notify the appropriate tribe regarding all actions under ORS 426.180 to 426.210 no later than 24 hours after the action is taken, except for information protected from disclosure by state or federal law. However, those statutes address the front end of the commitment process only, not discharge. Current rules do not require OHA to collaborate with tribes before discharging a tribal member. The CFAA does not contain any requirements regarding collaboration with tribes in relation to discharge.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

54. Require OHA or CMHP to provide all notices of discharge from commitment with enough time to coordinate care (Recommendation Survey Idea 74)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

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)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Data Sharing and Confidentiality (Case Management)

**State and federal laws limit the sharing of personal health information about the person alleged to have a mental illness that may be helpful for the management of a civil commitment case.**

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 (Recommendation Survey Idea 77)

**NOTE:** A suggestion was made to combine ideas for behavioral health provider training and education. See Idea #2 for a list of ideas that include training and education for behavioral health providers.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- Amend statute or rules to establish what information and with whom that civil commitment investigators and treatment teams can share consistently with HIPAA.
- Cannot recommend any of the above
- Abstain

Comments

57. Establish a statewide system for tracking civil commitment to improve data sharing and standardization of care across counties (Recommendation Survey Idea 79)

**NOTE:** The details on what would be included in the tracking system and who would have access to it would be determined in the next stage of development. Recommending the idea in its present form would move it to that stage and would not preclude workgroup members from differing in their input on the best way to develop the tracking system.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

[No alternatives proposed.]

- Recommend this idea as currently drafted
- Cannot recommend any of the above
- Abstain

Comments

58. Explore use of psychiatric advance directives to facilitate needed information exchange and storage (Recommendation Survey Idea 80)

**NOTE:** The action word in the idea as drafted is “explore.” In response to DRO’s questions, the idea for “needed information exchange and storage” may be to ensure that the psychiatric advance directive is known to exist and available for implementation at the point when an individual is in crisis.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Explore the use of psychiatric advance directives to increase the voices and power of individuals with lived experience.
- Explore use of psychiatric advance directives to have a viable, durable role under circumstances that could otherwise result in civil commitment.
- Explore use of psychiatric advance directives as a way to reduce the need for civil commitment.
- Cannot recommend any of the above
- Abstain

Comments

59. Collect and analyze socioeconomic data about individuals in the civil commitment process (Recommendation Survey Idea 83)

**NOTE:** OHA currently collects data from CMHPs through OHA's Measures and Outcomes Tracking System (MOTS) on race, gender, and age of individuals for notices of mental illness and civil commitments. The [MOTS Manual](#) outlines the data elements of the client profiles to be collected by all providers, which include: alcohol and drug residential and outpatient treatment services; mental health residential and outpatient treatment services; detoxification, methadone, and DUII services, mental health crisis services, and involuntary services. MOTS data fields include, among others, date of birth, race, ethnicity, gender, estimate gross household monthly income, source of income/support, total number of dependents, number of child dependents, primary health insurance, highest school grade completed.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Collect and analyze aggregate (anonymized) socioeconomic data about individuals in the civil commitment process.
- 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.
- Cannot recommend any of the above
- Abstain

Comments



## Revisions Survey for Commitment to Change Workgroup Members

### **Data Collection, Analysis, and Reporting (policy)**

**Data collection, analysis, and reporting support the development of evidence-based policies to improve the civil commitment system. However, this work may be limited by a variety of factors, such as privacy laws, the need for intergovernmental coordination, administrative burdens, and funding, among others.**

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 (Recommendation Survey Idea 84)

**NOTE:** Further details would be necessary for implementation, such as who would be collecting and analyzing the data. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

OHA currently collects data from CMHPs through OHA's Measures and Outcomes Tracking System (MOTS) on race, gender, and age of individuals for notices of mental illness and civil commitments. The [MOTS Manual](#) outlines the data elements of the client profiles to be collected by all providers, which include involuntary services. Data elements for involuntary services include: service status, type of petition/notice of mental illness, date of petition/notice of mental illness, hearing recommended, reason(s) for recommending hearing/diversion, final day of diversion, disposition by judge, basis for involuntary services, date of commitment, length of commitment, and service setting assigned to if committed.

In response to questions about whether this data already exists, OHA responds that it may have data on ancillary services, holds and custodies that don't result in hospitalization or commitment, but that its data is only as good as the CMHPs provide.

OJD has not collected this data previously. The main obstacle to collecting and reporting on the information is the lack of identifying information provided in notices of mental illness. OJD can see when there is a prior case for a person with the same name, but, without additional identifiers (e.g., date of birth, driver's license number, or social security number), it's impossible for us to tell whether it is the same person coming back through the system or a different person with the same name. Also, OJD does not have a way to tell reasons commitment cases are filed.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

Recommend this idea as currently drafted

- 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.
- 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.
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

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)

TOP 5 IDEAS OF ODHS

**NOTE:** Although neither ORS chapters 426 or 427 allow for civil commitment of an individual with a traumatic brain injury or dementia, rather than mental illness or an intellectual disability, this idea would assess whether notices of mental illness have been submitted under either chapter for such individuals. The notices of mental illness and the civil commitment investigation reports may contain information about whether individuals had traumatic brain injuries or dementia.

OHA currently collects data from CMHPs through OHA's Measures and Outcomes Tracking System (MOTS) on race, gender, and age of individuals for notices of mental illness and civil commitments. The [MOTS Manual](#) outlines the data elements of the client profiles to be collected by all providers, which include behavioral health. Data elements for behavioral health include, among others: diagnosis, global assessment of functioning (Axis V), treatment plan indicator, and mental health level of care (LOC) score.

Further details would be necessary for implementation, such as who would be collecting and analyzing the data. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

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)

**NOTE:** Further details would be necessary for implementation, such as who would be collecting and analyzing the data. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

OHA currently collects data from CMHPs through OHA's Measures and Outcomes Tracking System (MOTS) on race, gender, and age of individuals for notices of mental illness and civil commitments. The [MOTS Manual](#) outlines the data elements of the client profiles to be collected by all providers, which include involuntary services. Data elements for involuntary services include: service status, type of petition/notice of mental illness, date of petition/notice of mental illness, hearing recommended, reason(s) for recommending hearing/diversion, final day of diversion, disposition by judge, basis for involuntary services, date of commitment, length of commitment, and service setting assigned to if committed.

In response to questions whether this data has already been collected, OHA responds that CMHPs report on all civil commitment services it provided to any person, Medicaid or not. Civil commitment services that a CMHP provides are typically not considered clinical services. However, monitoring a trial visit, for example, could be monitoring the person's treatment in the CMHP's outpatient clinic or a community-based or even private clinic. Much of the civil commitment treatment comes by way of hospitals in emergency rooms for crisis stabilization or inpatient care for those that need it. The hospital reporting database, ACR, does not catch billing codes.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

63. Research civil commitment systems in other states and other parts of the world  
(Recommendation Survey Idea 88)

**NOTE:** Further details would be necessary for implementation, such as who would be collecting and analyzing the data. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- Research civil commitment systems in other states and other parts of the world to identify approaches that may inform system improvement in Oregon.
- Cannot recommend any of the above
- Abstain

Comments

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)

**NOTE:** Further details would be necessary for implementation, such as who would be collecting and analyzing the data. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Rights of Individuals in Civil Commitment System

**Individuals in the civil commitment system have numerous rights under state and federal laws. This section presents ideas to ensure compliance and expand those rights.**

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 (Recommendation Survey Idea 90)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- Provide training to defense lawyers on effective representative of person with mental illness who does not want to be committed.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

66. Amend rules to establish a process that supports individuals and families to access advocates, including patient advocacy organizations, legal advocates, and peers (Recommendation Survey Idea 93)

**NOTE:** Further details would be necessary for implementation, such as addressing privacy concerns and clarification on who is responsible to establish the rules and process. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Amend rules to establish a process that supports individuals to access advocates, including patient advocacy organizations, legal advocates, and peers.
- Require OHA to amend rules to establish a process that supports individuals to access advocates, including patient advocacy organizations, legal advocates, and peers.
- Would recommend this idea if it were combined with other ideas in the Recommendation Survey (please specify in comment space below)
- Cannot recommend any of the above
- Abstain

Comments



## Revisions Survey for Commitment to Change Workgroup Members

### Funding System

**This section presents ideas to modify and improve Oregon's funding structures for the civil commitment system**

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)

**NOTE:** Further details would be necessary for implementation, such the specifics on reporting requirements. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Amend statute to require state agencies to track and report the use and outcomes of designated behavioral health funding.
- Cannot recommend any of the above
- Abstain

Comments

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)

**NOTE:** The wording and intent of this idea are confusing. Presumably the use of the term, "justice-involved individuals," in this idea was intended to reference all individuals involved with the justice system in any capacity, including civil commitment. However, the more common use of that term references those involved in the criminal justice system alone.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- Create a funding structure for civil commitment that incentivizes ways to support people effectively in their communities.
- Cannot recommend any of the above
- Abstain

Comments

69. Research creative ways that other states have used Medicaid for housing and other needs of civilly committed individuals (Recommendation Survey Idea 96)

**Note:** The “Settings” rule applies specifically to Medicaid’s Home and Community Based Services (HCBS) Program, which serves people with intellectual or developmental disabilities, physical disabilities and/or mental illness. I have been unable to find any information from the federal government or case law that addresses whether and when state civil commitment laws constitute a violation of the HCBS waiver or how the Settings Rule applies to civilly committed individuals.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Research creative ways that other states have funded housing and other needs of civilly committed individuals.
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Transportation

**This section presents ideas to improve the quality and efficiency of transportation options for individuals engaged in the civil commitment system.**

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)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Liability

**ORS 426.335 law establishes broad protections from criminal or civil liability for individuals that perform responsibilities under the civil commitment statutes (including initiation, investigation, representation of the state's interest, examination, case adjudication, conditional release, inpatient commitment, outpatient commitment, and trial visits).**

71. Assess the types and level of concern about different areas of liability in the civil commitment system (Recommendation Survey Idea 98)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Explore concerns of treatment and service providers regarding their potential legal liabilities as participants in the civil commitment system.
- Cannot recommend any of the above
- Abstain

Comments

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)

**NOTE:** Further details would be necessary for implementation, such as who is responsible for coordinating the morbidity conferences, the frequency of morbidity conferences required, mechanism for oversight, and consequences of non-compliance. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Provider Safety

**These ideas address personal safety risks to individuals who engage with individuals in the civil commitment process**

73. Provide training and education on vicarious trauma to staff of residential treatment facilities, acute hospitals, and OSH (Recommendation Survey Idea 100)

**NOTE:** Further details would be necessary for implementation, such as who is responsible for developing and providing the training, and who is responsible for evaluating its effectiveness. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

A suggestion was made to combine ideas for behavioral health provider training and education. See Idea #2 for a list of ideas that include training and education for behavioral health providers.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- Require training and education on vicarious trauma to be part of the certification/licensing process for residential treatment facilities, acute hospitals, and OSH.
- [Combine with Idea #74] Require residential treatment facilities, acute hospitals, and OSH to train staff on vicarious trauma and provide situational training to recognize when a situation is becoming unsafe.
- Cannot recommend any of the above
- Abstain

Comments

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)

**NOTE:** Further details would be necessary for implementation, such as whether the state or the institutions would develop and/or determine the criteria for the training. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

A suggestion was made to combine ideas for behavioral health provider training and education. See Idea #2 for a list of ideas that include training and education for behavioral health providers.

A suggestion was made to combine Idea #74 with #73. That alternative is provided with the alternatives for Idea #73 above.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Cannot recommend any of the above
- Abstain

Comments



## Revisions Survey for Commitment to Change Workgroup Members

### Collaboration with Oregon Tribes

**These ideas address collaboration between the state, counties, and Oregon tribes concerning members of Oregon tribes who engage in the state's civil commitment system**

75. Require the state to seek input from tribal governments and treatment providers on the civil commitment system, including AOT (Recommendation Survey Idea 103)

**NOTE:** All workgroup members who responded supported this idea as drafted (excluding abstention).

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

[No alternatives were proposed for this idea]

- Recommend this idea as currently drafted
- Cannot recommend any of the above
- Abstain

Comments

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 (Recommendation Survey Idea 104)

**NOTE:** ORS 426.180 requires the director of the hospital or nonhospital facility or licensed independent practitioner to notify the appropriate tribe regarding all actions taken under ORS 426.180 to 426.210 no later than 24 hours after the action is taken, except for information protected from disclosure by state or federal law.

OAR 309-033-0240(2)(b) provides that if an NMI is filed under ORS 426.070(1) for a person under the jurisdiction of a federally recognized tribe located in Oregon, the NMI shall be provided to the CMHP director in the county where the person alleged to have a mental illness resides, unless the person is eligible for services provided by a tribal CMHP in which case the NMI shall be provided to the CMHP director in the county where the person is located.

OAR 309-033-0240(2)(c) provides that when a person under the jurisdiction of a federally recognized tribe located in Oregon is received at a hospital or nonhospital facility pursuant to ORS 426.232, after the LIP has evaluated the person, if the LIP determines there is likely probable cause to believe the person is a danger to self or others and is in need of emergency care or treatment for mental illness, the LIP shall notify the CMHP director in the county where the person alleged to have a mental illness resides, unless the person lives on an Indian reservation located within Oregon in which case the NMI shall be provided to the CMHP director in the county where the person is located.

OAR 309-033-0930(2)(c) provides that when a person is identified as an enrolled member of a federally recognized tribe in Oregon, the investigator shall solicit information from that tribe, whenever feasible.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- Cannot recommend any of the above
- Abstain

Comments

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 (Recommendation Survey Idea 106)

**NOTE:** Further details would be necessary for implementation, such as how to determine if a person is enrolled in an Oregon Tribe and how to streamline the consultation. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

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)

**NOTE:** Further details would be necessary for implementation, such as who from the tribe should be involved, whether the tribe has standing, the role of the tribe in the civil commitment case, and how the rights of an adult tribal member would be analogous to a child in a child welfare case. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Equity

#### **These ideas address identification and resolution of potentially categorical inequities in Oregon's civil commitment system**

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)

#### TOP 5 IDEAS OF OCDLA

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- State should partner with CIT Center of Excellence 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

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) (Recommendation Survey Idea 109)

**NOTE:** All workgroup members who responded supported this idea as drafted (excluding abstention).

Further details would be necessary for implementation, such as how this training would be designed and implemented to yield greater understanding/practice and reduce disparity risks. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

A suggestion was made to combine ideas for behavioral health provider training and education. See Idea #2 for a list of ideas that include training and education for behavioral health providers.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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).
- 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).
- Cannot recommend any of the above
- Abstain

Comments

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 (Recommendation Survey Idea 110)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

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 (Recommendation Survey Idea 111)

**NOTE:** OHA currently collects data from CMHPs through OHA's Measures and Outcomes Tracking System (MOTS) on race, gender, and age of individuals for notices of mental illness and civil commitments. The [MOTS Manual](#) outlines the data elements of the client profiles to be collected by all providers, which include: alcohol and drug residential and outpatient treatment services; mental health residential and outpatient treatment services; detoxification, methadone, and DUII services, mental health crisis services, and involuntary services. Demographic fields include, among others: date of birth, race, ethnicity, gender, marital status, veteran status, living arrangement, county of residence, estimated gross household monthly income, source of income/support, total number of dependents, number of child dependents, primary health insurance, tribal affiliation, and highest school grade completed. However, it does not include sexual orientation.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments



83. Amend statute to require bias and implicit bias training for all professionals working with the civil commitment population (Recommendation Survey Idea 112)

**NOTE:** Further details would be necessary for implementation, such as the curriculum, who would do the training, whether the training would be ongoing, and whether the training would be tailored to Oregon and mental health and addressing those particular historical inequities. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

A suggestion was made to combine ideas for behavioral health provider training and education. See Idea #2 for a list of ideas that include training and education for behavioral health providers.

Idea #83 is also offered as part of a combined idea in Idea #12.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Amend rules to require bias and implicit bias training for all professionals working with the civil commitment population.
- Amend statute to require outcomes-focused, evidence-based bias and implicit bias training for all professionals working with the civil commitment population.
- Amend rules to require outcomes-focused, evidence-based bias and implicit bias training for all professionals working with the civil commitment population.
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Psychiatric Advance Directives

**Psychiatric advance directives are legal documents that allow people to make decisions about future mental health care in case they are unable to make their own care decisions. Oregon law provides a template and governing statutes for "Declarations for Mental Health Treatment," which is how psychiatric advance directives are referred to within Oregon law.**

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)

TOP 5 IDEA OF DRO

**NOTE:** All respondents voted to advance this idea as currently worded (excluding abstention). Further details would be necessary for implementation, such as what happens if the directive does not authorize the appropriate level of care when needed or if the individual no longer wishes to apply the directive after a determination that the individual is unable to make decisions on their own. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Guardianships

**The court may appoint a guardian to promote and protect the well-being of a protected person. A guardianship for an adult must be designed to encourage the development of maximum self-reliance and independence of the protected person and may be ordered only to the extent necessitated by the person's actual mental and physical limitations.**

- **A petition must be filed with the appropriate court, and notice given to all interested persons**
- **Subject to law, a guardian may consent, refuse consent or withhold or withdraw consent to health care for the protected person**
- **Before a guardian may place an adult protected person in a mental health treatment facility, the guardian must file with the court, and the court shall hold a hearing on any objection**

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)  
TOP 5 IDEAS OF AOC, OSH

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

[No alternatives were proposed.]

- Recommend this idea as currently drafted
- Would recommend this idea with specific changes to its wording (please specify in comment space below)
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### **Commitment of Individuals with an Intellectual Disability**

**Commitment of individuals with an intellectual disability are governed by ORS Chapter 427, rather than ORS Chapter 426, which governs commitment of persons with a mental illness. An individual with an intellectual disability may be committed to the jurisdiction of the Oregon Department of Human Services if the court determines that the individual is dangerous to self or others, or is unable to provide for their basic personal needs and is not receiving the care necessary for health, safety or habilitation.**

86. Require state to develop or provide access to specialized treatment programs for individuals committed for intellectual disabilities (Recommendation Survey Idea 118)

TOP 5 IDEAS OF ODHS

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Require state to develop or provide access to specialized, non-institutional programs to serve individuals with intellectual disabilities committed under ORS Chapter 427.
- 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.
- Cannot recommend any of the above
- Abstain

Comments

87. Require state to provide statewide training for behavioral health treatment providers on working with civilly committed individuals with intellectual disabilities (Recommendation Survey Idea 119)

**NOTE:** Further details would be necessary for implementation, such as who would develop and provide the training, and the goals and curriculum of the training. Recommending this idea would advance the concept as drafted and would not preclude workgroup members from differing in their input on the best way to implement the idea.

A suggestion was made to combine ideas for behavioral health provider training and education. See Idea #2 for a list of ideas that include training and education for behavioral health providers.

Idea #87 is also offered as part of a combined idea in Idea #12.]

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Require ODHS to provide statewide training for behavioral health treatment providers on working with civilly committed individuals with intellectual disabilities.
- State should consider developing a crisis response system for individuals with intellectual disabilities.
- State should provide statewide training for behavioral health treatment providers on working with individuals with intellectual disabilities.
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Co-Occurring Mental Illness and Substance Use Disorder

**A substantial number of individuals in the civil commitment system have co-occurring substance use disorder. However, Oregon's civil commitment statutes are silent regarding substance use disorders. They do not address whether or how the court should consider substance use disorders in the determination of whether a person is in need of civil commitment. Nor do they address treatment for substance used disorders for individuals who are civilly committed.**

88. Explore different treatment models for civilly committed individuals with co-occurring mental illness and substance use disorder (Recommendation Survey Idea 122)

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- Require OHA to explore and recommend different evidence-based treatment models for civilly committed individuals with co-occurring mental illness and substance use disorder.
- Cannot recommend any of the above
- Abstain

Comments

## Revisions Survey for Commitment to Change Workgroup Members

### Education about Civil Commitment

**While other sections include ideas about training and education concerning specific parts of the civil commitment system, the ideas in this section are more general.**

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 (Recommendation Survey Idea 125)

**NOTE:** All respondents voted to advance this idea as currently worded (excluding abstention).

A suggestion was made to combine ideas for behavioral health provider training and education. See Idea #2 for a list of ideas that include training and education for behavioral health providers.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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.
- Cannot recommend any of the above
- Abstain

Comments

Revisions Survey for Commitment to Change Workgroup Members

**Structural System Changes**

**This section includes ideas to modify or expand the roles and responsibilities of government entities.**



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) (Recommendation Survey Idea 127)

TOP 5 IDEAS OF OAHHS

**NOTE:** This idea is directed to treatment and services for individuals under civil commitment. MHS 24 in the County Financial Assistance Agreement (CFAA) does not require the broader scope of services described in Idea #90 to individuals during a period of civil commitment but requires CMHPs to provide stabilization, maintenance, and preventative services to individuals who are diverted through the civil commitment process to voluntary treatment, conditional release, outpatient commitment, and assisted outpatient treatment as described in ORS 426.125 through ORS 426.133; and those who are not currently civilly committed or have civil commitment proceedings pending, but have been:

A. Civilly committed under ORS 426.130 more than once, recommitted under ORS 426.307, held on two or more emergency holds under ORS 426.232 or 426.233 in the last year that did not result in a civil commitment, or held on two or more warrants of detention under ORS 426.070 in the last year that did not result in a civil commitment; and

B. Require continuing Services to prevent hospitalization and posing a danger to themselves or others; or

C. Require continuing Services to maintain stability and learn skills needed to be placed in a more integrated community setting; and

D. Had their civil commitment end within the past 12 months.

Please select all of the versions of this idea listed below that the entity you represent on the CTC Workgroup would recommend. If none, please select either "Cannot recommend this idea, even with specific wording changes or combined with other ideas" or "Abstain."

- Recommend this idea as currently drafted
- 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).
- Cannot recommend any of the above
- Abstain

Comments

Revisions Survey for Commitment to Change Workgroup Members

Thank You!

**Thank you for taking the time to complete this survey and for your participation on the Commitment to Change Workgroup.**