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Board Certified in Psychiatry, Forensic Psychiatry, and Addiction Medicine

**Neutral Expert Ninth (9th) Report
Regarding the Consolidated *Mink and Bowman* Cases**

Date of Report: May 20, 2024

Neutral Expert: Debra A. Pinals, M.D.

Background and Context of this Report:

On 12/21/21, The Honorable Michael W. Mosman, U.S. District Judge for the United States District Court for the District of Oregon, Portland Division, entered an order appointing me, Dr. Debra Pinals, as the Neutral Expert in the *Mink/Bowman* matter, granting a Stipulated Motion from defendants at the Oregon Health Authority (OHA) and the Oregon State Hospital (OSH) and plaintiffs Jarrod Bowman, Joshawn Douglas-Simpson, Disability Rights Oregon, Metropolitan Public Defender Services, Inc., and A.J. Madison. The Court's order consolidates two cases, *Bowman et al v. Matteucci et al* (Case Number: 3:21-cv-01637-MO) and *Oregon Advocacy Center et al v. Mink et al* (Case Number: 3:02-cv-00339-MO) and identifies *Mink* as the lead case. Through this consolidation, the *Bowman* case was reassigned from the Honorable Marco A. Hernandez to Judge Mosman.

Judge Mosman ordered that the Neutral Expert should "make recommendations to address capacity issues at the Oregon State Hospital." The order delineates that the first report from the Neutral Expert include "suggested admissions protocol that addresses the admission of patients found unable to aid and assist in their own defense under ORS 161.370 (.370 patients) as well as patients found to be Guilty Except for Insanity (GEI patients)." The Court further ordered a second report by the Neutral Expert to include "a short report and recommendations for a proposed long-term compliance plan for OSH." After submitting my initial reports, on 6/7/22 the Court ordered my ongoing appointment and stated, "Beginning on September 7, 2022, Dr. Pinals will provide brief quarterly reports to update the Court regarding compliance status and any needed additional recommendations to address any barriers to achieving compliance." In total, I have produced and provided the following reports to the Court in this case:

- First Report, 1/30/22
- Second Report, 6/5/22
- Third Report, 9/15/22
- Fourth Report, 12/21/22
- Fifth Report, 4/17/23
- Sixth Report, 7/24/23
- Seventh Report, 10/18/23
- Eighth Report, 12/18/23

On 5/10/23 Judge Mosman issued an Amended Order, followed by his 7/3/23 Second Amended Order in this matter. The Second Amended Order contained the following language:

This order shall terminate upon the Neutral Expert reporting to this Court that OSH/OHA has timely admitted A&A and GEI patients for at least three consecutive months, and that the termination of this order would not cause the Defendants to fall back out of compliance. For purposes of this order “timely admission” means within seven days of a State Court order delivered to OSH ordering that the patient be admitted.

As part of the backdrop to the Second Amended Order, the parties and recognized amici entered into mediation, and a Mediation Final Term Sheet (June 2023) delineated that a report to the Court should be submitted reviewing the efficacy of the September Order, taking in input from the parties and the amici as follows:

Review of September Order Efficacy. On or before October 2, 2023, OSH, OHA, plaintiffs, and Dr. Pinals will review the efficacy of the September order with regard to achieving compliance, factoring in any unintended negative consequences. OSH will prepare a report of their findings, and Dr. Pinals will incorporate that review and her opinions about the efficacy of the order into a report to the Court on or before November 15, 2023. Amici agree also to submit their perspectives in writing to OSH, OHA, and Dr. Pinals on or before October 2, 2023.

I provided my Seventh report on 10/18/23, articulating a new set of recommendations that were updated since my Second Report. In an Eighth Report I offered my opinions “about the efficacy of the order”, which was set to expire on 12/31/23. I recommended that the order be extended for one year, and this was subsequently ordered by Judge Mosman. There were several threads of litigation since that time, most especially related to Supremacy Clause considerations. Judge Mosman ruled on 3/6/24 noting that the Supremacy Clause applied regarding a case out of Marion County. That same day, the *Mink/Bowman* case was re-assigned to Judge Adrienne Nelson. She has issued two rulings related to this matter as of this writing.

Background and Summary of the Two Consolidated Cases:

A more detailed background to these cases is reviewed in my prior reports. In summary, state defendants were previously found by the Ninth Circuit (*OAC v. Mink, 2003*) to be out of compliance with Constitutional requirements and were ordered to admit individuals found unable to Aid and Assist in their criminal cases to Oregon State Hospital for restoration within seven (7) days of receipt of an order for their commitment to OSH for restoration. In December 2021, after further litigation, the parties entered an interim settlement agreement that involved the appointment of a Neutral Expert to provide recommendations to help achieve compliance with the Ninth Circuit’s seven (7) day admission requirement as outlined above.

In a separate litigation, in November 2021, plaintiffs Jarod Bowman and Joshawn Douglas-Simpson brought action against the OSH and Oregon Health Authority (OHA) (plaintiffs were later joined by Metropolitan Public Defender) for failure to timely admit these individuals adjudicated Guilty Except for Insanity (GEI) by the Multnomah County Circuit Court, after The Honorable Nan Waller ordered them to OSH for treatment, without unreasonable delay. After further litigation, The Honorable Marco A. Hernandez, United States District Court Judge, agreed with the defendants that a consolidation of the *Mink* and *Bowman* cases made sense.

In accordance with my First Report recommendations, there is since that time one waitlist for people waiting in jail for a bed at OSH, whether GEI or under the Aid and Assist process. Both those waiting times continue to be tracked as part of this consolidated litigation.

Qualifications to Perform this Work:

I have worked for over twenty-five years as a clinical and academic and forensic psychiatrist, and over twenty years functioning in state and local level behavioral health administrative leadership, management, policy and legislative development, clinical treatment, forensic evaluation, and consultative roles across several U.S. jurisdictions. Other details are provided in my First Report.

Sources:

Background court and legal documents for this case upon which I continue to rely include:

1. Mink 0339 COURT Order Consolidating Cases and Appointing Neutral Expert #240, signed 12/21/21;
2. Bowman 1637 COURT Order Consolidating Cases and Appointing Neutral Expert #21, signed 12/21/21;
3. Bowman 1637 COURT Notice of Judicial Reassignment from Judge Hernandez to Judge Mosman #20;
4. *Mink and Bowman* Interim Agreement, Filed 12/17/21;
5. *Bowman* 1637 PLD Plaintiffs 1st Amended Complaint #22;
6. *Mink* 0339 Court Order Granting Motion for Stay of Deadlines. Joint Status and 5/9/22 Joint Status Report;
7. Order on Joint Stipulation to Continue Appointment of Neutral Expert, signed by the Honorable Michael W. Mosman, 6/7/22;
8. *Bowman* Opinion and Order, Case No. 3:02-cv-00339-MO (Lead Case), Case No. 3:21-cv-01637-MO (Trailing Case), signed by Judge Mosman 8/16/22;
9. Case No. 3:02-cv-00339-MO (Lead Case), Case No. 3:21-cv-01637-MO (Member Case), Order to Implement Neutral Expert's Recommendations, signed by The Hon. Michael W. Mosman on 9/1/22;
10. Case No. 3:02-cv-00339-MO (Lead Case), Case No. 3:21-cv-01637-MO (Member Case), No. 6:22-cv-01460-MO (Member Case) Amended Order to Implement Neutral Expert's Recommendations, signed by The Hon. Michael W. Mosman on 5/10/23;
11. Oregon Advocacy Center et al., v. Mink et al. Case No. 3:02-cv-00339-MO(Lead Case) Mediation Final Term Sheet (June 2023); and
12. Case No. 3:02-cv-00339-MO (Lead Case), Case No. 3:21-cv-01637-MO (Member Case), Second Amended Order to Implement Neutral Expert's Recommendations, signed by The Hon. Michael W. Mosman on 7/3/23.

Additional recent case activity that I have reviewed since my last report includes:

1. Case Number: 3:21-cv-01637-MO, Unopposed Motion by Plaintiffs to Extend Remedial Order, submitted 12/20/23;
2. Case Number: 3:21-cv-01637-MO, Order granting plaintiffs unopposed motion to extend remedial order, issued by Judge Michael W. Mosman on 12/24/23;

3. Case Number: 3:21-cv-01637-MO, Motion to withdraw Judge Proctor as Amici Curiae and Order Granting said motion, 1/2/24;
4. Case No. 23CV37155, Marion County v. Dave Baden and Dolores Matteucci, Marion County's Response to Defendants' Rule 21 Motions, dated 1/16/24;
5. Case No. 23CV37155, Marion County v. Dave Baden and Dolores Matteucci, Declaration of Jane Vetto in Support of Marion County's Response to Defendants' Rule 21 Motions, dated 1/16/24;
6. Case No. 23CV37155, Marion County v. Dave Baden and Dolores Matteucci, Declaration of Ryan Matthews in Support of Marion County's Response to Defendants' Rule 21 Motions, dated 1/16/24;
7. Circuit Court for the County of Marion, No. 20CR08901/21CR46350/22CR35776/23CR28431, State of Oregon vs. Charly Josh Velasquez-Sanchez, Ordered by Judge Audrey Broyles, 2/9/24;
8. State of Oregon vs. Charly Josh Velasquez-Sanchez, transcript;
9. Case No. 3:02-cv-00339-MO (Lead Case), Petition for Expedited Ruling on Supremacy Clause Issue, dated 2/15/24;
10. Case No. 23CV37155, Crime Victims Motion to Intervene, dated 2/21/24;
11. Case No. 3:02-cv-00339-MO (Lead Case), Response to Defendants' Petition for Expedited Ruling on Supremacy Clause Issue, filed by Mr. Billy J. Williams on behalf of Washington, Clackamas, and Marion County District Attorneys as Amicus Curiae, dated 2/21/24;
12. Case Number: 3:21-cv-01637-MO, Document No. 259, Opinion and Order: Defendants' Petition for Expedited Ruling on Supremacy Clause, signed on 3/6/24 by Judge Michael W. Mosman;
13. Case Number: 3:21-cv-01637-MO, Notice of Case Reassignment to Judge Adrienne Nelson, 3/6/24;
14. Case No. 24CN00829, Order to Show Cause re Contempt, Marion County Circuit Court, dated 3/7/24, signed by Judge Audrey Broyles;
15. Case No. 3:02-cv-00339-MO (Lead Case), Opinion and Order: Intervenors' Motion to Intervene, entered by Judge Adrienne Nelson, 4/4/24;
16. Case No. 3:02-cv-00339-MO (Lead Case), Opinion and Order: Amicus Curiae Marion County's Motion to Expedite or Accelerate Ruling and its Second Motion to Intervene, entered by Judge Adrienne Nelson, 4/4/24;
17. Legacy Health System; Peacehealth; Providence Health & Services-Oregon; Legacy Emanuel Hospital & Health Center, DBA Unity Center for Behavioral Health; St. Charles Health System, Inc. v. v. Allen (OHA) appeal documents, Appeal No. 23-35511, including Plaintiffs-Appellants' Opening Brief, Appellee's Brief and Legacy Health Reply; and
18. State of Oregon v. Charly Josh Velasquez-Sanchez Mandamus Proceeding Motion to Intervene by Audrey J. Broyles, Circuit Court Judge, Marion County Circuit Court, 5/10/24 and related cases.

Documents I reviewed since my prior report include the following:

1. OSH Forensic Admission and Discharge monthly data dashboards November and December 2023 reporting the month prior to production;
2. OSH Forensic Admissions and Discharge Bi-Weekly Reports;
3. Average Wait Time Prior to Admission Progress Metrics for Benchmark Goals, produced by OSH monthly;
4. *Mink & Bowman* Monthly Progress Reports from OHA from January through May 2024;
5. Miscellaneous case information sent under protective order;
6. Youth evaluation flow diagram, sent for review 4/18/24;

7. Miscellaneous media reports;
8. Mink/Bowman Comprehensive Plan drafts;
9. 1915i GEI PowerPoint;
10. Oregon Health Authority (OHA) Medicaid program requested the Independent and Qualified Agent (IQA) Contract Administration internal audit; and
11. A Mixed Methods Study of Competency Restoration in Oregon, by Program Design and Evaluation Services (PDES) of OHA, September 2023.

Relevant meetings during this interim period from my prior report including the following meetings and discussions:

1. Periodic communications with Judge Mosman and Judge Beckerman, as well as an introductory meeting with Judge Nelson on 4/9/24;
2. Meetings with various OHA and OSH staff, including leadership and forensic evaluators;
3. Regular meetings (mostly biweekly) and several ad hoc meetings with OHA, OSH, DRO and MPD representatives and leaders both separately and together as well as email communications. In addition, I met with staff from these agencies at various points in this interval period.
 - a. From OHA, OSH, the weekly/bi-weekly leadership meetings have included:
 - i. Current administrative leaders including Ms. Ebony Sloan Clarke, Director of Behavioral Health, OHA, along with Samantha Byers, Lisa Nichols and Bonnie Cappa from OHA HSD/ISU
 - ii. Dolores Matteucci, OSH Superintendent-CEO
 - iii. Ms. Lindsey Burrows, Deputy General Counsel, Office of Governor Kotek
 - iv. Meeting with Dr. Seja Hathi, OHA Director, on 2/9/24
 - b. From Oregon Department of Justice (DOJ):
 - i. Carla Scott, DOJ Special Litigation Unit Counsel
 - ii. Sheila Potter, Deputy Chief Counsel, Special Litigation Unit, Oregon DOJ
 - iii. Melissa M. Chureau, Senior Assistant Attorney General, HHS, General Counsel Division
 - c. From Disability Rights Oregon (DRO):
 - i. Emily Cooper, Legal Director
 - ii. Dave Boyer, Managing Attorney
 - d. From MPD as plaintiff party, Jesse Merrithew of Levi Merrithew Horst PC
4. Monthly meetings with the parties to this case along with Amici representatives and their attorneys including:
 - a. Mr. Billy Williams, along with elected Washington County District Attorneys Kevin Barton, and Paige Clarkson;
 - b. County Counsel for Washington and Marion Counties, Mr. Thomas Carr and Ms. Jane Vetto, respectively, or their representatives;
 - c. Mr. Keith Garza and Judge Waller, Judge Proctor (through end of December 2023), and Judge Hill as involved Amici;
 - d. Mr. Eric Neiman, as representative of the Private Hospitals as Amici.
5. Meetings on 1/11/24 and 3/8/24 related to GEI patients attended by Dr. Alison Bort, PSRB Director, Dave Boyer of DRO, OSH and OHA leadership including Dolly Matteucci and Lisa Nichols and other representative staff;
6. Meeting with Ms. Evelyn Centeno of the Marion County District Attorney's Office, on 2/1/24, and follow up emails;

7. Attendance and Presentation at the Oregon District Attorneys Association Presentation 1/26/24 for monthly scheduled CLE;
8. Meetings with Ms. Cheryl Ramirez, Director AOCMHP, and representatives of CMHPs across Oregon as well as attendance at the AOCMHP quarterly meeting on 2/22/24;
9. Meeting with Mr. Eric Neiman and Dr. Robin Henderson as representatives from Private Hospitals;
10. Meeting with Ms. Janea Mark from MPD, on 5/8/24; and
11. Meetings with Kevin Neely and representative system partners to examine potential legislation related to restoration time limits and exceptions workgroup 1/26/24, 3/22/24 and 4/26/24, and review of associated documents.

Glossary of Acronyms and Terms Used in this and Prior Reports

A&A or AA: Aid and Assist

CCOs: Coordinated Care Organizations

CCBHCs: Certified Community Behavioral Health Clinics

CFAA: County Financial Assistance Agreements

CMHPs: Community Mental Health Programs

DOJ: Department of Justice Oregon

DRO: Disability Rights Oregon

FES: Forensic Evaluation Services

GEI: Guilty Except for Insanity

HLOC: Hospital Level of Care

IMPACTS: Improving People's Access to Community-Based Treatment, Supports, and Services

ISU: Intensive Services Unit

MOOVRS: Multi-Occupancy OSH Vacancy Resource & System Improvement Team

Mosman Order: As of this report, this will refer to the July 3, 2023 Second Amended Order unless otherwise specified

MPD: Metropolitan Public Defender

OCBH: Oregon Council for Behavioral Health

OCDLA: Oregon Criminal Defense Lawyers Association

OHA: Oregon Health Authority

ORPA: Oregon Residential Provider Association

OSH: Oregon State Hospital

PDES: Program Design and Evaluation Services

PSRB: Psychiatric Security Review Board

SHRP: State Hospital Review Panel

SRTF: Secure Residential Treatment Facility

Summary of Activities and Updates During this Reporting Period:

My prior report was issued in December 2023, and since that time most of my efforts have been focused on helping review the plan that was issued in my Seventh Report (10/18/23). Several of the deadlines had passed and the project deliverable dates needed to be updated. This required numerous meetings with leaders within OHA. It is encouraging to see the enthusiasm with which the leadership is taking on the challenges of the project plan. As noted in my prior reports, the project plan sets the stage for

infrastructure that can support ongoing services to hopefully reduce the reliance upon OSH for AA process.

There have been several meetings reviewing the GEI processes, per my earlier recommendations. This work has been more difficult in some ways as the GEI processes involve both the PSRB and OSH working on differing elements of the GEI systems and with different vantage points. That said, those meetings continue, and the workgroup is actively reviewing ways to help shape GEI processes to again reduce reliance upon OSH unless needed. There has been that “throughput” through the community system is as relevant to the GEI population as it is to the AA system.

Dialogues with the Amici group have continued monthly. There continues to be a collaborative tone to these conversations. The Amici are quite knowledgeable and provide helpful input. Although some of the focus is on compliance with the 7-day admission Mink/Bowman rule, there is also ongoing concerns about the increased strains on the community system, especially regarding increasing numbers of people being ordered to community restoration after the Mosman order was issued. There has been preliminary discussion of returning to mediation also to widen the ability of OSH to work with people in AA processes, while at the same time recognizing that this may work against the 7-day compliance requirement.

I have met more regularly with the AOCMHP leadership. These meetings, spearheaded by AOCMHP Executive Director Ms. Cherryl Ramirez, have been particularly helpful. Information that they have shared includes challenges with the numbers of individuals on community restoration as well as difficulties again with the throughput of these individuals through the system. There remain concerns about people with co-occurring substance use as well as intellectual and developmental disabilities that are not as well-served by the community restoration services. A major theme is also the lack of forensic evaluators for community evaluations to provide the courts with opinions that may allow cases in the community restoration process to be resolved. Community navigator pilots are still in the planning phases and more updates on this will be forthcoming in future reports. AOCMHP continues to work with OHA to advocate on issues such as impending rule changes about OSH discharge processes. Given the content of the meetings with AOCMHP, it has been determined that it will be helpful going forward for the meetings I have with AOCMHP and their representatives to include leadership from OHA. This combined dialogue has already started to occur.

Of note, in my regular meetings with the parties, I am especially appreciative of the assistance of Ms. Carla Scott of DOJ who continues to be a key contact for me with OHA and Ms. Dolly Matteucci from OSH. Ms. Matteucci retired from state service during this interim reporting period, and Dr. Sara Walker has taken on the role of Interim Superintendent and Chief Medical Officer of OSH in the interim. Ms. Matteucci will continue to assist with the legislative workgroup convened by Mr. Neely. Ms. Lindsey Burrows, of the Governor’s Office, also recently left her position to move back into her former litigation and appellate practice. She was incredibly helpful and instrumental in aligning various state leaders to help produce the workplan with the plaintiffs and help with the Amici. I am encouraged by the work she did and the collaborative opportunities that are derivatives of her effort. Plaintiffs, through Ms. Emily Cooper and Mr. Dave Boyer, and Mr. Merrithew from MPD, continue to work with the state in regular meetings, reviewing and approving plans that are embedded in this report.

Several state cases have been raised for mandamus rulings and even to the Federal Court for determinations related to the Supremacy Clause. Some of the state court rulings in these cases are still

pending. These cases stem from Marion County. Newer cases are emerging from other counties, such as Washington County, that examine timing of medication orders. Litigation with the private hospitals also continues. These cases will continue to be tracked.

There have been regular meetings organized by Mr. Kevin Neely to help establish a legislative proposal pertaining to restoration time frames, possibly evaluation practices, and other elements that the workgroup is still discussing. This work is ongoing. With Ms. Lindsey Burrows leaving her position in the Governor's office, Ms. Matteucci will continue to be a state liaison for this work.

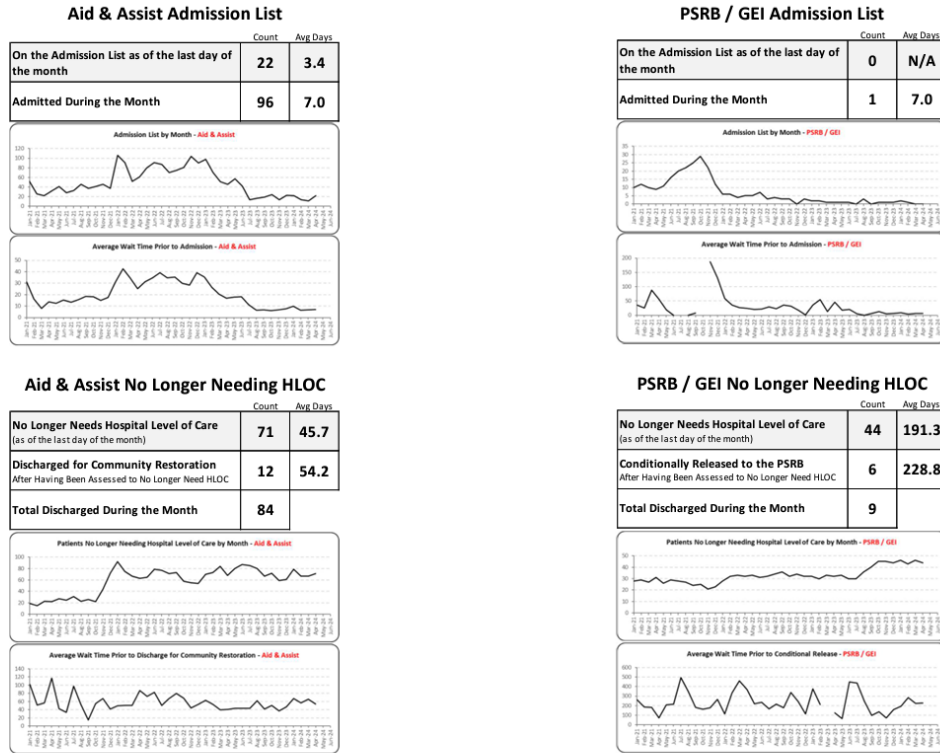
Data Summaries

Background Data: Data received shows the state has largely maintained compliance with the 7-day admission since my last report, except for two time periods (12/23/23 to 1/24/24 and briefly for three admissions during April 2024). In April 2024, 87 of the 96 admissions were admitted within 7 days of the court order. Of the 9 patients who were not admitted within 7 days, 4 were due to county transportation decision and 2 were due to the order being received late, and 3 were due to late admissions by OSH (and these reflect strict interpretation of non-compliance). The metrics that are tracked continue to hover on the edges of compliance. **Figure 1** and **Table 1** show a slight recent increase in numbers of people waiting for admission, and the average numbers of days people ordered for restoration are waiting, one can see that this was 2.9 days by 11/30/23 but 3.4 days by 4/30/24. For individuals who were admitted the month prior (which is different from the snapshot average), defendants waited an average of 6.6 days during the prior reporting period, as opposed to 28.5 days noted at the end of November 2022, but they waited 7.0 days during this latest data. Given that the state has already dipped out of compliance twice since achieving it, it remains to be seen whether and how long future compliance can be sustained. The number of people ready to place into the community also has not significantly decreased, at 71 people by 4/30/24 on the AA list and 44 people on the GEI list, and with those numbers there is ongoing concern about silting into the hospital people who may not need that resource for their care for their mental illness. It should be noted, however, that the PSRB has indicated that the metric tracked on the data dashboard has some limitations as it does not consider PSRB decision steps required before someone is ready for discharge. The GEI workgroup is examining whether there are alternative metrics that may help shed better light on GEI discharge processes.

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Figure 1. Data Dashboard Charts Reflecting Progress in *Mink/Bowman* as of May 1, 2024

OSH Forensic Admission and Discharge Dashboard
April 2024



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

Page 1 of 4
5/6/2024

Table 1. Individuals Awaiting Admission

1. Regarding individuals on OSH admission list with signed and received A&A court order									
	As of 1/5/22	As of 1/28/22	As of 5/1/22	As of 9/1/22	As of 12/1/22	As of 4/1/23	As of 7/1/23	As of 11/1/23	As of 4/1/24
Total Number of individuals	46	93*	67	70	104	51	42	24	11
Average days current individuals have been waiting	15.8 days	22.5 days	16.2 days	19.8 days	20.7 days	11.1 days	9.3 days	3.5 days	5.4 days
Range of Days on waitlist	2-23 days	3-44 days	2-28 days	3-34 days	1-36 days	1-18 days	1-17 days	1-9 days	3-10 days
2. Regarding individuals found GEI and ordered to OSH									

	As of 1/5/22	As of 1/28/22	As of 5/1/22	As of 9/1/22	As of 12/1/22	As of 4/1/23	As of 7/1/23	As of 11/1/23	As of 4/1/24
Total number of individuals	15	4	3	4	0	1	1	1	0
Average days waiting	45.6 days	23 days	18 days	13.0 days	N/A	26.0 days	10.0 days	1.0 days	N/A
Range of Days on waitlist	1-110 days	17-28 days	12-26 days	3-20 days	N/A	26 days	10 days	1 day	N/A

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

Table 2 and **Table 3** show the capacity and census at OSH, which uses an operational active capacity metric and has not shown any significant changes since my prior report. There has been a slight increase in active capacity from 703 to 705 as temporarily offline beds were brought back online. Overall, the hospital is always operating at nearly full active capacity.

Table 2: OSH Bed Capacities as of 4/1/24

Site	Licensed Capacity	Active Capacity
Salem Main Campus HLOC	502	474
Salem Main Campus SRTF	90	87
Salem Main Campus Total	592	561
Junction City HLOC	75	72
Junction City SRTF	75	72
Junction City Total	150	144
OSH Total	742	705

Table 3. OSH Census as of 4/1/24

Date	Aid & Assist	PSRB	Civil Commitment	Other	Total
9/1/2022	410	275	14	1	700
12/1/2022	396	279	13	0	688
4/1/2023	400	279	11	1	691
7/1/2023	389	281	13	1	684
11/1/2023	366	291	17	1	675
4/1/2024	360	288	30	0	678

The ongoing high numbers of new orders for restoration continue to be notable (See **Table 4** and **Figure 2**). GEI admissions do not show significant variability.

Table 4. Aid and Assist and GEI Orders

Number of Orders Received	Aid & Assist	GEI
April 2022	80	7 (4 standard / 3 revocation)
May 2022	77	7 (4 standard / 3 revocation)
June 2022	75	6 (4 standard / 2 revocation)
July 2022	65	5 (3 standard / 2 revocation)
August 2022	74	7 (4 standard / 3 revocation)
September 2022	84	6 (5 standard / 1 revocation)
October 2022	95	3 (3 standard / 0 revocation)
November 2022	95	6 (2 standard / 4 revocation)
December 2022	73	4 (4 standard / 0 revocation)
January 2023	109	3 (3 standard / 0 revocation)
February 2023	74	5 (3 standard / 2 revocation)
March 2023	108	7 (2 standard / 5 revocation)
April 2023	100	5 (2 standard / 3 revocation)
May 2023	95	7 (3 standard / 4 revocation)
June 2023	83	1 (1 standard / 0 revocation)
July 2023	73	3 (0 standard / 3 revocation)
August 2023	103	5 (3 standard / 2 revocation)
September 2023	91	7 (6 standard / 1 revocation)
October 2023	96	3 (2 standard / 1 revocation)
November 2023	97	3 (2 standard / 1 revocation)
December 2023	93	3 (2 standard / 1 revocation)
January 2024	84	4 (4 standard / 0 revocation)
February 2024	73	9 (3 standard / 6 revocation)
March 2024	82	2 (2 standard / 0 revocation)

Figure 2. Aid & Assist Admissions/Orders Trends through March 2024

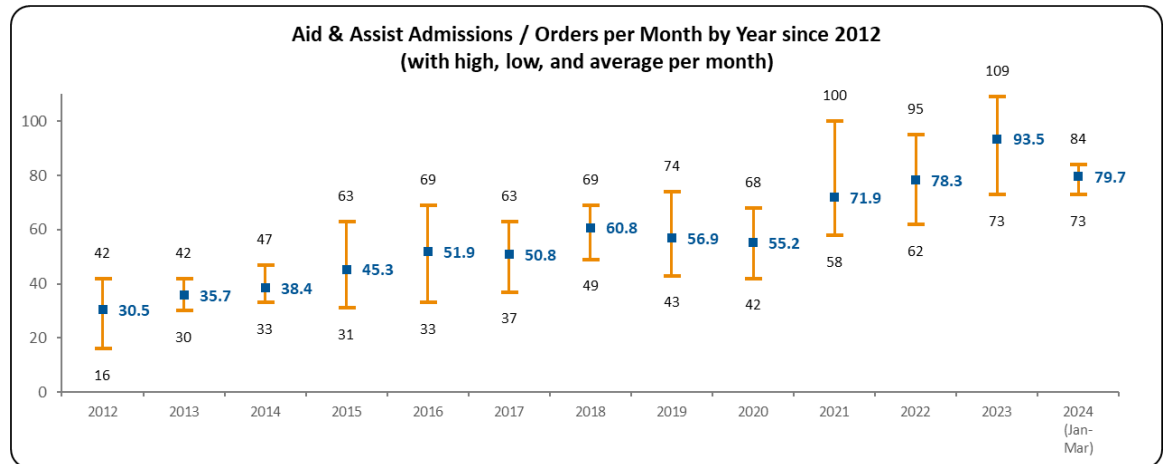


Figure 3 shows trends relative to benchmarks set forth in my June 2022 report and progress metrics in relation to the timing of the first Mosman order in September 2022 and the amended order in July 2023, as well as trends in more recent compliance with 7-day admissions as updated through 5/1/24. As noted elsewhere in this report, for the most part the state has remained in compliance though numbers hover near compliance limits, and sustained compliance for six months has not been achieved.

Figure 3. Admission Wait Time Projections Compared to Benchmarks Set in Second Report based on data as of 5/1/24

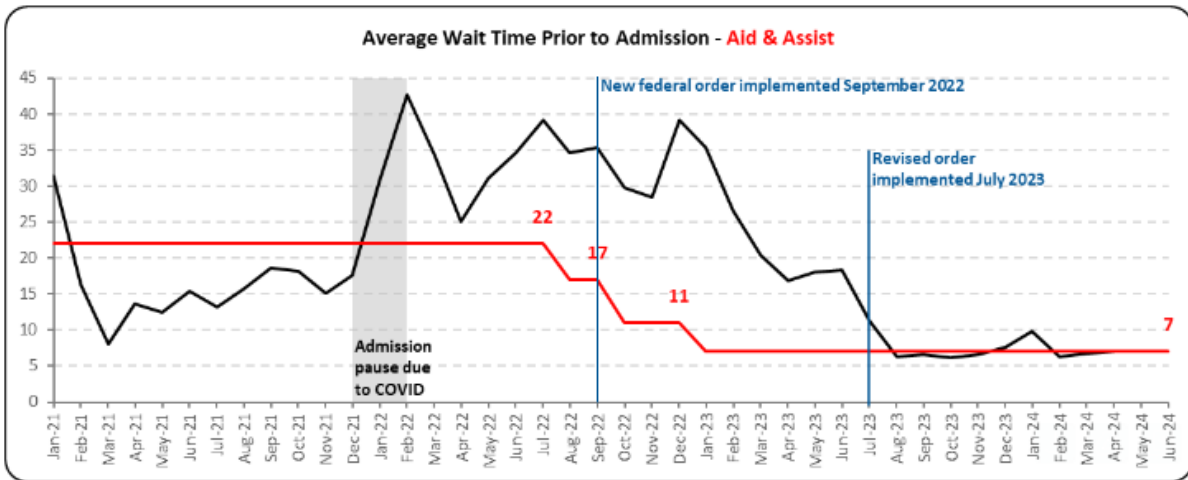


Table 4 below shows data related to the order by Judge Mosman. Of the 409 individuals who were in OSH at the time of the 9/1/22 order (so-called “Cohort 1”), only 6 were in the hospital as of 4/1/24 on their initial restoration order. As can be seen in **Table 4** and **Table 5**, most patients are being discharged after being found able, and many are sent to community restoration. It is my understanding that the data for discharge reasons is such that those discharged prior to the end of restoration as unable and ordered to community restoration are labeled as “community restoration” discharges. As per my prior reports, the demand for community restoration services is a significant issue to be addressed.

Table 4. Discharge Data Related to the 9/1/22 Order by Judge Mosman

- **Cohort 1:** Patients at OSH at the time of the Federal Court Order
- **Cohort 2:** Patients admitted to OSH after the issuance of the Federal Court Order on 9/1/22

Cohort 1	At OSH		Restoration Limit Notice Outcomes (total since 9/1/2022)			Discharge Reasons (total since 9/1/2022)							Total Discharged
	as of 9/1/2022	as of 4/1/2024	30-Day RL Notices Sent	Discharged Prior to Meeting 30-Day RL Notice Period	Discharged After Meeting 30-Day RL Notice Period	Found Able	Found Never Able	Community Restoration	Charges Dismissed or Released	Discharged After Meeting 30-Day RL Notice Period	End of Statutory Jurisdiction	Other	
	Misdemeanor	85	0	51	25	26	18	2	29	7	26	3	
Felony	217	0	100	30	70	68	13	57	9	70			217
Violent Felony	107	6	42	19	17	41	29	6	3	17	2	3	101
Total	409	6	193	74	113	127	44	92	19	113	5	3	403

Cohort 2	Admitted since 9/1/2022		At OSH as of 4/1/2024		Restoration Limit Notice Outcomes (total since 9/1/2022)			Discharge Reasons (total since 9/1/2022)							Total Discharged
	9/1/2022	4/1/2024	30-Day RL Notices Sent	Discharged Prior to Meeting 30-Day RL Notice Period	Discharged After Meeting 30-Day RL Notice Period	Found Able	Found Never Able	Community Restoration	Charges Dismissed or Released	Discharged After Meeting 30-Day RL Notice Period	End of Statutory Jurisdiction	Other			
	Misdemeanor	586	61	497	238	222	134	29	111	26	222	3		525	
Felony	933	206	335	147	133	343	49	166	35	133		1	727		
Violent Felony	266	100	46	19	9	126	21	5	2	9	1	2	166		
Total	1785	367	878	404	364	603	99	282	63	364	4	3	1418		

Table 5. Legal Status of AA Discharges in March 2024 based on Hospital Data and Hospital

March 2024 A&A Discharges

Reason	Cohort 1	Cohort 2	Total
Able		31	31
Never Able		8	8
Community Restoration		18	18
Dismissed		3	3
End of Statutory Jurisdiction			0
Other			0
Restoration Limit		19	19
Total	0	79	79

The numbers of admission orders in January, February and March were not as high as in some months and some months were lower than those that were originally projected upon the initial Mosman Order as depicted in **Table 6**. This table shows the actual admissions compared to the projected admissions that were calculated making certain assumptions regarding rates of orders that might be received.

Table 6. Projections vs. Actuals Admissions, Discharges, and New Restoration Orders

Month	Projected				Actuals			
	Discharges	Admissions	New Orders	Admit List	Discharges	Admissions	New Orders	Admit List
Sep-22	67	67	74	77	85	76	84	86
Oct-22	90	90	74	61	90	91	95	90
Nov-22	90	90	74	45	85	81	95	104
Dec-22	95	95	74	24	92	77	73	90
Jan-23	97	97	74	10	93	101	109	98
Feb-23	97	97	74	10	94	107	74	70
Mar-23	107	107	79	10	129	128	108	51
Apr-23	89	89	79	10	108	107	100	46
May-23	89	89	79	10	88	87	95	57
Jun-23	89	89	79	10	101	97	83	42
Jul-23	87	87	79	10	103	104	73	14
Aug-23	87	87	79	10	112	100	103	17
Sep-23	90	90	84	10	102	95	91	19
Oct-23	91	91	84	10	97	93	96	24
Nov-23	91	91	84	10	103	108	97	14
Dec-23	92	92	84	10	64	83	93	23
Jan-24	92	92	84	10	96	82	84	22
Feb-24	92	92	84	10	97	81	73	14
Mar-24	92	92	89	10	79	85	82	11

Community restoration is depicted in **Table 7**, showing that community restoration episodes for the first nine months of 2023 numbered 344, compared to a total of 375 for the full year of 2022. The mean number of days in community restoration was 182 days, with a range of from 0 to 1161 days total within the first nine months of 2023. As noted in prior reports, the community restoration data lacks timeliness and specificity in many ways. It is hand collected only periodically and is not as readily conclusive as hospital restoration data. I have been speaking to OHA leadership about data improvement for community restorations. This work has become part of the project plan.

Table 7. CMHP Reported Completed Community Restoration Data 1/1/2019-9/30/2023

CMHP Reported Completed Community Restoration Data 1/1/2019-9/30/2023**		
# of Completed Community Restoration Episodes*	1419	
# of Days Minimum	0	
# of Days Maximum	1399	
# of Days Mean	194	
# of Days Median	143	
Days in Community Restoration	# of Completed Community Restoration Episodes*	% of Total Completed Community Restoration Episodes*
0-90	457	32.21%
0-180	863	60.82%
0-365	1229	86.61%
0-730	1393	98.17%
0-1095	1414	99.65%
*Completed does not reference success of restoration, but rather indicates that the community restoration episode		
**Missing data from Curry, Malheur, and Wallawa Counties from 1/1/23-3/31/23; Missing data from Baker, Benton, Curry, and Wallawa Counties for 4/1/23-6/30/23; Missing data from Baker, Benton, Coos, Crook, Curry, Douglas, Jackson, Lincoln, Malheur, Wallawa, and Washington Counties from 7/1/23-9/30/23		

CMHP Reported Completed Community Restoration Data												
	2019		2020		2021		2022		2023 (January-September Only)**		2019-2023	
# of Completed Community Restoration Episodes*	173		247		275		379		344		1419	
# of Days Minimum	1		0		0		0		0		0	
# of Days Maximum	1056		840		931		1399		1161		1399	
# of Days Mean	165		210		202		203		182		194	
# of Days Median	121		164		141		147		124		143	
Days in Community Restoration	# of Completed Community Restoration Episodes**	% of Total Completed Community Restoration Episodes**	# of Completed Community Restoration Episodes**	% of Total Completed Community Restoration Episodes**	# of Completed Community Restoration Episodes**	% of Total Completed Community Restoration Episodes**	# of Completed Community Restoration Episodes**	% of Total Completed Community Restoration Episodes**	# of Completed Community Restoration Episodes**	% of Total Completed Community Restoration Episodes**	# of Completed Community Restoration Episodes**	% of Total Completed Community Restoration Episodes**
0-90	65	37.60%	64	25.90%	90	32.70%	117	30.90%	121	35.20%	457	32.20%
0-180	116	67.10%	132	53.40%	166	60.40%	219	57.80%	229	66.60%	863	60.80%
0-365	160	92.50%	207	83.80%	230	83.60%	329	86.80%	302	87.80%	1229	86.60%
0-730	172	99.40%	242	98.00%	272	98.90%	369	97.40%	337	98.00%	1393	98.20%
0-1095	173	100.00%	247	100.00%	275	100.00%	375	98.90%	343	99.70%	1414	99.60%
*Completed does not reference success of restoration, but rather indicates that the community restoration episode ended.												
**Missing data from Curry, Malheur, and Wallawa Counties from 1/1/23-3/31/23; Missing data from Baker, Benton, Curry, and Wallawa Counties for 4/1/23-6/30/23; Missing data from Baker, Benton, Coos, Crook, Curry, Douglas, Jackson, Lincoln, Malheur, Wallawa, and Washington Counties from 7/1/23-9/30/23												

Forensic Evaluation data is reported in **Table 8** below. High numbers of evaluations are conducted by FES staff, including evaluations of individuals outside of OSH. I have been told by OSH FES leadership that new staff have been hired and it is hoped that evaluations will be able to be more timely, including more evaluations in the community. **Table 8** shows recent data on active cases for which FES has been assigned to evaluate, 388 of which are not currently at OSH.

Table 8. Number of Active FES Cases as of 3/1/24

Type of Evaluation and Location	Number
.370 Evaluations at OSH	358
.370 Evaluations not at OSH	306
.365 Evaluations not at OSH	62
.315 Evaluations not at OSH	20
Total Cases	746

Additional Data to Inform this Report:

Table 9. Ready to Place Information from 2022 to 2024

Period	10-Day RTP Assessments	Patients Found RTP	Percent Found RTP
2022 (Aug-Dec)	205	87	42.4%
2023	648	250	38.6%
2024 (Jan-Feb)	83	23	27.7%
Total	936	360	38.5%

Table 9 above shows how many Aid & Assist patients had a 10-Day Ready to Place (RTP) assessment performed and how many of those assessments led to the patient being placed on the RTP list by their 10th day. The data shows how many A&A patients admitted to OSH did not need hospital level of care. Some of these individuals could have likely been sent directly to receive community restoration.

The mediation that resulted in the Second Amended order from 7/3/23 offered exceptions to the original “Mosman” restoration duration limits. From 8/1/23 to 11/1/23 there were seven requests and all of those were granted (see **Table 10**). From 11/2/23 to 3/31/24 there were 12 180-day extensions cases granted and 10 30-day discharge extensions. None of the requests appear to have been denied by the courts once requested.

Table 10. Number of 180-day and 30-day Requests to Extend Restoration Duration

Period	180-day violent felony extension requests (Requests / Granted)	30-day discharge-related extension requests (Requests / Granted)
8/1/23 – 11/1/23	7 / 7	11 / 11*
11/2/23 – 3/31/2024	12 / 12	10 / 10
Total	19 / 19	21 / 21

**During the 8/1/23 – 11/1/23 period, only 6 of the 11 30-day extension requests met the criteria delineated by the mediation term sheet and Judge Mosman’s order, per DOJ, but all were granted.*

Civil expedited admission requests and admissions are also tracked. The data produced by OSH indicated is in **Table 11** through the end of March 2024.

Table 11. Civil Expedited Admissions 9/1/22 to 3/31/24

Period	Requests	Accepted	Denied
9/1/22 – 11/1/23	19	11	8
11/2/23 – 3/31/24	18	15	3
Total	37	26	11

Additional Information During this Interim Period

Progress reports from the defendants have been completed monthly, the details of which can be found on the state’s OHA Mink/Bowman website and will not be summarized here. I am encouraged by the active involvement of Medicaid in helping think through funding and policy strategies to continue to pay for services when feasible. As part of that progress, several items in my recommendations have begun to be tackled, such as rolling out the community navigator pilot as well as developing a more robust approach to community restoration with a companion manual. In addition, the finalized updated work plan was developed and is provided below as part of the concluding recommendations.

Conclusions and Recommendations:

Given the ongoing concerns about the strain on community systems serving the AA population especially in the aftermath of the Mosman order, it will be increasingly important to shore up the infrastructure and orientation of services and programs to best meet the needs of people in community settings. With that in mind, I highlight the following recommendations:

1. *Community Restoration*: I recommended in my Second Report that there be limits to timeframes to community restoration, and I continue to offer that recommendation. This would mean disentangling people’s need for services from AA processes and utilize AA processes when that serves a government interest toward prosecution, rather than as a holding pattern for pretrial court oversight. Other services can and should be put in place to help provide the long term support needs for individuals outside of AA processes. I am encouraged by the workgroup facilitated by Mr. Neely to see what inroads can be made about legislative fixes to some of these system challenges.
2. *Partnerships across state agencies and entities*: I am encouraged that Medicaid staff have increased their involvement as a strong partner in the *Mink/Bowman* discussions and I recommend that this continue. It will also be important to further dialogue with Developmental Disability Services.
3. *GEI process improvement*: GEI process and data improvement activities are being discussed in regular meetings, and I look forward to reviewing ideas from the PSRB and OSH about these opportunities.

4. *Monitoring Litigation and ongoing discussions with Amici*: It will be important for the state to continue actively monitoring state litigation to and any trends that could impact compliance with Mink/Bowman’s federal mandate, especially considering recent federal Supremacy Clause determinations. Also, with regard to the Amici group and the parties, if there is to be future mediation, it will be important that ideas be informed by data that can be examined for impact with regard to compliance and any other agreed upon factors..

5. *Updated Workplan*: The state continues to focus efforts on responding to the workplan and recommendations that were set forth in my Seventh Report. In this report, the updated workplan is codified as formal recommendations and is enumerated below. Once my report is released to the public, I would recommend that the state place these updated plans on the public facing website. I would also recommend that the parties review progress on the workplan regularly, and report out on any delays and the reasons for them. The updated workplan follows here:

ISU

1.A.1, 2nd half

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
1.A.1 (2 nd Half)	OHA, DRO, and MPD should begin to engage with stakeholders to review this data from the OSH data dashboard and develop a process to best use this data to inform system change at local levels.	1. Establish standard agenda using data dashboard, RTP list and hospital waitlist for OHA/OSH and county meetings	Complete	6/15/23	N/A	
		2. Hold first meeting with Multnomah County	Complete	6/30/23	N/A	
		3. Identify pilot counties to hold monthly meetings 3.1 – Define criteria for county selection 3.2 – Select counties (with leadership approval) 3.3 – Define attendee list for each meeting	Complete	8/29/23	N/A	
		4. Implement pilot 4.1 – Schedule meeting 4.2 – Facilitate meetings monthly	Ongoing	9/30/23	N/A	
		5. Conduct data review 5.1 – Review data with Dr. Pinals	Complete	3/31/24	N/A	

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
		6. Integrate RTP Process into CFAA Resolution Process 6.1 – Draft Resolution Process -Complete 6.2 – Draft OSH/OHA reconciliation process and submit to leadership for approval 6.3 – Implement Resolution Process with Counties and begin data collection	In Progress	5/01/24	7/01/24	Needed to revise plan to include CFAA Resolution Process to avoid increasing CMHP administrative burden.
		7. Conduct Final Data Review 7.1 – Present Data to Dr. Pinals	Not Started	N/A	2/1/25	

1.A.2

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
1.A.2	Data staff: OHA should submit POP to legislature to fund additional Data Technician for expansion of data development.	1. Finalize position description (PD) 1.1 - Draft position description using template. 1.2 - Have select team members review PD for content. 1.3 - Send to management for PD review and approval	Complete	8/31/23	2/27/24	Intensive Services Unit currently has eight open positions that required new or revised position descriptions. Additionally, seven of the positions require approval/establishment through Department of Administrative Services (DAS). There is no current estimate on how long this review process will take.
		2. Post position for hire 2.1 - Send finalized and approved PD to HR for posting. 2.2 - Review/edit as HR sees fit 2.3 - HR to forward to DAS for review 2.4 - DAS approves	Complete	9/30/23	4/1/24	

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
		2.5 - Upload to Workday site for required period of time				
		3. Hire position 3.1 - Post to Workday for recruitment 3.2 - Review submitted applications for minimum qualifications 3.3 - Conduct interviews 3.4 - Extend offer 3.5 - First day by on job	In Progress	11/30/23	7/01/24	

1.B.6

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
1.B.6	Development of community navigator model: OHA should develop a model to create “community navigators” to support individuals sent for restoration as they transition from OSH into community settings.	1. Select Community Navigator Model 1.1 - Facilitate workgroup review of navigator models. 1.2 - Identify model that aligns with the intent of community navigators. 1.3 - Draft model recommendation for Dr. Pinals. 1.4 - Incorporate feedback from Dr. Pinals.	Complete	11/15/23	N/A	N/A
		2. Select pilot sites for Community Navigator pilot 2.1 – Identify potential pilot sites. 2.2 - Schedule pilot introduction and collaboration session(s) with pilot sites 2.3 - Review of pilot with AOCMHP and incorporate feedback. 2.4 - Request to OHA leadership to expand the scope of the pilot to include (1) individuals in	Complete	11/17/23	N/A	N/A

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
		community restoration, (2) pilot sites. 2.5 - Outreach to CMHPs based on Aid & Assist caseload counts. 2.6 - Identify six pilot sites. 2.7 - Confirm pilot sites.				
		3. Identify and develop training materials and plan 3.1 - Meet with pilot sites to identify training needs for staff and navigator model. <i>Completed as of 2/6/24.</i> 3.2 - Develop training materials. <i>Completed as of 2/6/24.</i> 3.3 - Schedule training dates for pilot sites 3.4 - Complete initial trainings	In Progress	1/31/24	4/30/24	The delays in distributing funding were due to the extended CFAA negotiations. The team has identified a need for follow up trainings because hiring will be staggered.
		4. Develop data collection and reporting methods 4.1 - Review data currently reported by pilot sites. 4.2 - Incorporate data elements necessary for evaluation purposes including the examination of recidivism to OSH for Aid and Assist restoration. 4.3 - Incorporate feedback from Dr. Pinals. 4.4 - Formalize data reporting process. 4.5 - Communicate process to pilot sites	Complete	1/31/24	N/A	N/A
		5. Start Implementation 5.1 - Monthly or quarterly meetings and technical assistance with pilot sites 5.2 - Ongoing review of support and training needs	Complete	3/1/24	Ongoing	N/A
		6. Conduct 6-month pilot review 6.1 - Conduct data review 6.2 - Conduct partner/collaborator meetings: Pilot site listening & feedback sessions	Not Started	Aug 2024	9/30/24	The milestone is delayed due to the additional time needed to incorporate partner/collaborator feedback. Language added to

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
		6.3 - Meet with Dr. Pinals to review and obtain feedback 6.4 - Incorporate feedback from pilot sites and Dr. Pinals				the milestone to state "6-month" pilot.
		7. Conduct final data review, continuation for statewide expansion 7.1 - Data review; integrate findings/recommendations with Contingency Management MH Block Grant Pilot 7.2 - Conduct partner/collaborator meetings: Pilot site listening & feedback sessions 7.3 - Meet with Dr. Pinals to review and obtain feedback 7.4 - Incorporate feedback from pilot sites and Dr. Pinals	Not Started	Mar 2025	3/31/25	Please note: There is no delay. Language was added to specify the block grant project in 7.1 (MH block grant project)

1.B.9.c

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Update Due Date	Reason for Delay
1.B.9.c	Discharge process prioritization: Rulemaking and Reduced Reliance on Single Solutions for Discharge. OHA shall amend the OARs applicable to AA Ready-to-Place defendants to clarify that the treating clinical team's clinical recommendations primarily guide	1. Draft OARs for revision 1.1 - Review relevant OARs and Mink/Bowman recommendations 1.2 - Create initial draft of OARs 1.3 - Obtain OHA leadership permission to move forward with permanent rule process 1.4 - Leadership review of initial draft 1.5 - Incorporate leadership feedback 1.6 - Review PDES report for discharge	In Progress	4/12/24	5/1/24	Due to the volume of feedback received during community engagement, more time is needed to incorporate feedback prior to presenting final draft to leadership and Dr. Pinals. This delay will not cause a delay for completing Milestone 2.

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Update Due Date	Reason for Delay
	discharge planning.	related content and incorporate changes 1.7 - Review finalized CFAA as well as Draft CRP Manual from Recommendation 2.3.a for changes or other relevant rules to change during the permanent rule process 1.8 - Leadership Review of Final Draft 1.9 - Obtain feedback from Dr. Pinals, and Parties and finalize draft				
		2. Complete permanent rule process 2.1 - Hold community engagement sessions prior to initiating permanent rule process 2.2 - Work with HSD rules coordinator to complete permanent rule process	In Progress	8/31/24	No Delay Anticipated	N/A
		3. Complete training for stakeholders on new rules and expectations 3.1 - Review relevant rule changes to inform training materials 3.2 - Develop training material to present to stakeholders around clarification of new OAR 3.3 - Schedule and present training	Not Started	10/31/24	No Delay Anticipated	N/A

2.3.c

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
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<p>2.3.c Community Restoration Program Refinements: OHA should produce an annual report on CRP activities for public access to inform further legislative needs for communities to best deliver CRP services, inform proposals for legislative change, resource needs, and inter-relationships of partners/collaborators involved with CRP participants and the courts.</p>	<p>1. Onboard OHA contractor to complete annual report 1.1 - Coordinate with governance team to begin contract process. <i>Completed as of 11/7/23.</i> 1.2 - Review PDES Report for potential recommendations for short legislative session. <i>Completed as of 11/14/23.</i> 1.3 - Define scope of annual report. <i>Completed as of 1/9/24.</i> 1.4 - Complete contracting and begin work with contractor</p>	<p>In Progress</p>	<p>2/29/24</p>	<p>4/30/24</p>	<p>The project plan underestimated the length of time needed for the contract negotiation process. Currently, OHA is in final stages of contract negotiations and budget approval. This delay is not anticipated to impact the milestone 2.</p>
	<p>2. Complete initial annual report 2.1 - Collaborate with contractor to provide required information and subject matter expertise required for them to draft report 2.2 - Review report drafts and get leadership approval 2.3 - Present annual report to Dr. Pinalis and parties</p>	<p>Not Started</p>	<p>9/1/24</p>	<p>No Delay Anticipated</p>	<p>N/A</p>

ISU / OSH

1.B.13, 1st half

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
1.B.13 (1 st half)	Substance use disorder treatments: Expand access to substance use treatment including medications for addiction treatment (MAT) and contingency management in residential and community programs that serve people under AA orders. Incorporate these services into the refinements of services offered for people in Community Restoration Programs (CRPs).	1. Train on contingency management (CM) practices and consider relevance for use at OSH 1.1 – OSH trainings begin on CM 1.2 – OSH trainings completed on CM/recap discussion with workgroup – feedback, comments, suggestions for future directions 1.3 – OSH to consider if CM programming has relevance for use at OSH, based on training feedback	In Progress	1/31/24	6/15/24	
		2. Implement CM practices in community settings 2.1 – Continue providing CM in 6 community agencies via existing initiative 2.2 – Evaluate successes/barriers based on existing services and make recommendations for improvements 2.3 – Discuss with OHA M110 staff opportunity to include CM in Behavioral Health Resource Networks (BHRNs) 2.4 – Discuss with Medicaid leadership a timeline for billing pathways to be set up with CM 2.5 – Recruit providers for fall CM training cohort with Northwest ATCC	In Progress	N/A	9/1/24	Note that CM has already being implemented in select community settings via ongoing initiative, as mentioned in 2.1.

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
		3. Include OSH teams on the statewide ASAM training	Complete	1/31/24	2/26/24	This item was complete as of 2/26 with Online on-demand Training links made available to OSH teams.
		4. OHA to establish continuity of care for discharging patients with SUD from OSH 3.1 - SUD subject matter experts engage and collaborate with discharge planning staff (at OSH and in community) to include training community providers in Aid and Assist legal processes and requirements 3.2 - Identify key partners/collaborators who need to be engaged to support effective continuity of care 3.3 - Identify roles and responsibilities of key partners/collaborators in continuity of care 3.4 - Develop draft workflow to ensure that patients with SUD discharged from OSH receive needed SUD treatment integrated or concurrent with other care needs in a timely manner	In Progress	7/31/24	No Delay Anticipated	N/A

OSH 1.B.1, 2nd half

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
1.B.1 (2 nd half)	Standardized Assessments: OHA should convene key partners to review the standardized process and make final recommendations. Implement rule changes if needed.	1. Develop form to share with courts in HLOC packet, end statutory jurisdiction packet and discharge packet 1.1 - LOCUS score will be replaced by a narrative describing client need, along with clinical information courts can use to make a more informed decision	Complete	8/2/23	N/A	N/A
		2. Convene partners in aid and assist discharge process to assess effectiveness of the OSH clinical progress update for decision making 2.1 - Meet with partners/collaborators including OJD, AOCMHP, Dr. Pinals, and parties to assess and develop needed revisions	In Progress	11/30/23	5/30/24	Survey has been sent out to judges and the judges will need time to respond. The team will then review and consolidate survey responses.
		3. (If major revisions required) Explore OAR and/legislative changes	Not Started	6/30/24	No Delay Anticipated	N/A

1.B.8.d

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
1.B.8.d	Improve GEI processes to reduce reliance on OSH when not clinically appropriate.	1. A supervising OSH Risk Review Social worker will continue to meet at least twice monthly with the PSRB Executive Director and HSD GEI/PSRB Operations and Policy Analyst Three to:	Ongoing	Ongoing	No Delay Anticipated	N/A

	<ul style="list-style-type: none"> • Discuss current state of PSRB placements • Review Community vacancies • Problem-solve complex case and systemic issues creating barriers to discharge • Serve as a liaison to Risk Review committee and the PSRB Attend Monthly statewide meetings 				
	<p>2. A supervising Risk Review Social worker and/or the Director of Social Work monitor revocations on an ongoing basis and clients reaching End of Jurisdiction (EOJ) beginning one year from EOJ to ensure appropriate planning and community engagement</p>	Ongoing	Ongoing	No Delay Anticipated	N/A
	<p>3. Establish a series of three to five (3-5), 1.5-hour meetings to explore opportunities to improve GEI processes and to reduce reliance on OSH bed days in partnership with DRO, OSH, HSD, PSRB and the neutral expert</p> <p>3.1 - Complete facilitating meetings. 3.2 - Set new deliverables and assign ownership and completion dates of any improvements identified</p>	In Progress	Jan 2024	6/30/24	<p>Scheduling availability pushed out the meeting dates. OSH held at least 5 meetings as required by the work plan.</p> <p>These meetings identified a new data dashboard as the deliverable. The dashboard is set to go-live in April.</p>

1.B.13, 2nd half

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
1.B.13 (2 nd half)	<p>Substance use disorder treatments: Similarly for the OSH population, foster greater focus on substance use treatment services for individuals in AA and GEI processes. Incorporate these services into the refinements of services offered for people in Community Restoration Programs (CRPs).</p>	<p>1. OSH obtained additional training for a small group of OSH staff on SMART recovery and have increased access to this group service</p>	Complete	8/1/23	N/A	N/A
		<p>2. Train a larger group of psychology, treatment services, and social work staff in Wellness Recovery Action Planning (WRAP). This will increase access to both group and individual WRAP services.</p>	Complete	Initiate July 2023	N/A	N/A
		<p>3. Train non-clinicians to provide legal education to patients, which in the long-term will reduce clinician time in that work and afford more time to provide higher skilled clinical work, including SUD services. We are working to get staff who have completed classroom training effectively paired with existing group leads to co-lead groups to complete the training process for those individuals.</p>	Paused	Initiate July 2023	9/30/24	This project was initiated, launched, and has paused due to the loss of key staff trained as trainers. During the same time period, the jurisdictional treatment RPI (noted in number 4) started. The jurisdictional treatment RPI will impact how legal education services will be provided and who may be providing those services at OSH. This has a significant impact on how we provide additional training and who should be targeted for training. We will work to identify a new process for training staff to provide legal education as part of the jurisdictional treatment Rapid Process Improvement (RPI).

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
		<p>4. Launch a RPI related to improving group-based treatment centered on the different jurisdictions of our patients and the unique barriers to discharge/transition for Aid and Assist, PSRB, and civil jurisdictions. This will include consideration of group SUD services and the role of addiction as a barrier to discharge/transition for different jurisdictions.</p>	In Progress	Initiate July 2023 ; Go live October 2024	1/31/2025	The hospital is in the process of a reorganization and the RPI needed the reorganization decision to settle on space use. Please note that the RPI is progressing and is now anticipating the go-live to now be in the new year.
		<p>5. Work toward re-initiating a CADC training academy with a tentative goal for a cohort to begin in 2024 (contingent on positions and staffing). This program trains existing hospital staff in different positions to provide SUD services and requires that they commit to providing 2-4 hours.</p> <p>5.1 – Initiate training academy planning (<i>Completed</i>)</p> <p>5.2 – Re-launch next CADC cohort</p>	In Progress	Initiate Mar 2024	10/1/24	<p>Please note there is no delay in the initiation of this milestone. Planning for a relaunch of the CADC training program began in February 2024 and there are regular cadenced meetings to move that project forward; This item is In Progress. The projected go live for the next training academy to begin is October 2024. Regular cohorts will then be launched on an annual basis ongoing.</p> <p>Each training cohort will include a minimum of 8 staff.</p>

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
		6. Operationalize MAT protocols within OSH 6.1 - Review state and federal law and rule relating to provision of MAT <i>Completed</i> 6.2 - Provide education/training/resources for OSH staff around MAT 6.3 - Develop workflow for patient initiation onto MAT <i>Completed</i>	In Progress	Initiate Mar 2024	No Delay Anticipated	N/A

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
1.A.3	Data sharing: OHA/OSH should work in partnership with OJD to examine best mechanisms to share their own data and utilize regular data reports from each entity to mutually inform practices.	1. Data Warehouse team to run current report using data pulled from e-court and will send to OHA/OSH teams.	Complete	7/20/23	N/A	N/A
		2. OHA/OSH team to review Data Warehouse data for alignment with Neutral Expert data sharing request elements and attempt to produce reports 2.1.a - If data aligns with current need, the data team will create ongoing reports to be uploaded to Mink/Bowman website. 2.1.b - If useful data is not able to be pulled from data warehouse, this will become an agenda item for discussion with Dr. Pinals and all parties if appropriate.	Complete	11/1/23	N/A	N/A
		3. OHA/OSH to evaluate whether new codes that OJD is creating can be used. (Note: this goal is dependent upon OJD and OHA's ability to access ECourts data.) 3.1 OHA and OJD to update DUA based on additional fields needed. 3.2 Create workable and repeatable reports from ECourts to be used by BH Staff and aggregated to be used on the Mink-Bowman website	In Progress	Jan 2024 (Note: this goal is dependent upon OJD and OHA's ability to access ECourts data.)	6/30/24	The team has received original set of codes from OJD. Since the Data Use Agreement (DUA) was executed, more codes have been added. This recommendation is contingent on OJD. Milestone is delayed due to issues complexities in the Data Warehouse of related to cross-system data matching (Primary Client Index (PCI) functionality), overall data environment indexing functionality, and reporting tool capacity issues.
		4. OHA to review data currently available from the OHA data warehouse that is supplied by OJD/E-Courts. Further data sharing	In Progress	Jan 2024	6/30/24	The team has received original set of codes from OJD. Since the DUA was executed, more

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
		<p>agreements and analysis will be considered after initial review of available data</p> <p>4.1 - OJD is creating new codes to be tracked in Ecourts, which may make it easier to track outcomes and dispositions for Aid and Assist clients. <i>Completed as of 1/11/24.</i></p> <p>4.2 Analysis of new codes to be completed to determine any additional data needs for new codes. <i>Completed 3/7/2024</i></p> <p>4.3 - Once codes are implemented, data warehouse techs will begin building reports on the new codes</p>				codes have been added. This modification to the DUA for the community restoration codes is in review by the OJD legal team. This recommendation is contingent on OJD.

2.5

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
2.5	<p>OSH Patient Care Improvement and Community Engagement: OHA should explore all available means to obtain funding for one OSH data analyst and two OSH data integration specialist positions to support Mink/Bowman treatment discharge approaches, community connections, and data reporting.</p>	<p>1. Submit request to the legislature prior to 2023 legislative session via POP 402</p> <p>1.1 - POP 402 was not supported by the legislature; however, OSH did receive approval for 10 positions, one of which is a research analyst 3</p>	Complete	6/30/23	N/A	N/A
		<p>2. OSH to bring staff on</p> <p>2.1 - Continue to move the 10 positions approved by the legislature through classification and compensation stage of recruitment (<i>Completed as of 3/2024</i>)</p> <p>2.2 - Initiate recruitment for the manager position in partnership with Equity and Inclusion Division. (Manager will recruit and hire team members with leadership support)</p>	In Progress	1/1/24	9/01/24	Since the milestone is contingent on state HR processes, there is not an exact due date available.

		2.3 - Positions likely to start				
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Data 1.A.3

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
1.A.3	Data sharing: OHA/OSH should work in partnership with OJD to examine best mechanisms to share their own data and utilize regular data reports from each entity to mutually inform practices.	1. Data Warehouse team to run current report using data pulled from e-court and will send to OHA/OSH teams.	Complete	7/20/23	N/A	N/A
		2. OHA/OSH team to review Data Warehouse data for alignment with Neutral Expert data sharing request elements and attempt to produce reports 2.1.a - If data aligns with current need, the data team will create ongoing reports to be uploaded to Mink/Bowman website. 2.1.b - If useful data is not able to be pulled from data warehouse, this will become an agenda item for discussion with Dr. Pinals and all parties if appropriate.	Complete	11/1/23	N/A	N/A
		3. OHA/OSH to evaluate whether new codes that OJD is creating can be used. (Note: this goal is dependent upon OJD and OHA's ability to access ECourts data.) 3.1 OHA and OJD to update DUA based on additional fields needed. 3.2 Create workable and repeatable reports from ECourts to be used by BH Staff and aggregated to be used on the Mink-Bowman website	In Progress	Jan 2024	6/30/24	The team has received original set of codes from OJD. Since the Data Use Agreement (DUA) was executed, more codes have been added. This recommendation is contingent on OJD. Milestone is delayed due to issues complexities in the Data Warehouse of related to cross-system data matching (Primary Client Index (PCI) functionality), overall data environment indexing

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
						functionality, and reporting tool capacity issues.
		<p>4. OHA to review data currently available from the OHA data warehouse that is supplied by OJD/E-Courts. Further data sharing agreements and analysis will be considered after initial review of available data</p> <p>4.1 - OJD is creating new codes to be tracked in Ecourts, which may make it easier to track outcomes and dispositions for Aid and Assist clients. <i>Completed as of 1/11/24.</i></p> <p>4.2 Analysis of new codes to be completed to determine any additional data needs for new codes. <i>Completed 3/7/2024</i></p> <p>4.3 - Once codes are implemented, data warehouse techs will begin building reports on the new codes</p>	In Progress	Jan 2024	6/30/24	The team has received original set of codes from OJD. Since the DUA was executed, more codes have been added. This modification to the DUA for the community restoration codes is in review by the OJD legal team. This recommendation is contingent on OJD.

2.3.b

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
2.3.b	<p>Community Restoration Program Refinements: OHA should enhance CRP data reporting from quarterly to more active regular contemporaneous reporting (and fund the needed infrastructure to do so) so that reports can be generated</p>	<p>1. Identify which of requested data points are already being collected by OHA, and how often they are being collected</p> <p>1.1 - Receive reports from data warehouse</p>	Complete	9/15/23	N/A	N/A
		<p>2. Complete first draft of changes needed to capture all requested data points on a monthly basis and submit to relevant parties for approval</p> <p>2.1 - Consult with Health Policy and Analytics and Datawarehouse team to ensure feasibility of draft.</p>	In Progress	12/15/23	8/31/24	Milestone is delayed due to issues in the Data Warehouse of cross-system data matching (PCI functionality), overall data environment indexing functionality, and

as needed by OHA.	<p><i>Completed as of 11/1/23.</i></p> <p>2.2 - Draft reports from the Data Warehouse in consultation with Health Policy and Analytics.</p> <p>2.3 - Present to BHD leadership and Neutral Expert incorporate feedback</p> <p>2.4 - Present finalized report to the parties and Neutral Expert</p>				reporting tool capacity issues. The ODE team is also still waiting on OJD legal team to review DUA to be able to receive community restoration codes
	<p>3. Initiate processes needed to make identified changes to CRP reporting structure</p> <p>3.1 - Create draft reports for use by Behavioral Health staff and aggregated for use on the Mink-Bowman website</p> <p>3.2 - Schedule meeting with relevant contract administrator and Datawarehouse team to determine steps needed to ratify changes, as well as the timeline for ratification</p>	In Progress	2/15/24	2/28/25	The team is working on a gap plan to pull data from OJD once community restoration codes are included in the data feed to OHA. Once ROADS implementation occurs, OHA will review reports developed during the gap plan to see if there is additional information that would need to be included.

Medicaid

1.B.11

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
1.B.11	OHA shall draft an analysis report that reviews the current state of care coordination operations for adults under an Aid & Assist Competency Restoration order discharging from OSH to the community, and separately those discharging from OSH to jail.	<p>1. Conduct requirements review</p> <p>1.1 - Complete OAR review</p> <p>1.2 - Complete 2024 CCO contract review</p> <p>1.3 - Complete 2024 FFS Care Coordinator contract review</p> <p>1.4 - Complete 2024 CMHP contract review</p> <p>1.5 - Complete 2024 Comagine Contract review</p> <p>1.6 - Draft Analysis Report</p>	In Progress	2/15/24	7/30/24	Milestone is in progress, as Medicaid policy analyst has been hired and onboarded and is in progress with requirements review. Milestone was initially delayed due to hiring and onboarding of dedicated staff.

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
		1.7 - Review of 2023 IQA Audit & integration of Corrective Action Plan to issues related to the LSI and Comagine				
		2. Circulate analysis report draft for review 2.1 - Circulate analysis report for review 2.2 - Complete OHA Medical leadership review 2.3 - Complete OHA BH and Medicaid leadership review 2.4 - Complete OSH Social Work leadership review 2.5 - Complete PSRB review 2.6 - Complete Dr. Pinals review 2.7 - Incorporate feedback from reviews	Not Started	3/1/24	10/31/24	Milestone was initially delayed due to hiring and onboarding of dedicated staff.
		3. Final analysis report due	Not Started	3/29/24	11/1/24	Milestone was initially delayed due to hiring and onboarding of dedicated staff.
		4. Submit recommendations for consideration in the CCO, FFS care coordination, and Transition of Care (TOC) rules 4.1 – Submit recommendations for consideration in the CCO rules 4.2 – Submit recommendations for consideration in the FFS care coordination rules	Not Started	3/29/24	1/31/25	Milestone was initially delayed due to hiring and onboarding of dedicated staff.

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
		4.3 – Submit recommendations for consideration in the TOC Oregon Administrative Rules				

1.B.12.b

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
1.B.12.b	OHA will develop a request for the 2025 legislative assembly to fund care coordination services for adults discharging from the OSH to community or jails. This may include an assessment of the Community Navigator pilot currently in development under 2023 legislatively allocated resources.	<p>1. Submit 2025 legislative request</p> <p>1.1 - Develop high level Policy Option Package (POP) concept 1.2 - Develop budget needs 1.3 - Draft a POP 1.4 - Circulate the POP for feedback among partner agencies 1.5 - Submit the POP</p>	In Progress	1/31/25	6/31/24	Policy Option Package language and concept development are in progress. Please note: there is no delay for milestone. The finalized language for the POP is due to 6/31/24.
		<p>2. Develop an engagement strategy with legislative assembly, OSH, DOC, OYA county/regional adult & youth carceral facilities, advocacy, ODHS, etc. in the form of talking points and presentation that addresses reason, need, impact, monitoring, etc.</p>	Not Started	N/A	12/31/24	This milestone will begin in the fall and engagement strategy will end in December

2.6

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
2.6	OHA shall expand Home CCO eligibility to align with the 2 years of continuous	<p>1. Complete 1115 waiver CE negotiations with CMS regarding 2 years of continuous eligibility</p> <p>1.1 - Complete CMS post protocol negotiations</p>	Complete	8/30/24	7/01/23	N/A

eligibility for individuals under an AA competency restoration order under the following scenarios: <ul style="list-style-type: none"> Community restoration (no OSH stay) OSH discharge to community restoration OSH discharge to jail and with monitoring for release to reinstate Medicaid eligibility and CCO eligibility or FFS care coordination Additionally, OHA shall provide a warm handoff to Fee for Service care coordination for individuals who meet Medicaid eligibility but either not eligible for CCO enrollment or choose not to enroll into a CCO.	1.2 - Finalize post approval protocols between state and CMS				
	2. Develop enrollment processes for eligible individuals who are exiting OSH/carceral systems <ul style="list-style-type: none"> 2.1 - Assess OSH CCO enrollment pilot with Lane co. and Springfield jails 2.2 – Complete process development based on analysis report developed in recommendation 1.B.11 2.3 - Develop a process for a warm handoff for individuals who meet Medicaid eligibility but either not eligible for CCO enrollment or choose not to enroll into a CCO. 	Not Started	8/30/24	6/31/25	Additional time needed due to coordinating with each organization in every step of the process including OSH, Jails, ODHS, and other collaborators.

OJD

1.B.10

#	Recommendation Summary	Milestones / Sub-tasks	Status	Original Due Date	Updated Due Date	Reason for Delay
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<p>1.B.10 Forensic evaluation quality and efficiencies: OHA/OSH should continue to support work to develop improved infrastructure and efficiencies for forensic evaluations. OJD has agreed to lead in the writing of a report, and Parties in the Mink/Bowman matter should review and refine.</p> <p>The Mink Restoration Limits and Exceptions Workgroup sponsored by OHA should take on the opportunity to improve evaluation services through legislative remedies or other strategies.</p>	<p>1. OJD to develop GAINS Workgroup report to inform Legislative workgroup</p>	<p>In Progress</p>	<p>12/29/23</p>	<p>8/15/24</p>	<p>OJD hopes to complete the GAINS Workgroup report that evaluates Oregon's forensic evaluation system by mid-August.</p> <p>They are experiencing some staffing issues on their behavioral health team that have slowed them down in the midst of facilitating OJD's statewide civil commitment workgroup and other behavioral health priorities. However, they will complete the report as soon as possible, get final review from the GAINS Workgroup, and share with OHA.</p>
	<p>2. Evaluation system improvements recommendations will be finalized based on charter for Mink Restoration Limits and Exceptions Workgroup</p>	<p>In Progress</p>	<p>N/A</p>	<p>1/01/25</p>	<p>New milestone added to the recommendation.</p>

The above project plan updates were constructed with the approval of the plaintiffs for each item. There was tremendous collaboration among various parties within OHA, including the state Medicaid office and the work between leadership in the substance use services and other aspects of behavioral health services.

In conclusion for this report, I would like to acknowledge the many individuals and perspectives that helped inform the work during this interim period. I appreciate the time and attention that multiple partners across sectors have devoted to addressing the challenges in best serving the populations of persons under AA and GEI mandates. I once again commend the efforts of the Parties, and the work of the Amici including the elected and other officials regarding *Mink/Bowman* on behalf of the class members.

Respectfully Submitted,



Debra A. Pinal, M.D.
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