



Testimony in support of HB 3051-3

Aid & Assist Community Restoration Timelines

March 10, 2025

Chair Kropf, Vice-Chairs Wallen and Chotzen, Members of the Committee,

On behalf of the Association of Oregon Community Mental Health Programs (AOCMHP), I am writing to express our support for community restoration timelines as outlined in HB 3051-3 and as recommended in Dr. Pinal's 10th report. Community Mental Health Programs (CMHPs) provide services for people unable to aid and assist in their own defense due to underlying mental health and substance use disorders, including statutorily required community restoration services.

AOCMHP has advocated for community restoration time limits in multiple legislative sessions. The majority of Mink Restoration workgroup members, who met last summer, agreed there should be community restoration time limits and the Aid & Assist (A&A) subgroup of the Forensic BH workgroup also has had collaborative discussions on this particular component of the set of solutions.

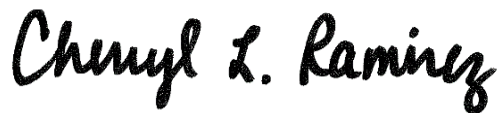
Why set timelines for community restoration? There are two main reasons from our perspective:

1. Community Resource constraints: Community restoration numbers have tripled since the Mosman order without commensurate investment in the workforce needed to provide the community-based services required, and numbers continue to increase as the pressure to discharge A&A patients from the Oregon State Hospital intensifies. In a recent cost study of CMHP core services, completed in December 2024, OHA and its contractor, Optumas, identified a sizeable funding gap for three required services, including A&A community restoration (not Medicaid-reimbursable). The cost analysis did not take into account funding needed based on increasing caseload trends, so the gap is actually greater than reported. Successful community restoration also relies on appropriate residential treatment facilities and housing because at least 50% of individuals unable to aid and assist in their own defense are houseless. Additionally, CMHPs rely on timely forensic evaluations, currently under resourced, to do their work.

2. Community restoration does not work for everyone: Some A&A clients are unwilling to participate in community restoration due to the acuity of their mental illness or for other reasons, such as anti-social behavior. Extending community restoration indefinitely will neither resolve their charges nor stabilize their BH conditions, so we need to try another approach with this subset of A&A clients.

Thank you for the opportunity to provide testimony in support of HB 3051-3.

Sincerely,

A handwritten signature in black ink that reads "Cheryl L. Ramirez". The signature is written in a cursive, flowing style.

Cherryl L. Ramirez
Executive Director, AOCMHP