



**In Support of HB 2005-1  
Aid & Assist, Civil Commitment Omnibus and Siting Amendments**

Co-Chairs Kropf and Prozanski, Vice Chair Mannix, and Members of the Committee,

On behalf of the Association of Community Mental Health Programs (AOCMHP), I am writing to express our support for HB 2005-1, the Aid & Assist/Civil Commitment omnibus amendment. This bill addresses barriers to successful Aid & Assist competency restoration and civil commitment, both at the Oregon State Hospital (OSH) and in communities. AOCMHP represents CMHPs statewide, statutorily required to provide community restoration and other services for people unable to aid and assist in their own defense, and provide a range of services for people undergoing the civil commitment process.

We support the criteria changes to civil commitment and the community restoration time limits as well as process changes that improve efficiency and timeliness, and reduce repetitive processes, set forth in HB 2005.

Community restoration can be a vital tool to work with people in the community whose charges stem from mental health and substance use disorders, and is an opportunity to connect them to treatment and break the cycle of recidivism into the criminal justice system and to OSH. However, community restoration timelines that are not aligned with Oregon State Hospital competency restoration timelines create unsustainable caseloads for community mental health programs, leading to ineffective community restoration programs. While the OSH time limits have been implemented for a few years now, community restoration time limits have not been tested because there are no time limits and so we do not have data on how community restoration timelines would impact the waitlists and ready to place lists.

Community restoration simply does not work for everyone. If an individual is not willing to participate after a reasonable amount of time, CMHPs can't force them and we need to try another approach. We agree with a 14-day notification of noncompliance and the allowance for CMHPs to go to court to request a dismissal of the community restoration. We also agree with adding the safety valve option.

Changes in Aid & Assist legal processes alone will not solve Oregon State Hospital or community capacity challenges. Building secure residential treatment facilities and residential treatment facilities/homes for Aid & Assist and Civil Commitment populations, and building more supported housing in the community as well as expanding crisis response and stabilization will be key. This is why Sections 59 and 60 to address barriers to siting behavioral health facilities are so critical to help solve the capacity challenges in communities. If Aid & Assist clients are in unsuitable settings or houseless, we will not be successful in restoring them to competency. For community restoration to be successful, individuals must be in safe settings.

Lastly, without commensurate investments for continued caseload growth in community restoration and in civil commitment, we will not achieve the state's competency restoration

objectives or effective treatment outcomes for people involved in Aid & Assist or Civil Commitment systems. We urge your support of HB 2005-1 with additional funding for community-based care.

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