Meeting Minutes – Task Force on the Intersection of Tribal and State Forensic Behavioral Health

Date: October 8, 2026

Time: 11:00 a.m. – 1:00 p.m.

Location: Webex Webinar

Members in Attendance: Chair Judge Naomi Stacy, Vice Chair Judge Denise Keppinger, Lisa Nichols, Leslie Wu, Judge Ronald Yockim, Cindy Cecil, Sharon Stanphill, First Lady Aimee Kotek Wilson, Judge Gayleen Adams, Judge Melissa Cribbins

Members Not in Attendance: Judge Patrick Melendy, Judge Karen Costello, Adrea Korthase, Kimberly Lindsay

Quorum: Yes (9)

Welcome and Roll Call

- Chair Judge Stacy announced that Judge Melendy is no longer with the Grand Ronde Tribal Court
    - Newell noted that his replacement is still being determined
- Newell stated that the Confederated Tribes of Siletz Indians submitted a letter to appoint a member to represent their Tribe
    - The letter put forth two names; Newell is waiting to see which person they would like to appoint since there is only one position available
- Newell provided a brief overview of the meeting agenda

Work Session

- Chair Judge Stacy opened a work session on whether to include the recommendation from the Indian Law Section that full faith and credit be extended to tribal court orders related to behavioral health in the Task Force's report
- Vice Chair Judge Keppinger moved that the Task Force recommend in its report to the Legislature that full faith and credit be extended to tribal court orders related to behavioral health
    - Judge Cribbins seconded the motion
- Chair Judge Stacy: Did anyone have anything to discuss on the motion?
    - No one had any discussion
- Chair Judge Stacy called for a vote on the motion
    - Ayes: Cindy Cecil, Judge Yockim, Judge Cribbins, Judge Adams, Sharon Stanphill, Lisa Nichols, Leslie Wu, Chair Judge Stacy
    - Nays: None
    - Absent: Judge Costello, Judge Melendy, Kimberly Lindsay, First Lady Aimee Kotek Wilson (she had technical issues joining the meeting)

- Chair Judge Stacy stated that the motion passed with a majority of the voting members voting “Aye”
- Chair Judge Stacy closed the work session
- Due to technical difficulties, First Lady Kotek Wilson joined after the vote but voted “Aye” for the record

Discussion on Task Force Report Structure

- Newell presented an overview of the structure of the Task Force report that is due December 15, 2026, per HB 2005 (2025) and what needs to be included
    - Identify data sharing needs between tribal service providers, tribal courts, and non-tribal service providers, the Oregon Health Authority (OHA) and Oregon courts
        - The HB 2005 Data Report (Data Report) included several recommendations:
            - Consider methods for securely gathering and reporting a tribal member’s status as a tribal member when the person is receiving involuntary treatment or services in the state court systems
            - Increase awareness and training for CMHPs to accurately report whether a client identifies as American Indian or Alaska Native, and whether that individual is a member of a tribe, when a person is receiving involuntary treatment of services in the state court systems
        - Nichols: Were the recommendations from the Data Report about sharing or reporting information?
            - Newell: For the first recommendation it’s about gathering and reporting, but the question is to whom? If it’s the state, there should be a duty to hold it securely and a reason to hold that information in the first place
        - Nichols: In favor of information sharing, collaboration with the tribes, and ensuring data privacy for the individual
        - First Lady Kotek Wilson: When someone is on a notice of mental illness (NMI), who is that information communicated to at the tribe? And, if the person is not in a state to self-report their tribal status, how are they connected to a tribal liaison?
            - Butler: If someone comes to the Oregon State Hospital (OSH), Oregon Health Authority (OHA) notifies the mental health department at the tribe(s) for care coordination, even without consent from the individual (HIPPA exceptions apply)

        - This process is not in statute or an administrative rule, it's an internal process within OHA
    - Butler: When the individual is an unreliable narrator OSH reaches out to the each tribe's contact person to ask if the individual is a tribal member
- Chair Judge Stacy: Does OHA do the notification, in partnership with the hospital, when they get notice of a NMI?
    - Butler: For OSH, they send the notice to the tribe and cc OHA when that is sent, but that process is only for OSH
- Cecil: In the past it has been hard when a hospital calls the tribe and the person is not a member of the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) but they live on the Tribe's land. If the hospital contacts the tribe where the person lives or the tribe they're enrolled in? What if they haven't lived with the Tribe they're enrolled in for a long time?
    - Newell: Coordination on this process could be included as a recommendation in the Task Force's report
- Chair Judge Stacy: As to CTUIR, there may be, through special jurisdiction, non-Indian defendants that CTUIR has exercised jurisdiction over and sentenced, but the person is not eligible for tribal services since they are not tribally enrolled nor otherwise eligible
- Mike Johnson (Interim Manager for the Civil Commitment Unit, OHA): Pre-commitment investigators can contact anyone they deem necessary to complete their investigation, but even if the person is struggling with symptoms, asking them for consent still seems like the best practice.
- Johnson: The Task Force should look at creating guidelines for what investigators are allowed to tell the tribal health authority if an individual is under investigation
    - Newell: This could be addressed in the Task Force's report
- Cecil: Examine language in the administrative rules which refers to "enrolled tribal members" (there are many members who are not enrolled but are descendants and receive tribal services and live on tribal lands). Specifically calling out "enrolled tribal members" is a barrier
- Judge Yockim: The HIPPA issues surrounding data sharing and the importance of why the tribes need to be contacted should be included in the Task Force's report.

- Examine mental and behavioral health care services provided within tribal lands and to tribal members and identify barriers to providing care to tribal individuals
    - Cecil: CTUIR currently has no intention of developing a residential facility, but, for those being investigated for a potential hold who need supportive services during that investigation, what is available for them while keeping them in the community? There are limited community-based resources for those who need a higher level of security
    - Chair Judge Stacy: Confirm with both OHA and the tribes that they know who their mental health professionals are, that they're exercising their behavioral health authority, and what designations the tribes have made
        - How many tribes use their neighboring CMHP, rather than a tribal CMHP?
        - Which tribes are CHMPs? How did they get that designation? Does that align with OHA's understanding?
            - Julie Johnson (OHA) and Butler: Currently, the Confederated Tribes of Warm Springs is the only tribal CMHP, but they aren't doing civil commitments or aid and assists
        - If a tribe isn't a CMHP, who are they working with to provide behavioral health services? How do they work together?
    - Vice Chair Judge Keppinger: Look into what happens if individuals are involved in both the tribal and state judicial systems to identifying trigger points for communicating with the tribes if a commitment order is made in state court
- Determine barriers to tribal members receiving care at OSH pursuant to competency restoration orders or civil commitment
    - The full faith and credit recommendation addresses some of this
    - The Data Report recommended providing a mechanism for tribal courts/tribal behavioral health providers to be heard on issues related to treatment of individuals in mandated behavioral health systems
    - Butler: Going through the system with the CMHP and circuit court would be helpful for the tribes. Tribes want to be notified when a person is at OSH and to be more involved in the process
    - Cecil: Focusing only on OSH is too narrow, the Task Force needs to look at the relationship between tribes and their CMHPs and identify who's involved in the process

- Examine models for tribal and state interactions relating to mental or behavioral health
    - Information on other state models is being put together for the next meeting. Send suggestions on models you are aware of that are working well to Newell
- Examine the results of the Data Report
    - The Data Report includes several recommendations around increasing collaboration, education, and communication with tribes
    - Advocate for change of racial terms within Odyssey
    - Increase awareness and training for CMHPs to accurately report whether an individual identifies as American Indian or Alaska Native, and whether they are a member of a tribe, when receiving involuntary treatment or services in the state court system
    - Establish special designation on filing documents when a person has reason to believe an individual is American Indian or Alaska Native, or a member of a specific tribe
- Develop recommendations concerning tribal court needs that intersect with state services and barriers to service
    - Commitment to Change Workgroup Recommendations:
        - Require the state to seek input from tribal governments and treatment providers on the civil commitment system, including assisted outpatient treatment
        - Amend statute to require OHA and OJD to consult with the mental of authority of the tribe of a member who is subject to civil commitment proceedings
    - Chair Judge Stacy: A mechanism for notifying tribal courts would be helpful for promoting coordination between state and tribal courts
- Additional recommendations to include in the Task Force report?
    - Newell: Extend the Task Force an additional year
    - Chair Judge Stacy: Identify areas where the courts work, where the providers work, and the overlap/connection between the two
    - Butler: Have some legal discussion at the next meeting on what tribal mental health facilities, tribal mental health, and tribal mental health providers are and what each does
    - Butler: There's a good faith tribal notification process at OSH, but there's no statute or administrative rule about it

HB 2005 Data Report Review

- HB 2005 required OJD to submit a data report

- Did not find any instances of a clear path for individuals going from tribal court into state court system (there was a lot of unknown information about tribal members who were in state court systems)
- Found that different entities use different terms
    - US Census – American Indian or Alaska Native (self-reported data)
    - Odyssey – Indian (perceived data)
    - OHA – American Indian or Alaska Native (self-reported data)
    - CJC – Native American (perceived data)
    - Perceived data is not reliable or accurate
- How does the above demographic information get into the state court system?
    - For aid and assist (A&A) and guilty except for insanity (GEI), it comes when a prosecutor is filing charges. They pull racial data from the police report (based on the perception of the person's race)
        - Odyssey only uses "Indian"
        - 80% of criminal cases have reported race data, but it's not verified at any point
    - For civil commitment (CC), it comes from the CMHP or pre-commitment investigator. It may be self-reported, or it may be based on race
        - 6% of CC cases had reported race data
    - For treatment courts, there's a new system that allows race data input, which generally occurs after a person has pled guilty and they've gone into the treatment court system
        - Not cross-referenced to the criminal case
        - Has the option for more detail to say the person is a member of a tribe
- Newell reviewed and compared data from 2024 on:
    - How many persons across A&A, GEI, CC, and treatment courts identified as "Indian", as pulled from Odyssey
    - How many individuals in the CC system identified as "American Indian/Alaska Native" or "Native American", as reported by CMHPs
    - How many individuals identified as "American Indian/Alaska Native" or "Native American" in OHA and OHD data
- The data showed OJD and OHA are not collecting information to adequately identify tribal members in state court systems and that there is not currently a way to identify how many tribal members are in state CC, A&A proceedings, or under jurisdiction of the Psychiatric Review Board

        - Leads to missed opportunities to connect tribal members receiving involuntary treatment in the state court systems with the resources and guidance of their tribe
- Johnson: Three of OHA's 200 data collection systems collect tribal enrollment/affiliation data and they only do so for very specific reasons
    - OHA will never collect tribal enrollment data without a written policy, procedure, and data agreements in place with tribal government. It is tribal data that only the tribes should have and be allowed to use
    - Note: Tribal affiliation data is different than enrollment data
- Johnson: At the federal level there are two different terms:
    - The census term is defined as "any people indigenous to the land of North America, South America, and anywhere in between"
    - The federal definition for Medicaid is "enrolled in a federally recognized tribe or descendancy to the second degree" (parent or grandparent)
    - OHA uses American Indian/Alaska Native because that term is written into federal law and it's required data
- Butler: The Task Force should consider Washington's full faith and credit model and do an analysis of why that's not working and determine what we're doing in Oregon and how it's different so we can make any necessary modifications

Public Comment

- The Task Force received written public comment since the previous meeting (available in the meeting materials)
    - When a tribal court identifies a person who requires serious behavioral health treatment, what determines the appropriate level of care and who's financially responsible for making that level of care actually available?
    - Asked the Task Force to consider including in its report an implementation and funding matrix for tribal court forensic behavioral health orders
- Chair Judge Stacy : Put the above question and recommendation on the next agenda and include that concept, generally speaking, in the Task Force's report

Homework, Next Steps, and Final Meeting Dates

- Let Newell or Kiely Lyons (Analyst, OJD) know if there are people or organizations/agencies you know that should be part of upcoming discussions
- Chair Judge Stacy reviewed the draft of the upcoming agenda
    - Speak with CMHPs and hospitals to check what's working and what needs adjustment to serve a tribal court order
        - Lindsay is a member of a CMHP, but it is currently unknown whether she will be able to attend the next meeting
        - Umatilla had specific inquiries with the Association of CMHPs, we would like to have someone from there present

        - Chair Judge Stacy asked OHA to coordinate with Newell and Lyons to prepare for the next meeting and identify who from the hospitals should be invited
    - Recognition of court orders and implementation success
        - What it looks like when they do that in state court? (Vice Chair Judge Keppinger)
        - The administrative burden and hospital processes (speaker TBD)
        - Other practical issues (group discussion)
            - Discussion of public comment from September 26, 2026
    - Court to court, how are we working on memorandums of agreement and protocols? What are the issues?
    - Education and training: Who's going to know? How are they going to get ready?
    - Meeting recap
        - Continue narrowing down what the Task Force's report will look like
- Newell will send out another scheduling survey for setting the next meeting for two hours in late October or early November

Adjourn