

Public Comment Submitted
Via Task Force on the
Intersection of Tribal and
State Forensic Behavioral
Health Online Contact Form

Public Comment Submitted September 26, 2026, by Belindy Lynne Bonser:

“Dear Members and Staff of the Tribal-State Forensic Behavioral Health Task Force, Director Clarke, Director Johnson, and Ms. Butler:

Oregon has an opportunity to answer an important public-safety, Tribal-sovereignty, and taxpayer question before the Task Force completes its work: **When a Tribal court identifies a person who requires serious behavioral-health treatment, what determines the appropriate level of care, and who is financially responsible for making that level of care actually available?**

The Legislature created the Task Force on the Intersection of Tribal and State Forensic Behavioral Health to examine, among other issues, how Tribal courts and Oregon systems interact when behavioral-health treatment is needed, barriers to hospital-level treatment and Oregon State Hospital access, information sharing, and the needs of Tribal courts working with state services. The Task Force’s final report is due December 15, 2026, and its next meeting is scheduled for October 8 (Oregon Judicial Department [OJD], 2026a). [Oregon Courts](#)

The September 4 meeting materials examined recognition of Tribal court orders, including a proposal involving civil-commitment and defendant-restoration services. Oregon’s current materials identify an exception involving ORS 426.180 as a central legal issue. Because ratified September 4 minutes have not yet been posted, I am not assuming the Task Force has adopted that proposal or any particular recommendation (OJD, 2026b). [Oregon Courts](#)

The fiscal and operational questions are just as important as the legal question. At the August 5 meeting, the Task Force explicitly examined **payment and reimbursement pathways**. OHA also reported that all nine federally recognized Oregon Tribes had elected to participate in an Oregon State Hospital care-coordination process for Tribal citizens entering the aid-and-assist or civil-commitment system (OJD, 2026c). That coordination is meaningful, but it does not by itself establish who pays for each treatment setting or whether appropriate community capacity exists in every region. [Oregon Courts](#)

Oregon is simultaneously investing in behavioral-health infrastructure. On September 4, OHA announced a new 10-bed secure residential treatment facility supported by **\$5 million from HB 5024 (2021)**. OHA reported that 1,660 licensed residential treatment beds are being added to Oregon’s continuum of care, with 1,067 already open and 593 more scheduled over the following two and a half years (Oregon Health Authority [OHA], 2026). These are behavioral-health investments—not demonstrated correctional savings—and they do not establish that a particular placement is available, clinically appropriate, or safe. [Oregon](#)

As an Oregon taxpayer and licensed clinical social worker, I want public resources used at the **level of intervention actually required by law, clinical need, and public**

safety. A more restrictive setting should not be assumed necessary merely because coordination across systems is difficult. At the same time, recognition of a Tribal court order does not establish low community risk, guarantee treatment success, or demonstrate that community care is less expensive.

This issue is also separate from Measure 11 sentence relief. Nothing in this request asks the Task Force to shorten a mandatory sentence or authorize release from a lawful prison term. Rather, it concerns the broader system surrounding justice involvement: whether people with serious behavioral-health needs are routed to the appropriate lawful setting and whether unclear jurisdiction, financing, or coordination pushes them toward a more restrictive system than necessary.

Meaningful Tribal involvement must extend beyond representation on a task force. Oregon's joint OHA/ODHS consultation policy defines Tribal consultation as a formal government-to-government process for program development, implementation, and policy changes affecting Tribes (Oregon Department of Human Services [ODHS], 2026). Different Tribal Nations may identify different treatment, jurisdictional, cultural, and funding needs. [Oregon](#)

My request is one concrete deliverable: Please include in the October 8 materials or the December 15 final report a **public implementation-and-funding matrix for Tribal court forensic behavioral-health orders** that identifies the current legal pathway; any statutory change still required; available community, residential, and hospital levels of care; the state, local, Tribal, or other payer responsible at each stage; geographic and eligibility limitations; public-safety and due-process safeguards; and the process for Tribe-specific consultation before implementation.

That matrix would not predetermine whether the proposed legal change should pass. It would allow lawmakers, Tribal governments, affected families, victims and survivors, providers, and taxpayers to understand what the policy would actually require before Oregon promises either better outcomes or financial savings.

When our fellow Oregonians are struggling for behavioral-health care and other essential services, fiscal accountability requires more than asking what a program costs. It requires asking whether government is purchasing the **appropriate level of intervention**, whether another payer is simply absorbing the expense, and whether the capacity being funded can actually be used by the people the policy is intended to serve.”