



## MEMORANDUM

To: Clackamas County Board of County Commissioners  
From: Tonia Holowetzki, Director, Public & Government Affairs  
RE: HB 2467 and HB 2488  
Date: May 20, 2025

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**REQUEST:** None. This is an informational update on two legislative topics: (1) civil commitment legislation and (2) legislative engagement to fund a new rest stop at Government Camp.

### Civil Commitment

**HB 2467:** Expands civil commitment criteria, essentially lowering the bar to getting someone civilly committed. This bill would change the definition of danger to self and danger to others. The Association of Oregon Community Mental Health Programs supports that bill, along with other stakeholders. Disability Rights Oregon opposes the bill, as do some individuals. The bill passed out of committee in early April and is in Ways & Means. Clackamas County is on record as supporting this bill.

**HB 2488:** Changes/extends the timeframe from when diversion can occur from 3 days to between 14 and 28 days. This bill comes from a workgroup hosted by Rep. Kropf on civil commitment and Aid and Assist topics that covered everything except civil commitment criteria (which is covered in HB 2467). It proposes changes to diversion from commitment. With this bill, the diversion can take place at any time prior to the conclusion of the civil commitment hearing. Currently, diversion can only occur within three days of a person being held. Final decisions on the full package of aid and assist/civil commitment bills have not been made. HB 2488-4 was scheduled for a work session on May 14, but was not heard. It is currently in the Joint Committee on Addiction and Community Safety Response, which is not subject to the second chamber deadline this Friday.

### Government Camp Rest Area

ODOT is assessing a new location for the rest area at the base of the Summit Pass Ski Area adjacent to Government Camp. As it relates to state legislation, staff is not aware of legislators' interest in prioritizing funding for this work in 2025. The co-chairs of the Joint Committee on Transportation have held firm that this transportation package will not name new projects to be funded, but simply increase funding for ODOT and local governments to prioritize operational and maintenance needs.

**RECOMMENDATION:** None, informational update only.

Respectfully submitted,

Tonia Holowetzki, Director, Public & Government Affairs

### ATTACHMENTS

#A: HB 2467A Text

#B: HB 2488 Text

#C: Mt Hood Rest Area ODOT Handout

# A-Engrossed House Bill 2467

Ordered by the House April 11  
Including House Amendments dated April 11

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of House Interim Committee on Judiciary for National Alliance on Mental Illness)

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure. The statement includes a measure digest written in compliance with applicable readability standards.

**Digest: The Act makes changes to laws about when the court may find that a person is a person with mental illness. (Flesch Readability Score: 76.7).**

*[Digest: The Act makes changes to laws about when a person with a mental illness may be taken into custody. (Flesch Readability Score: 62.8).]*

*[Defines "dangerous to self," "dangerous to others" and "serious physical harm" for the purpose of involuntarily committing a person with mental illness. Describes evidence that the court may consider in civil commitment proceedings.]*

**Describes when a person is in need of treatment because the person is a danger to self, a danger to others, unable to provide for basic personal needs or has a chronic mental disorder. Describes the evidence that the court may consider when determining whether a person is in need of treatment because the person is a danger to self, a danger to others, unable to provide for basic personal needs or has a chronic mental disorder.**

## A BILL FOR AN ACT

Relating to mental illness; creating new provisions; and amending ORS 426.005, 426.070, 426.074, 426.130, 426.133, 426.160, 426.180, 426.225, 426.228, 426.231, 426.232, 426.233 and 426.234.

**Be It Enacted by the People of the State of Oregon:**

**SECTION 1. Sections 2 and 2a of this 2025 Act are added to and made a part of ORS 426.070 to 426.170.**

**SECTION 2. Person with mental illness. (1) A person has a mental illness and is in need of treatment for purposes of ORS 426.005 to 426.390, if the person is in need of treatment because the person:**

- (a) Is a danger to self;**
- (b) Is a danger to others;**
- (c) Is unable to provide for basic personal needs; or**
- (d) Has a chronic mental disorder.**

**(2) A person is a danger to self for purposes of this section if, because of a mental disorder:**

- (a) The person engaged in or threatened to engage in behavior that resulted in or was likely to result in serious physical harm to self; and**
- (b) Taking into consideration the person's particular history and circumstances, it is reasonably foreseeable that the person will engage in such behavior in the near future, even if such behavior is not imminent.**

**(3) A person is a danger to others for purposes of this section if, because of a mental disorder:**

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 (a) The person engaged in or threatened to engage in behavior that resulted in or was  
2 likely to result in physical harm to another person; and

3 (b) Taking into consideration the person's particular history and circumstances, it is  
4 reasonably foreseeable that the person will engage in such behavior in the near future, even  
5 if such behavior is not imminent.

6 (4) A person is unable to provide for basic personal needs for purposes of this section if,  
7 because of a mental disorder:

8 (a) The person is unable to provide for basic personal needs that are necessary for the  
9 person to avoid reasonably foreseeable serious physical harm in the near future, even if the  
10 serious physical harm is not imminent; and

11 (b)(A) The person is not receiving such care as is necessary to avoid such harm; or

12 (B) If the person is involuntarily confined in a custodial setting, it is reasonably fore-  
13 seeable that upon release the person will not receive such care as is necessary to avoid such  
14 harm.

15 (5) A person has a chronic mental disorder for purposes of this section if:

16 (a) The person is a person with a chronic mental illness, as defined in ORS 426.495; and

17 (b) Within the previous three years the person has twice been placed in a hospital or  
18 approved inpatient facility by the Oregon Health Authority or the Department of Human  
19 Services under ORS 426.060.

20 SECTION 2a. Determinations that a person is in need of treatment. (1) When determin-  
21 ing whether a person has a mental illness and is in need of treatment under section 2 of this  
22 2025 Act, the court may consider information that assists the court in making its determi-  
23 nation, including but not limited to any of the following:

24 (a) The person's insight into the person's mental illness.

25 (b) The impact of the person's insight or lack of insight on the person's ability to follow  
26 a recommended treatment plan.

27 (c) The likelihood that, absent treatment, the person will become dangerous to self,  
28 dangerous to others or unable to meet basic personal needs, as described in section 2 of this  
29 2025 Act, in the near future.

30 (d) When possible, a clinical perspective on paragraph (c) of this subsection.

31 (2) When determining whether a person is in need of treatment because the person is a  
32 danger to self as described in section 2 of this 2025 Act, the court may consider information  
33 that assists the court in making its determination, including but not limited to any of the  
34 following:

35 (a) The person's recent overt acts causing or attempting to cause serious physical harm  
36 to self.

37 (b) Recent acts placing the person in circumstances that resulted in or were likely to  
38 result in serious physical harm to self.

39 (c)(A) The person's recent threats to cause serious physical harm to self and the severity  
40 of the harm threatened;

41 (B) Absent treatment, the likelihood of such threats being carried out; and

42 (C) Absent treatment, the likelihood of such threats reoccurring.

43 (d) Any past behavior and patterns of deterioration resulting from a mental disorder that  
44 contributed to prior involuntary hospitalizations for being a danger to self, how recently the  
45 past behavior occurred and the frequency and severity of the past behavior.

(3) When determining whether a person is in need of treatment because the person is a danger to others as described in section 2 of this 2025 Act, the court may consider information that assists the court in making its determination, including but not limited to any of the following:

(a)(A) Recent overt acts causing or attempting to cause physical harm to another person; and

(B) The frequency and severity of such acts.

(b) Recent destructive acts against property that were reasonably likely to place others at risk of physical harm.

(c)(A) Recent threats to cause physical harm to another person;

(B) The severity of the harm threatened;

(C) Absent treatment, the likelihood of such threats being carried out; and

(D) Absent treatment, the likelihood of such threats reoccurring if the person does not receive treatment.

(d)(A) Any past behavior and patterns of deterioration resulting from a mental disorder that contributed to prior involuntary hospitalizations for being a danger to others;

(B) How recently the past behavior occurred; and

(C) The frequency and severity of the past behavior.

(e) The opinion of a licensed independent practitioner that the person is at risk of causing physical harm to another person.

(4) The court may not find that a person is in need of treatment because the person has a chronic mental disorder, as described in section 2 of this 2025 Act, unless the court finds that:

(a) The person is exhibiting symptoms or behavior substantially similar to those that preceded and led to one or more of the hospitalizations or inpatient placements referred to in section 2 (5)(b) of this 2025 Act; and

(b) Absent treatment, the person will continue, to a reasonable medical probability, to physically or mentally deteriorate so that the person will become dangerous to self, dangerous to others or unable to provide for the person's basic personal needs, as described in section 2 (2) to (4) of this 2025 Act.

**SECTION 2b.** ORS 426.005 is amended to read:

426.005. (1) As used in ORS 426.005 to 426.390, unless the context requires otherwise:

(a) "Community mental health program director" means the director of an entity that provides the services described in ORS 430.630 (3) to (5).

(b) "Director of the facility" means a superintendent of a state mental hospital, the chief of psychiatric services in a community hospital or the person in charge of treatment and rehabilitation programs at other treatment facilities.

(c) "Facility" means a state mental hospital, community hospital, residential facility, detoxification center, day treatment facility or such other facility as the authority determines suitable that provides diagnosis and evaluation, medical care, detoxification, social services or rehabilitation to persons who are in custody during a prehearing period of detention or who have been committed to the Oregon Health Authority under ORS 426.130.

(d) "Licensed independent practitioner" means:

(A) A physician, as defined in ORS 677.010;

(B) A nurse practitioner licensed under ORS 678.375 and authorized to write prescriptions under

ORS 678.390; or

(C) A naturopathic physician licensed under ORS chapter 685.

(e) “Nonhospital facility” means any facility, other than a hospital, that is approved by the authority to provide adequate security, psychiatric, nursing and other services to persons under ORS 426.232 or 426.233.

(f) “Person with mental illness” means a person **described in section 2 of this 2025 Act.** *[who, because of a mental disorder, is one or more of the following:]*

*[(A) Dangerous to self or others.]*

*[(B) Unable to provide for basic personal needs that are necessary to avoid serious physical harm in the near future, and is not receiving such care as is necessary to avoid such harm.]*

*[(C) A person:]*

*[(i) With a chronic mental illness, as defined in ORS 426.495;]*

*[(ii) Who, within the previous three years, has twice been placed in a hospital or approved inpatient facility by the authority or the Department of Human Services under ORS 426.060;]*

*[(iii) Who is exhibiting symptoms or behavior substantially similar to those that preceded and led to one or more of the hospitalizations or inpatient placements referred to in sub-subparagraph (ii) of this subparagraph; and]*

*[(iv) Who, unless treated, will continue, to a reasonable medical probability, to physically or mentally deteriorate so that the person will become a person described under either subparagraph (A) or (B) of this paragraph or both.]*

**(g) “Physical harm” means physical injury, physical pain or other physiological impairment, other than an injury, pain or impairment that is trivial in terms of pain or other bodily impact.**

*[(g)] (h) “Prehearing period of detention” means a period of time calculated from the initiation of custody during which a person may be detained under ORS 426.228, 426.231, 426.232 or 426.233.*

**(i) “Serious physical harm” means physical harm that places a person at risk of death or serious and irreversible impairment or deterioration of health or the function of any bodily organ.**

(2) Whenever a community mental health program director, director of the facility, superintendent of a state hospital or administrator of a facility is referred to, the reference includes any designee such person has designated to act on the person’s behalf in the exercise of duties.

**SECTION 2c.** ORS 426.130 is amended to read:

426.130. (1) After hearing all of the evidence, and reviewing the findings of the examiners, the court shall determine whether, **by clear and convincing evidence**, the person has a mental illness and is in need of treatment **as described in section 2 of this 2025 Act.**

**(2) [If, in the opinion of the court,] If the court determines under subsection (1) of this section that the person:**

**(a) [Is a person with mental illness based upon clear and convincing evidence,] Has a mental illness and is in need of treatment as described in section 2 of this 2025 Act,** the court:

**(A)** Shall order the release of the person and dismiss the case if:

**(i)** The person is willing and able to participate in treatment on a voluntary basis; and

**(ii)** The court finds that the person will probably do so.

**(B)** May order conditional release under this subparagraph subject to the qualifications and requirements under ORS 426.125. If the court orders conditional release under this subparagraph, the court shall establish a period of commitment for the conditional release.

(C) May order commitment of the person with mental illness to the Oregon Health Authority for treatment if, in the opinion of the court, subparagraph (A) or (B) of this paragraph is not in the best interest of the person. If the court orders commitment under this subparagraph:

(i) The court shall establish a period of commitment.

(ii) The authority may place the committed person in outpatient commitment under ORS 426.127.

(D) Shall order that the person be prohibited from purchasing or possessing a firearm if, in the opinion of the court, there is a reasonable likelihood the person *[would constitute a danger]* **is dangerous** to self or others or **dangerous** to the community at large as a result of the person's mental or psychological state as demonstrated by past behavior or participation in incidents involving unlawful violence or threats of unlawful violence, or by reason of a single incident of extreme, violent, unlawful conduct. When a court makes an order under this subparagraph, the court shall cause a copy of the order to be delivered to the sheriff of the county who will enter the information into the Law Enforcement Data System.

(b) *[Is not a person with mental illness]* **Is not a person with a mental illness that is in need of treatment, as described in section 2 of this 2025 Act**, the court shall release the person from custody if the person has been detained under ORS 426.070, 426.180, 426.228, 426.232 or 426.233 and:

(A) Dismiss the case; or

(B) Order the person to participate in assisted outpatient treatment in accordance with ORS 426.133. The court may continue the proceeding for no more than seven days to allow time for the community mental health program director to develop the person's assisted outpatient treatment plan.

[(2)] (3) A court that orders a conditional release, a commitment or assisted outpatient treatment under this section shall establish a period of commitment or treatment for the person subject to the order. Any period of commitment ordered for commitment or conditional release under this section shall be for a period of time not to exceed 180 days. A period of assisted outpatient treatment shall be for a period of time not to exceed 12 months.

[(3)] (4) If the commitment proceeding was initiated under ORS 426.070 (1)(a) and if the notice included a request under ORS 426.070 (2)(d)(B), the court shall notify the two persons of the court's determination under *[subsection (1) of]* this section.

[(4)] (5) If the court finds that the person *[is a person with mental illness]* **has a mental illness and is in need of treatment** and either orders commitment under subsection *[(1)(a)(B)]* **(2)(a)(B)** or (C) of this section or enters an order under subsection *[(1)(a)(D)]* **(2)(a)(D)** of this section, the court shall notify the person that the person is prohibited from purchasing or possessing a firearm under state and federal law unless the person obtains relief from the prohibition from the Psychiatric Security Review Board under ORS 166.273 or under federal law.

**SECTION 3.** ORS 426.070 is amended to read:

426.070. (1) Any of the following may initiate commitment procedures under this section by giving the notice described under subsection (2) of this section:

(a) Two persons;

(b) The local health officer; or

(c) Any magistrate or **any** judge of a court of a federally recognized Indian tribe located in this state.

(2) For purposes of subsection (1) of this section, the notice must comply with the following:

(a) It must be in writing under oath;

(b) It must be given to the community mental health program director or a designee of the di-

rector in the county where the person alleged to have a mental illness resides;

(c) It must state that a person within the county other than the person giving the notice is a person with mental illness and is in need of treatment, care or custody;

(d) If the commitment proceeding is initiated by two persons under subsection (1)(a) of this section, it may include a request that the court notify the two persons:

(A) Of the issuance or nonissuance of a warrant under this section; or

(B) Of the court's determination under ORS 426.130 [(1)]; and

(e) If the notice contains a request under paragraph (d) of this subsection, it must also include the addresses of the two persons making the request.

(3) Upon receipt of a notice under subsections (1) and (2) of this section or when notified by a circuit court that the court received notice under ORS 426.234, the community mental health program director, or designee of the director, shall:

(a) Immediately notify the judge of the court having jurisdiction for that county under ORS 426.060 of the notification described in subsections (1) and (2) of this section.

*[(b) Immediately notify the Oregon Health Authority if commitment is proposed because the person appears to be a person with mental illness, as defined in ORS 426.005 (1)(f)(C). When such notice is received, the authority may verify, to the extent known by the authority, whether or not the person meets the criteria described in ORS 426.005 (1)(f)(C)(i) and (ii) and so inform the community mental health program director or designee of the director.]*

**(b) Immediately notify the Oregon Health Authority if commitment is proposed because the person appears to be a person who is in need of treatment because of a chronic mental disorder, as described in section 2 (5) of this 2025 Act. When such notice is received, the authority may verify, to the extent known by the authority, whether or not the person meets the criteria described in section 2 (5) of this 2025 Act and so inform the community mental health program director or designee of the director.**

(c) Initiate an investigation under ORS 426.074 to determine whether there is probable cause to believe that the person is in fact a person with mental illness.

(4) Upon completion, a recommendation based upon the investigation report under ORS 426.074 shall be promptly submitted to the court. If the community mental health program director determines that probable cause does not exist to believe that a person released from detention under ORS 426.234 (2)(c) or (3)(b) is a person with mental illness, the community mental health program director may recommend assisted outpatient treatment in accordance with ORS 426.133.

(5) When the court receives notice under subsection (3) of this section:

(a) If the court, following the investigation, concludes that there is probable cause to believe that the person investigated is a person with mental illness, it shall, through the issuance of a citation as provided in ORS 426.090, cause the person to be brought before it at a time and place as it may direct, for a hearing under ORS 426.095 to determine whether the person is a person with mental illness. The person shall be given the opportunity to appear voluntarily at the hearing unless the person fails to appear or unless the person is detained pursuant to paragraph (b) of this subsection.

(b)(A) If the court finds that there is probable cause to believe that failure to take the person into custody pending the investigation or hearing would pose serious harm or danger to the person or to others, the court may issue a warrant of detention to the community mental health program director or designee or the sheriff of the county or designee directing the director, sheriff or a designee to take the person alleged to have a mental illness into custody and produce the person

at the time and place stated in the warrant.

(B) At the time the person is taken into custody, the person shall be informed by the community mental health program director, the sheriff or a designee of the following:

(i) The person's rights with regard to representation by or appointment of counsel as described in ORS 426.100;

(ii) The warning under ORS 426.123; and

(iii) The person's right, if the community mental health program director, sheriff or designee reasonably suspects that the person is a foreign national, to communicate with an official from the consulate of the person's country. A community mental health program director, sheriff or designee is not civilly or criminally liable for failure to provide the information required by this sub-subparagraph. Failure to provide the information required by this sub-subparagraph does not in itself constitute grounds for the exclusion of evidence that would otherwise be admissible in a proceeding.

(C) The court may make any orders for the care and custody of the person prior to the hearing as it considers necessary.

(c) If the notice includes a request under subsection (2)(d)(A) of this section, the court shall notify the two persons of the issuance or nonissuance of a warrant under this subsection.

**SECTION 4.** ORS 426.074 is amended to read:

426.074. The following is applicable to an investigation initiated by a community mental health program director, or a designee of the director, as part of commitment procedures under ORS 426.070 and 426.228 to 426.235:

(1) If the person alleged to have a mental illness is held in custody before the hearing the investigation shall be completed at least 24 hours before the hearing under ORS 426.095, otherwise the investigation shall comply with the following time schedule:

(a) If the person can be located, the investigator shall contact the person within three judicial days from the date the community mental health program director or a designee receives a notice under ORS 426.070 alleging that the person has a mental illness and is in need of treatment.

(b) Within 15 days from the date the community mental health program director or a designee receives a notice under ORS 426.070, one of the following shall occur:

(A) The investigation shall be completed and submitted to the court.

(B) An application for extension shall be made to the court under paragraph (c) of this subsection.

(c) The community mental health program director, a designee or the investigator may file for an extension of the time under paragraph (b) of this subsection only if one of the following occurs:

(A) A treatment option less restrictive than involuntary inpatient commitment is actively being pursued.

(B) The person alleged to have a mental illness cannot be located.

(d) A court may grant an extension under paragraph (c) of this subsection for a time and upon the terms and conditions the court considers appropriate.

(2) This subsection establishes a nonexclusive list of provisions applicable to the content of the investigation, as follows:

(a) The investigation conducted should, where appropriate, include an interview or examination of the person alleged to have a mental illness in the home of the person or other place familiar to the person.

(b) Whether or not the person consents, the investigation should include interviews with any individuals that the investigator has probable cause to believe have pertinent information regarding



1 the investigation. If the person objects to the contact with any individual, the objection shall be  
2 noted in the investigator's report.

3 (c) The investigator shall be allowed access to licensed independent practitioners, nurses or so-  
4 cial workers and to medical records compiled during the current involuntary prehearing period of  
5 detention to determine probable cause and to develop alternatives to commitment. If commitment is  
6 *[proposed because the person appears to be a person with mental illness as defined in ORS 426.005*  
7 *(1)(f)(C), the investigator shall be allowed access to medical records necessary to verify the existence*  
8 *of criteria described in ORS 426.005 (1)(f)(C). The investigator shall include]* **proposed because the**  
9 **person appears to be in need of treatment because of a chronic mental disorder as described**  
10 **in section 2 (5) of this 2025 Act, the investigator shall be allowed access to medical records**  
11 **necessary to verify the existence of the criteria described in section 2 (5) of this 2025 Act.**  
12 **The investigator shall include** pertinent parts of the medical record in the investigation report.  
13 Records and communications described in this paragraph and related communications are not priv-  
14 ileged under ORS 40.230, 40.235, 40.240 or 40.250.

15 (3) A copy of the investigation report shall be provided as soon as possible, but in no event later  
16 than 24 hours prior to the hearing, to the person and to the person's counsel. Copies shall likewise  
17 be provided to counsel assisting the court, to the examiners and to the court for use in questioning  
18 witnesses.

19 **SECTION 5.** ORS 426.133 is amended to read:

20 426.133. (1) As used in ORS 426.005 to 426.390, "assisted outpatient treatment" may not be con-  
21 strued to be a commitment under ORS 426.130 and does not include taking a person into custody  
22 or the forced medication of a person.

23 (2) A court may issue an order requiring a person to participate in assisted outpatient treatment  
24 if the court finds that the person:

25 (a)(A) Is 18 years of age or older;

26 (B) Has a mental disorder;

27 (C) Will not obtain treatment in the community voluntarily; and

28 (D) Is unable to make an informed decision to seek or to comply with voluntary treatment; and

29 (b) As a result of being a person described in paragraph (a) of this subsection:

30 (A) Is incapable of surviving safely in the community without treatment; and

31 (B) Requires treatment to prevent a deterioration in the person's condition that will predictably  
32 result in the person becoming a person with mental illness.

33 (3) In determining whether to issue the order under subsection (2) of this section, the court shall  
34 consider, but is not limited to considering, the following factors:

35 (a) The person's ability to access finances in order to get food or medicine.

36 (b) The person's ability to obtain treatment for the person's medical condition.

37 (c) The person's ability to access necessary resources in the community without assistance.

38 (d) The degree to which there are risks to the person's safety.

39 (e) The likelihood that the person will decompensate without immediate care or treatment.

40 (f) The person's previous attempts to inflict physical injury on self or others.

41 (g) The person's history of mental health treatment in the community.

42 (h) The person's patterns of decompensation in the past.

43 (i) The person's risk of being victimized or harmed by others.

44 (j) The person's access to the means to inflict harm on self or others.

45 (4) The community mental health program director may recommend to the court a treatment

plan for a person participating in assisted outpatient treatment. The court may adopt the plan as recommended or with modifications.

(5) As part of the order under subsection (2) of this section, the court may prohibit the person from purchasing or possessing a firearm during the period of assisted outpatient treatment if, in the opinion of the court, there is a reasonable likelihood the person *[would constitute a danger]* **is dangerous** to self or others or to the community at large as a result of the person's mental or psychological state, as demonstrated by past behavior or participation in incidents involving unlawful violence or threats of unlawful violence, or by reason of a single incident of extreme, violent, unlawful conduct. When a court adds a firearm prohibition to an order under subsection (2) of this section, the court shall cause a copy of the order to be delivered to the sheriff of the county, who shall enter the information into the Law Enforcement Data System.

(6) The court retains jurisdiction over the person until the earlier of the end of the period of the assisted outpatient treatment established under ORS 426.130 [(2)] or until the court finds that the person no longer meets the criteria in subsection (2) of this section.

(7) This section does not:

(a) Prevent a court from appointing a guardian ad litem to act for the person; or

(b) Require a community mental health program to provide treatment or services to, or supervision of, the person:

(A) If the county lacks sufficient funds for such purposes; or

(B) In the case of a county that has declined to operate or contract for a community mental health program, if the public agency or private corporation that contracts with the Oregon Health Authority to provide the program, as described in ORS 430.640, lacks sufficient funds for such purposes.

**SECTION 6.** ORS 426.160 is amended to read:

426.160. (1) The court having jurisdiction over any proceeding conducted pursuant to ORS 426.005, 426.060 to 426.170, 426.217, 426.228, 426.255 to 426.292, 426.300 to 426.309, 426.385, 426.395, 426.701 and 426.702 may not disclose any part of the record of the proceeding or commitment to any person except:

(a) The court shall, pursuant to rules adopted by the Department of State Police, transmit the minimum information necessary, as defined in ORS 181A.290, to the Department of State Police for persons described in ORS 181A.290 (1)(a) or (b) to enable the department to access and maintain the information and transmit the information to the federal government as required under federal law;

(b) As provided in ORS 426.070 (5)(c), 426.130 [(3)] (4) or 426.170;

(c) On request of the person subject to the proceeding;

(d) On request of the person's legal representative or the attorney for the person or the state; or

(e) Pursuant to court order.

(2) In any proceeding described in subsection (1) of this section that is before the Supreme Court or the Court of Appeals, the limitations on disclosure imposed by this section apply to the appellate court record and to the trial court record while it is in the appellate court's custody. The appellate court may disclose information from the trial or appellate court record in a decision, as defined in ORS 19.450, provided that the court uses initials, an alias or some other convention for protecting against public disclosure the identity of the person subject to the proceeding.

**SECTION 7.** ORS 426.180 is amended to read:

426.180. (1) ORS 426.180 to 426.210 apply to the commitment of an individual in Indian country

1 if a federally recognized Indian tribe that has Indian country located within this state chooses to  
2 exercise the tribe's authority over the commitment.

3 (2) As used in this section and ORS 426.200 and 426.210, "hospital" means a hospital that is li-  
4 censed under ORS chapter 441, other than an institution listed in ORS 426.010.

5 (3) If the court of a tribe having jurisdiction over an individual issues an order finding that the  
6 individual is dangerous to self or *[to any other person]* **others** and is in need of immediate care,  
7 custody or treatment for mental illness, a person may request that the individual be taken by a  
8 tribal police officer or other peace officer to a hospital or nonhospital facility by submitting to the  
9 officer a certified copy of the order and an affidavit that includes:

10 (a) The name and address of the nearest relative or legal guardian of the individual; and

11 (b) A medical history completed by one of the following, who may not be related to the indi-  
12 vidual by blood or marriage:

13 (A) The tribe's mental health authority, if the tribe has entered into an agreement with the state  
14 pursuant to ORS 430.630 (9)(a)(B);

15 (B) A qualified mental health professional; or

16 (C) A licensed independent practitioner.

17 (4) Upon receipt of the order and affidavit described in subsection (3) of this section, the tribal  
18 police officer or other peace officer shall immediately transport the individual to a hospital or a  
19 nonhospital facility and present the individual to the hospital or nonhospital facility accompanied  
20 by the court order and affidavit.

21 (5) The director of the hospital or nonhospital facility may refuse to admit the individual if a  
22 licensed independent practitioner, after reviewing the documents accompanying the individual, is not  
23 satisfied that an emergency exists or that the individual is dangerous to self or others and **is** in need  
24 of immediate care, custody or treatment for mental illness.

25 (6) If the hospital or nonhospital facility admits the individual, the director or a licensed inde-  
26 pendent practitioner shall notify the community mental health program director for the area and the  
27 circuit court with jurisdiction in the area where the facility is located. Upon receipt of the notice,  
28 the community mental health program director shall initiate commitment proceedings in accordance  
29 with ORS 426.070.

30 (7) If an individual is admitted to a hospital or nonhospital facility under this section, any li-  
31 censed independent practitioner who is treating the individual shall give the individual the warning  
32 under ORS 426.123.

33 (8) This section may be applied as provided by agreement with the governing body of the res-  
34 ervation. Payment of costs for a commitment made under this section shall be as provided under  
35 ORS 426.250.

36 (9) The director of the hospital or nonhospital facility or licensed independent practitioner shall  
37 notify the appropriate tribe regarding all actions taken under ORS 426.180 to 426.210 no later than  
38 24 hours after the action is taken, except for information protected from disclosure by state or fed-  
39 eral law.

40 **SECTION 8.** ORS 426.225 is amended to read:

41 426.225. (1) If any person who has been committed to the Oregon Health Authority under ORS  
42 426.127 or 426.130 *[(1)(a)(B)]* **(2)(a)(B)** or (C) requests, during this period of commitment, voluntary  
43 admission to a state hospital, the superintendent shall cause the person to be examined immediately  
44 by a licensed independent practitioner. If the licensed independent practitioner finds the person to  
45 be in need of immediate care or treatment for mental illness, the person shall be voluntarily admit-

ted.

(2) If any person who has been committed to the authority under ORS 426.127 or 426.130 [(1)(a)(B)] **(2)(a)(B)** or (C) requests, during this period of commitment, voluntary admission to a facility approved by the authority, the administrator of the facility shall cause the person to be examined immediately by a licensed independent practitioner. If the licensed independent practitioner finds the person to be in need of immediate care or treatment for mental illness, and the authority grants approval, the person shall be voluntarily admitted.

**SECTION 9.** ORS 426.228 is amended to read:

426.228. (1) A peace officer may take into custody a person who the officer has probable cause to believe is dangerous to self or *[to any other person]* **others** and is in need of immediate care, custody or treatment for mental illness. As directed by the community mental health program director, a peace officer shall remove a person taken into custody under this section to the nearest hospital or nonhospital facility approved by the Oregon Health Authority. The officer shall prepare a written report and deliver it to the licensed independent practitioner who is treating the person. The report shall state:

(a) The reason for custody;

(b) The date, time and place the person was taken into custody; and

(c) The name of the community mental health program director and a telephone number where the director may be reached at all times.

(2) A peace officer shall take a person into custody when the community mental health program director, pursuant to ORS 426.233, notifies the peace officer that the director has probable cause to believe that the person is imminently dangerous to self or *[to any other person]* **others**. As directed by the community mental health program director, the peace officer shall remove the person to a hospital or nonhospital facility approved by the authority. The community mental health program director shall prepare a written report that the peace officer shall deliver to the licensed independent practitioner who is treating the person. The report shall state:

(a) The reason for custody;

(b) The date, time and place the person was taken into custody; and

(c) The name of the community mental health program director and a telephone number where the director may be reached at all times.

(3) If more than one hour will be required to transport the person to the hospital or nonhospital facility from the location where the person was taken into custody, the peace officer shall obtain, if possible, a certificate from a licensed independent practitioner stating that the travel will not be detrimental to the person's physical health and that the person is dangerous to self or *[to any other person]* **others** and is in need of immediate care or treatment for mental illness. The licensed independent practitioner shall have personally examined the person within 24 hours prior to signing the certificate.

(4) When a peace officer or other authorized individual, acting under this section, delivers a person to a hospital or nonhospital facility, a licensed independent practitioner shall examine the person immediately. If the licensed independent practitioner finds the person to be in need of emergency care or treatment for mental illness, the licensed independent practitioner shall proceed under ORS 426.232, otherwise the person may not be retained in custody. If the person is to be released from custody, the peace officer or the community mental health program director shall return the person to the place where the person was taken into custody unless the person declines that service.

(5) A peace officer may transfer a person in custody under this section to the custody of an individual authorized by the community mental health program director under ORS 426.233 (3). The peace officer may meet the authorized individual at any location that is in accordance with ORS 426.140 to effect the transfer. When transferring a person in custody to an authorized individual, the peace officer shall deliver the report required under subsections (1) and (2) of this section to the authorized individual.

(6) An individual authorized under ORS 426.233 (3) shall take a person into custody when directed to do so by a peace officer or by a community mental health program director under ORS 426.233.

(7) An individual authorized under ORS 426.233 (3) shall perform the duties of the peace officer or the community mental health program director required by this section and ORS 426.233 if the peace officer or the director has not already done so.

(8) An individual authorized under ORS 426.233 (3) may transfer a person in custody under this section to the custody of another individual authorized under ORS 426.233 (3) or a peace officer. The individual transferring custody may meet another authorized individual or a peace officer at any location that is in accordance with ORS 426.140 to effect the transfer.

(9)(a) When a peace officer takes a person into custody under this section, and the peace officer reasonably suspects that the person is a foreign national, the peace officer shall inform the person of the person's right to communicate with an official from the consulate of the person's country.

(b) A peace officer is not civilly or criminally liable for failure to provide the information required by this subsection. Failure to provide the information required by this subsection does not in itself constitute grounds for the exclusion of evidence that would otherwise be admissible in a proceeding.

**SECTION 10.** ORS 426.231 is amended to read:

426.231. (1) A licensed independent practitioner may hold a person for transportation to a treatment facility for up to 12 hours in a health care facility licensed under ORS chapter 441 and approved by the Oregon Health Authority if:

(a) The licensed independent practitioner believes the person is dangerous to self or *[to any other person]* **others** and is in need of emergency care or treatment for mental illness;

(b) The licensed independent practitioner is not related to the person by blood or marriage; and

(c) A licensed independent practitioner with admitting privileges at the receiving facility consents to the transporting.

(2) Before transporting the person, the licensed independent practitioner shall prepare a written statement that:

(a) The licensed independent practitioner has examined the person within the preceding 12 hours;

(b) A licensed independent practitioner with admitting privileges at the receiving facility has consented to the transporting of the person for examination and admission if appropriate; and

(c) The licensed independent practitioner believes the person is dangerous to self or *[to any other person]* **others** and is in need of emergency care or treatment for mental illness.

(3) The written statement required by subsection (2) of this section authorizes a peace officer, an individual authorized under ORS 426.233 or the designee of a community mental health program director to transport a person to the treatment facility indicated on the statement.

**SECTION 11.** ORS 426.232 is amended to read:

426.232. (1) If a licensed independent practitioner believes a person who is brought to a hospital

or nonhospital facility by a peace officer under ORS 426.228 or by an individual authorized under ORS 426.233, or believes a person who is at a hospital or nonhospital facility, is dangerous to self or *[to any other person]* **others** and is in need of emergency care or treatment for mental illness, and the licensed independent practitioner is not related to the person by blood or marriage, the licensed independent practitioner may do one of the following:

(a) Detain the person and cause the person to be admitted or, if the person is already admitted, cause the person to be retained in a hospital where the licensed independent practitioner has admitting privileges or is on staff.

(b) Approve the person for emergency care or treatment at a nonhospital facility approved by the authority.

(2) When approving a person for emergency care or treatment at a nonhospital facility under this section, the licensed independent practitioner shall notify immediately the community mental health program director in the county where the person was taken into custody and maintain the person, if the person is being held at a hospital, for as long as is feasible given the needs of the person for mental or physical health or safety. However, under no circumstances may the person be held for longer than five judicial days.

**SECTION 12.** ORS 426.233 is amended to read:

426.233. (1)(a) A community mental health program director operating under ORS 430.610 to 430.695 or a designee of the director may take one of the actions listed in paragraph (b) of this subsection when the community mental health program director or designee has probable cause to believe a person:

(A) Is dangerous to self or *[to any other person]* **others** and is in need of immediate care, custody or treatment for mental illness; or

(B)(i) Is a person with mental illness placed on conditional release under ORS 426.125, outpatient commitment under ORS 426.127 or trial visit under ORS 426.273; and

(ii) Is dangerous to self or *[to any other person]* **others** or is unable to provide for basic personal needs and is not receiving the care that is necessary for health and safety and is in need of immediate care, custody or treatment for mental illness.

(b) The community mental health program director or designee under the circumstances set out in paragraph (a) of this subsection may:

(A) Notify a peace officer to take the person into custody and direct the officer to remove the person to a hospital or nonhospital facility approved by the Oregon Health Authority;

(B) Authorize involuntary admission of, or, if already admitted, cause to be involuntarily retained in a nonhospital facility approved by the authority, a person approved for care or treatment at a nonhospital facility by a licensed independent practitioner under ORS 426.232;

(C) Notify an individual authorized under subsection (3) of this section to take the person into custody and direct the authorized individual to remove the person in custody to a hospital or nonhospital facility approved by the authority;

(D) Direct an individual authorized under subsection (3) of this section to transport a person in custody from a hospital or a nonhospital facility approved by the authority to another hospital or nonhospital facility approved by the authority as provided under ORS 426.235; or

(E) Direct an individual authorized under subsection (3) of this section to transport a person in custody from a facility approved by the authority to another facility approved by the authority as provided under ORS 426.060.

(2) A designee under subsection (1) of this section must meet the standards established by rule

of the authority and be approved by the community mental health program director before assuming the authority permitted under subsection (1) of this section.

(3) The community mental health program director may authorize any individual to provide custody and secure transportation services for a person in custody under ORS 426.228. In authorizing an individual under this subsection, the community mental health program director shall grant the individual the authority to do the following:

(a) Accept custody from a peace officer of a person in custody under ORS 426.228;

(b) Take custody of a person upon notification by the community mental health program director under the provisions of this section;

(c) Remove a person in custody to an approved hospital or nonhospital facility as directed by the community mental health program director;

(d) Transfer a person in custody to another individual authorized under this subsection or a peace officer;

(e) Transfer a person in custody from a hospital or nonhospital facility to another hospital facility or nonhospital facility when directed to do so by the community mental health program director; and

(f) Retain a person in custody at the approved hospital or nonhospital facility until a licensed independent practitioner makes a determination under ORS 426.232.

(4) An individual authorized under subsection (3) of this section must meet the standards established by rule of the authority and be approved by the community mental health program director before assuming the authority granted under this section.

(5) The costs of transporting a person under ORS 426.060, 426.228 or 426.235 by an individual authorized under subsection (3) of this section shall be the responsibility of the community mental health program in the county in which the authorized individual is directed by a peace officer or a community mental health program director to take custody of a person and to transport the person to a facility approved by the authority, but the community mental health program shall not be responsible for costs that exceed the amount provided by the state for that transportation. An individual authorized to act under subsection (3) of this section shall charge the cost of emergency medical transportation to, and collect that cost from, the person, third party payers or other legally or financially responsible individuals or entities in the same manner that costs for the transportation of other persons are charged and collected.

**SECTION 13.** ORS 426.234 is amended to read:

426.234. (1) At the time a person alleged to have a mental illness is admitted to or retained in a hospital or nonhospital facility under ORS 426.232 or 426.233, a licensed independent practitioner, nurse or qualified mental health professional at the hospital or nonhospital facility shall:

(a) Inform the person of the person's right to representation by or appointment of counsel as described in ORS 426.100;

(b) Give the person the warning under ORS 426.123;

(c) Immediately examine the person;

(d) Set forth, in writing, the condition of the person and the need for emergency care or treatment; and

(e) If the licensed independent practitioner, nurse or qualified mental health professional reasonably suspects that the person is a foreign national, inform the person of the person's right to communicate with an official from the consulate of the person's country. A licensed independent practitioner, nurse or qualified mental health professional is not civilly or criminally liable for fail-

1 ure to provide the information required by this paragraph. Failure to provide the information re-  
 2 quired by this paragraph does not in itself constitute grounds for the exclusion of evidence that  
 3 would otherwise be admissible in a proceeding.

4 (2)(a) At the time the person is admitted to or retained in a hospital under ORS 426.232, the li-  
 5 censed independent practitioner shall contact the community mental health program director of the  
 6 county in which the person resides, if the county of residence is different from the county in which  
 7 the hospital is located. The community mental health program director may request that the licensed  
 8 independent practitioner notify the circuit court in the county in which the person resides. If the  
 9 community mental health program director does not make the request, the licensed independent  
 10 practitioner shall notify, immediately and in writing, the circuit court in the county in which the  
 11 person is hospitalized.

12 (b) At the time the person is admitted to a hospital under ORS 426.232 after being brought to  
 13 the hospital by a peace officer under ORS 426.228, the licensed independent practitioner shall con-  
 14 tact the community mental health program director of the county in which the person is hospital-  
 15 ized. The community mental health program director of the county in which the person is  
 16 hospitalized may request that the licensed independent practitioner notify the circuit court in the  
 17 county in which the person is hospitalized. If the community mental health program director does  
 18 not make the request, the licensed independent practitioner shall notify, immediately and in writing,  
 19 the circuit court in the county in which the person was taken into custody.

20 (c) If, at any time prior to the hearing under ORS 426.070 to 426.130, the licensed independent  
 21 practitioner responsible for a person admitted or retained under ORS 426.232 determines that the  
 22 person is not dangerous to self or *[to any other person]* **others** and is not in need of emergency care  
 23 or treatment for mental illness, the licensed independent practitioner may release the person from  
 24 the detention authorized by ORS 426.232. The licensed independent practitioner shall immediately  
 25 notify the circuit court notified under this subsection and the community mental health program  
 26 director of the person's release from detention.

27 (3)(a) At the time the person is admitted to or retained in a nonhospital facility under ORS  
 28 426.233, the community mental health program director in the county where the person was taken  
 29 into custody shall contact the community mental health program director of the county in which the  
 30 person resides, if the county of residence is different from the county in which the person was taken  
 31 into custody. The community mental health program director of the county in which the person re-  
 32 sides may request that the community mental health program director of the county in which the  
 33 person was taken into custody notify the circuit court in the county where the person resides.  
 34 Otherwise, the community mental health program director of the county in which the person was  
 35 taken into custody shall notify, immediately and in writing, the circuit court in the county in which  
 36 the person was taken into custody.

37 (b) If, at any time prior to the hearing under ORS 426.070 to 426.130, a community mental health  
 38 program director, after consultation with a licensed independent practitioner, determines that a  
 39 person admitted or retained under ORS 426.233 is not dangerous to self or *[to any other person]*  
 40 **others** and is not in need of immediate care, custody or treatment for mental illness, the community  
 41 mental health program director may release the person from detention. The community mental  
 42 health program director shall immediately notify the circuit court originally notified under para-  
 43 graph (a) of this subsection of the person's release from detention.

44 (4) When the judge of the circuit court receives notice under subsection (2) or (3) of this section,  
 45 the judge immediately shall commence proceedings under ORS 426.070 to 426.130. In a county having



1 a population of 100,000 or more, and when feasible in a county with a lesser population, the com-  
2 munity mental health program director or designee who directs the peace officer or other authorized  
3 individual to take a person into custody under ORS 426.233 shall not also conduct the investigation  
4 as provided for under ORS 426.074. Except when a person is being held under ORS 426.237 (1)(b), a  
5 person shall not be held under ORS 426.232 or 426.233 for more than five judicial days without a  
6 hearing being held under ORS 426.070 to 426.130.

7 (5) When the judge of the circuit court receives notice under subsection (2)(c) or (3)(b) of this  
8 section that a person has been released, and unless the court receives the recommendation required  
9 by ORS 426.070 (4), the judge shall dismiss the case no later than 14 days after the date the person  
10 was initially detained.

11 **SECTION 14. Sections 2 and 2a of this 2025 Act and the amendments to ORS 426.005,**  
12 **426.070, 426.074, 426.130, 426.133, 426.160, 426.180, 426.225, 426.228, 426.231, 426.232, 426.233 and**  
13 **426.234 by sections 2b to 13 of this 2025 Act apply to individuals who are taken into custody**  
14 **by a treatment facility or law enforcement on or after the effective date of this 2025 Act.**

15 **SECTION 15. The section captions used in this 2025 Act are provided only for the con-**  
16 **venience of the reader and do not become part of the statutory law of this state or express**  
17 **any legislative intent in the enactment of this 2025 Act.**

## Attachment B

83rd OREGON LEGISLATIVE ASSEMBLY--2025 Regular Session

# House Bill 2488

Introduced and printed pursuant to House Rule 12.00. Presession filed (at the request of House Interim Committee on Judiciary for Representative Jason Kropf)

### SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act directs OHA to study the standards that must be met to retain a person for treatment when the person objects. (Flesch Readability Score: 65.2).

Requires the Oregon Health Authority to study civil commitment criteria. Directs the authority to submit findings to the interim committees of the Legislative Assembly related to the judiciary not later than September 15, 2026.

Sunsets on January 2, 2027.

### A BILL FOR AN ACT

Relating to civil commitment.

**Be It Enacted by the People of the State of Oregon:**

**SECTION 1. The Oregon Health Authority shall study civil commitment criteria. The authority shall submit a report in the manner provided by ORS 192.245, and may include recommendations for legislation, to the interim committees of the Legislative Assembly related to the judiciary no later than September 15, 2026.**

**SECTION 2. Section 1 of this 2025 Act is repealed on January 2, 2027.**

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**NOTE:** Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

# MT. HOOD REST AREA RELOCATION PROJECT

PROJECT FACT SHEET | FALL 2024

## Project Overview

The Mt. Hood Rest Area Relocation project is a multi-phase collaborative endeavor to plan, design, and construct a new Mt. Hood rest area facility.

The project is currently in the Project Planning phase.

**Project Preparation**  
2020-2023

**Project Planning**  
2024-2025

**Reconnaissance Concept Design**  
2025

**Preliminary and Intermediate Design**  
2025-2026

**Final Design**  
2026-2028

**Construction**  
2028-2029

## PROJECT BACKGROUND

In 2021, Oregon Governor Kate Brown convened a team to consider the relocation of the Mt. Hood Rest Area. Since then, this group of leaders and partners has been working together to assist the community and interested parties in preparing a process and plan for rest area relocation. The project is now in the Project Planning phase, which will identify and assess a new location for the existing rest area at the base of the Summit Pass Ski Area adjacent to Government Camp in Oregon. The new rest area will better serve the traveling public, including commercial truck traffic, while addressing current safety and capacity issues.

## PROJECT NEEDS

Exponential growth in traffic and changes in use render the rest area no longer able to safely meet the travel, work, environmental, and recreational demands of the 21st century. Relocating the Mt. Hood rest area will benefit the traveling public by:

- Increasing safety
- Increasing traffic and freight capacity
- Modernizing the rest area facility
- Reducing environmental impacts
- Improving the availability of public services
- Enabling local development



## PUBLIC INVOLVEMENT

Public involvement is a key element of the planning and decision-making process for the Project Planning phase.

Involvement activities include:

A **Community Pop-Up** will take place on January 10th, 2025, at the **Mt. Hood Cultural Center and Museum**. Bring your ideas and thoughts on the relocation of the rest area and needs of the new facility.

**Online Engagement Opportunities** are open and will remain accessible throughout the Project Planning Phase. Visit the website at [bit.ly/MtHoodRest](https://bit.ly/MtHoodRest) or scan the QR code for the latest updates and to share your thoughts!



### For more information

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## Project Partners

