

**ADAPT INTEGRATED HEALTH CARE
CURRY COUNTY BHAC MINUTES**

The Adapt Curry County Behavioral Health Advisory Committee met on January 5, 2026, at 3:04pm in-person and via Zoom.

Present:

X	Bevin Ankrom	X	Erin Porter	X	Harold Lowry	X	Isaac Hodges
E	Alicia Benavidez	E	Jay Sorenson	X	Kely Regan		Katrina Thompson
X	Sophia Lucero	E	Jeremy Krohn				

X = in attendance E = excused absence

Staff: Jocelyn Hanan, Jerry O’Sullivan, Cherie Barnstable, Cheryl McDonald

I. Call to Order

- a. Attendance was taken by Bevin Ankrom

II. Minutes

- a. Minutes of the December 2025 committee meeting were presented. **Erin Porter moved to approve December 2025 minutes. Hal Lowry seconded the motion. Motion carried.**

III. New Business

a. HB 2005: Civil Commitment Impacts Presentation – Cheryl McDonald

- i. Cheryl presented a PowerPoint provided by OHA detailing changes affecting civil commitment processes due to the passing of HB 2005.
- ii. Terminology changed from “Alleged Mentally Ill Person” (AIMP) to “A person alleged to have a mental illness”
 - 1. Clearer definitions provided for physical harm, inability to meet basic needs, and risk timelines.
- iii. Diversion time frame changed from strictly 14 days to allowing the option for up to 28 days (two 14-day periods)
- iv. Declaration for MH treatment process has been updated, which makes the declaration easier to use.
 - 1. Functions like an advanced directive for psychiatric care, allowing individuals who are stable to specify their preferred treatment, advise what medications do/don’t work for them, and preferred treatment facilities.
- v. HB 2005 permits some information sharing with the Department of Corrections, which was not previously allowed.

vi. Implementation is expected to vary between counties

b. Case Discussion – Hal

- i. Hal presented a complex case involving an adult male in his 40's who had longstanding substance use, late diagnosis of schizophrenia, repeated arrests and behavioral disturbances – Question was raised if more could have been done to help this gentleman.
- ii. Medication & Engagement Challenges – individuals with schizophrenia often struggle with insight and medication adherence.
- iii. Forced treatment is extremely limited under Oregon law.
- iv. Assertive Community Treatment (ACT) could have been a helpful wraparound service, but engagement is voluntary and can be difficult
- v. Programs like EASA might have helped if symptoms were identified earlier.
- vi. Suggestions made for improving the community system for cases such as this were:
 1. Improving training for jails and clinics on how to refer individuals to ACT
 2. Enhancing coordination between BH, corrections, and community providers
 3. Strengthening early identification and outreach processes.

c. General Discussion

Next Meeting: The next Curry County BHAC Committee meeting is scheduled for Monday, February 2, 2026.

There being no further business, the meeting was adjourned.

Respectfully submitted,

Hilary Juedes

GLOSSARY

ACT: Assertive Community Treatment. A mental health fidelity program. CMHP required program.

Behavioral Health (BH): This term refers to a broad range of mental health and substance use disorders, life stressors, crises, and stress-related physical symptoms that affect a person's overall well-being.

Behavioral Health Care: Refers to the prevention, diagnosis, and treatment of an identified Behavioral Health condition.

CCO: Coordinated Care Organizations

CFAA: County Financial Assistance Agreement – grant agreement between OHA and a LMHA

CHA: Community Health Assessment, managed by CHIP.

CHIP: Community Health Improvement Plan - a group working on the CHA & CHIP process for the Community Advisory Councils (CACs) and the two CCOs in Curry County.

EASA: Early Assessment and Support Alliance

LADPC: Local Alcohol and Drug Planning Committee

LMHA: Local Mental Health Authority, which is Adapt in Curry County

CMHP: Community Mental Health Program

MH: Mental Health

OHA: Oregon Health Authority

People with Lived Experience: A Person who identifies as having lived experience and has received or is receiving services for a behavioral health-issue or disorder or has supported family who has done or is doing so. Some people with lived experience also identify as behavioral health advocates or are people who aided in the care of a family member with a Behavioral Health Condition/disorder.

SUD: Substance Use Disorder