Commitment to Change (CTC) Workgroup: Round Table at Peerpocalypse

Wednesday, May 10, 2023

Introduction

- Experience being in workgroup, importance of peer feedback, and any other information you'd like to share.
- History of CTC Workgroup; purpose of CTC; three advocacy organizations are permanent members — Disability Rights Oregon, Mental Health & Addiction Association of Oregon (MHAAO), and National Alliance on Mental Illness (NAMI) Oregon; and ways people can engage (monthly surveys, website, upcoming virtual focus groups).
    - Pass out sign-up sheet for survey distribution list and interest in focus groups.

Questions

- What resources and support do you wish were available *before, during,* or *after* the civil commitment process?
- What role can peer support play in the civil commitment process?
- What barriers do families and support systems face when trying to help a loved one who is experiencing a mental health crisis?
- The federal Substance Abuse and Mental Health Services Administration (SAMSHA) aims to ensure individuals in crisis have "someone to call, someone to respond, and somewhere to go." How might the civil commitment process apply these principles?
- What is the best way for the CTC Workgroup to get feedback from peers and people with lived experience of civil commitment?
- How, it at all, can the civil commitment process be more trauma-informed, person-centered, and recovery-oriented?
- What are your general thoughts on civil commitment? How, if at all, do you think the civil commitment system in Oregon can be improved?

Notes

Before the civil commitment process

- Helpful to have support medication at the hospital; given medication that works for them and left with not enough; how to get continuous access; need more clinics where people can get the medication refills that they need when they need it.
- Huge fears of going to the hospital; they may not get the help they are begging for.
- Care planning before people leave the state hospital; the cycle keeps continuing because there is not system of care.

- The issues with “at risk of self or others”; the definition is not right.
- Resources that serve the intersection of mental health and substance use disorder while under the influence and in crisis.
- QMHA/QMHP to even be able to answer the phone; let peers answer more calls; crisis team.
- Peer support during the hospital stay during civil commitment; could have been at a better place even sooner.
- You hear a lot about advocating for people’s civil rights but no one acting on the fact that people who want it to be easier to get civilly committed. Person with personal lived experience who had wished he had been able to be committed earlier.
- High bar for civil commitment and high bar for hospitalization; then after the bare minimum is done, people get kicked out and then incarcerated because they could not get help in the first place.
- It feels like no one can do anything individually.
- Advocacy – people with lived experience being heard.
- Families of people facing civil commitment – families are desperate to get their loved one help; chasing them down.
- Integration of the family into the civil commitment process.
- There is no system of care when someone is in crisis; when someone does not want help; bar for commitment is so high.
- Nowhere to go when help is needed.
- Where can young people and kiddos go? Too often families have to sign over custody and then they cannot get the kiddo out, even when facility/services are unsafe.
- Lack of money can cause additional crisis; person ends up somewhere and families cannot get their family member home; system cannot or does not help and the family member does not know how the systems work especially in other places.
- Places where folks can change – titrate – come off of medications safely and in a supported way.
- There is a lack of accountability of service providers.
- ACT Team PSS comment – fight tooth and nail for somebody’s safety.
- More mental health facilities in Eastern Oregon.
- Compelling meds – not a popular opinion but wanted to share that.
- Honor the wishes and safety of the person seeking care, such as requesting not to be restrained.
- CCOs are supposed to fill the RX regardless of the county; issue could be improved; MMIS is not reporting; RXs needs to keep up better.

- More peers at every single step, from prevention all the way to after; why does law enforcement have to be present when someone is civilly committed?
- Doctors just give benzos when they get to the hospital to calm down and then they get discharged to nothing and also under the influence of those benzos; increases risk of overdose.
- EMTs are not trauma-informed; need an emergency response EMT specific to mental health crisis response.
- Respite alternatives for people who are civilly committed.
- Power of relationship, that is what peers do; continuity of peer relationship through the continuum.
- When someone asks for help, people believe them; they keep getting turned away.
- Peer support at every stage.
- Wraparound services.

During the civil commitment process

- Equity of services throughout the counties; not any two counties offer all the services others do.
- Options, options, options — an array of services to choose from.

After the civil commitment process

- Have an accountability board to ensure people have all the services, housing, supports, wraparound services before, during, and after.
- Housing and supports after civil commitment.
- Law that within 90 days of commitment that they are set up for success with follow-up services such as case management, peer support, etc.
- Crisis response needs to honor client's request for culturally-specific peer services throughout the process.

Barriers that families and support systems face

- Access to care.
- Waitlists.
- Lack of funding.
- What can bridge gaps in care.
- Cities grow and services do not grow with them; why are we not funding our own cities and systems?
- A lot of families are uneducated about mental health and mental illness. When someone is in crisis, family members need to have peer support and education for them. Family partners who are trained and can share info and support separate from the PPS for person experiencing crisis.
- Funded to be with family member at home.

- No place to go for people with dementia and additional mental health issues.
- The discouragement of seeing the system failures from the inside of the system as workforce.
- More dual diagnosis services emphasizing mental health.
- People are not cookie cutter textbook cases. People get told they can't get care for all the things they are going through or experiencing — physically, developmentally, mental health and addiction, aging, etc.
- No prescribers in Deschutes County.
- Scholarships and other insensitive to go into the clinical and administrative realm.

What IS working?

- Peer support.
- Pat Deegan-Personal Medicine model/philosophy.
- Hard to find what was working well.
- OHP is working well; helps pay for medication and services, M110, BHRNs, housing benefits (soon). Things are funded and available now that were not available even 17 years ago.
- Hope and change that is happening at the state level.
- In Benton County they have the housing program for ACT and EASA clients; works kind of like Section 8.
- Deschutes County, Mosaic Medical. After someone gets out they get peer support to go with them to their primary care doctor; then the doctors do not feel comfortable prescribing the ongoing psych medications.