

Commitment to Change Workgroup

JUNE 16, 2023



Agenda



- Welcome
 - Media & Public
- Public record reminder
- Workgroup member introductions
- Recap highest hopes & worst fears
- Assisted outpatient treatment

Workgroup Membership

Oregon Tribes – Angie Butler

Mothers of the Mentally Ill – Jerri Clark

Oregon Health Authority – Zachary Thornhill

Oregon State Hospital – Dr. Katherine Tacker

Oregon Department of Human Services – **Margaret May** for Chelas Kronenberg

Disability Rights Oregon – Dave Boyer

Mental Health and Addiction Association of Oregon – Janie Gullickson

NAMI Oregon – Chris Bouneff

Oregon House – Andy Smith for Rep. Jason Kropf (D); Rep. Christine Goodwin (R)

Oregon Senate – Sen. Floyd Prozanski (D); Sen. Kim Thatcher (R)

Workgroup Membership (cont.)

Coordinated Care Organizations – Melissa Thompson

Oregon Criminal Defense Lawyers Association – Allison Knight

Oregon District Attorneys Association – Channa Newell

Association of Oregon Community Mental Health Providers – Cherryl Ramirez

Association of Oregon Counties – Brad Anderson

League of Oregon Cities – Dakota Thompson

Oregon State Sheriffs' Association – Sheriff Matt Phillips

Oregon Association Chiefs of Police – Jim Ferraris

Oregon Association of Hospitals and Health Systems – Meghan Slotemaker

Oregon Judicial Department – Hon. Nan Waller; **Hon. Matt Donohue (unable to attend)**

OCTOBER RECAP

Highest Hopes

“Build a system to get people what they need without traumatizing them”

“Bring more options to table and process”



Worst Fears

“Improvements are not made/no action”

“Solving problems with the same solutions or strategies that don’t work”



Topic 1: Re-imagining Oregon's assisted outpatient treatment (AOT)

Be thinking about:

- Who AOT should serve
- AOT's intended outcomes
- How to make AOT an effective tool



AOT Overview

Unlike other states, AOT in Oregon is different than outpatient commitment. It also does not include taking the person into custody or involuntary medication.

	Outpatient Commitment (OR)	AOT (OR)	AOT/Outpatient Commitment (Outside OR)
Criteria	Meets criteria for civil commitment (no discretion between inpatient/outpatient criteria)	Has a “mental disorder,” and will likely meet commitment criteria in the future without treatment	Meets state standards for AOT/outpatient commitment (usually different than inpatient commitment criteria)
Treatment	Involuntary	Involuntary	Involuntary
Oversight	Oregon Health Authority	Court jurisdiction	Court jurisdiction
Court enforcement	Yes	No	Yes
Confinement	No	No	No
Commitment	Yes	No	Yes

Discussion Section: National AOT Standards

Do national AOT standards align with providing treatment to people who nearly miss civil commitment criteria and would be unlikely to undergo voluntary treatment?

- If **not**, why not apply these national standards in Oregon? What are the barriers/concerns?
- If **so**, let's review the Treatment Advocacy Center Guidelines on the next page...

Treatment Advocacy Center guidelines for AOT (Cont.)

- **Identify individuals** who appear persistently **non-adherent** with needed treatment and **meet criteria for state's AOT**;
- Ensure **mental health system** takes the initiative to **gather** the required **evidence** and **petition the court for AOT**, rather than rely on community members to do so

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Treatment Advocacy Center guidelines for AOT (Cont.)

- **Safeguard** the **due process rights** of participants at all stages of AOT proceedings;
- Maintain clear lines of **communication between the court and the treatment team**, such that the court receives the clinical information it needs and the treatment team is able to leverage the court's powers as needed;

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Treatment Advocacy Center guidelines for AOT (Cont.)

- Provide **evidence-based treatment** services focused on engagement and helping the participant maintain stability and safety in the community;
- Continually **evaluate** the appropriateness of the participant's **treatment plan** and make any needed adjustments;
- Employ **specific protocols** to when a participant falters **in maintaining treatment engagement**;

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Treatment Advocacy Center guidelines for AOT (Cont.)

- Evaluate each AOT participant at the end of the commitment period to determine whether it is appropriate to seek renewal of the commitment or voluntary care;
- Ensure that upon transitioning out of the program, each participant remains connected to the treatment services they continue to need to maintain stability and safety.



AOT statutory requirements in Oregon

Under **ORS 426.133**, the **court** may issue an order requiring a person to participate in AOT if :

- The person is **18** or older,
- Has a **mental disorder**,
- Will **not obtain treatment** in community **voluntarily**,
- **Unable** to make an **informed decision** to seek/comply with treatment, *and*
- As a result of the above, is **incapable of surviving safely** in community without treatment and **requires treatment to prevent deterioration** that will “*predictably result*” in the person reaching **civil commitment criteria**

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AOT statutory requirements (Cont.)

Under **ORS 426.133(3)**, the court shall consider, but is not limited to considering, the following factors:

- Ability to access **finances** in order to get **food or medicine**
- Ability to obtain **treatment** for medical condition
- Ability to access necessary community **resources without assistance**
- Degree to which there are risks to the **person's safety**

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AOT statutory requirements (Cont.)

Under **ORS 426.133(3)**, the court shall consider, but is not limited to considering, the following factors:

- Likelihood that the person will **decompensate without immediate care** or treatment
- **Previous attempts** to inflict physical **injury** on self or others
- **History** of mental health **treatment** in the community
- Patterns of **past decompensation**
- Risk of **being victimized** or **harmed** by others
- Access to the **means to inflict harm** on self or others



Constituent Feedback: Sampling of Quotes

*How, if at all, could AOT be a more effective tool?
(through 5/22/23, 114 responses)*

Theme 1: Appropriate Funding and resources

- “First, **fund it adequately...**” – *Mothers of the Mentally Ill (MOMI) Constituent*
- “Better **resources in rural** communities.” – *Oregon Judicial Department Constituent*

Theme 2: Court involvement

- “This is a good tool however it **has no teeth**, there is no recourse for the court if a client does not follow through.” – *Oregon Health Authority Constituent*
- “With more **organization, oversight, and funding** for robust and consistent programming statewide. Training is needed for agencies and courts to understand how to use it effectively.” – *Workgroup Member*
- “Turn **AOTs into outpatient civil commitment**” – *Oregon Chiefs of Police Constituent*

Constituent Feedback: Sampling of Quotes

What should happen if someone is not participating in AOT, is not improving, and will likely soon meet the criteria for civil commitment without treatment? (through 5/22/23, 116 responses)

Theme 1: Support staff

- “Follow-up by a dedicated **case worker**, to minimize the chance of a person remaining in the shadows.” – *Accessed through website*
- “Have a **social worker** check in on the patient.” – *Disability Rights Oregon Constituent*
- “Integrating **contingency management** practices into AOT” – *Coordinated Care Organizations Constituent*
- “Possibly having a type of enforcement person...” – *MHAAO Constituent*

Theme 2: Ability to transfer level of care

- “Then the person should be **committed to treatment.**” – *MOMI Constituent*
- “They should be **committed** or the statute should change to allow this” – *OSH Constituent*

Constituent Feedback: Sampling of Quotes

How can the behavioral health and legal systems work together to incentivize participation and promote recovery in AOT?

(through 5/22/23, 108 responses)

Theme 1: Resources and support

- *"The issue is housing, income, and other social needs.." – Oregon Health Authority Constituent*
- *"Set up required care coordination teams..." – Association of Oregon Community Mental Health Providers Constituent*
- *"MORE TREATMENT FACILITIES!!" – Workgroup Member*
- *"I think it would be more effective to have family involvement..." – Oregon Judicial Department Constituent*

Theme 2: Accountability for participants

- *"Accountability for involved participants..." – Oregon State Sheriffs' Association Constituent*
- *"Enforcement ..." – Oregon Judicial Department Constituent*
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Recognizing historical injustices in civil commitment

Historical abuses	Legal protections
All psychiatric hospitalizations were involuntary, treatment was coerced, and placement was indefinite	Evidentiary standards for civil commitment and renewal hearings. <i>Packard v. Packard (1866)</i> ; <i>Addington v. Texas (1979, US Sup. Ct.)</i>
Commitment used to secure wealth/property from family members through bribery of hospital officials	States are responsible for overseeing institutions (first federal legislation passed in 1860s)
Civil commitment equated to a criminal prosecution	Draft Act Governing Hospitalization of Mentally Ill (1951, NIMH)
Any person deemed in need of care could be committed	Commitment to least restrictive environment & dangerousness standard. <i>Lake v. Cameron (DC Circ., 1966)</i> ; <i>O'Connor v. Donaldson (US Sup. Ct.)</i>

Balancing Civil Liberties with Public & Personal Safety

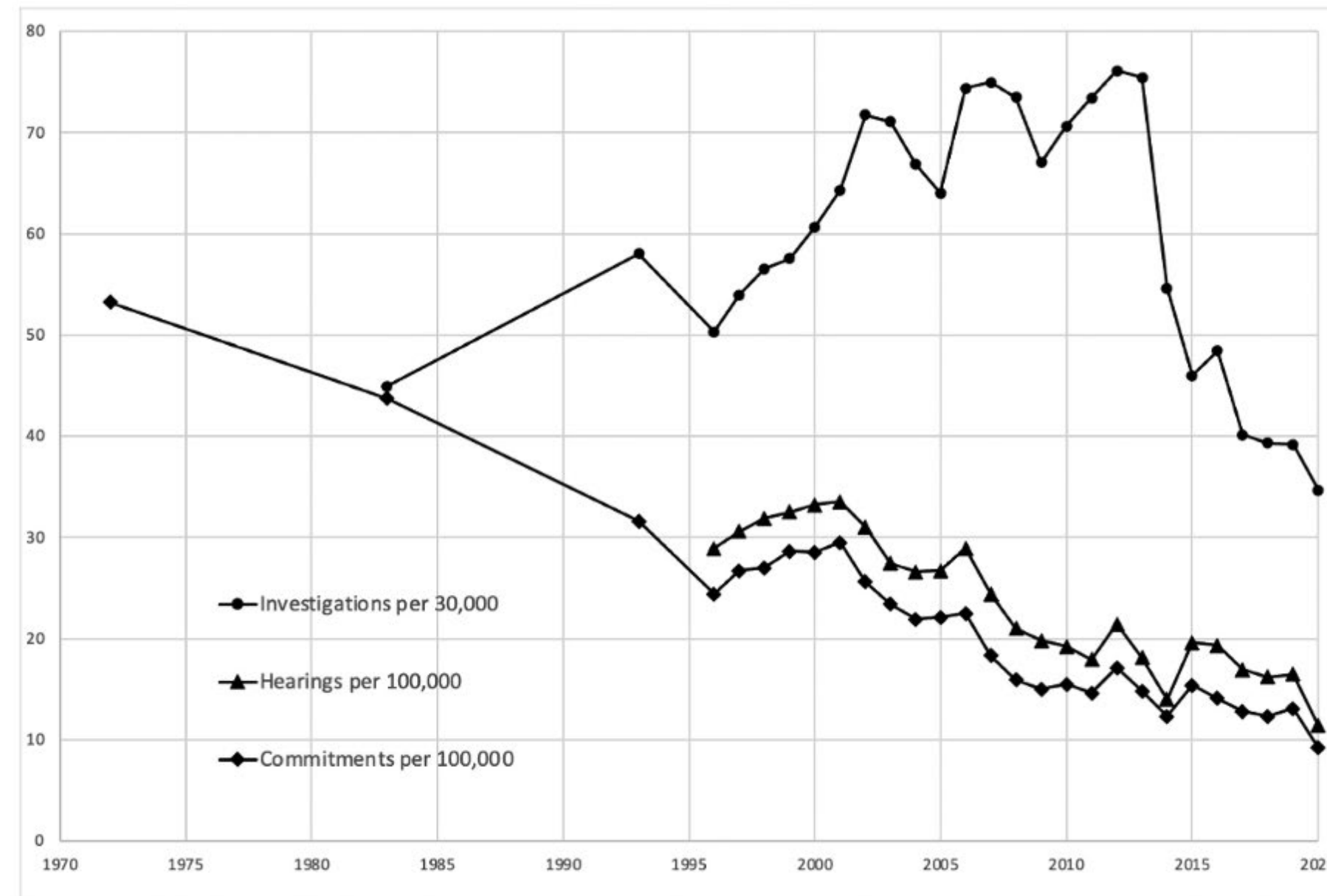


Figure 1 Oregon Investigations, Hearings, and Commitments.

- Civil commitments in Oregon have decreased from 1972 to 2020 (Hansen et al., 2022).

Discussion Section: Finding balance

What protections need to be in place to ensure a balance between personal/community safety and civil liberties?



Discussion Section: Legal authority

What legal authority is necessary to provide treatment to people who nearly miss civil commitment criteria and would be unlikely to undergo voluntary treatment?



Discussion Section: Services

How can the legal and behavioral health systems work together to build out and incentivize community-based treatment services to support AOT?



Break (5 minutes)



Discussion Section: Oversight

- What oversight and involvement should courts provide to ensure an individual ordered to Oregon's AOT engages in services?
- What actions should the court be authorized to take if the individual does not engage in AOT?

Discussion Section: Funding

- What needs to be done to ensure the appropriate funding for AOT in Oregon?
- How might private versus public insurance coverage impact AOT coverage in Oregon?



Discussion Section: Outcome measures

What information needs to be collected to determine whether AOT in Oregon is meeting its intended purpose?



Discussion Section: Connection to services upon completion

What needs to be in place to ensure access and voluntary engagement in treatment and services upon completion of the involuntary program?

- Who/what needs to be in place...



Discussion Section: AOT general

Are there any other aspects of assisted outpatient treatment we should discuss?



Upcoming Meetings



- Next Meeting:
July 14, 9:00 am – 12:00 pm

Homework



- All workgroup members to distribute June survey to their CTC Workgroup constituent email distribution list
- Read ALL materials provided in advance of the next meeting



Staff contacts

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