

# Commitment to Change Workgroup

OCTOBER 13, 2023



# Agenda



- Welcome (Recording Reminder)
- Systems-thinking & civil commitment
  - Survey results
- Big and novel ideas
- Middle ground approaches
- 2025 Legislative
- Workgroup timeline

# Workgroup Membership

Oregon Tribes – Angie Butler

Mothers of the Mentally Ill – Jerri Clark

Oregon Health Authority – Zach Thornhill

Oregon State Hospital – Dr. Katherine Tacker

Oregon Department of Human Services – Chelas Kronenberg

Disability Rights Oregon – Jude Kassar

Mental Health and Addiction Association of Oregon – Janie Gullickson

NAMI Oregon – Chris Bouneff

Oregon House – **Ashley DuPuis** 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 – Marcus Vejar

League of Oregon Cities – Dakotah 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

OCTOBER 2022 RECAP

# Highest Hopes

“Bring more options to the table and process”

“Meet need of those with BH issues in the community, more doors”



## Worst Fears

“Contribute to current stigma against people with mental illness “just get them off the street””

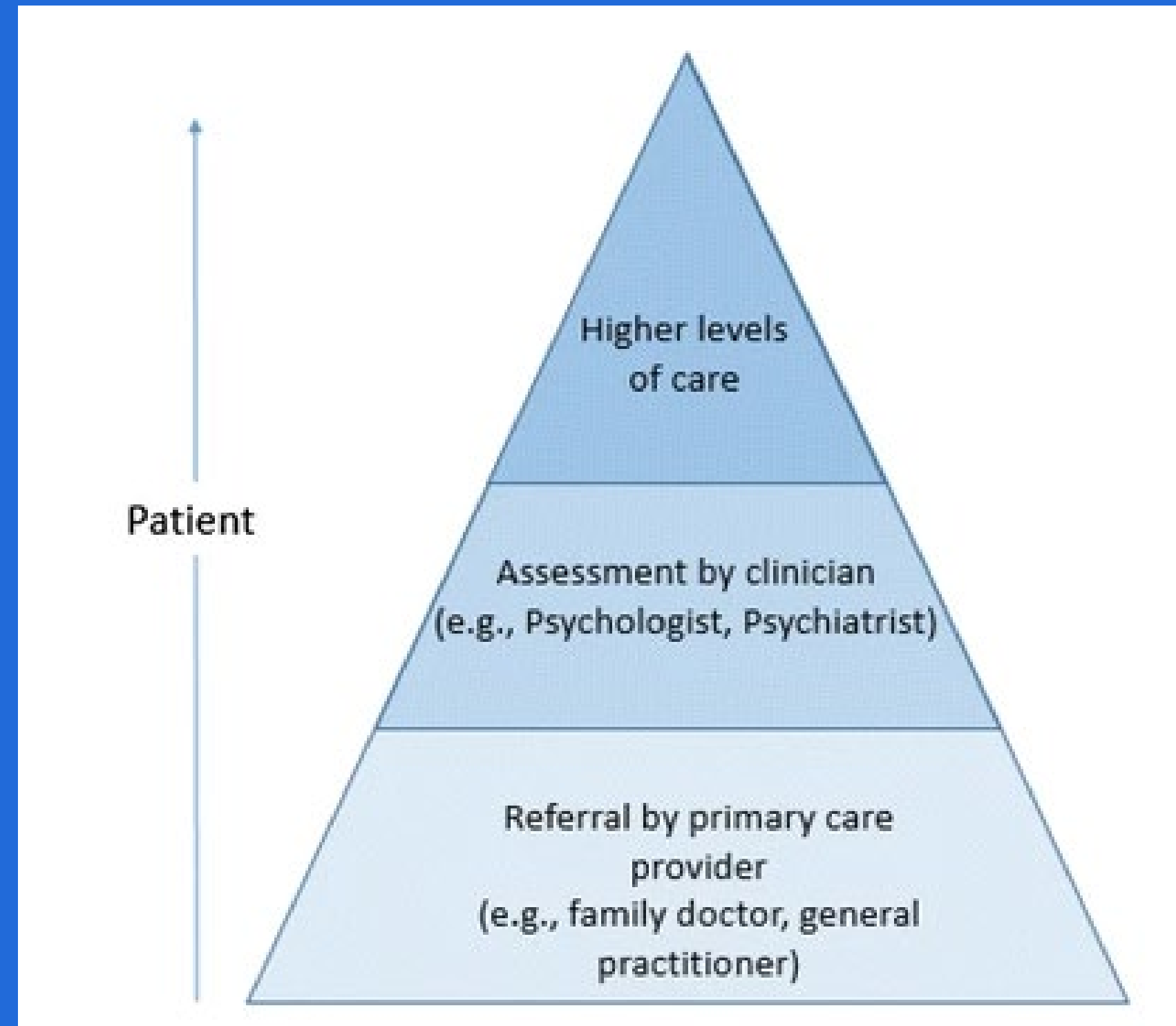
“We won’t accomplish anything after so much time spent in this workgroup”



# Topic 1: Systems-thinking and civil commitment

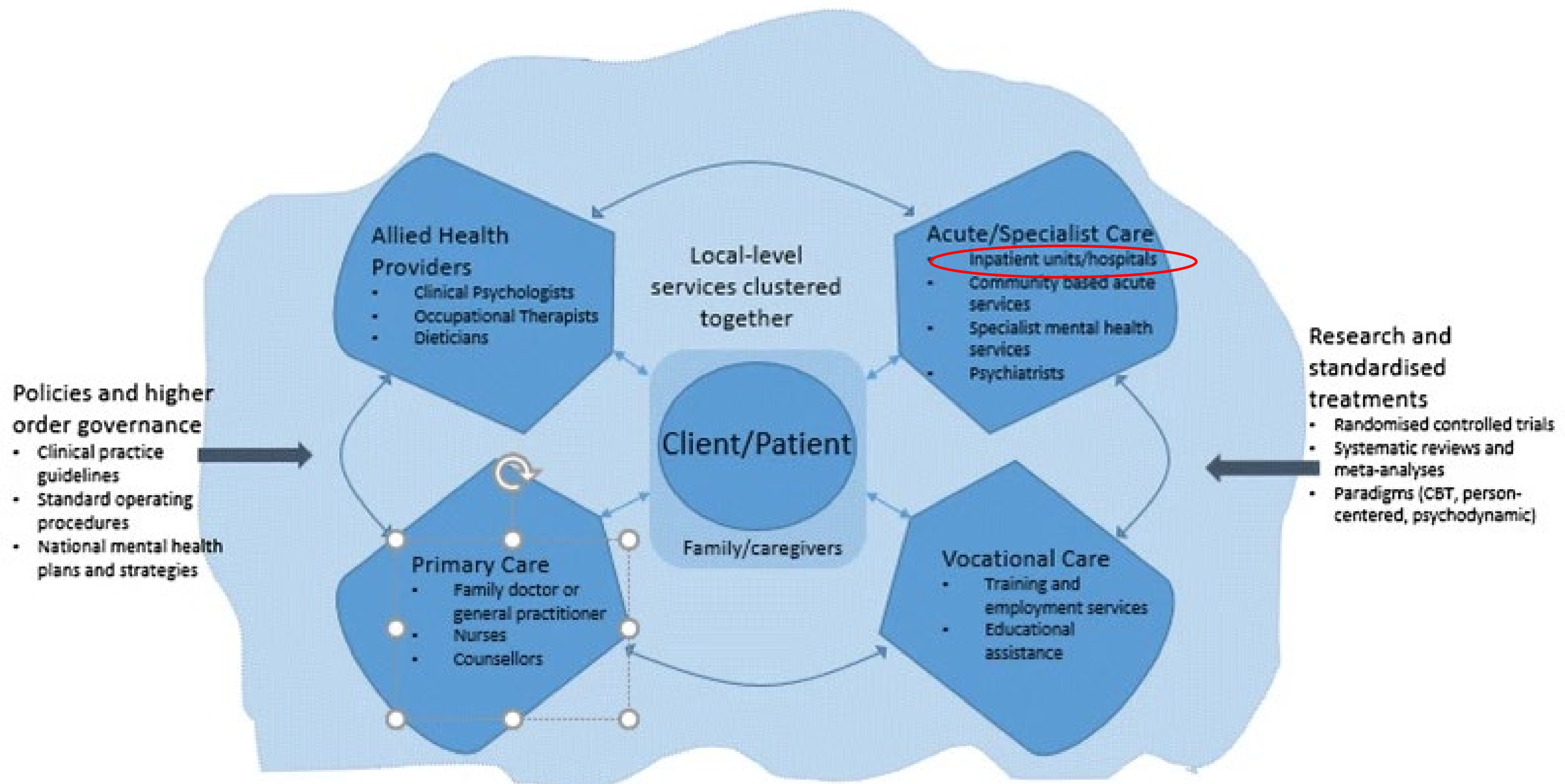


# Traditional linear model of mental health delivery





# Mental healthcare system as a complex adaptive system



# Mental healthcare as a complex adaptive system

- A system is made up of components that are interdependent of each other
- To facilitate change, we must be systems thinkers
- We must identify the different elements and units that affect the way care is provided
- The interdependency of each of the components means that minute changes to any of the components could result in a domino effect, thus ultimately changing the system as a whole

# Government workgroups and the mental healthcare continuum

## **INSERT GRAPHIC**

- Safe housing, food, and other basic resources necessary for mental health
- Office or outpatient clinic
- Intensive case management
- Home-based treatment services
- Family support services
- Day treatment program
- Partial hospitalization
- Emergency/crisis services
- Respite care services
- Therapeutic group home or community residence
- Crisis residence
- Residential treatment facility
- Voluntary inpatient hospital treatment
- **Outpatient commitment/Assisted Outpatient Treatment**
- **Inpatient civil commitment**
- Extremely dangerous person commitment
- Aid and assist
- Custody-based mental health services

# Constituent Feedback: Sampling of Quotes

## *Describe your ideal mental healthcare system in Oregon* *(n=40)*

### **Theme 1: Community-based treatment at all care levels**

- “Better tools to keep patients with SPMI [severe and persistent mental illness] in treatment in the community without having to be GEI” – Oregon State Hospital Constituent
- “MORE COMMUNITY PLACEMENT... We need community-based resources for assistance that don't involve jail.” – Oregon Criminal Defense Lawyers Association Constituent
- “If the system provides services the service-users themselves endorse as facilitating healing, crises will be averted, and the use of civil commitment will fall to basically zero.” – *Mental Health & Addiction Association of Oregon* Constituent

# Constituent Feedback: Sampling of Quotes

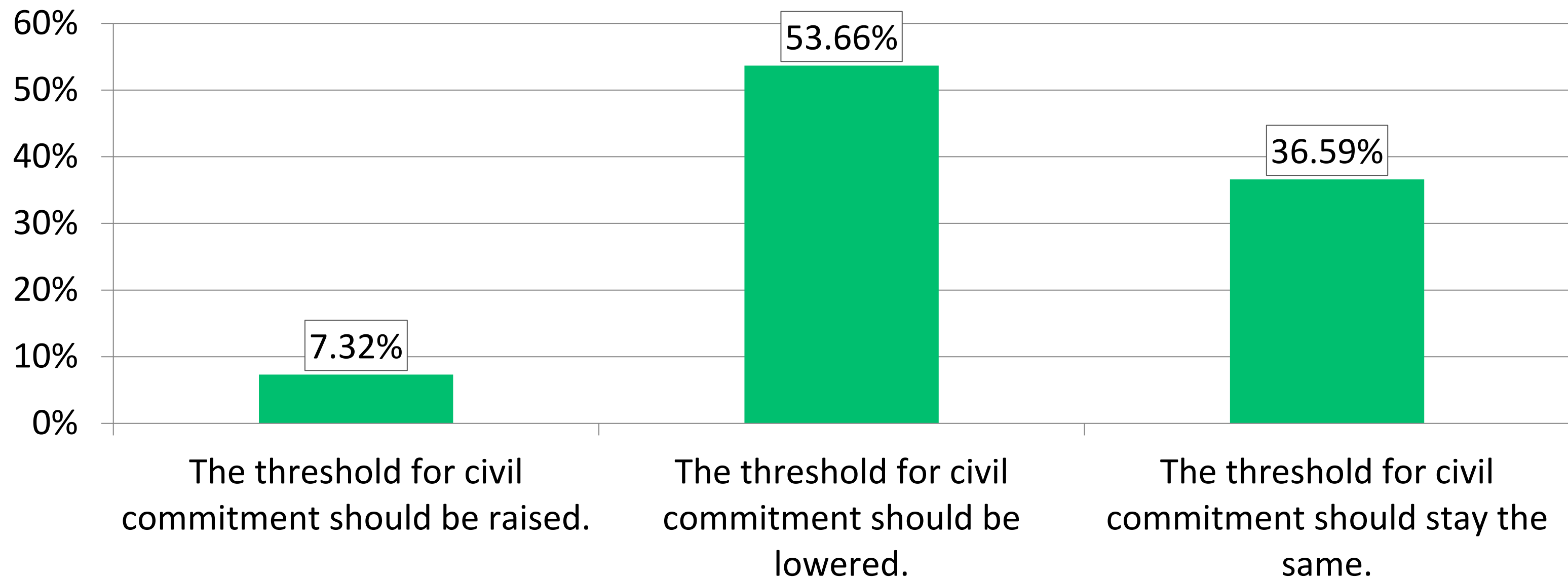
*Describe your ideal mental healthcare system in Oregon*  
(n=40)

## Theme 2: Basic needs met at all levels

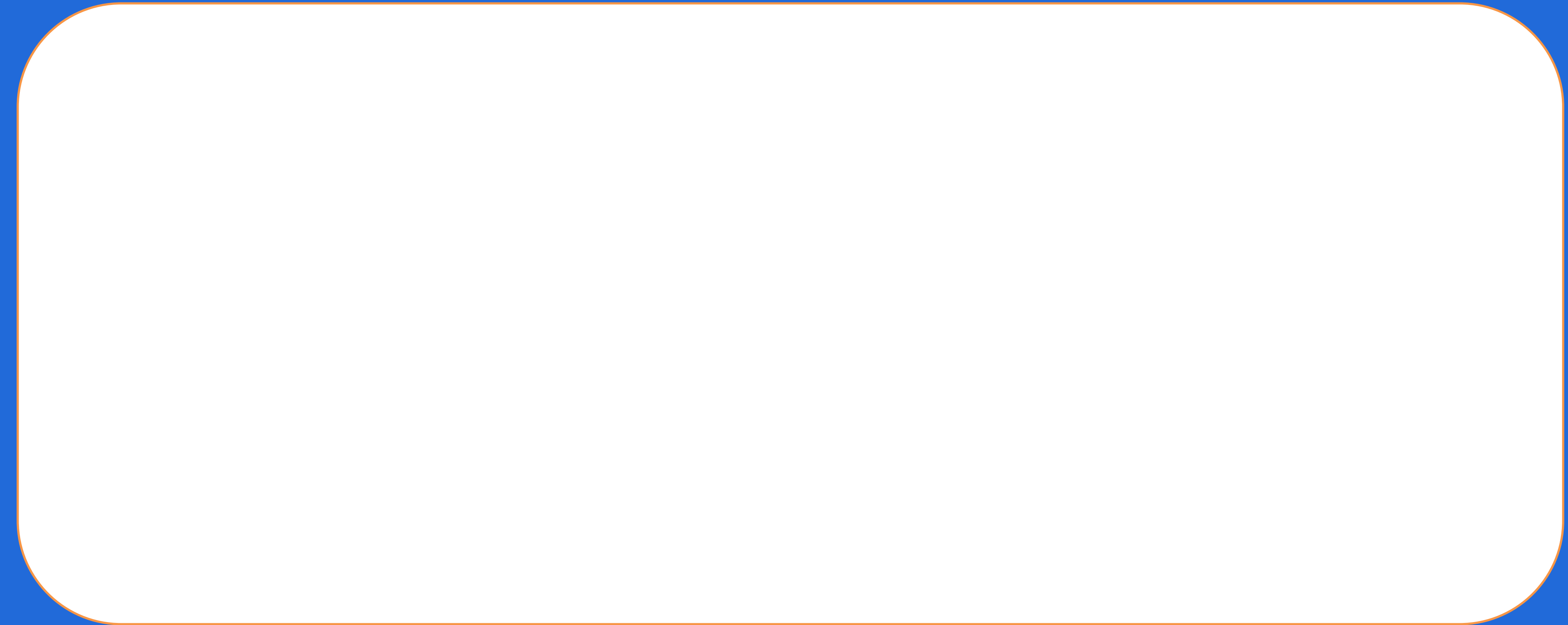
- “More care facilities for people with mental illness and combined with drug treatment...” – *Mothers of the Mentally Ill Constituent*
- “One of the greatest holes in our community is the absence of respite beds...” – *Did not indicate WG Member*
- “Focus funding on housing including safe camping areas for those with mental illness...” – *Oregon State Hospital Constituent*
- “Holistic – housing (through a housing first model – no sobriety requirements to access), nutrition, education, employment support in addition to medication.” – *Workgroup Member*

# Constituent Feedback: Civil Commitment Threshold (August 2023)

How, if at all, should the civil commitment threshold be changed? ( $n=40$ )



# Workgroup Feedback: **Civil Commitment** **Threshold**



# PLACEHOLDER: CTC Workgroup Outcome

- Prepare and submit a detailed legislative concept for the 2025 long session to the Chief Justice
- The report will include a section on big ideas that we don't have the capacity to address in our civil commitment WORKGROUP





# PLACEHOLDER: Chris Motivational Speech about Our Work



# Topic 2: Big & Novel Ideas



## Workgroup Feedback: Sampling of Quotes

*Please describe any big or novel approaches that you would like to discuss or recommend. (n=X)*

# Big Idea: Community-based resources throughout mental healthcare system

**Summary:** Ensure access to community-based treatment for individuals before they need civil commitment by ensuring every region has a robust network of community-based resources *and* prohibiting providers from refusing care to individuals who experience high acuity symptoms.

DISCUSSION QUESTION: ZYS

**Big Idea:** Community-based resources for individuals under civil commitment

**Summary:** Ensure access to community-based treatment for individuals who are civilly committed and do not need inpatient-level care.

DISCUSSION QUESTION: ZYS

# Big Idea : Community hospital staffing

**Summary:** Ensure that community hospitals have adequate staffing and specialized units to improve staff safety

DISCUSSION QUESTION: ZYS

# Big Idea : Housing access

**Summary:** • Ensure access to housing for individuals who have been discharged from inpatient civil commitment

DISCUSSION QUESTION: ZYS

# Novel Idea: Combine ORS Chapters on Justice-involved behavioral health functions

**Summary:** Improve integration of behavioral health treatment and services for justice-involved individuals and eliminate agency and program silos

- *(e.g., aid & assist, commitment of extremely dangerous person, civil commitment, commitment due to intellectual disability, GEI)*

DISCUSSION QUESTION: ZYS



**Novel Idea:** Establish new state agency that oversees all justice-involved behavioral health services

**Summary:** Serves as an umbrella for government programs at the intersection of the behavioral health and justice systems (aid & assist, civil commitment, GEI -- adult and juvenile equivalents)

DISCUSSION QUESTION: ZYS

**Novel Idea:** Restructure behavioral health funding

**Summary:** Funding would follow the individual rather than the agency or program.

DISCUSSION QUESTION: ZYS

# Topic 3: Middle Ground



## Workgroup Feedback: Sampling of Quotes

*What additional issues about the civil commitment system should the workgroup discuss, if any, before developing recommendations for reform in the next five years. (n=X)*

## Middle ground: Additional tier

**Summary:** Establish an additional tier of court-ordered treatment services for individuals with a lower legal threshold than civil commitment

- (e.g., a new level of AOT that includes court oversight and enforcement, short-term stabilization periods, trial visits, and community resources)

DISCUSSION QUESTION: ZYS

## Middle ground: Status hearings

**Summary:** Require periodic court status hearings for civilly committed individuals to hold the system accountable for an individual's progress

- (e.g., trauma-informed, periodic court check-ins would improve oversight, allowing civil commitment system to respond rapidly to an individual's treatment needs)

DISCUSSION QUESTION: ZYS

# Middle ground: Advocate

**Summary:** Establish the role of an advocate that follows and supports the individual throughout the civil commitment process

- (e.g., peer support specialist or other advocate to support)

DISCUSSION QUESTION: ZYS

# Middle ground: Monitoring system

**Summary:** Establish a civil commitment monitoring system

- (e.g., a robust and funded program that follows people through the entire civil commitment system for improved care coordination, treatment outcomes, and compliance)

DISCUSSION QUESTION: ZYS



## Middle ground: Language

**Summary:** • Change references to “person with mental illness” and “mental disorder”

- (e.g., “person alleged to need involuntary treatment”)

DISCUSSION QUESTION: ZYS

# Break (5 minutes)



# Topic 4: 2025 Legislative Session



## Workgroup Feedback: Sampling of Quotes

*What additional issues about the civil commitment system should the workgroup discuss, if any, before developing recommendations for statutory proposals in the 2025 legislative session? (n=X)*

# PLACEHOLDER: Workgroup to Decriminalize Mental Illness

81st OREGON LEGISLATIVE ASSEMBLY--2021 Regular Session

## Senate Bill 187

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senate Interim Committee on Judiciary for Workgroup to Decriminalize 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 **as introduced**.

Defines "dangerous to self or others" for purpose of taking person with mental illness into custody. Describes evidence that court must consider in civil commitment proceedings.

DISCUSSION QUESTION: ZYS

# Topics that have generated concerns and ideas at CTC Workgroup Meetings

OJD staff reviewed meeting minutes to identify concerns and ideas on different civil commitment topics.

Month	Topic
	Psychiatric holds
	Notice of Mental Illness
	Investigation
	14-Day Voluntary Diversion
	Probable Cause Determination
	Citation
	Examination
	Hearing
	Voluntary admissions
	Conditional release
	Assisted Outpatient Treatment (AOT)
	Outpatient commitment
	Changes in placement
	Trial visits
	Recertification for continuing commitment
	Discharge and dismissal

# 1. Psychiatric Holds

## Idea

- First responders should collaborate with mental health crisis centers, rather than transport to emergency departments for psychiatric hold

DISCUSSION QUESTION: ZYS

## 2. Notice of Mental Illness

### Ideas

- Improve access to historical NMIs and other investigation files for use in subsequent investigations of same person
- Require state to create a centralized repository of investigation reports for investigators to access for subsequent civil commitment investigations of the same individual (ensure access is limited to the intended and appropriate use of this information)

DISCUSSION QUESTION: ZYS



# 3. Investigation

<b>Concerns</b>	<b>Idea</b>
<ul style="list-style-type: none"><li>• Potential conflict of interest for CMHP to employ and oversee investigator</li><li>• Five-day investigation timeline is too short to complete a thorough investigation report with sufficient documentation for the court to make an informed decision</li><li>• Extending the five-day timeline may delay treatment or infringe on an individual's due process.</li></ul>	<ul style="list-style-type: none"><li>• Transfer oversight of investigators from CMHP to District Attorney's Office or another entity</li></ul>

DISCUSSION QUESTION: ZYS

## 4. 14-day voluntary diversion

<b>Concerns</b>	<b>Idea</b>
<ul style="list-style-type: none"><li>• Fill-in</li></ul>	<ul style="list-style-type: none"><li>• Fill-in</li></ul>

DISCUSSION QUESTION: ZYS

# 5. Probable cause determination

<b>Concerns</b>	<b>Idea</b>
<ul style="list-style-type: none"><li>• Fill-in</li></ul>	<ul style="list-style-type: none"><li>• Fill-in</li></ul>

DISCUSSION QUESTION: ZYS

# 6. Citation

<b>Concerns</b>	<b>Idea</b>
<ul style="list-style-type: none"><li>• Fill-in</li></ul>	<ul style="list-style-type: none"><li>• Fill-in</li></ul>

DISCUSSION QUESTION: ZYS

# 7. Examination

<b>Concerns</b>	<b>Idea</b>
<ul style="list-style-type: none"><li>• Fill-in</li></ul>	<ul style="list-style-type: none"><li>• Fill-in</li></ul>

DISCUSSION QUESTION: ZYS

# 8. Hearing

<b>Concerns</b>	<b>Idea</b>
<ul style="list-style-type: none"><li>• Fill-in</li></ul>	<ul style="list-style-type: none"><li>• Fill-in</li></ul>

DISCUSSION QUESTION: ZYS

# 9. Voluntary admissions

<b>Concerns</b>	<b>Idea</b>
<ul style="list-style-type: none"><li>• Fill-in</li></ul>	<ul style="list-style-type: none"><li>• Fill-in</li></ul>

DISCUSSION QUESTION: ZYS

# 10. Conditional release

<b>Concerns</b>	<b>Idea</b>
<ul style="list-style-type: none"><li>• Fill-in</li></ul>	<ul style="list-style-type: none"><li>• Fill-in</li></ul>

DISCUSSION QUESTION: ZYS



# 11. Assisted outpatient treatment

<b>Concerns</b>	<b>Idea</b>
<ul style="list-style-type: none"><li>• Fill-in</li></ul>	<ul style="list-style-type: none"><li>• Fill-in</li></ul>

DISCUSSION QUESTION: ZYS

# 12. Outpatient commitment

<b>Concerns</b>	<b>Idea</b>
<ul style="list-style-type: none"><li>• Fill-in</li></ul>	<ul style="list-style-type: none"><li>• Fill-in</li></ul>

DISCUSSION QUESTION: ZYS

# 13. Changes in placement

<b>Concerns</b>	<b>Idea</b>
<ul style="list-style-type: none"><li>• Fill-in</li></ul>	<ul style="list-style-type: none"><li>• Fill-in</li></ul>

DISCUSSION QUESTION: ZYS

# 14. Trial visits

<b>Concerns</b>	<b>Idea</b>
<ul style="list-style-type: none"><li>• Fill-in</li></ul>	<ul style="list-style-type: none"><li>• Fill-in</li></ul>

DISCUSSION QUESTION: ZYS

# 15. Recertification for continuing commitment

<b>Concerns</b>	<b>Idea</b>
<ul style="list-style-type: none"><li>• Fill-in</li></ul>	<ul style="list-style-type: none"><li>• Fill-in</li></ul>

DISCUSSION QUESTION: ZYS

# 16. Discharge and dismissal

<b>Concerns</b>	<b>Idea</b>
<ul style="list-style-type: none"><li>• Fill-in</li></ul>	<ul style="list-style-type: none"><li>• Fill-in</li></ul>

DISCUSSION QUESTION: ZYS

# Topic 3: Workgroup Timeline

Be thinking about:

- What we need to accomplish



# Placeholder: Workgroup Timeline

Date	Topics	Work Products
October 2023	<ul style="list-style-type: none"> <li>• Constituent survey feedback</li> <li>• Workgroup survey feedback</li> <li>• Review of workgroup concerns and ideas on incremental changes</li> <li>• Discussion of remaining workgroup timeline</li> </ul>	
November 2023	<p>Available and Needed Civil Commitment Data</p> <ul style="list-style-type: none"> <li>• How many NMIs?</li> <li>• Who is Committed?</li> <li>• Where do they go?</li> <li>• Do they go through drop-downs in level of care</li> <li>• How long to they stay at each level</li> <li>• What happens to them when the civil commitment is dismissed</li> <li>• How many come back and get committed again?</li> </ul> <p>What data do we need? Why?</p>	
December 2023		
January 2024		
February 2024		
March 2024		
April 2024	Final review of report draft	Approval of report draft



# Agenda



- Welcome (Recording Reminder)
- Systems-thinking & civil commitment
  - Survey results
- Big and novel ideas
- Middle ground approaches
- 2025 Legislative
- Workgroup timeline

# Homework



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



# Staff contacts

- Facilitator: Chris Thomas  
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