Commitment to Change Workgroup

February 9, 2024

Agenda

- Welcome (Recording Reminder)
- Clarifying purpose, structure, and product of the Workgroup
- Continue conversation on clinical criteria for civil commitment

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

NAMI Oregon - Chris Bouneff

Oregon House – Ashley DuPuis for Rep. Jason Kropf (D); Debra Royal for 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
Governor's Office – Juliana Wallace

Topic 1:
Clarifying purpose, structure, and product of the Workgroup

CTC Workgroup Goal

Goal: Why this Workgroup Was Formed

- Recognized years of stakeholder work to identify and reform problems with civil commitment system
- Goal to review the system more comprehensively and to identify the range of stakeholder perspectives

CTC Workgroup Purpose & Structure

Positionality statement

- OJD acknowledges the privileged position of government actors within the civil commitment system

- Workgroup seeks active inclusion of all stakeholders, including people with lived experience, through member representatives, staff, constituent feedback surveys, and listening sessions

CTC Workgroup Charge

Workgroup Charge

Undertake a comprehensive review of Oregon's civil commitment laws with the intent to offer ideas from a broad range of stakeholders to the legislature in 2025

CTC Workgroup Product

Work product: Final Workgroup Report

- Report ideas raised by all stakeholders
- Identify areas of consensus where it exists

CTC Workgroup Structure

Workgroup Membership

- Include representation of all stakeholders in civil commitment system
- Each member serve as a funnel to present the full range of perspectives from the groups they represent

CTC Workgroup Structure

Purpose of Constituent Feedback Surveys

- Intent to assist members to gather input from their constituencies on topics to be discussed at workgroup meetings
- Ensure workgroup hears the diverse array of perspectives from each stakeholder group
- Concerns have been raised about the distribution of these surveys and potential biases

CTC Workgroup Structure

Constituent Listening Sessions

- Had two: Peerpocalype and Tribal Gathering
- In process of planning more

CTC Workgroup Structure

Member Surveys on Ideas and Recommendations

- One survey to present all ideas presented to workgroup to get quick reaction
- Second survey to follow discussion on first survey results and focus ideas for inclusion in the report

CTC Workgroup Process

Timeline

- February 23: Ideas Survey is due

- March 8: Discuss results at CTC Workgroup meeting
  1. Identify areas of consensus and non-consensus
  2. Decide which ideas should be included for further consideration in Proposed Recommendations Survey

- April 12: Proposed Recommendations Survey Due

- May 3: Discuss draft final report

Break (5 minutes)

Topic 2:
Civil Commitment of Individuals with an Intellectual Disability

ID Civil Commitment Placements

What percentage of individuals were placed in each setting type?

- **Oregon State Hospital:** No treatment tailored for people with intellectual disabilities
- **Stabilization and Crisis Unit (SACU):** 24-hour crisis residential program operating under guidance of ODDS
    - Services are accessed through regional or county CDDPs
    - Serves individuals with I/DD, often with co-occurring mental health issues, whose support needs exceed the supports offered or provided by community-based residential programs
    - Individuals may come from family homes, other community programs, legal institutions or hospital settings, often entering SACU in crisis
    - SACU works to stabilize and transition individuals to lower levels of care with goal of reintegrating them into other community-based settings

- **Acute Psychiatric Department of Community-Based Hospital:** *e.g.*, Unity, Providence (362 adult beds available across 9 hospitals)
- **Community-Based Residential Programs:** Adult foster care
- **Home-Based Placements:** Family home

2023 Amendments and Workgroup on ID Civil Commitment Repeal

- **HB 3234 (2023) amended ORS Chapter 427 as follows:**
  - Prohibits commitment of minors with ID without consent of parent or legal guardian
  - Adds criteria for commitment that person must be determined eligible for developmental disability services through DHS
  - Removes requirement for new diagnostic evaluation for recommitment
  - Adds brokerages as entity that may be responsible for assignment and transfer between placements

- After 2023 legislative session, Senator Gelser Blouin established the Senate Human Services Workgroup on ID Civil Commitment Repeal (meeting currently)

- **LC 79 (2024) would amend ORS Chapter 427 as follows:**
  - Repeals statutes authorizing involuntary commitment of an individual based on ID
  - Prohibits a public body from denying services for persons with mental illness on the basis that the person also has an IDD
  - Takes effect July 1, 2025

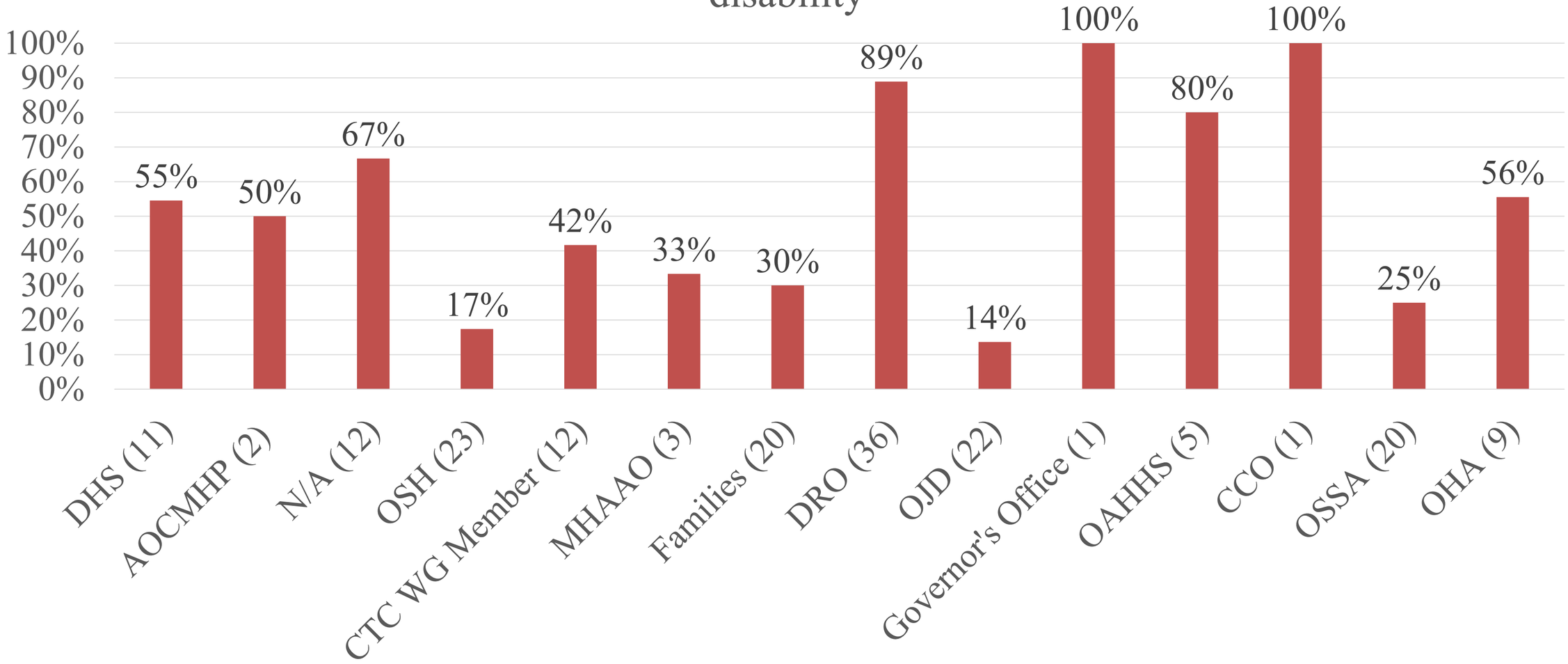
Constituent Survey Responses

Question 3. Should Oregon statute be expanded to allow civil commitment for individuals who, as a result of cognitive deficits other than intellectual disability, are a danger to themselves or others or unable to meet their basic needs?(*n*=190)

Results on next page ->

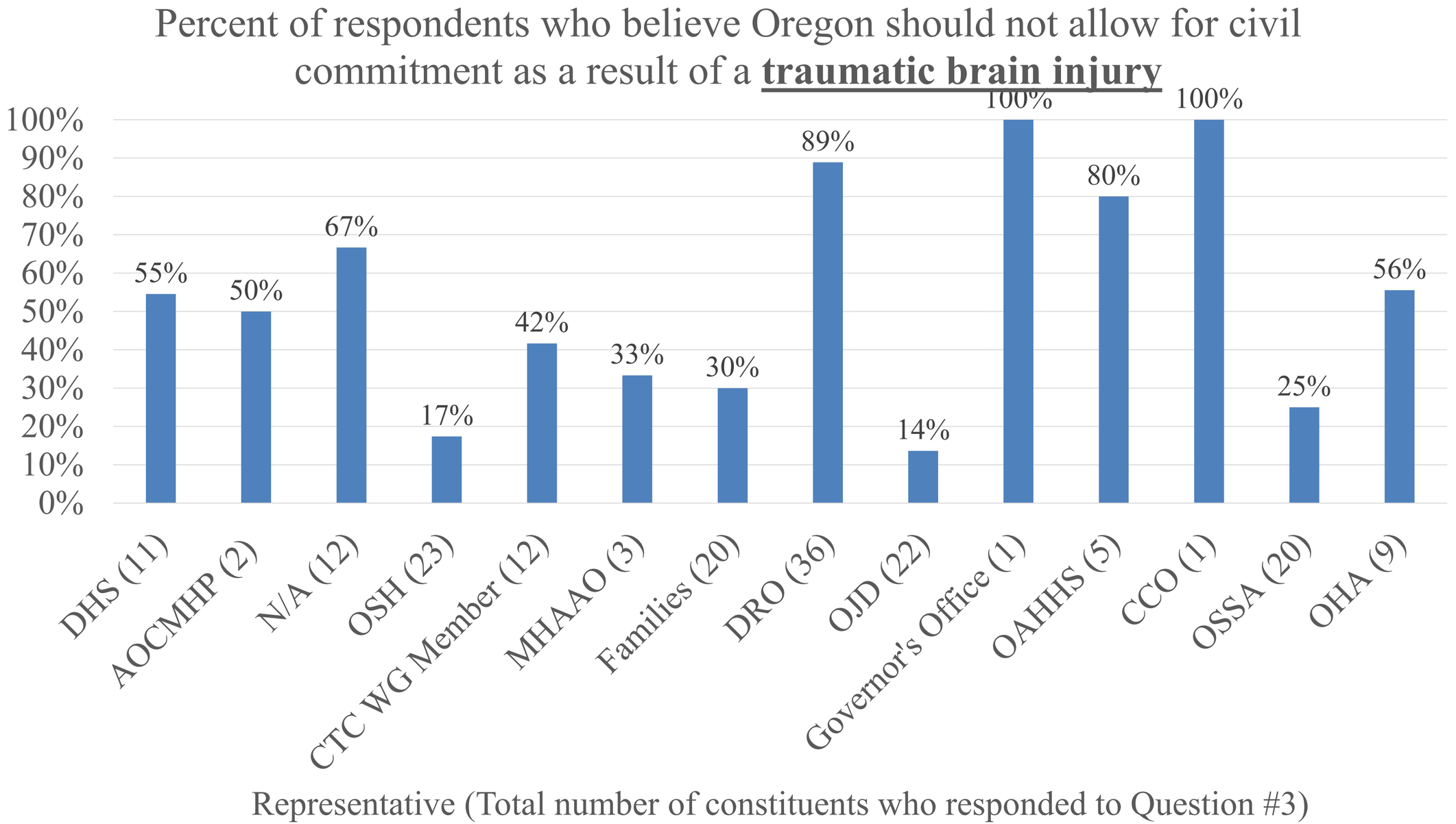
Constituent Survey Responses (*n=190*)

Percent of respondents who believe Oregon **should not allow** for civil commitment as a result of cognitive deficits other than intellectual disability



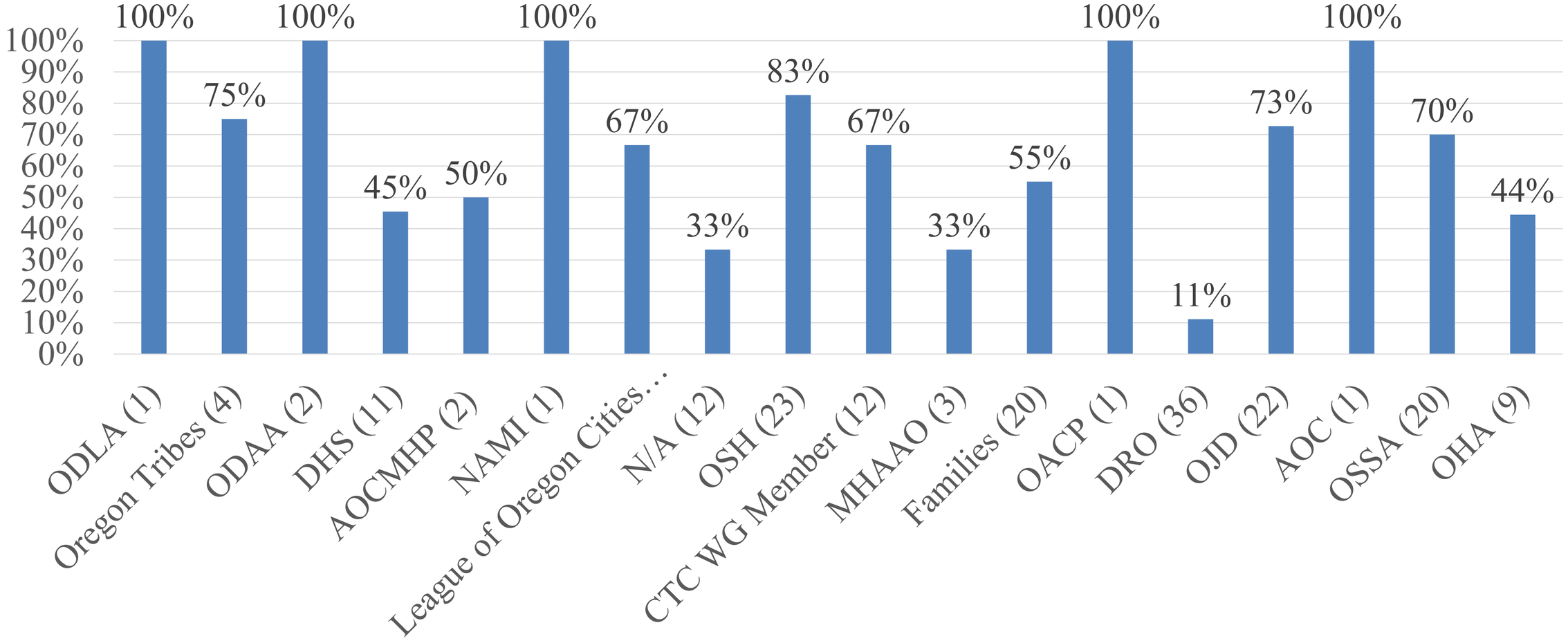
Representative (Total number of constituents who responded to Question #3)

Constituent Survey Responses (*cont.*)



Constituent Survey Responses (*cont.*)

Percent of respondents who believe Oregon should allow for civil commitment as a result of **dementia**



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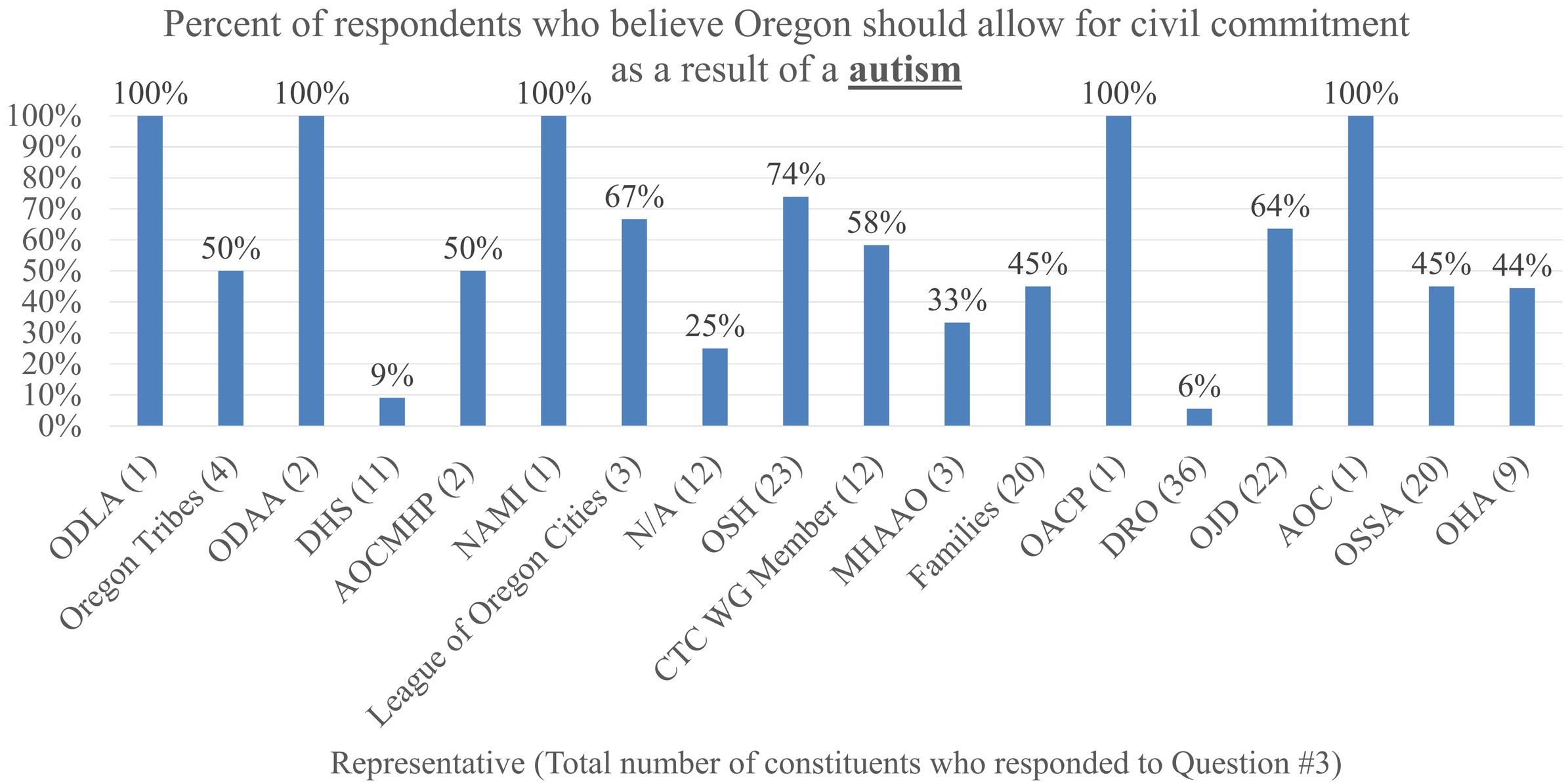
Constituent Survey Responses (*cont.*)



Discussion Questions

- Are intellectual disabilities an appropriate basis for civil commitment?
- Can individuals with an ID change their behaviors with treatment?
- If ID is removed as a basis for civil commitment, what alternatives are available to protect individual and public safety when an individual's symptoms or behaviors otherwise meet civil commitment criteria?
  - Stabilization and Crisis Unit (SACU)
  - Emergency Department
  - Jail (if charged with a crime)/Diversion
  - Guardianship

Topic 3: Substance Use Disorder as a Basis for Civil Commitment

Substance Use Disorder (SUD) as a Basis for Civil Commitment

From the January 2024 Workgroup Readings

New meth (P2P) often causes people who use it to have psychotic symptoms similar to mental illness: hallucinations and delusions and can cause aggression

Oregon has the highest reported rate of meth use in the nation

Meth is not as deadly as fentanyl or other opioids, which kill 136 Americans and 3 Oregonians every day

States with Civil Commitment for SUD

From the January 2024 Workgroup Readings

Currently, 37 states and the District of Columbia have statutes in place allowing for involuntary (civil commitment) of individuals struggling with SUD

- Indiana, Maine, Nebraska, Tennessee and Virginia SUD is specifically included in the statutory definition of “mental disorder”

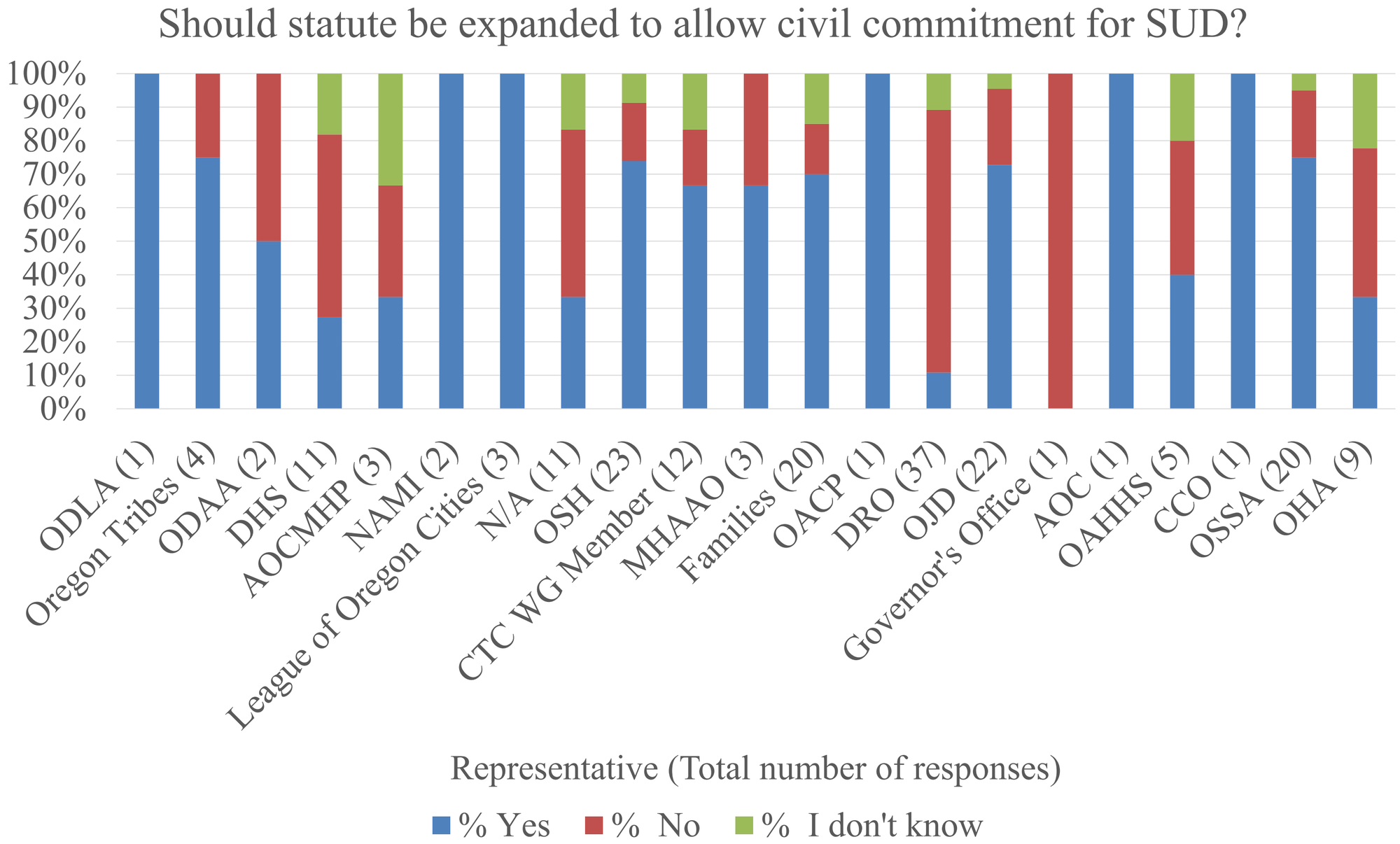
- Majority of states exclude SUD from their legal definition of mental disorder (likely to prevent criminal defendants charged with a crime while under the influence to be able to plead an insanity defense)
    - Alabama, Arizona, Idaho, Illinois, New Hampshire, OREGON and Wyoming do not have a separate involuntary commitment provision for SUD

States with Civil Commitment for SUD

From the January 2024 Workgroup Readings

- More states are passing laws that allow involuntary commitments for SUDs.
- Some states' laws do not regard a SUD as a mental illness.
- The evidence is scant and conflicting on the efficacy of involuntary commitment
- Involuntary commitment may obscure the broader systemic reasons why some people develop SUDs.

Constituent Survey Responses (*n*=193)



Substance Use Disorder as a Basis for Civil Commitment

Sample of Constituent Survey Comments

YES	NO	MAYBE
"We see [civil commitment] cases thrown out all the time… when there is a whiff of SUD. IF the point is to protect individuals and the public, why would we not include this group?"	"Involuntary commitment is not an effective or humane strategy for SUD."	"Maybe it's not civil commitment, maybe it's detox, but there NEEDS to be something mandatory for a period of time. Maybe it's a mandatory 7/10 days detox."
"Currently the only option is to take them to jail for community safety reasons."	"Drug treatment should be… the goal for SUD, even with a dual diagnosis. The Civil Commitment system is not equipped to handle it."	"Only if there is an expansion of services to accompany this. Without that, it will do absolutely no good."

Substance Use Disorder as a Basis for Civil Commitment

Sample of Constituent Survey Comments

YES	NO	MAYBE
"Those with severe SUD, particularly those resulting form the current class of substances, very often present a clear and present danger to themselves and others. The argument that SUD is somehow different flies in the face of the entire reason SUD has been wrapped up into "Behavioral Health." Let's start treating it as such."	"It is difficult enough to secure a bed for a person with a legitimate mental illness. substance abuse is a choice that becomes an addiction, there should be other programs for that other than jails and mental health facilities."	" SUD alone would be difficult. Co-occurring SUD w/MH disorder should be committable."

Discussion Questions

- Should an individual be excluded from civil commitment when the line between mental health disorder and SUD is ambiguous?
- Should civil commitment be an option for people who have an SUD (but no mental health disorder) that causes the same level of acuity/distress and would otherwise qualify them for civil commitment?
- What evidence of harm should be necessary to civilly/involuntarily commit an individual with a substance use disorder?
- What length of time should an individual with a substance use disorder be involuntarily committed to treatment? (Mental illness: 180 days; Intellectual disability: 1 year)

Co-Occurring Conditions: Things to Think About

Who is responsible under ORS 426 and ORS 427?

- ✓ Mental Health Disorder with Substance Use Disorder
- ✓ Mental Health Disorder with Intellectual Disability
- ✓ Substance Use Disorder with Cognitive Disorder
- ✓ Substance Use Disorder with Cognitive Disorder AND Mental Health Disorder

What are some of the challenges that contribute to this?

- Statutes
- Funding
- Programming
- What else?

Constituent Survey Question: Co-Occurring Conditions

What suggestions do you have, if any, to ensure effective coordination among the various state and local government entities that coordinate placements, treatment, services, and supports for civilly committed individuals with co-occurring mental health disorder, substance use disorder, and intellectual disorder or other cognitive deficits?

Recommendations for Improved Coordination of Services for People with Co-Occurring Disorders

Constituent Feedback: Sampling of Quotes

- "Add to the order civilly committing them an order for release of information (ROI) between all of the agencies, similar to the releases that are used in treatment courts."

- "There needs to be a centralized data base for all state agencies to access for cross system tracking of civil commitments."

- "If there is a Tribe that could be involved, they need to be involved at the earliest possible time."

- "We need to eliminate the local mental health authority system. From experience, each county often does things differently. There is no consistency in process or OAR interpretation across counties. It all should be centralized from OHA. It is OHA's responsibility."

Recommendations for Improved Coordination of Services for People with Co-Occurring Disorders

Constituent Feedback: Sampling of Quotes

- "Statute that OHA and DHS must collaborate and ensure all necessary services are concurrently provided. No siloing of services. Treat the individual. Don't let one discipline require stabilization or remission of the other in order to treat.

- "...we need a well-written law holding CCO's accountable and eliminate system blockages in each case. There is no blanket solution and individual cases must be addressed individually."

- "A multi-disciplinary team, by county or region, to staff and make recommendations on individuals' cases to triage those most in need of immediate intervention."

Recommendations for Improved Coordination of Services for People with Co-Occurring Disorders

Constituent Feedback: Sampling of Quotes

“A state-level department needs to be responsible to oversee and manage the coordination of these services so that the most vulnerable people are not left alone to die or cause harm specifically because their condition is so complex. State-level oversight will disable the current practice of ping-ponging people among agencies that want someone else to take responsibility for these complex and "undesirable" cases. Multi-agency collaboration isn't going to happen without state oversight, organization, and requirements for agencies to partner.”

Discussion Questions

Who should be responsible under ORS 426 and ORS 427?

- ✓ Mental Health Disorder with Substance Use Disorder
- ✓ Mental Health Disorder with Intellectual Disability
- ✓ Substance Use Disorder with Cognitive Disorder
- ✓ Substance Use Disorder with Cognitive Disorder AND Mental Health Disorder

What are some of the challenges that contribute to this?

- Statutes
- Funding
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- What else?

Homework

All workgroup members* to complete the Commitment To Change “Ideas” survey*

Read ALL materials provided in advance of the next meeting

*This survey is designed to be completed by **Workgroup members only**

Staff contacts

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