AOCMHP Testimony Opposing HB 3249

April 9, 2015

Dear Chair Barker and Members of the House Judiciary Committee:

On behalf of the Association of Oregon Community Mental Health Programs (AOCMHP), which represents Community Mental Health and Health and Human Services Directors in all 36 counties and Warm Springs Tribe, we oppose HB 3249. We believe most people with mental illness and substance use disorders should be treated in the community and intercepted before they have contact with the criminal justice system, or at least before they are incarcerated. We are also not in favor of potential vast expansion of the Oregon State Hospital.

Generally, we believe that any changes to the commitment statutes should be done as a whole, and including all system partners: Public Safety, Judiciary, Hospitals, and Community Mental Health. When we try to revise the commitment process with only one or two system perspectives, we will be left with an inadequate result that does not take into account the multiple systems involved in this complex law.

Specifically, although we are sympathetic to concerns about unintended consequences resulting from narrow civil commitment criteria in Oregon, we do not believe it will be possible to make the proposed changes in the criteria for two primary reasons:

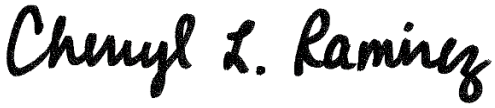
1) Expanding civil commitment criteria and using forced treatment are counter to Oregon's agreement with USDOJ (DJ#168-61-30), memorialized on November 9, 2012, "to implement a process which…will resolve the Department's investigation of the State's compliance with the integration mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.,* 527 U.S. 581 (1999) for persons with serious and persistent mental illness." As Community Mental Health Program Directors, the implications of the USDOJ investigation and its subsequent agreement with the Oregon Health Authority extends to our work with people in our communities who have mental illness.
2) Refusal to treatment of a mental illness does not, in and of itself, rise to the level of seriousness that dangerousness to self or others does. While we would hope that this proposed criteria is only executed with strong clinical evidence and under only the most ethical circumstances, history has shown this is not true, contributing to the more narrow criteria for civil commitment that we have now. In addition, substance use disorders are prevalent among those with mental illness involved in the criminal justice system. Substance use disorders impact a person's acceptance and compliance with mental health treatment. It is unclear how this will be accounted for under "refusal to treatment" as there is no criteria for civil commitment for addictions.

Community Mental Health Programs facilitate the process of individuals receiving an evaluation and subsequent prescription for medication and other services in partnership with the Public

Safety system, Coordinated Care Organizations, private insurers and other payers as applicable. Partnership between the Behavioral Health and Public Safety systems as well as collaboration among the payers is critical to assure that an individual is able to successfully recover in the community with adequate supports and basic needs. Increased communication and collaboration among Criminal Justice, Mental Health, Public Safety, Hospital and other system partners, along with innovative crisis services such as mobile crisis teams, crisis stabilization centers, crisis intervention training for law enforcement, and respite housing, will decrease the need for involuntary commitments. Additionally, some of our counties are implementing trial visits, a form of assisted outpatient treatment, but in order to closely monitor participants, funding must be redirected to follow the person.

Thank you for the opportunity to provide testimony in opposition to HB 3249.

Sincerely,



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