

Andrew is 31 years old and has lived with rapid cycling bipolar disorder since youth. He found successful interventions eventually and entered young adulthood generally stable and productive. Until recently, he managed his disorder successfully and was an independent artist who rented his own studio and had stable rental housing.

In late February, his mom arrived from the East Coast. Andrew had torn out the kitchen cabinets and destroyed the stove in his rental housing. He believed the FBI was spying on him. He asked aloud whether his mom or dad requested that the FBI to surveil him.

Andrew's experience was one of several case studies that NAMI's Brain Trust analyzed in conceiving Senate Bill 137 with amendments.

- March 1 • Admitted to hospital after family observed that Andrew was slowly spiraling downward. Mom takes leave from her job on the East Coast to support Andrew.
- March 20 • Discharged from hospital. Intensive Outpatient treatment (IOP) included in discharge plan. Mom has to fight for discharge plan. NAMI Oregon provides guidelines developed under HB 2023 from 2015 Legislature around obligations for discharge planning from inpatient psychiatric treatment.
- March 21 • IOP intake. Treatment starts pending Coordinated Care Organization (CCO) approval. Andrew willing to engage in treatment and to take prescribed medications.
- March 22: Morning • CCO/County (benefit sub-delegated to county) denies authorization. No alternatives provided. Andrew agitated.
- March 22: Afternoon • Andrew's agitation aggravated. Mobile Crisis and CIT officers called out.
- March 23-25: • Andrew decompensates. Stops taking medication.
• Mom tries to speak with CCO. Customer support person replies that she cannot speak with mother. Andrew gives verbal consent over the phone. Customer service person hangs up.
- March 26 • NAMI Oregon intervenes. CCO/County authorizes IOP.
- March 27 • Andrew unwilling to engage. Very paranoid. Crisis line called, patched through to 9-1-1. Mobile Crisis eventually dispatched. Andrew transported on hold to ER.
- March 28 • Back in hospital. Same hospital as before.
- April 2 • Discharge meeting held with team. Psychiatrist evaluation recommends long-acting injectable medication. Hospital social worker erroneously states that CCO won't pay for injectable. (Carve out medication.)
• CCO/County represented by transition coordinator who hasn't been involved to date and is unable to contribute to discharge plan.
• Mom told that no outreach for "warm handoff" to Intensive Outpatient therapy is offered. Care providers expect Andrew, who is still delusional, to take

initiative to engage in care.

- April 4
- Discharged. Pharmacy dispenses trazodone along with lithium and risperidone. No one discussed prescribing trazodone with Andrew. The lack of clearly conveying critical prescription information aggravates paranoia around medications.
- April 4-11
- Since discharge: Paranoid, delusional, off medications, CCO/County and providers say they can do nothing, mother and family distraught, law enforcement encounters follow.
 - Former girlfriend obtains restraining order.
- April 11
- Mom tries to contact civil commitment investigator about Andrew's discontinuing medications, unwillingness to attend IOP. Civil commitment investigator doesn't return calls or acknowledge mom's communications.
- April 16
- Mom speaks with County utilization management (UM) supervisor directly about options. Told: "Because he's refusing treatment, we are out of options."
 - Mom asks about initiating Assertive Community Treatment (ACT) given Andrew's current condition and risks of hospitalization and law enforcement encounters. UM supervisor doubtful but tells mom will consult with medical director.
- April 17:
Morning
- County UM refers Andrew for ACT. Calls later to say that ACT provider refused referral.
- April 17
- Andrew worsens as day transpires. Mom records call with son 19 minutes in duration in which he repeatedly makes threats to other people and threatens self-harm. Mobile Crisis dispatched. CIT officers respond.
 - Even though circumstances identical to those on March 27, responding officers interpret criteria for initiating a hold differently. Officers tell Andrew's mom that they cannot intervene.
- April 19
- Andrew calls from Los Angeles. Hitched ride with stranger. Robbed while being dropped off. Doesn't have money. Mom arranges for transportation back to Portland.
- April 21
- Mom flies home to East Coast. Andrew leaves rental housing and moves into rented art studio. Other family members living locally continue to try to check in with Andrew.
 - CCO/County never participated in dialogue about planning for engagement with Andrew if/when he is next in the emergency room or arrested because of his erratic and/or threatening behaviors.
- May 25
- Andrew receives eviction notice from art studio.