

**Association of Oregon Community Mental Health Programs  
Presentation to House Human Services and Housing Committee  
Increase in Oregon's "Aid and Assist" Population**

Dear Chair Tomei and Members of the House Human Services and Housing Committee,

I am participating on this panel on behalf of the Association of Oregon Community Mental Health Programs (AOCMHP), which represents directors of county-based Community Mental Health Programs and County Health and Human Services departments. My contribution to the presentation on the Aid and Assist population increase at the Oregon State Hospital is to share a summary of the .370 or Aid and Assist pilot projects and their subsequent recommendations for decreasing the number of .370 clients at the Oregon State Hospital.

***Background of .370 (Aid and Assist) Pilot***

The .370 Project was created in 2007 to provide case management services to individuals with mental illness who have been court ordered under Oregon Revised Statute 161.370 for detainment to the Oregon State Hospital (OSH) or to out-patient restoration in the community to be restored to competency so they may be able to aid and assist in their own defense. The goal is to transition them into the community and get them out of the criminal justice system. There have been four counties participating in the 370 Project--Lane, Marion, Multnomah and Douglas. The case management provided in each county includes the provision of funding for rental assistance; assessments; medications; aid and assist training; the creation of diversion agreements with county courts and jails; and assisting OSH in discharging people.

***Current Status***

All four of the counties continue to attempt to divert .370 clients from OSH and to help them re-enter their communities when they are discharged from OSH or released from jail. The reporting mechanism from the counties to AMH has been a Jail Diversion report that includes other populations. The last report submitted was for the period through December 2013. It is not clear whether this report will continue to be required or if the new jail diversion reporting requirements in the county financial assistance agreement will supersede it.

Specific program elements include:

- Lane County has a dedicated “.370 house” that includes more supervision and support for .370 clients discharged from OSH with 11 active participants currently. Eighteen .370 clients from Lane County are in OSH.
- Multnomah County Forensic Diversion program currently serves 77 individuals in the community and 37 Aid and Assist clients are at OSH. The Acute Care Hospitals have been pursuing local prioritization of individuals moving to the State Hospital. (pertains to all units and not limited to Forensic).
- Marion County started its 24-7 psychiatric crisis center and customized case management services for the .370 population in 2007. Initially there were good results, with only 6 people from Marion County at OSH in 2010. Circumstances changed in 2010 and the census has increased, but Marion County continues to implement services and programs such as transitional housing, crisis supports and medication management.

### ***Emerging Problem***

The positive trend for some counties in decreasing the .370 numbers at OSH turned around in 2010 when defense attorneys began requesting that their clients go to OSH for evaluation/restoration. The .370 population with misdemeanors now makes up 40-50% of the OSH patient census. The .370 clients, representing 30% of the total population discharged from OSH, are coming back to communities with no resources to help them as they are not eligible for wraparound or Adult Mental Health Initiative (AMHI) services since they are forensic, and not civil commitment clients. The “never-never” population has increased from about 5% to 15-20%.

### ***Lessons Learned from Pilot***

- Communities need more resources to help restore Aid and Assist clients to prevent them from going to the hospital.
- Community Mental Health Programs (CMHPs) have no legal authority with the Judiciary to determine whether or not it is appropriate to send an individual classified as a .370 client to OSH.
- When the individual is deemed incompetent to stand trial and the State Hospital releases them, the Counties do not have the ability to compel treatment and monitoring. This can be a public safety issue due to higher dangerousness and inability to be competent.
- There are not enough certified and qualified fitness evaluators statewide.
- Defense attorneys/judges are not always making appropriate placements to OSH for individuals designated as .370 clients.

## **Recommendations**

1. **Consider individual's circumstances when determining whether or not to admit to OSH or serve in the community** – A broad policy to potentially not admit individuals with misdemeanors to OSH is a concern, as some misdemeanors are person to person crimes and the individual may not be able to be served in a particular community.
2. **Increase Resources in Communities** - Increased investment is needed to restore people in communities to avoid hospitalization: transitional housing with higher level of care – intensive outpatient services, forensic ACT team in supportive housing; independent forensic evaluators in communities; medication; co-occurring disorders treatment; A&D peer mentors; use offsets from savings in decreasing OSH census for jail diversion and support services (e.g., emphasis on access to supported residential services, AMHI services for .370 clients).
3. **Improve Communication and Process** – Among Mental Health, Public Safety and Judiciary:
  - Initiate agreements between CMHPs and Jails to talk to clients before evaluation.
  - CMHPs must be notified when Judge sends individual with .370 designation to OSH.
  - Judge should require .365 evaluation and time with CMHP.
  - Judiciary system needs education by CMHPs on service differences between Aid and Assist and Civil Commitment populations, symptoms vs. .370 designation, and community alternatives to jail or hospitalization at OSH.
  - Conduct in-house .365/.370 evaluations similar to civil commitment investigations.
  - Consider an Outpatient commitment alternative.

Thank you for the opportunity to share a summary of the .370 (Aid and Assist) pilot projects and recommendations for decreasing the number of .370 clients at the Oregon State Hospital.

Sincerely,

Cherryl L. Ramirez  
Director, AOCMHP