

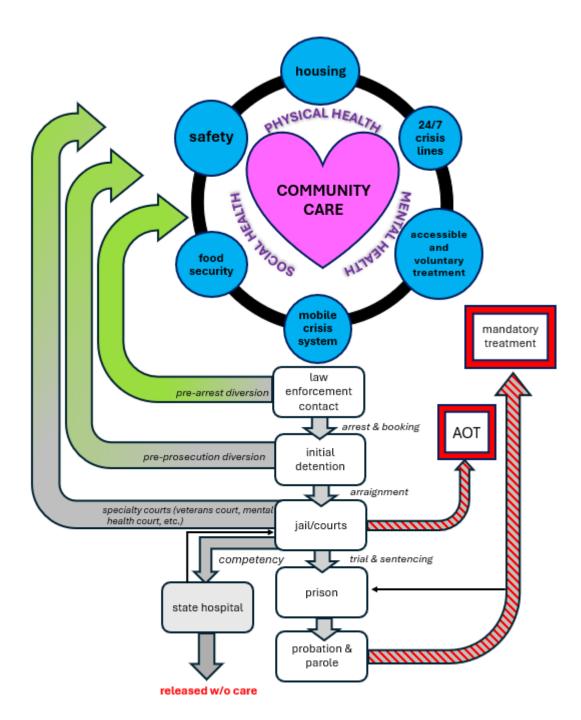
MENTALHEALTH TREATMENT: A CIVIL RIGHTS PERSPECTIVE

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Community care is key.

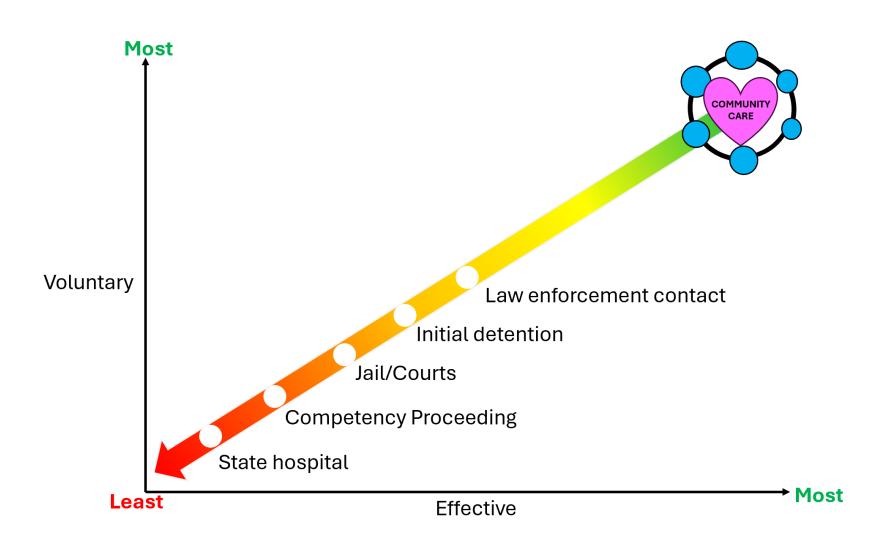
When individuals receive support within their communities where their basic needs are met, they are more likely to experience positive outcomes.

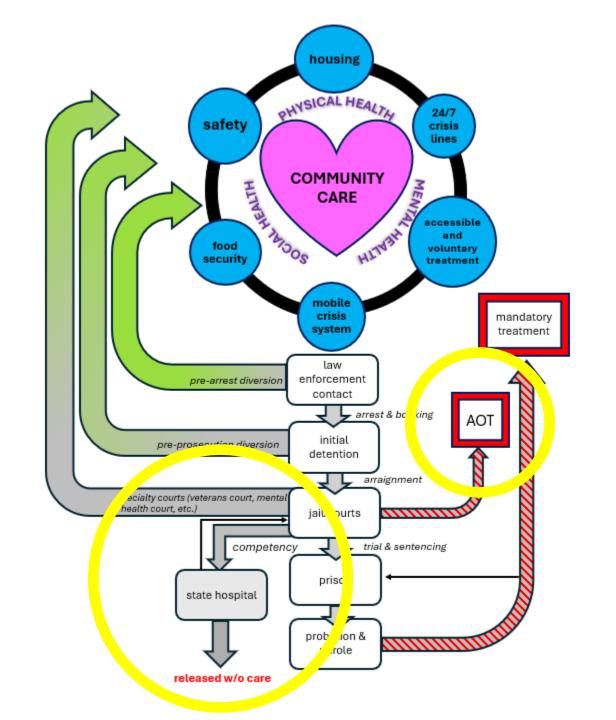




- To meet needs, the most effective interventions are ones that return people to community or prevent their removal all together.
- The later in the criminal process the intervention occurs, the more difficult it will be for people to engage or experience positive outcomes.

Treatment outcomes are most effectively when engagement is voluntary and nonpunitive.





Proposed legislation would address two systems:

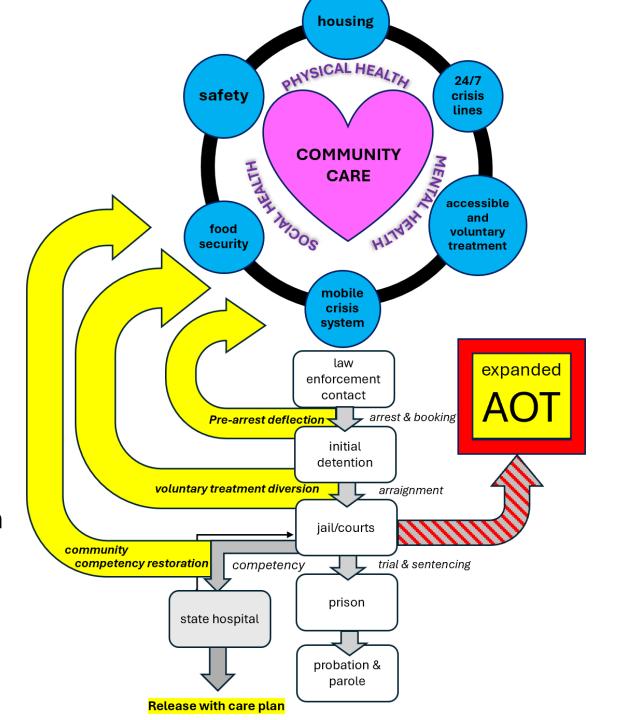
- 1. Criminal Competency
- 2. Assisted Out-Patient Treatment

Criminal Competency Changes:

- 1. Pre-arrest deflection
- 2. Pre-competency diversion
- 3. Community competency restoration
- 4. Care continuum from state hospital

Assisted Out-Patient Treatment Changes:

- 1. Expanded universe of individuals who can be committed through AOT
- 2. Expanded universe of petitioners



AOT PROPOSED REVISIONS

CURRENT LAW:

Mental disorder

+

history of lack of compliance

+

at least 1 of 3 things

- 1. Repeat hospitalizations
- 2. Acts of violence
- 3. Incarceration

PROPOSED EXPANSION:

Mental disorder

+

not stabilized

+

"deterioration" or "relapse" likely

dangerousness is the key to constitutionality, because deprivation of liberty must be supported by a compelling state interest (i.e. public safety).

Additional concerns:

- Representation
- Infrastructure
- Quality of care

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