

Record number of mentally ill people charged with crimes

Many held in custody for evaluation

By **GORDON R. FRIEDMAN**
The Oregonian

Oregon set a new record in 2018 for the number of criminal defendants who are so mentally ill they cannot stand trial, a statistic demonstrating one element of the statewide mental health crisis.

Oregon State Hospital admissions data shows 718 defendants were made patients at the psychiatric facility last year under court orders to treat their mental illnesses until they gained the capacity to assist in their own defense. The figure was 609 in 2017.

That little-known judicial process, called “aid and assist,” ensnares many homeless people who are charged with crimes, often petty or nonviolent offenses.

Every person charged with a crime, no matter how minor, has a constitutional right to understand what is happening in court. When a person is too mentally ill, a judge can order the defendant to a psychiatric hospital for treatment, halting the criminal case until the person is deemed “restored.”

No one undergoing aid and assist treatment — whether charged with a felony, misdemeanor or even municipal violation — has been found guilty of those charges, because the treatment takes place before a trial or plea deal.

Increasing numbers of defendants ordered to the Oregon State Hospital for aid and assist treatment are charged with low-level crimes, the state data shows.

Of the people hospitalized for trial competency treatment last year, 286 had been charged only with misdemeanors — a 30 percent increase from the prior year. Those charges tend to result

in little or no jail time upon conviction.

The rise in cases has compounding causes.

Homelessness and mental illness are pervasive in Oregon’s cities, and many living on the streets commit crimes such as trespassing or disorderly conduct by virtue of their homelessness. Others may commit crimes to feed illegal drug habits, which can cause mental illness and public outbursts to which police respond.

In Portland, a majority of arrests are of homeless people. Prosecutors across the state may zealously pursue convictions even for minor offenses and when a defendant is mentally ill. Judges hearing those cases are bound to make sure defendants are competent enough to make decisions. All of this adds to pressures at the door of the Oregon State Hospital.

Aid and assist treatment at the Oregon State Hospital costs taxpayers \$1,324 per

day, per patient. On average, a defendant racks up a hospital bill of more than \$100,000 before returning to court to face their charges, according to state officials.

The treatment eats away huge chunks of Oregon’s mental health budget. Taxpayers spent about \$489 million on aid and assist treatment over the last six years.

An investigation by The Oregonian published in January found the treatment is largely ineffective. Homeless mentally ill people are confined for long periods on low-level charges and are not provided with assistance once released from custody.

Others are kept in jail far beyond legal deadlines established to avoid violating defendants’ constitutional rights. Those actions have led at least five defense attorneys to ask a Washington County judge this month to hold the state hospital and Gov. Kate Brown’s Oregon Health Authority in contempt of court.

Oregon judge to block new Trump abortion policy

States challenge so-called ‘gag rule’

By **MAXINE BERNSTEIN**
The Oregonian

U.S. District Judge Michael J. McShane late Tuesday said he’ll grant a preliminary injunction against new federal restrictions that bar taxpayer-funded family planning clinics from referring patients to abortion providers, calling the rule a “ham-fisted approach to public health policy.”

Oregon is one of 20 states and the District of Columbia that challenged the Trump administration’s changes to the Title X family planning program in U.S. District Court in Oregon, along with Planned Parenthood affiliates and the American Medical Association.

They sought a national injunction. But the judge said he’s reluctant to set “national health care” policy and would describe the scope of his injunction in a formal written opinion soon. The U.S. Department of Justice urged any injunction apply only to the plaintiffs in this case, noting at least four similar suits pending in other states.

McShane said the so-called “gag rule” — barring physicians from referring patients who don’t want to continue their pregnancies to an abortion provider — prevents doctors from behaving like medical professionals.

The judge also found that it would create a class of low-income women who couldn’t receive a full range of medical care options, foster a “geographic vacuum” in reproductive health care clinics and likely cause an increase in abortions due to more unwanted pregnancies.

He said the rule, which is set to go into effect May 3, represents an “arrogant assumption” that government is better suited to direct health care instead of providers.

The judge said he’d also grant a preliminary injunction to stop another change — the so-called “separation” rule prohibiting federally funded family planning clinics from being housed in the same place as abortion providers.

The judge’s decision from the bench followed three and a half hours of oral argument in federal court in Portland, with Oregon’s Attorney General Ellen F. Rosenblum leading off the hearing.

“Title X grant funds are a true safety net for low-income individuals and those who would not be able to access care, due to a lack of insurance or other barriers,” Rosenblum said.

“Put simply, this is an attempt to politicize what has been a successful, nonpolitical public health program for 50 years.”

Attorney Andrew M. Bernie, for the federal government, countered that there had been no showing of “irreparable harm” from the rules and nothing in the administrative record to suggest a political motivation for the changes.

The rules are supported by 14 other states and are in line with the 1991 U.S. Supreme Court ruling in Rust v. Sullivan, which upheld prior U.S. Department of Health and Human Services regulations that prohibited employees in federally funded family-planning facilities from coun-

seling a patient on abortion, Bernie argued.

But the judge wasn’t swayed by Bernie’s argument, particularly the Justice Department’s reliance on a nearly 30-year-old Supreme Court case.

“We are looking for good health outcomes. Are these rules going to bring about good health outcomes?” McShane repeatedly asked Bernie.

McShane presented a hypothetical scenario, saying if he went to his doctor and asked for a vasc-

tomy and his doctor referred him only to a fertility clinic, “that would seem insane to you, right?”

The judge said the government hadn’t provided him with any data to counter medical experts’ assertions that restricting medical professionals from discussing all reproductive health options with patients would result in increases in unwanted pregnancies, use of ineffective contraceptives and increases in sexually transmitted diseases and HIV.

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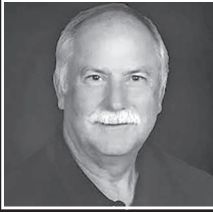
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2. Do you have a preparation room for bathing/ washing or embalming if we choose to view prior to cremation or burial?
3. Can I have a tour of your facilities?
4. Do you have payment options?
5. Do you have any pre-arrangement packages? It's a sensitive time and it's very important to have as much information as you can to make such an important decision. By doing your homework you will eliminate the stress on having to make a last-minute decision. You and your loved one deserve to be treated with dignity and care. The most important thing is that you feel comfortable with the care that is given to you and knowing who is providing it.



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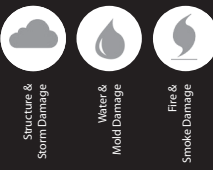
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