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March 18, 2019

Senator Lloyd Prozanski, Chair
Senator Kim Thatcher, Vice Chair
Senator Cliff Bentz
Senator Shemia Fagan
Senator Sara Gelser
Senator Dennis Linthicum
Senator James Manning, Jr.

RE: Senate Bill 763

Chair Prozanski, Vice-Chair Thatcher, and other Committee Members,

Please reject SB 763.

I am a retired Psychologist and program administrator now providing mental health consultation, training, and support services to organizations and individuals. I have been involved in directing, managing, and implementing mental health program crisis services and civil commitment procedures, and have taught civil commitment assessment and implementation procedures to psychiatric, psychologist, and other mental health profession residents and interns over the past 35 years.

To my understanding, these proposed modifications of the civil commitment statute revolve around the treatment methods of medication, involuntary treatment, and hospitalization --- all methods taught to be used, as supported by research evidence, sparingly due to their tendency to be overused and resulting in counter-therapeutic effects. These treatment methods are more utilized in states where the services and supports which prevent crises are inadequate and sparse. Oregon is 51st for all states with regard to adult prevalence of mental illness and access to care. (I would be glad to provide you references for those claims.) As I understand it, the Workgroup to Decriminalize Mental Illness sought the council of the Treatment Advocacy Center (TAC) which is well known for its promotion of all three of these treatment methods; and as a result, TAC's knowledge is held in question by those professionals who conduct their work based on research evidence and practice principles. Additionally, I am not aware that the Workgroup reached out to the State-created official consumer representative body, the Oregon Consumer Advisory Council, to counter-check their views about the effectiveness of these modifications or to request their input.

I have encountered these very same proposals for the use of outpatient commitment for many years, beginning in 1983 in Colorado where I managed the Park East Mental Health Center's crisis, civil commitment, and inpatient services for one quarter of Denver County. We were introduced to the Assertive Community Treatment (ACT) program which relied heavily on outpatient commitment, but our management team chose not to incorporate it due to how outpatient commitment engenders mistrust of the mental health system. Subsequent evaluation of ACT services over the next years bore out its limitations, as has research of similar applications of involuntary outpatient treatment in other Western

countries. I now serve on the Advisory Board for the Oregon Center of Excellence for Assertive Community Treatment (OCEACT), and OCEACT has been successful by creating Recovery-philosophy approaches in place of an involuntary outpatient component.

Please reject SB 763, and instead support those bills which create the services by which mental health crises decrease and are better prevented. Please only consider any further loosening of civil rights protections only after: a more thorough review of the literature; soliciting input from a broadly representative group of consumers; and obtaining information from other states about consumers' views of being helped by the proposed modifications. Data can show "treatment success" from an increased number of individuals being "compliant" under conditions of prolonged coercion, but you will find little research effort to gain direct information from service recipients about their satisfaction with their lives, or if they believe they are being afforded desirable opportunities for their chosen paths to Recovery. Because of their fear of coercive methods being implemented against their will and the loss of autonomy and agency, individuals avoid going to community mental health programs for help, and it thereby sets the stage for crises to more easily develop.

Thank you.

Jacek/Jack Haciak, Psy.D.