Testimony March 15, 2021

Senate Committee On Judiciary and Ballot Measure 110 Implementation

Good morning Chair Prozanski, Vice-Chair Thatcher, and Committee members:

I am Dr. Jacek/Jack Haciak, Director of DynamicChanges LLC and a retired Psychologist, past administrator of several mental health programs in four states, and a person with life-long "mental illness." My testimony is informed by my over 40 years of professional mental health work and teaching; my role as trainer and supervisor for over 100 professionals conducting and implementing civil commitment procedures; and my own and family members' experiences with and adapting to "serious mental illness."

I do not support SB187.

I have participated in the Workgroup to Decriminalize Mental Illness this past year, and testified two years ago on SB753, the equivalent to SB187 then. The Workgroup over the past months in only one instance allowed for the distribution of authoritative research contradicting the assumptions and evidence which Judge Wolke, Senator Prozanski, and the Treatment Advocacy Center (TAC) cite and rely on; yet the research summary in that case was never scheduled to be discussed. [That summarization identified various factors which the vast majority of Oregon mental health administrators cite as reasons to not endorse or utilize Assisted Outpatient Treatment (AOT), a foundational model underlying SB187 provisions.] The Workgroup meetings were never attended by more than a third of the members, and some members have never attended. SB 187 was never discussed in a Workgroup meeting, let alone producing any evidence of consensus among the members.

I am not an opponent of civil commitment as Judge Wolke claimed when I asked to be a part of the group this year. As I subsequently clarified, I only oppose the ways in which civil commitment implementation routinely ignores relevant research, is punitively overused, and becomes a key reason for mental health system failures. I will itemize select factors undermining claims that SB187 and/or AOT, which relies on outpatient commitment, will produce actual healing:

1. Trust and relationship are the proven factors for successful mental health assistance which creates the environment for healing and wellness. No matter the "modality" of treatment or severity of "disorder," all modalities' success are dependent on trust and relationship for sustained motivation and lasting positive change.
2. There is no evidence that "dangerousness" can be reliably predicted within the next 72 hours, let alone 30 days. Elongating the prediction time framework will only increase the absolute number of false positives (those individuals who are wrongly assessed to be at risk and are then forced into treatment), leading to increased mistrust by individuals in need who already avoid the mental health system.

3. Using legal definitions to determine “dangerousness,” instead of allowing trained professionals to do reasonable estimates using the systematic assessment of known risk factors, is illogical. Professional assessments, which also cite supports needed to mitigate danger, build trust and sustained engagement among those in need because someone appears to understand how they have arrived at their crisis and danger potential. Judicial officials need to use trained professionals and not arbitrary legal definitions of dangerousness.
4. Community supports and services have unanimously been identified by those who testify about Oregon mental health system difficulties as needing vast improvements for improving citizens’ mental health, reducing crises, and thereby also reducing dangerousness. To do so would build trust and sustained services engagement by service users. To not provide those services, and only force some experiencing inevitable crises into whatever is available, produces mistrust and avoidance of the system.
5. SB 187 creates another forced medical “band aid” when what is actually needed to stem crises and build trust are community services and supports. There are ways to gradually and incrementally close expensive hospital services while expanding community supports and preventing crises from developing. We have good examples right now in Oregon: Telecare; EASA (Early Assessment and Support Alliance); Oregon Center of Excellence for Assertive Community Treatment (OCEACT --- a program providing desired supports for the exact population AOT intends to force treatment upon); and Oregon Supported Employment Center of Excellence (OSECE). All have wait lists due to their known commitment to offering desirable supports and services in lieu of requiring forced treatment. They engender trust.

There are reasons mental health experts in Oregon have not endorsed or adopted AOT and the methods/definitions proposed in SB 187. Let us be responsible for restructuring Oregon services and supports and reduce danger risk as has been proven can be done, and not again hold those in need responsible for circumstances beyond their control and force them to accept our “take it or leave it” paucity of services.

Thank you.

Jacek/Jack Haciak, Psy.D.

Whitaker, R. and Simonson, M. (2019, July 14). Twenty Years After Kendra’s Law: The Case Against AOT. Mad In America. https://www.madinamerica.com/2019/07/twenty-years-kendras-law-case-aot/