

April 3, 2025

TO: House Judiciary Committee

FR: Bob Joondeph, Resident of Portland and Oceanside, OR

RE: HB 2467

POSITION: Oppose with qualifications.

HB 2467 proposes to change the definitions of terms used in Oregon's civil commitment statutes. The proposed terms will arguably increase the number of people who are taken into custody and involuntarily placed in a mental health treatment setting for a period not to exceed six months.

The main policy question in the bill is whether its intended outcome (increasing civil commitments) is presently desirable. The US Constitution has been found to allow a "person with mental illness" to be civilly committed for the person's benefit or to prevent violence. Those factors must be balanced against a person's right to liberty.

As legislators know, Oregon has struggled to provide access to effective mental health treatment, housing and supports for far too many of its residents. For any civil commitment, Oregon should be making a promise that it will provide high quality mental health treatment at the right level of need, in the right place, and with meaningful discharge planning and follow-up. Without those ingredients, civil commitment is often nothing more than a short, potentially traumatic, interval in a person's life.

Like any other policy matter, I suggest that clear goals be stated, measured, and evaluated for civil commitment. I suggest that those goals are directly tied to the health and recovery of those committed. And like any other policy matter, funding of this process should follow demonstrated success. In the language of today: transparency and accountability are essential if state and county resources are used effectively.

HB 2467 only addresses one part of Oregon's system. In hospital parlance, if the "front door" is opened more widely, the "back door" must lead to an effective discharge or else our time and resources are squandered. I urge the committee to consider both the resources and functioning of all parts of our mental health system with the goal of making access to high-quality mental health services a reality. Bringing more people into a system that is already overburdened, and not having clear goals and measurements of outcomes runs obvious humanitarian and fiscal risks.

Should the committee move the bill to work session, I suggest these changes:

1. On Page 2, line 37, before "threat", insert "credible". For example, if a person threatens to detonate a nuclear bomb, it should not form the basis of commitment.
2. On Page 2, line 42, after "repeatedly" insert "involuntarily". A person should not be dissuaded from seeking treatment voluntarily for fear of increasing their likelihood of being committed.

Thank you for this opportunity to submit testimony.