

HB 2467
Testimony April 3, 2025
House Committee on Judiciary

Good afternoon Chair Kropf, Vice Chairs Chotzen and Wallan, and members of the Committee:

I am Dr. Jacek (Jack) Haciak, Director of DynamicChanges LLC. I am a retired Psychologist and former administrator of mental health programs. [and a person who has learned to adapt around symptoms of serious mental illness.] For this issue, I am drawing from my pre- and post-doctoral training and practice as a forensic psychologist, and my work as a Certified Mental Health Investigator and Examiner in the State of Oregon. I have helped implement Oregon civil commitment procedures tens of times, and supervised others for responsibly doing so as well.

I oppose HB 2467.

When demand for services exceeds available system resources, then system administrators, providers, and legislators can fall victim to creating desperation-based system shortcuts as make up HB 2467. Shortcuts, like diluting the term dangerousness with no evidence to support it, or allowing judges to use their “I know it when I see it” inclinations for determining dangerousness, create community mistrust and avoidance of our system.

Mistrust comes from word of mouth about how if you actually confide in system providers, you can now more easily be misperceived as likely to become a danger at some vaguely-defined point in time and detained against your will. Witness how numerous individuals will now not call 988 because they know by word of mouth how friends have been detained by police who were secretly dispatched to their location when they weren’t dangerous and all they had wanted to do was talk.

Brief applications of civil commitment can be useful when danger is clearly evident. But, I am strongly opposed to it being misapplied as an elongated bandaid for a poorly functioning mental health system. As testimonies have indicated for years, what we need instead are attractive community services which produce healing and prevent crises from developing to the point of dangerousness. Such services reduce the need for civil commitment to a bare

minimum as is currently being shown in our Intellectual and Developmental Disabilities system of care, for one example. When a crisis begins developing in that system, community supports of a person's pre-planned choosing are increased quickly to reduce stress and trauma, and consequently the IDD system has almost zero need any longer for civil commitment restrictions at times of crisis.

And to clarify, civil commitment is not a part of the mental health continuum of care to help people access treatment as leaders of the Commitment To Change Workgroup have portrayed in their meetings and communications. Civil commitment is solely a legal safety guardrail and not a mental health access service that facilitates healing and growth. Such errors in understanding are more likely when mental health consumers harmed by system errors are not represented in quantities on decision-making bodies and can guide planning and evaluation.

We must have leadership which resists temptations to create or support legal protection workarounds in place of attractive and effective voluntary community services. Such services are available for achieving our goals of community safety and individual healing.

Please do not pass HB 2467.

Thank you.

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