



Disability
Rights
Oregon

TO: House Committee on Judiciary
FROM: Jude Kassar, Disability Rights Oregon
DATE: April 4, 2025
RE: HB 2467-3

Dear Chair Kropf, Vice-Chair Chotzen, Vice Chair Wallan, and members of the committee:

My name is Jude Kassar, and I am the Supervising Attorney for the Multnomah County Civil Commitment Program at Disability Rights Oregon, the Protection and Advocacy (P&A) system for the State of Oregon. My team represents all individuals facing commitment, recommitment, revocation, or diversion in the state's largest county.

We understand that the committee has heard from a variety of stakeholders and other voices, and you have heard some difficult stories. As Oregon's largest advocacy organization for people with mental illness, Disability Rights Oregon has nothing but compassion for the individuals in the civil commitment system and their families.

But our extensive experience in this system leads us to conclude **this well-intentioned bill will do nothing to address the bad outcomes we have heard in Salem and read in the news.** In fact, it will do the opposite. If passed, HB 2467 will place additional burdens on an already overwhelmed and broken mental health care system while increasing burdens on individuals it's trying to help. This bill focuses almost exclusively on the crisis model and does little to prevent or reduce harm.

This bill will not address bad outcomes.

Many families have addressed the civil commitment system's failures and, perhaps, that is the clearest message from this discussion. Families are desperate for help and the suggested solution of decreasing barriers to civil commitment reflects that desperation.

But there are also strong voices that speak to the devastating effects of the civil commitment system. In those voices, we have heard the trauma borne by people involved firsthand in the system.

- We heard from a mother whose daughter was serially committed for six years who now is too scared and to leave the house.

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- We heard how a woman committed five years ago still deals daily with the trauma of her commitment, and how her forced treatment is still limiting her opportunities.
- Disability Rights Oregon is investigating a tragic death that could have been avoided. A successful local business owner who, when he began experiencing mental health issues, went to a local hospital and received treatment for suicide ideation. When he began to improve, he requested a discharge, but the hospital instead began the process to have him involuntarily committed. The tragic story ends with that man choosing to end his life rather than face the possibility of civil commitment.

Everyone agrees individuals and families deserve effective treatment for mental health disorders, and there is no denying we are facing a public health crisis. **Oregon must act now, but expanding civil commitment is not the solution.** We must first build a mental health system that really works—not one that simply holds people and releases them without addressing the actual presenting problem.

This bill will violate civil liberties.

Oregon has a long history of upholding the rule of law and supporting civil liberties. Unlike many other states, we have been staunch backers of individual rights. This bill veers from that course in a dangerous way.

Involuntary civil commitment refers to the forced hospitalization of persons who have been identified as needing some type of acute treatment for mental illness. The United States Supreme Court described civil commitment as “a massive curtailment of liberty.”¹ Individuals in this system are not just held and medicated against their will. They face multiple repercussions that include discrimination, loss of government benefits, difficulties finding employment and housing, firearms restrictions, permanent resistance to voluntary treatment, and a lowered barrier for a future civil commitment.

Actions that strongly impact personal liberty warrant close scrutiny of their due process implications, and that analysis must include whether a state’s action is reasonably targeted to accomplish a goal. **Our Constitution guarantees that government cannot be arbitrary when it takes away an individual’s liberty.**

This bill, according to all accounts, will increase the ability of the state to hold someone in a psychiatric facility against their will. As we have argued throughout this process and in this

¹ Humphrey v. Cady, [405 U. S. 504](#), [405 U. S. 509](#) (1972)

testimony, this bill will not succeed in increasing public safety and will certainly not improve the lives of those who have been civilly committed.

To echo a voice in the public testimony, we do believe that everyone involved in this process has good intentions and wants to solve the mental health crisis. But good intentions do not amount to successful solutions or appropriate due process protections.

This bill will result in additional burdens to the mental health system.

Multnomah County makes up 1/3 of all civil commitments in Oregon, and our team witnesses how this broken system plays out every day:

- People in crisis get committed but released without actual stabilization and without sufficient follow up care.
- Lack of stabilization and community resources cause people to cycle back through the system almost immediately.
- People lose what little benefits and services they have on the outside—including outpatient care and housing—while they are committed to a hospital.
- Many people are more vulnerable after release from civil commitment than they were before.

The reality is Oregon's civil commitment system is creating a revolving door of homelessness, semi-stabilization, early release, and rehospitalization.

In 2024, my team handled 552 cases, and 1/3 of those involved people being repeatedly committed as many as five times, all during the same calendar year. This statistic shows that people are not being adequately treated or stabilized before release and are not being connected with sufficient outpatient services, if any. Without changing the way our system deals with the most acute patients, broadening who qualifies for commitment is a march of folly.

You have heard testimony that the proponents of this bill want to make it easier to civilly commit a loved one in crisis, but few understand the reality: **this bill will result in more people being warehoused in hospitals and likely increase the number of individuals who remain in emergency departments for extended periods of time across our state.** Hospitals and emergency rooms cannot effectively serve the patients they have now, and HB 2467 will open the floodgates to patients with nowhere to go and not enough trained staff to provide care.

The bottom line is, **if HB 2467 passes, more minimally-treated people experiencing mental health crisis will be released to the streets without care or stability, the cycle will be repeated, and more people will suffer.**

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- As an example, we represented Mike, a young man who was civilly committed this spring and released from the hospital three weeks later without sufficient follow-up treatment. The hospital could have kept Mike for 90 days but chose not to. Two days after discharge, Mike was placed on a psychiatric hold and taken by police to an emergency department that doesn't even have a psychiatrist on staff. I can only assume from the turnaround time that Mike was not psychiatrically stable when he was discharged from his commitment over two months early.

I don't why the hospital chose to release Mike early, but the shortage of beds for people in need of mental health treatment across the state is likely a factor. **Under the current statute, people in crisis are already being warehoused in emergency departments.** People are restrained, drugged, and not given adequate psychiatric care. This also harms the medical staff and creates chaos for other emergency room patients.

Our examples are not isolated incidents; we see the same bad outcomes repeatedly. If we want a mental health care system that truly solves the mental health crisis, then we need to look elsewhere for ideas.

What do we need?

A real solution is investing resources where they are needed in community treatment, services, and housing. A strong network of community services and resources will fix our system, allowing many people to access treatment before it becomes a crisis. These investments would also allow people after civil commitment a chance at maintaining any gains made in a hospitalized setting.

Everyone agrees Oregon's mental health system is broken. Statistics show that our state lags well behind most in providing mental health, peer, and crisis stabilization services, housing for people with disabilities, and other critical supports for individuals in the community.² Instead, we currently have higher utilization of the highest levels of mental health care.

We are treating Oregonians in the least effective, most expensive way and, until we reverse that and design a system based on community integration, we'll remain behind. We can and should be doing better to support our citizens: the people needing mental health treatment, their families, and the public.

Conclusion

² <https://www.nri-inc.org/focus-areas/public-behavioral-health-agencies/>

DRO stands opposed to HR 2467 because it will not be effective, will negatively impact the lives of our citizens, and will further burden the mental health care system in our state.

If you have any questions regarding DRO's position on this legislation, please contact Public Policy Deputy Director Ben Gurewitz at 971-806-7908 or bgurewitz@droregon.org.

[Disability Rights Oregon](#) upholds the civil rights of people with disabilities to live, work and engage in the community. Serving as Oregon's federally mandated Protection & Advocacy system since 1977, the nonprofit works to transform systems, policies, and practices to give more people the opportunity to reach their full potential. We are authorized by Congress to protect, advocate, and enforce the rights of people with disabilities under the U.S. Constitution and Federal and State laws, investigate abuse and neglect of people with disabilities, and "pursue administrative, legal, and other appropriate remedies." We are also mandated to "educate policymakers" on matters related to people with disabilities.