

HB 3347 Testimony
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I am a retired Psychologist who worked in the Oregon public mental health system for 23 years, and worked as an administrator and clinician in four states previously.

HB 3347 appears to attempt modifications of the civil commitment statutes to reduce episodes of citizen harm towards themselves or others resulting from violence, or serious harm to themselves from diminished functioning. But in doing so, it would reduce the civil rights protections from unlawful detention, allow detention based on only the fear an individual might arouse in someone else, and increase false positives when determining someone to be at risk of harm (individuals assessed to be at risk when they actually were not). Civil commitment has historically required that a person be determined to be at imminent risk of danger to themselves or others. These requirements were necessary to prevent the past abuse of hospital commitment for indefinite periods of time, initiated by those who were frightened or annoyed by an individual's change in functioning or behavior.

HB 3347 would weaken the imminent risk of danger standard by again allowing someone to be civilly committed if their functioning had only deteriorated from routine patterns, even without any indication of danger, as in 426.005(1)(d)(B). This harkens back to the days when "eccentric rantings" by women occurred during periods when they also would abstain from their routine housework, and hospital commitment was implemented by family members and neighbors out of fear and annoyance. No danger was required to be evident then as well for allowing involuntary detention in a hospital. But a period of emotional challenge can naturally result in a decline in routine functioning, and inpatient treatment is not often even necessary. In fact, the evidence for supportive respite care in the community as being a means to functional recovery is becoming compelling.

HB 3347 would increase the rate of falsely identifying a person as being at risk of danger by eliminating the imminent danger requirement, and replacing it with only requirements for evidence of past harm irrespective of its relationship to mental illness, causing past property damage or loss, or a making a threat. The prediction of serious violence or harm is still without statistical predictive validity. The best approximation to an assessment of violence risk attends to a person's engagement in preventive activities which are incompatible with a pattern of violence, and to a person's avoidance of stressors which have been linked to past episodes of aggressive behavior. But these factors only are meaningful for assessing the risk of violence when it relates to the immediate circumstances at the time of the assessment. Thus, there is no known way to predict longer-term risk of violence with any good accuracy; the low prediction accuracy rate drops even further as the time projection for possible violence is extended; and HB 3347 would ensnare non-risk individuals in civil commitment detention based on totally meaningless and invalid assumptions.

Please reject HB 3347 and its overreach into civil rights abridgement and clinically invalid assumptions. Given the research which has demonstrated reductions in violence when individuals' basic needs are met, it would stand to reason that a fair requirement for situations when only past harm, past property damage, threats of harm, or reduced functioning are evident, would be the provision of basic life supports and resources when needed to increase community safety.