

MindFreedom International

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Dear Co-chairs Kate Lieber, Tawna Sanchez and members of the Joint Ways and Means Committee:

MindFreedom International Oregon is opposed to Oregon House Bill 2467, which proposes significant amendments to the Oregon's civil commitment laws, and will have the effect of expanding civil commitment in Oregon which is very expensive.

The Oregon Justice Commission estimates that it will require \$32 million additional dollars to civilly commit 100 individuals for 180 days (or over a 1/3 of a million dollars per person) Oregon cannot afford to waste money on costly, controversial programs which have zero evidence to prove that they are effective. See report entitled [“Improving Mental Health Outcomes”](#)

Although we argued previously at the House Judiciary Committee that civil commitment is ineffective and harmful to individuals deemed to be mentally ill, and that the lowered standard would be subject to abuse, and most likely involve individuals who are not violent, *we are also very concerned about the fiscal impact of expanding civil commitment in Oregon, during a time when the state is facing so much budgetary uncertainty.*

Furthermore, under the recently released federal budget under the ‘Make America Healthy Again’ the Health and Human Services budget zeroed out all funding for ‘Assisted Outpatient Treatment’ (AOT) which means that the state of Oregon will no longer be able to leverage federal funding for involuntary mental health treatment in the community.

This means that individuals subjected to civil commitment under House Bill 2467 will have absolutely no place to go. Oregon state Hospital has been ordered to dedicate all available beds to the ‘aid and assist’ population therefore provisions to house an influx of non-forensic patients would create even greater strain on Oregon's already strained budget for services for the mentally ill.

Rather than spend 32 million dollars or more on ineffective, harmful treatment by force, with no accountability, the money should be redirected to funding on preventative, voluntary services for individuals and families who are dealing with a mental health crisis.

Proposed Alternatives which deserve funding:

- Voluntary, community-based mental health services. See attached report entitled [“Why We Need a Different Approach”](#)
- Crisis intervention, de-escalation training, and peer support programs such as [‘Intentional Peer Support’](#) and [Emotional CPR \(eCPR\)](#)
- Family support options such [Survivors And Families Empowered \(S.A.F.E.\)](#) and [“Families Healing Together”](#)
- Investment in shelter beds and low-income housing.

Programs and services that prioritize individual autonomy, recovery, and trauma-informed care will save the state money in the long run. These services will break the vicious cycle of ineffective, traumatizing, and harmful treatment by force which erodes trust. These preventative services should focus on the social determinants of mental wellness, including poverty, trauma, discrimination, and lack of access to resources.

Sincerely,

Sarah Smith
Shield Coordinator

