

**Disability Rights Ohio
Interested Party Testimony on House Bill 249
House Behavioral Health Committee
May 21, 2024**

Chairman Pavliga, Ranking Member Brewer and members of the House Behavioral Health Committee, thank you for the opportunity to provide interested party testimony on House Bill 249 (HB 249). As you know, HB 249 expands the criteria for involuntary commitment to include psychiatric deterioration. This expansion could have harmful impacts on Ohioans with disabilities.

Disability Rights Ohio (DRO) is the federally authorized and state designated protection and advocacy system with the mission to advocate for an equitable Ohio for people with disabilities. Advocating for the rights of people with mental health labels is a key part of our work. DRO's mental health work is informed by our Protection and Advocacy for Individuals with Mental Illness (PAIMI) Advisory Council. Seventy percent of the council is made up of individuals who have received or are currently receiving mental health services and family members of individuals. The council also includes mental health professionals, attorneys, and community members.

This testimony will focus on four (4) issues surrounding the expansion of involuntary commitment criteria including:

1. **The legislature should focus on increasing access to community-based, person-centered, and self-directed services, rather than forcing people into treatment.**
2. **Involuntary commitment strips people of their rights, liberty, and autonomy.**
3. **The new criteria introduced goes beyond the scope of the danger to self or others standard the U.S. Supreme Court has upheld.**
4. **There is strong evidence people who are forced into hospitalization enter an oppressive cycle of hospitalization.**

Proponents of HB 249 have argued that expanding the criteria for involuntary commitment will help more people receive mental health treatment. However, one of the biggest barriers to recovery remains the lack of access to community mental health services, a result of historic underfunding of these systems. Forcing people into institutionalization does not solve this problem. In fact, there is strong evidence that people who are forced into hospitalization enter an oppressive cycle of hospitalization, rather than recover and return to their community.

Rather than meeting people where they are in a supportive and compassionate way, involuntary commitment strips people of their rights, liberty, and autonomy. People's rights should not be jeopardized simply because they have a diagnosis, are experiencing symptoms, or because the community lacks the availability of adequate services and supports to meet their needs.

Advocates with mental health labels widely oppose forced treatment, especially as psychiatric facilities can have devastating consequences on people's health and well-being. Forced treatment compromises the trust between consumers and mental health professionals, an element crucial to recovery. Involuntary commitment also often results in collateral consequences like the loss of housing and employment and causes a disruptive impact on family relationships. These stressful and traumatic outcomes risk delaying or impeding recovery.

Furthermore, inpatient services are costly, and Ohio does not have the infrastructure (physical capacity, workforce, funding) to support increased hospitalization, nor should the state make these investments.

The legislature should instead focus on increasing non-coercive, person-centered, community-based support systems. These supports are proven to reduce hospitalization, increase housing stability, reduce incarceration rates, increase community integration, and improve the quality of life for people.

It is important to understand the significance of this bill. The criteria proposed in HB 249 goes beyond the scope of the danger to self or others standard upheld by the U.S. Supreme Court. The new "deterioration" is unnecessarily broad and puts people at risk for excessive or inappropriate detention, and abuse and neglect. If this bill passes, Ohio will have an invasive involuntary commitment statute with no respect for the rights, liberty, or autonomy of its citizens.

Civil commitment laws should maintain a narrow scope to ensure people's legal rights are protected during periods of vulnerability. And every attempt should be made to meet people's needs in the least restrictive way and in community-based settings to embrace person-centered and rights-based approaches.

In addition to the harmful effects of involuntary commitment described above, DRO is also concerned about the potential unintended consequences of HB 249. Due to the trauma and consequences of forced treatment, this bill could increase stigma around mental health and mistrust of service systems, essentially having the opposite affect that proponents have touted.

DRO asks the committee to consider the effects of involuntary commitment, the potential harmful consequences of HB 249, and the voices of those with lived experience. Thank you for the opportunity to provide testimony on HB 249, I welcome questions from the committee.

