Jacek/Jack Haciak, Psy.D.
P.O. Box 13352
Salem, OR. 97309

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House Committee on Health Care
Representative Andrea Salinas, Chair
Representative Cedric Hayden, Vice-Chair
Representative Rob Nosse, Vice-Chair
Representative Teresa Alonso Leon
Representative Denyc Boles
Representative Christine Drazan
Representative Mitch Greenlick
Representative Alissa Keny-Guyer
Representative Tiffiny Mitchell
Representative Ron Noble
Representative Rachel Prusak

RE: House Bill 2831

Chairperson Salinas, Vice-Chair Hayden, Vice-Chair Nosse, and other Committee Members,

Please support House Bill 2831.

I am a retired Psychologist and program administrator now providing mental health consultation, training, and support services to organizations and individuals. I am testifying about the functional importance of Peer-run Respites.

During the lead-up to this legislative hearing about HB 2831, I was asked about the practical difference between a Peer-run respite and respites embedded in pubic mental health system organizations. To me, the answer to that question is central to the rationale for this bill. The answer is about trust, healing, and the characteristics of healing environments. The answer speaks to what motivates a person to voluntarily request and accept help.

First, we need to consider the reality that, based on many studies, we know that trauma is an important factor in the development and maintenance of patterns we label as "serious mental illness." Depending on the context of the study, trauma is a primary contributing factor to these patterns for approximately 50 to 80 percent of the individuals studied. Additional research has shown that when trauma is given specific attention in a healing process, there is also a direct correlational reduction in the symptoms which define the "serious mental illness." In other words, when we provide safety, what more easily follows are improvements in the affected person's safe and adaptive functioning.

As an unfortunate byproduct of the responsibilities that legislators, public system administrators, and public mental health providers have to our citizens for providing public safety and avoiding treatment errors leading to liability compensations, public mental health organizations are inundated with regulations and procedures. Certain regulations and procedures can easily end up imposing maximum

safety restrictions on a person in treatment at the earliest sign of any possible danger, e.g. restrictions of movement and possessions. These restrictive responses can be experienced by the services recipient as disrespectful, a loss of personal agency and control, and trauma-activating. Without intention, the structure of the environment itself can then become an obstacle to healing. Many individuals consequently avoid public mental health systems, and can too often look to escape them.

Peer-run respites, by their design, are intended to be havens of safety and support. They are environments structured precisely to avoid accidentally triggering trauma responses. Peer-run respites do not require a person to be taking medications, or require tests and assessment, or impose restrictions on movement and possessions in response to open expressions of despair and desperation. They provide a non-judgmental setting where a person can express their genuine thoughts and feelings with less fear that the intensity or content of their expressions alone might be misconstrued as constituting a “danger.” A place, for example, where saying “I am thinking about killing myself” will be taken seriously, but will not automatically trigger an organizational response of restricting movement and access to personal possessions. Instead, such expressions will be affirmed by the respite’s Peers who themselves have experienced such challenges and found pathways to health, and will involve the mutual sharing of their common experiences, providing the kind of support and affirmation needed to begin healing and re-developing a wellness plan. This professional process is known as “Peer engagement.”

Peer-run respites operate on what are known as mental health Recovery principles, and Peer Specialists are trained and certified based on their competency to employ these healing principles within Peer engagement processes. Evidence of the Recovery principles can also be found in other mental health professionals’ codes of ethics and practice standards. They were adopted in 2006 by the Substance Abuse and Mental Health Services Administration (SAMHSA). Employing these principles has been shown to produce trust and healthy relationship, the two qualities documented by research as being essential to achieving the greatest healing potential from all modalities of treatments. Peer engagement complements humanistic therapies; but instead of providing a “therapy,” Peer engagement exclusively focuses on the proven healing properties of trust and relationship.

Peer-run respites are consequently attractive to many individuals experiencing “serious mental illness” who have come to avoid the traditional mental health system. Individuals are attracted to the positive qualities of healing environments, and do not try to avoid or escape them. Like expressed in the traditions of alcoholism and drug use 12-step support groups, Peer-run respites are “[services] of attraction, not promotion.” Peer-run respites are experienced as safe and trustworthy, and they counteract the effects of trauma.

I encourage the Committee to endorse HB 2831 and move it on to the Ways and Means Committee. Peer-run respites can provide a unique and essential component of healing for Oregon citizens in need.

Thank you.

Jacek/Jack Haciak, Psy.D.