

Submitter: Jacek Haciaak PsyD  
On Behalf Of:  
Committee: House Committee On Education  
Measure: HB2646

February 8, 2023

Chair Neron, Vice-Chair Hudson, Vice-Chair Wright, and Members of the Committee:

I am testifying in opposition to HB2646.

I find it difficult to oppose HB2646 when I am aligned with the good intentions of identifying children in need and providing helpful assistance. However, the Mental Health First Aid (MHFA) method of identification and referral, and the treatment options for children available here in Oregon at this point, unfortunately tilt more toward risks than benefits in that type of a calculation.

I attend meetings of various OHA committees and workgroups. I am a member of the All Children Thrive (ACT) coalition from Our Children Oregon (OCO), and I have participated and contributed to OCO's work for many years. I have provided clinical care for children and their families as one specialty during my clinical career. I have advanced degree training in competent parent and Recovery-friendly Applied Behavior Analysis (ABA) methodology, family therapy, and play therapies. I have been a supporter of Oregon's Early Assessment and Support Alliance (EASA), and have coordinated with Dr. Ryan Melton and Tamara Sale, EASA's administrative leaders, about enhancing system use of our wonderful EASA services.

First, Oregon continues to occupy the lowest rungs on listings of States meeting the needs of children. Second, I regularly hear parents complain about the extremely limited treatment options in Oregon for children whose difficulties include behavioral dyscontrol, the very children likely to comprise the largest percentage of referrals to Mental Health First Aid evaluators in a school setting. The parents of those children accepted for services in the public system report that their children are often moved into an Applied Behavioral Analysis (ABA) treatment structure, and parents' reports reflect poorly trained ABA practitioners who routinely perceive parents' influence as negative, and sideline the parents during treatment processes. When they have inquired about alternatives to ABA, they are told there are none.

Unfortunately, the MHFA identification, screening, and referral process and the training of its evaluators rely on a treatment system dominated by medication and ABA-based interventions, and restrictive settings when a child is recommended for a more intensive level of care. It does not include alternatives to medication and restrictive settings, and even if it did, for now Oregon is option-impooverished.

I support the development of an early support system for children which identifies a broader range of needs and support options than those specified as being primarily “mental health disorder”-related. We do not want to enhance a system which creates identity problems for children in early developmental stages by which they come to think of themselves as having “disorders,” or their differences accentuated and pathologized by a system which overuses medications which themselves produce behavioral characteristics peers make fun of, or sets into motion a life of stigmatized and limiting assumptions, etc. We need a system of positive and attractive supports for any child who shows signs of serious unmet needs without subjecting them to additional challenges from a system short on healthy support alternatives.

Please prevent HB 2646 from moving forward; and then please use your office to support alternatives which can, without imparting stigma, provide healthy supports for children in need.

Respectfully,

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