

SB 1113
Testimony March 27, 2025
Senate Committee on Human Services

Chair Gelser, Vice-Chair Linthicum and Members of the Committee:

I am Dr. Jacek (Jack) Haciak, Director of DynamicChanges LLC. I am a retired Psychologist and former administrator of mental health programs. For the purpose of this testimony, I am particularly drawing on my training in child and family mental health treatments, my work as an administrator of child and family mental health services, and as the Psychologist on Ward 40B in the former Child and Adolescent Treatment Services (CATS) program at Oregon State Hospital (OSH) where in a specialized project we brought seclusions and restraints, patient injuries, and staff injuries down to virtually zero prior to CATS' closure. Plus, we received youth who had been placed out of state showing trauma effects consistent with their stories of mistreatment. So, instead of us helping the youth move forward, we first needed to focus on the trauma effects from their mistreatment.

I strongly support SB 1113.

I believe SB 1113 provides a multi-faceted framework for helping Oregon meet its responsibilities to youth in need of trauma-sensitive and safe mental health care. SB 1113 offers the definitional and procedural clarity needed for supporting providers to make decisions when student aggression is building and not fear excessive scrutiny for potential abuse. Teachers and mental health providers work in an environment of inherent risk, so the task is to proactively mitigate that risk, not totally eliminate it. We need to be trained how to respond effectively without automatic or excessive reliance on restraints so we don't stall fearing our actions may be misjudged, and how to create an environment which routinely prevents crises from developing to dangerous levels.

Over the past week I have heard testimony on these issues in different bill hearings. It has sounded like many providers and administrators in our system have not experienced a school setting or treatment program for youth where severe trauma reactivity is routinely preempted with strengths-based support and healthy boundary setting. Transforming our settings into such a culture is not simple and takes serious preparation, and it requires everyone at all levels getting on the same page to make it work.

In Oregon, Dr. Maggie Bennington-Davis and Mr. Tim Murphy conducted a study at Salem Hospital's Psychiatric Services while they managed the program to examine the effectiveness of such a transformation, and they produced research which confirmed a successful transformation and a book describing their experiences overcoming the inevitable challenges. A type of how-to book. They achieved zero or minimal seclusions, restraints, and injuries to patients and staff each month consistently. This paralleled my own OSH ward's similar outcomes with 16- and 17-year-olds sent there due to their sustained patterns of dangerousness. This can be, and has been, done.

I believe SB 1113 creates a framework for Oregon to move toward a more successful trauma-sensitive and safe system for our youth in need. I recommend that if we do not have someone in Oregon with recent experience directly implementing this type of transformation, we find such a person and have them provide the training necessary so we can replicate these successes.

Please support SB 1113 and move it toward full passage.

Thank you.

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Bennington-Davis, M., & Murphy, T. F. (2004). Eliminating seclusion and restraint. *Clinical Psychiatry News*, 32(12), 16.

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