

Testimony submitted by email.

Dear:

Co-Chair Greenlick

Co-Chair Hayden

Co-Chair Nosse

and members of the Committee;

I support HB 2304, which adds Peer Support Specialist roles, including family support specialist and youth support specialist to the Traditional Health Worker Rule, (ORS [410-180-300](#)). When this rule was first written, it did not include these definitions.

Peer Support Specialists work in a wide variety of settings across healthcare, and their work is so valuable, it needs to be called out separately. Each of the roles, Peer Support Specialist, Family Support Specialist, and Youth Support Specialist work with a specific population of individuals – mostly those receiving behavioral health services. The role I would like to talk about is that of the Family Support Specialist. Many of the families served by Family Support Specialists have significant needs and experience the negative impacts brought on by social determinants of health such as poverty, generational abuse, neglect or trauma, as well as lack of opportunity because of one's education, disability, or cultural identity.

A Family Support Specialist provides a meaningful and important role in our behavioral health and health programs. They work primarily in our child serving systems – specifically with families raising children and youth who experience significant mental health challenges, which impact many facets of their lives.

Family Support Specialists are very effective because they share a common bond with the families they work with – they have lived this very experience, and know first-hand what it feels like to walk in their shoes.

Family Support Specialists can begin working with a family when a significant issue has first been identified. Providing mutual experience, understanding, and support, helps our families do better. When families are doing better, children and youth are also better.

Family Support Specialists can engage with families at every level of the system, which is critical because people need different supports as they move through each phase of the treatment process – intervention/prevention, intervention and transition back to home and community.

The best possible outcomes for families who have a family partner is when children, youth and families feel they have a sense of hope, and that they can move toward their hopes and dreams.

Thank you for your leadership, and support for HB 2304 and for the future of children and families in Oregon.

Sincerely,
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