

February 16, 2021



Chair Sanchez and members of the committee:

My name is Dr. Jonathan Betlinski, and I am an Adult Psychiatrist who currently serves as the Director of Public Psychiatry at OHSU. I'm here today to testify in support of House Bill 2980, which would provide funding to operate three six-person Peer Respite Centers in Oregon.

As you are no doubt aware, a Peer Respite Center is a voluntary, short-term, overnight program that provides community-based, non-clinical crisis support to help individuals experiencing a mental health crisis find new understanding and ways to move forward. Peer Respite Centers operate 24 hours a day in a home-like environment and are staffed and operated by people who have lived experience with mental health challenges, trauma and/or extreme states.

In my testimony today, I'll review three of the reasons why I support Peer Respite.

My first reason for supporting Peer Respite is partly personal: our crisis mental health system in Oregon is strained. As an OHSU psychiatrist, I regularly have the privilege of being the weekend attending psychiatrist for the Adult Psychiatry Consult Service. It's not unusual for our service to be following several people whose physical health no longer requires them to be in the hospital, but who must nevertheless remain in the hospital awaiting an opening on an inpatient psychiatric unit. These kinds of delays increase both the cost and length of care. Because it provides an alternative to Emergency Room or inpatient treatment for some individuals experiencing a mental health crisis, Peer Respite can help alleviate the strain on our crisis mental health system and open up treatment space for others in need.

My second reason for supporting Peer Respite comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which considers Peer-delivered services like Peer Respite to be evidence-based programs that can result in a variety of positive outcomes for participants. In 2009, a SAMHSA-funded analysis of over 1,800 participants from across this country by Campbell and colleagues found that participants "offered consumer-operated services as an adjunct to their traditional mental health services showed significant gains in hope, self-efficacy, empowerment, goal attainment and meaning of life in comparison to those who were offered traditional mental health services only."ⁱ

My third reason for supporting Peer Respite is simply that Peer-Staffed Crisis Respite Programs save money. In 2018, Bouchery and colleagues published a study of nearly 2,200 individuals on Medicaid in New York in which they demonstrated "In the month of [peer] crisis respite use and the 11 subsequent months, Medicaid expenditures were on average \$2,138 lower per Medicaid-enrolled month, and there were 2.9 fewer hospitalizations than would have been expected in the absence of the intervention."ⁱⁱ

In summary, Peer Respite programs are evidence-based support services that can expand the help available to Oregonians experiencing a mental health crisis, result in significant positive outcomes for participants, and save healthcare dollars. I support House Bill 2980, particularly if Oregon's Peer Respite programs will be well-connected to the rest of our mental health system. I ask for your support, also.

Thank you.

ⁱ Campbell, J. Federal Multi-Site Study Finds Consumer-Operated Service Programs Are Evidence-Based Practices. 2009 January.

ⁱⁱ Bouchery EE, Barna M, Babalola E, Friend D, Brown JD, Blyler C, Ireys HT. The Effectiveness of a Peer-Staffed Crisis Respite Program as an Alternative to Hospitalization. *Psychiatr Serv*. 2018 Oct 1;69(10):1069-1074. doi: 10.1176/appi.ps.201700451. Epub 2018 Aug 3. PMID: 30071793.