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On Behalf Of: DynamicChanges LLC
Committee: Senate Committee On Health Care
Measure: SB432

SB 432

Testimony March 1, 2023

Senate Committee on Health Care

Good afternoon Chair Patterson, Vice-Chair Hayden, and Members of the Committee:

I am Dr. Jacek (Jack) Haciał, Director of DynamicChanges LLC. I am a retired Psychologist, having also served over 40 years as administrator of mental health programs and a clinical services provider in five states, including having managed the Linn County Community Mental Health Services in Oregon. I am also a person with the lived experience of patterns labeled in our medical model system as “severe mental illness.”

I support SB432.

Past roles for consumers in mental health systems have been on the margins of decision-making bodies at best. Consumer members of primary decision-making groups have most often numbered only one. Plus, unintended stigma often plays a quiet role in the minimal importance given the views of a lived-experience group member. Members of secondary advisory groups on the periphery routinely have been consulted only after decisions have been made by the primary group, basically to only seek their agreement or not. If not in agreement, the routine is to then say it is unfortunately too late to modify the plans or decisions already made, and that the consumer’s “important points” will be considered the next time there is an opportunity.

Good intentions by system officials and administrators for consumer inclusion have not led to more meaningful and authoritative roles for those who can guide and evaluate best the healing functions of a mental health system --- the persons who receive the services. I say “healing functions” because is that not what we intend?

But our systems routinely opt to design and evaluate services mostly based on markers of system efficiency, assuming that if the services are provided in a standardized evidence-based format, positive results will ensue. Following such a formula, however, undermines the more important evidence that individualizing services for each consumer’s needs produces maximal individual growth and healing

instead of just meeting efficiency performance measures. As current outcome data suggest, our attention to system efficiency has not produced the intended healing outcomes.

A January 2023 national Policy Brief entitled “Transformational Community Engagement to Advance Health Equity,” developed by Princeton University’s School of Public and International Affairs, details the mounting evidence that “Community engagement that moves beyond “checking a box” recognizes (that),,,,,,(E)ach person is, at minimum, an expert on their own experience, and efforts to engage people of diverse identities can.....leverage lived experience to design and adjust interventions, communication, and programming.” Additionally, a February 17, 2023 research article, “The Involvement of Service Users and People with Lived Experience in Mental Health Care Innovation through Design: Systematic Review,” summarizes 33 articles attesting to the advantages of providing individuals with lived experience authority to facilitate mental health system design and evaluation.

SB432 can become a part of transforming Oregon’s mental health system in a truly meaningful way. Mr. Bob Nikkel originated the inclusion of mental health consumers in the Oregon system as State Deputy Administrator, and Mr. Steve Allen furthered that process by including many individuals with lived experience on Oregon Health Authority mental health decision-making bodies and facilitating a remarkable expansion of the Office of Recovery and Resilience. SB432 will supplement and advance again the equitable inclusion of service users, maximizing the benefits of lived experience expertise which cannot be taught in schools.

Please pass SB432 and move it on toward full passage. I would be happy to distribute the referenced publications to any of you who might be interested.

Thank you.

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