



March 14, 2023

To: The Honorable Rob Nosse, Chair  
Members of the House Behavioral Health and Health Care Committee

From: Beech Burns, M.D., M.C.R.  
Oregon Health and Science University  
Oregon Chapter of the American College of Emergency Physicians

**Testimony in Support of HB 3126: Emergency Behavioral Health Services for Children and Adolescents**

For the record, my name is Dr. Beech Burns and I'm here to testify in support of HB 3126 on behalf of two organizations, Oregon Health & Science University and the Oregon Chapter of the American College of Emergency Physicians. This bill establishes the Emergency Behavioral Health Services for Children Program to promote the timely delivery of behavioral health services to children who present to emergency departments in behavioral health crisis.

For several reasons, mental health disorders in children have been increasing over the past 15 years. COVID has unfortunately further exacerbated this problem — a review in November of 2021 found that the prevalence of depression and anxiety symptoms doubled during COVID compared to pre-pandemic estimates, particularly in adolescents and in girls.

Due to inadequate resources in our communities, more and more of these children are presenting to emergency departments for care. A nationwide study published in 2019 showed a two-fold increase in ED visits for suicidal ideation or suicide attempt between 2007 and 2015, with a total annual volume exceeding 1.1 million visits. This number has only continued to rise since then. These children present to emergency departments across our state, both high and low volume, urban and rural, wherever families think they might get the help for their children that they need.

In reality, many emergency departments feel ill-equipped to manage children presenting in behavioral crisis. Most emergency providers do not receive specialized training in completing pediatric mental health assessments to determine who is safe for discharge with outpatient resources in place and who requires hospitalization, let alone training in developing care plans to support these patients in their communities. Some emergency departments don't have reliable support from social workers, never mind those experienced in caring for kids. The result is that in our rural state children may be transported hundreds of miles away from their homes to undergo an assessment in a pediatric emergency department with mental health specialists, often by ambulance—if the determination is made that a child does not require hospitalization, they are discharged the same day back to their community, with the family left to determine how to arrange transportation home and how they will pay for the ambulance fee and cost of the emergency department visit.

Even in our larger urban centers, emergency mental health resources are woefully inadequate. The average emergency department stay at a regional children's hospital for a child presenting with a mental health problem exceeded 18 hours in 2022; when inpatient placement is required, there are instances where a child is held in an emergency department room for greater than 2 weeks awaiting an open psychiatric bed. These prolonged stays can exacerbate underlying mental health issues, creating a vicious cycle of escalating behavior and need for further acute treatment.

HB 3126 would represent a substantial step forward in our state's ability to provide expert mental health care to the children who need it. By establishing regional psychiatric centers it would create necessary infrastructure towards building a system of care that extends across Oregon. This bill would result in more children getting the help they need while staying in their own communities, closer to the resources they need and the networks that support them. The disruption on their families lives would be minimized by providing care closer to home, rather than asking a parent to travel hours away from their jobs, families, and social supports. While further work would be required, establishing the resources proposed in HB 3126 would meaningfully improve Oregon's ability to address the mental health crisis afflicting its children. It would provide desperately needed help to our emergency department providers overwhelmed by the crisis, support families struggling to find the resources their kids need, and, most importantly, be a life-preserver for the children themselves bearing the burden of mental illness. The time for a bill like HB 3126 is past due and it's my sincere hope that we as a state act with the urgency that this problem requires.

Respectfully submitted,

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