

Testimony regarding HB 3835

My name is Marlayna Soenneker, Licensed Marriage and Family Therapist. I am the Senior Clinical Manager with Catholic Community Services, a children's mental health agency in the Portland metro area. We specialize in supporting the youth with the most acute mental health needs to maintain safety in the community with the goal of avoiding higher levels of care whenever possible. I am writing to give a few examples of how the current rules in place have led to negative consequences for some of our most vulnerable young people and urge that this bill be passed.

One example that comes to mind immediately is of a youth who was at the State Hospital level of care and was released from it due to regression and increasing unsafe incidents. We have been supporting this youth in the community for much of the past two years. I have been in meetings for this youth with 20 or more people across OHA, DHS, the CCO, our agency, local hospitals, the county, and other involved professionals, including as many as five psychiatrists from different agencies, as these systems struggled mightily to find a way to keep them safe. The recommendation at times has been for a fidelity DBT residential program, which does not currently exist in the state of Oregon for youth. There are multiple such programs in other states, but because of the rules in place around where youth in DHS custody can go, it was determined that none of them could be a resource for this youth due to the regulations in place. So instead of receiving the clinically indicated and recommended care, which was not available in our state, they instead stayed in the community and continued to frequently cause themselves significant physical harm as a result of their mental health concerns that will likely have lasting medical impacts. This was not due to a lack of will or investment or desire to help this youth across multiple state agencies, this was a direct result of inflexible rules that prevented the youth from accessing the necessary care.

Another example that comes to mind is around secure transport. We had a youth in their early teens last summer who was involved in incredibly risky behaviors such as trading sex for drugs or shelter. Their location was often unknown for days at a time and they were using drugs and alcohol. When they could be found, they were staying with their parent, from whom they had been removed by DHS due to the parent's current drug use. This youth was accepted to one of the residential settings in Portland, but they did not want to go and despite being in DHS custody and engaging in high risk behaviors, the rules around secure transport meant that there was literally no way to make the youth go. The police would not take them and secure transport could not physically assist in getting them in the car. This youth at one point agreed to go to this residential placement with their DHS worker, but then got out of the car before reaching the destination. Sometimes youth are not able to

make safe decisions for themselves, and the inability to secure them in a setting where they can get the services they need means they can make deeply damaging and potentially life-threatening decisions without any possible intervention from the adults in their life who are supposed to be keeping them safe.

A third example from last year is a youth who was routinely using opioids and had multiple overdoses requiring the use of naloxone over the spring and summer as well as severe mental health concerns. This youth also did not have an interest in changing their behavior and was additionally aggressive toward their family. None of the area PRTS or SUD providers would accept this youth into their services because of the level of acuity. We have seen many situations over the past several years where a youth cannot be kept safe in the community and yet also is not accepted to any of the higher levels of care due to concerns about the ability of staff to maintain their own and the youth's safety given the rules around physical intervention and abuse reporting. These providers have become notably less willing to take the most acute youth we have into their care, indicating that they are too acute for the tools that they have available to them. I do not work in residential treatment and physical holds are not an area of expertise for me, but I have to believe that there are better ways to ensure the safety of the youth in these environments vis-à-vis physical intervention that would not lead to these levels of care simply refusing treatment to our highest need youth.

I hope that these examples are helpful in understanding some of the unintended harms that have been caused to some of the most vulnerable youth in our communities through insufficiently nuanced regulations. I urge you to work together to create regulations that balance protecting youth from the harms that can be done to them through insufficient protections against abuses from providers with the need to protect them from the very real harm that they can do to themselves when not given the care they need.