



March 17, 2025

Oregon State Legislature
Senate Committee Human Services
900 Court Street NE
Salem, OR 97301
Submitted electronically via OLIS

RE: SB1113

Chair Gelser Blouin, Vice-Chair Linthicum and Members of the Committee:

Trillium Family Services is Oregon's sole provider of the full continuum of mental health services for youth ages 5-24 years, supported by a staff of 685 employees across Oregon. We are the only provider of the State Hospital, Secure Inpatient level of care for youth and adolescents (SCIP/SAIP) and one of the remaining safety net psychiatric residential services providers for youth based in Portland and Corvallis. Our priority for these levels of care is safety and stabilization so the youth and families we serve can be supported within our lower levels of care via intensive day and community-based programs we offer across 150 public K-12 schools across the state.

Trillium Family Services would like to express significant opposition of SB 1113 as we believe it will result in further loss of providers within the Child Caring Agency (CCA) system.

For years now Psychiatric Residential Treatment providers have been closing or transitioning away from this intensive level of care due to this type of legislation. This has left hospital systems overwhelmed and families with almost no options at a time when they are trying to keep their child from ending their own life which requires 24/7 care from exhausted families.

This type of legislation has left providers of high acuity specialty mental health care programs, painted with the same brush as the 'troubled teen industry'. While Trillium

Family Services employs more Board-Certified Child Psychiatrists than OHSU, extensive teams of therapists, psychologists, nurses, and bachelor's level mental health staff centering youth and families with trauma informed individualized treatment it feels as though we can never do enough to prove we care deeply about safety and positive clinical outcomes for the kids and families we have dedicated our lives to serving.

Yet we have persisted and remained as a critical safety net for the state of Oregon because we know we are saving lives and because it's clear we are one of the last remaining providers for youth with Medicaid who are struggling with significant and treatment resistant mental health challenges.

When legislators write extremely specific rules for a very specialty service around navigating complex crisis situations there are bound to be unintentional consequences for youth, families and providers. We understand this and believe that no legislation should be written on behalf of a sector at this level of specificity it is simply too dangerous.

While I believe the bill has some merits, having legislators craft rules at this level of specificity, for use in dynamic crisis situations, has consistently proven to result in unintended negative consequences.

Some specific concerns within this bill include:

- **This bill would require licensed medical providers to observe the duration of every hold or seclusion.** This is a significant change to the rules created in SB 710 and will likely force further provider closures.
 - a. SB 710 allowed CESIS and/or QMHP specially trained staff to monitor physical holds or seclusions. This change will require all CCA's to hire and retain LMP's for the sole purpose of physically monitoring holds. Our nursing and physician staff play a valuable role in our work, but we will struggle to find providers interested in practicing at this monitoring level 24/7.
 - b. Our current LMP staff provide medical care to youth who have injuries or review any injuries reported after or during a hold but our CESIS and QMHA trained staff have the most training around monitoring holds and ensuring compliance with our Nonviolent Crisis intervention (NCI) training.
 - c. CCA funding does not cover this level of expense and programs who are able to afford the expense will struggle to recruit and retain LMP's in this monitoring role.
- The bill contains an extensive list of fines for already under funded providers and mandates providers pay for DHS and OHA investigations/audits for which the State is already well staffed and funded to conduct.

- The bill will frequently cite an element on which we all agree, such as ensuring youth have access to their DHS caseworkers, CASA's and lawyers, families and entire treatment teams. However, the bill goes on to state that providers will be fined \$250 each time a youth does not have "immediate" access. For anyone who has cared for a group of children, other than in a crisis situation there are times youth need to wait and may not have "immediate" access to any number of elements. We are also working with youth in significant crisis and often need to direct our staffing to crisis situations which may mean a youth may need to wait until the next group of staff arrives or potentially longer for them to make a call. Again, these bills seem to be crafted as if to punish providers who have dedicated their lives to continuing to provide this level of care for Oregon.
- The bill also raises 17 other significant questions that are beyond the scope of this letter. We would be happy to walk through these questions and concerns in detail.

For these reasons, Trillium Family Services opposes SB 1113.

Sincerely,

Jamie Vandergon

CEO

Trillium Family Services

