



Thank-you 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 children and adolescents (SCIP/SAIP) and one of the few remaining psychiatric residential services providers for youth. Our priority for these levels of care is safety, stabilization, and returning youth to their family and community as soon as possible.

**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.**

This type of legislation has left providers of high acuity mental health care programs, painted with the same brush as the 'troubled teen industry'. Trillium Family Services is a highly regulated entity that employs more Board-Certified Child Psychiatrists than OHSU, extensive teams of therapists, psychologists, nurses, and bachelor's level mental health staff. We use these extensive resources to support youth and families with trauma informed individualized treatment, yet it feels as though we can never do enough to prove we care deeply about safety and positive clinical outcomes for the young people we have dedicated our lives to serving.

Still, we have persisted and remain 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 Medicaid providers serving youth who are struggling with significant and treatment resistant mental health challenges.

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

Some specific concerns within this bill include:

With the removal of section 10, it appears to remove the current ability for the Secure Inpatient Level of care to utilize monitored Supine interventions. This is the level of care to which all children and youth are referred when they present behaviors that are unmanageable and unsafe in any other treatment environment. This change presents an extreme safety risk and will prohibit the secure inpatient program from serving Oregon's most acute youth. They will instead either be at risk in the community, in acute care hospitalization, in Emergency departments, or in the juvenile justice system.

Additionally, SB1113 standards effectively eliminate the ability to physically stop a small child from repetitively assaulting an adult because that adult is not at risk of death or permanent disfigurement. Employees working with highly traumatized, highly aggressive children will be required to endure physical violence and frequent injuries under the terms of this bill.

Finally, SB1113 includes a lot of language requiring providers to use Trauma Informed Interventions, a mandate TFS supports, however, it goes on to include pages of prescriptive detail regarding how providers will be punished, repetitively fined, and have their licenses suspended or revoked. This sector cannot provide Trauma Informed care within a traumatizing system. In our years, we have never seen, nor heard of an environment becoming trauma informed by replacing thoughtful, critical thinking and a growth mindset with countless rules and abundant punishments.

**For these reasons, Trillium Family Services opposes SB 1113.**

Thank-you for your consideration,

Steve Chinn, MSW, MBA  
Chief Operations Officer  
Trillium Family Services