



My name is Jamie Vandergon and I am the VP of Community Services for Trillium Family Services. Trillium is the largest Oregon provider of mental and behavioral healthcare services for children, adolescents, and their families, providing services for over 6,000 kids and their families each year. We treat kids who are 5 -17 years of age from all over the state of Oregon at our clinical hubs located in Portland, Salem, and Corvallis. We also treat thousands of kids at their local school in school based outpatient clinics.

Today we have the opportunity to improve both the educational and mental health needs of Oregon's most mentally and behaviorally challenged children and adolescents. Trillium has several Long Term Care & Treatment (LTCT) programs. They are our psychiatric day treatment and partial hospitalization programs located in Corvallis, Salem, and Portland and all levels of psychiatric residential treatment including sub-acute and State Hospital level secure inpatient programs that are located in Corvallis and Portland. Over the past 5 years the clinical profile of the kids who we treat are significantly more acute due to expanded community based services that now effectively treat kids with more demanding mental and behavioral healthcare needs. This transformation means that the kids who do find their way into these LTCT programs are the kids who represent the greatest risk to themselves or to others. For example a recent survey of the clients at our Corvallis campus found that over 70% of the children in care had made at least 1 serious suicide attempt prior to admission and more than 50% of them had made multiple serious suicide attempts prior to admission. Virtually all of these kids have multiple diagnoses that make them very challenging children who need and deserve effective and timely intervention. Trillium utilizes numerous evidence based practices including dialectical behavioral therapy, collaborative problem solving, motivational interviewing, cognitive behavior therapy, and trauma informed care among others. The selection of these practices is based on comprehensive psychiatric, nursing, and mental health assessments. Care is individualized to meet the specific needs of the child and family. We employ 14 Child Psychiatrists, 4 Psychologists, 1 Psychiatric Nurse Practitioner, several dozen Masters level therapists, and more than 200 Qualified Mental Health Associates to deliver coordinated, multi-disciplinary treatment that focuses on rapid stabilization and preparation of the child, their family, and their community supports, including the local school and community mental health providers, for the child's return home. To safely manage these more acute kids, we increased our staffing for all disciplines. We made our buildings more safe and secure. To improve our services, we utilize a process measure called the ACORN that takes specific client feedback that is delivered to the ACORN developer for scoring. Trillium consistently scores in the "highly effective" range for each of our LTCT programs. We have the lowest average length of stays and the lowest readmission rates for our LTCT programs. Most of our kids go home, stay home and stay in school.

While our clinical programs have intensified the clinical rigor, the educational side is trying to manage the more complex educational and behavioral needs with the same funding formulas that have been in place for the past decade. These LTCT schools have had to cut resources while they are serving Oregon's kids with the most serious mental health and behavioral challenges. HB 2956 would enable the educational component to step up the resources that these kids need much in the same manner that the mental health system has done, so that when the kids return to their community they will be prepared to make that transition in a safe fashion. Examples of how the additional funding would be spent include Transitional Education Specialists who work with the community schools to prepare for the return of the student to that school, classroom aides to better support the educational objectives of each of these kids and to better manage the educational environment of each classroom so it is optimally safe and clinically and educationally effective, and other educational and clinical resources that would better integrate the educational and clinical objectives for each student.

In the current national and state-wide environment there have been dialogues with a focus on getting more funding for both education and mental health services to improve the health, safety, and education of our citizens and their children. HB 2956 affords the opportunity to address both of these objectives in a significant and effective way. I ask each of you to support this bill and I thank you for your time and your service.

Respectfully submitted,
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