

## HB 2539:

Chair Nosse, Vice Chairs Goodwin and Nelson, and members of the committee,

I am a professor of pediatrics and director of the Division of General Pediatrics at OHSU Doernbecher Children's Hospital and am a board member of the Oregon Pediatric Society, the Oregon state chapter of the American Academy of Pediatrics. I am offering my written testimony as an Oregon pediatrician and not officially on behalf of my employer or our professional society.

I am in support for the rebuilding and expansion of the Portland Trillium Campus. These facilities were built long ago and at a fraction of the investment for adult behavioral health costs at Salem Hospital.

Children are no longer the base of a population pyramid, but have become the bottom of a population square. With falls in infant/child mortality and with the increased ability of life saving care and technology, plus the aging of the Baby Boomers—children are now only about 20% of overall US population, and 10-15 cents of the health care dollar. Despite that we know that they are 100% of our future and have the highest ROI. Currently in the US, about 50% of children are from racial, ethnic and language minorities; 50% are on OHP at some point and finally overall <50% get their recommended care.

Children by definition are vulnerable (in natural disasters, in poverty and frankly in health care and system decisions.) Parents know that children are not cheap to raise, and health care costs for kids are lower than other total costs of child rearing; however, if things go awry—we know from the Adverse Childhood Events studies that all outcomes (including health, financial) are worse when they become adults. Suffering can begin at birth and may last a lifetime. Investment in skill building has a huge ROI and like compounding interest, they expand over time.

Post-pandemic front line pediatricians, pediatric and non-pediatric hospitals, and emergency departments are seeing more and more children in behavioral health crisis. We know that extended stays in emergency departments, hospitals and at home, pending availability of all forms of behavioral health assistance creates added burden and cost.

If we ever wish to curb the future costs of health care, including behavioral health care for adults, we need assistance in getting further upstream. Rebuilding Trillium Family Campus is one of the many pieces of the continuum of care that will need fortification. OHSU Child Psychiatry, General Pediatrics, Child Development and Rehabilitation Center and Family Medicine seek to join Trillium other collaborators to establish the Oregon Center for Child Family and Community Health.

While this bill does not fund the above project, the importance of this collaboration is the desire to drive change in the way we serve and support youth as they transition between levels of care and prevent the necessity of these services through earlier identification and intervention when children and families are struggling. These facilities need to be built around the current needs of

children and youth in a safe and nurturing way. We also know that many children in these facilities have neurodiversity and/or developmental, behavioral and intellectual challenges that result in difficult and disruptive behaviors that our current facilities are not well prepared to provide.

Ultimately, we hope to bring clinical care, education and training, research and public health innovations that will affect all of Oregon's children, youth and families. Providing consolidated expertise of whole child, family care is what will drive improved research, education and training for the future behavioral health workforce of Oregon. The connection and context of community and family is necessary for therapeutic improvements, and an enhanced workforce in providing the future of care. Schools are a crucial place for child success; with existing connections to school systems across Oregon and existing funded programs like OPAL for primary care providers throughout the state, and connecting with new efforts made available through other investments (988 and response) in the care continuum.

Children are the future of our society. Investment in children creates true savings for society with the highest return on investment from 0 to 5 years of age (Heckman Equation); however, that investment continues to compound at each stage of life –similar to compounded interest of savings. What ultimately leads for less need, cost and care for adult health care (of all types) is early investment in prevention, early identification and wholistic, trauma informed, culturally aware care. We also cannot ignore minority populations at risk;

For these reasons, I hope that you will support this (and other) investments in the pediatric behavioral health continuum this year and over time.

Greg Blaschke, MD MPH