morrison
child & family services

Date: 4/24/2023

To: Chair Patterson, Vice-Chair Hayden, and Members of the Senate Committee on Health Care,

My name is Corie Ferestad, and I am a CADC II, an LPC, and a Clinical Program Manager for Morrison Child and Family Services. I am also a sister to an individual who struggles with addiction and a daughter to an individual in recovery. I am submitting this written testimony in support of House Bill 2395, speaking specifically to minors' access to outpatient substance abuse treatment. The proposed changes would simply increase confidential access for minors and expand the definition of a Mental Health Care Provider to better encompass the wide array of providers who are already delivering these services.

We know that early onset of substance use is predictive of long-term impairments and associated with an elevated risk of developing a substance use disorder. Unfortunately, minors are often hesitant to disclose substance use to their provider if they believe their parents will be informed. Having the ability to confidentially initiate services, increases the likelihood that a minor will disclose substance use and receive any necessary treatment recommendations.

It is current practice that minors, 14 years or older, can access outpatient treatment without parental consent with the expectation that parents are involved prior to the end of treatment unless the parent refuses or there are clear clinical indications to the contrary. Parental involvement in the treatment of minors is best practice and always the goal, as soon as it is clinically appropriate, which is often far before the end of treatment. There are, however, a few circumstances where parental involvement would not be in the minor's best interest. Particularly, if it could prevent the minor from accessing treatment or place the minor at risk of harm. For these reasons, it is critical that minors, including those under 14 years of age, have the ability to access services without parental consent.

In many ways, minors' access to outpatient treatment can be seen a combination of prevention, early intervention, and harm reduction. By accessing these services, minors can receive psychoeducation around the risks and impacts of substance use, they can learn harm reducing strategies, be taught healthier coping skills, and be connected to a recovery community, among other benefits. This could potentially reduce the chances of an unintentional overdose or the development of a more severe substance use disorder in the future.

I would also like to note that the protection of a minor's right to confidentially access services only extends to outpatient services and should a provider believe more intensive treatment was necessary or the minor was at imminent risk of harm, disclosure to parents of pertinent

information related to the minor's diagnosis and treatment is permitted without the minor's consent.

Ultimately, this bill is proposing the adoption of a much-needed multipronged approach to address the opioid crisis Oregonians are facing and that includes the expanded definition of a qualified provider and the expanded protection of a minor's right to access outpatient treatment.

I would like to thank you for the opportunity to share my testimony and urge you to support this bill.

Corie Ferestad, CADC II, LPC
Clinical Program Manager
Morrison Child and Family Services
503-258-4315