

To: House Committee on Behavioral Health and Health Care
From: Andi Walsh, Senior Health Policy Advisor, Children's Institute
Date: February 5, 2024
Re: HB4151 – The Task Force on Youth Behavioral Health Workforce

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

Thank you for the opportunity to testify in support of HB 4151 – the Task Force on Youth Behavioral Health Workforce. My name is Andi Walsh and I am the Senior Health Policy Advisor for the Children's Institute. Children's Institute leverages research, practice, policy and advocacy to shift systems toward justice for families so that all of Oregon's children, prenatal to grade 5, have access to opportunity. Prior to my current role, I served as the Executive Director of the Illinois Children's Mental Health Partnership where I oversaw the development of a statewide plan to address children's mental health.

We know that there is a behavioral health crisis in Oregon and across the United States, particularly with children and youth. Children's Institute hears the tangible impact of this crisis from early educators working with young children every day. The vast majority of all mental illness has its roots in childhood and, although most attention is given to the impact on older youth and adults, we also know that our mental health is directly influenced by our brain development prenatal to age 5. We call this infant/early childhood mental health or early childhood social emotional health. This period of development is critical to building a strong foundation for our mental wellbeing and preventing the development of severe mental illness. Social emotional health in early childhood is the developing capacity of a young child to:

- form close and secure relationships, also known as attachment;
- experience, manage, and express a full range of emotions; and
- explore the environment and learn.

All of this occurs in context of family, community, and culture. Addressing the behavioral health needs of youth can be more complex than for adults, requiring a focus on the relationship between the parents and the child, as well as the navigation of health, behavioral health, education, and other care systems. In order to fully address the behavioral health crisis for children, particularly the youngest, we need a skilled and specifically trained workforce.

A robust children's behavioral health workforce is desperately needed to not only address the immediate needs of children, families, and early learning and care providers. Oregon also needs this workforce to ensure success of current state efforts. In 2021, the legislature passed HB 2166 and SB 236 to develop the Early Childhood Suspension and Expulsion Prevention Program and ultimately eliminate these practices in early care and education programs. A key component of this prevention work is Infant Early Childhood Mental Health Consultants for child care. Additionally, the Oregon Health Authority established a system-level social-emotional health metric to address the health and kindergarten readiness for children birth to age 5. As this metric work continues, concerns over its success have been raised due to the vast shortage of a behavioral health workforce trained to meet the unique needs for our youngest kids and their families.

We are glad to see the proposed amendment to HB 4151 clarifies youth as “age 18 or younger,” highlighting the critical importance of addressing mental health for all youth down to age zero simultaneously to our focus on older youth in schools. We are also glad to see the inclusion of the Department of Early Care and Learning to its membership. We urge you to support HB 4151 to create the Youth Behavioral Health Workforce Task Force and sincerely thank the committee for your service and attention to this important matter. Thank you.

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