



## VANESSA CORNWALL

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Intergovernmental Relations Officer  
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DATE: March 19, 2025  
TO: House Committee on Early Childhood Education and Human Services  
FROM: David Rettew; Lane County Behavioral Health Medical Director  
RE: HB 3835, Relating to Welfare of Young People

Dear Chair Hartman, Vice-Chairs Nguyen and Scharf, and Members of the Committee:

Thank you Chair Hartman and members of the committee for hearing my perspective. I am Dr. David Rettew, a child and adolescent psychiatrist in practice for over 20 years and Medical Director of Lane County Behavioral Health, a large community mental health clinic in Eugene.

Having worked for decades helping children who have been victims of abuse and neglect, I am painfully aware of the dire effects of maltreatment on child development. At the same time, I have seen first-hand some of the negative unintended consequences that some regulations have had on our ability to safely care for some of our most acute and vulnerable youth. Sadly, some of the regulations regarding the definition of abuse and neglect have led to youth being less safe and less able to access the care that they need.

The circumstances of some of these consequences have been fairly consistent. Basically, an aggressive and dysregulated adolescent is admitted to a residential center because their behavior is beyond the level of outpatient treatment. The patient's behavior at the facility then escalates. Due to new restrictions on what the residential facility can do in response to this dangerous behavior, the facility now sends the youth out to the emergency department (ED). The youth then spends a night or so in the ED and then, temporarily calmer, the ED seeks to discharge them. However, the residential center now will often refuse to take them back with the legitimate concern that the youth will escalate again and they will not be able to manage that behavior. The ED then simply discharges the youth into the community, leaving a volatile and acute adolescent with no supports or resources.

This situation puts the youth, the family, and whatever clinician is trying to pick up the pieces at significant risk, and I believe it is only a matter of time before a very bad outcome occurs. Obviously, it just makes no clinical sense that youth who are increasing in their level of acuity should have their level of care lowered, but that is exactly what is starting to happen with some frequency.

Additionally, please consider urging OHA or ODHS to develop training for CCA staff since the burden of training falls to the employer to develop. This burden results in potential issues with interpretation and can lead to incorrect training methods.



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Thank you for hearing my perspective and trying to address this and other issues affecting youth mental health with this bill. Please let me know if I can be of further assistance.

David C Rettew, MD

ELECTRONICALLY SUBMITTED BY VANESSA CORNWALL, LANE COUNTY  
INTERGOVERNMENTAL RELATIONS OFFICER