

Submitter: Naomi Fishman  
On Behalf Of:  
Committee: House Committee On Early Childhood and Human Services  
Measure, Appointment or Topic: HB3835

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

My name is Naomi Fishman, I am a Child and Adolescent Psychiatrist and the Medical Director at Albertina Kerr. I am writing in support of House Bill 3835. I have been a child psychiatrist at Albertina Kerr for over 8 years, working at our sub-acute psychiatric crisis program, where I have been able to watch the impacts of SB710 unfold. Though I think SB710 was designed with good intentions to support the care and safety of youth in a variety of settings, I have observed several unintended negative consequences.

The impact of an overly broad definition of child abuse has had a significant negative effect on the morale of all team members at our program and it has made it much more difficult to provide high quality care to the youth we serve. Coming to work everyday knowing that even a minor error made in the heat of a dangerous and quickly evolving escalation could result in a career-ending finding of child abuse sets a tone of fear and unease; it makes staff hesitate and question next steps, which means that interventions may be delayed allowing escalations to become more acute than if staff had intervened sooner. We have struggled more to recruit and retain staff and these impacts of SB710 certainly play a role. Staffing challenges lead to decreases in the number of youth we can serve at our program.

Since SB710, we have also experienced significant delays and errors in transport. The delays range from a few hours to over 24 hours. It is hard to rely on a scheduled pick-up time for transport as the pick-up will often get pushed back in the moment (or even after the scheduled time has passed). This has resulted in numerous delayed and even cancelled admissions to our program. These delays often mean that our intake staff have to stay late and/or work extra hours, which further impacts job retention. However, the worst impact is that this means a delay or full cancellation in a youth receiving our services. When transport is delayed, that also often means a youth spends longer sitting in an Emergency Department waiting to access our care. Emergency Departments are not designed for extended stays and these long stays have a decidedly negative impact on the mental health of youth coming to our program. Long stays in the ED also mean less access to ED resources for other patients. These delays in care also have a domino effect, impacting the youth who was next in line, urgently needing admission, whose intake now has to be pushed back.

I support House Bill 3835 because I see that it will help rectify these unintended negative consequences. This will allow agencies like mine to better serve youth, better support and grow our staff (which ultimately means better access to care) and it will decrease some of the problems that lead to longer Emergency Department stays and higher barriers to accessing care. I came to this field because I am deeply committed to improving the mental health of youth in Oregon. I want safe and high-quality mental health care for any youth who needs it. HB 3835 does not eliminate the necessary and significant oversight present for all child caring agencies, but it does adjust some of the regulations created by SB710 that unintentionally cause more harm than good. Please support House Bill 3835.