

Senate Early Childhood and Behavioral Health Committee

RE: SB 1547

Good morning, Chair Reynolds, Vice-Chair Anderson & Members of the Committee:

My name is Nick Gallo, and I am the CEO of Morrison Child & Family Services. Thank you for the opportunity to testify this morning in support of Senate Bill 1547.

Morrison was founded in 1947 on the simple idea that there must be a better way to help kids.

Since then, we have made incredible strides in understanding how to provide effective behavioral health services to youth.

Everyday, I hear stories from our teams about the life changing work that we do.

But here's the hard truth: while we know what works far too many children and families can't access the care they need—especially when they need it most.

Underinvestment, limited resources, and systemic barriers continue to hinder our ability to drive meaningful change at the population level.

Services often operate in silos with significant gaps between schools, pediatric care, and community mental health providers.

The bridge between academia, research, and practice is underdeveloped, leaving proven strategies underutilized.

And there are simply aren't enough trained professionals to do the work

That is why I'm so energized by the work of the Ballmer Institute and for the opportunity for our state to be on the leading edge of creating a new class of professionals; licensed behavioral health and wellness practitioners.

It's action-oriented and results-focused.

At Morrison, we have been proud to partner with the Ballmer Institute through a pilot project.

Together, we're building client-driven, outcomes-focused, team-based care models to better serve kids.

A key part of this work is integrating licensed behavioral health and wellness practitioners—currently interns —into our care teams. They’re learning, serving, and helping us implement what works in delivering behavioral health services to kids

As we look ahead, we are excited for these highly skilled and trained professionals to help fill critical workforce gaps and be a part of increasing access to care and improving outcomes for children and families in Oregon.

As the CEO of an organization with nearly 500 employees—and in my roles with the Tri-County Behavioral Health Providers Association and the Oregon Council of Behavioral Health—I am acutely aware of the workforce crisis and want to simplify it here for you.

Demand is rising, client acuity is increasing, and our frontline staff are expected to produce miracles everyday. And, don’t get me wrong, they do. And yet still, the results are predictable: burnout, turnover, and instability across the system.

A bachelor’s-level credential grounded in applied, hands-on training is one of the clearest solutions in front of us. It provides new professionals with supervised, practical experience so they enter the workforce with stronger judgment, greater readiness, and will result in higher retention. This aligns behavioral health with the training models used across other allied health professions and creates a standardized pathway into the field that employers can trust.

Please understand, this will not replace existing professional pathways and credentials—it will compliment and supplement them. When bachelor’s-level workers are well prepared, licensed clinicians can focus on complex assessment, treatment planning, and supervision. This expanded workforce is essential if we are serious about stabilizing and rebuilding Oregon’s behavioral health system

Together, lets not just admire the problem—lets solve it. And lets demonstrate that there is, indeed, a better way to help kids.

Thank you for your time and your leadership in our state.