



March 10, 2025

Oregon State Legislature
House Committee on Early Childhood & Human Services
900 Court Street NE
Salem, OR 97301
Submitted electronically via OLIS

RE: HB 3835, Relating to improving safety, access and quality of care for Oregon children in need.

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

Trillium Family Services is Oregon's sole provider of the full continuum of mental health services for youth ages 5-24 years, supported by a staff of 685 employees across Oregon. We are the only provider of the State Hospital, Secure Inpatient level of care for youth and adolescents (SCIP/SAIP) and one of the remaining safety net psychiatric residential services providers for youth based in Portland and Corvallis. Our priority for these levels of care is safety and stabilization so the youth and families we serve can be supported within our lower levels of care via intensive day and community-based programs we offer across 150 public K-12 schools across the state.

Trillium Family Services would like to express full support for HB 3835.

This bill has been crafted with input and extensive collaboration from many child serving entities and families with direct lived experience within these programs. The bill is an essential step forward for programs like ours.

I do believe it is important for us to clarify, this bill does not change any of the comprehensive rules describing precisely when and how providers can engage a physical hold or seclusion in situations where a youth in a psychiatric residential treatment program, with consent from their families, can intervene physically to stop the youth from

attempts to end their own life or cause serious physical harm to a peer. These rules are extremely detailed and comprehensive, and this bill would not change these specific rules.

However, it's important to note that because the current rule set is extremely detailed an unintended consequence is that paperwork and training errors currently fall under the definition of child abuse and must be reported and investigated as abuse against individual clinicians and team members. This has created a culture of fear and constant reporting while also being a significant cost and waste to the system at DHS who must investigate each report.

For example, part of the current rule mandates an offer of water at specific timed intervals during a crisis as described above. We are not asking to change this rule, simply that we end the practice of investigating documentation errors as child abuse. If a staff member forgets to document this offer of water on even one specified interval, this must be documented internally, reported to the Child Abuse Hotline and investigated by DHS under the current practice.

To further clarify, these types of situations would still be addressed both internally by our Quality Improvement Team as well as externally by DHS and OHA Licensing Division. However, it would not also be investigated as Child Abuse by DHS's OTIS Division.

We believe that adding further clarification for these and other administrative situations will decrease the culture of fear and reporting our staff experience and will help DHS/OTIS focus their time on investigating real concerns of abuse and neglect.

For these reasons, Trillium Family Services supports HB 3835. We look forward to working with you to advance this bill to improve mental health care for Oregonians in crisis.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jamie Vandergon', with a long horizontal flourish extending to the right.

Jamie Vandergon

CEO

Trillium Family Services

