

Administrative Office

Chair Hartman, Vice Chair Scharff, Members of the committee:

Looking Glass Programs

Outpatient Services
Counseling Program
Mental Health and Substance Use

Homeless Services
PEER Shelter
Station 7 Shelter
New Roads Drop-In Center
Rural Drop In-Center

Housing Services

Educational & Vocational Services Riverfront School & Career Center Center Point School New Roads School

> Residential Services Regional Crisis Center East Regional Crisis Center West

I am Craig Opperman with Looking Glass Community Services in Lane County. We provide a comprehensive array of behavioral health programs for children, youth and families that include outpatient, day treatment, residential treatment and unhoused youth services.

I am writing in support of HB 3835, the SOCAC bill.

Thank you for the opportunity to submit testimony.

I started my career 40 years ago as a childcare worker in a residential treatment program. I have seen many system of care improvements, especially in residential treatment during that time. Staffing has always been a challenge, primarily due to low pay for difficult work. Yet we usually found good people willing to work for less because they believed in our missions, in helping vulnerable youth have a safe healing environment.

It has always been important to have rules/oversight/regulation to ensure the youth are safe and treated well. Too little oversight or too much oversight may prevent good treatment. In the past ten years there has been a significant increase in rules, regulations, and expanded definitions of abuse that have caused lack of access to treatment programs. There are fewer services available to traumatized youth in need. The expanded definitions of abuse and increased regulation have caused many of those workers I mentioned earlier, the ones who came to us because of a compelling mission, to no longer work in our field. A simple mistake can be treated as intentional abuse.

Looking Glass had a supervisor fail to realize that the pharmacy had sent the wrong dosage of medication to a client in our residential program. On the next round of medication, the mistake was caught. The young person was transported to the hospital to ensure no ill effects, even though the doctor on the phone said there would be no harm from this. That supervisor was very concerned that all precautions be taken. The reporting of this incident and subsequent investigation resulted in that supervisor being substantiated for child abuse. It took an exhaustive process of appealing so that, after 3 months, the substantiation was overturned. That supervisor, and all the staff that were quite aware of this investigation, were fearful that they may face a similar unfair circumstance.

In my days working in residential, the staff had a dedication to helping these youth that resulted in a joyful environment. Even the most difficult shifts, when finishing





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Residential Services Regional Crisis Center East Regional Crisis Center West the incident reports would take us to 2am after a long swing shift, often would find us laughing at something one of the youth had said, or how a staff had reacted. The next day's shift would usually find some amazing healing relationships, as youth were often apologetic for their dangerous behaviors, and thankful that the staff still believed in them as growing and changing good people, learning from their mistakes.

That joy, that belief in life saving work for little pay, is diminished if the environment is one of fear that an investigation could unfairly end a career.

Please don't be confused here. We/Looking Glass strongly support a robust review and oversight process. Looking Glass is reviewed, licensed, and accredited by over 12 different entities. Some reviews/inspections are unannounced. The staff know it, and we all like it. Safety and safe healing environments are our priority. We are dealing with traumatized, trauma reactive clients that can be extremely dangerous to themselves and those around them. We need safety and constant quality improvement systems. Yet when there is an honest mistake, with no significant harm, that should be addressed in a learning, retraining, Just Culture approach, as mentioned in earlier testimony by Dr. Jetmalani, a child psychiatrist from Oregon Health Sciences University.

The System of Care Advisory Committee consulted with Dr. Jetmalani, other medical professionals, families, youth, foster parents, teachers, treatment professionals, child welfare and behavioral health experts in developing this bill. It maintains a high standard of safety and care in programs for our children and youth. It makes some reforms to the current regulatory environment that will allow more access and service capacity to those vulnerable youth and families that need it the most.

Please support HB 3835.

Thank you for your attention to this matter.

CUA

A United Way Agency

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Craig Opperman, MSE, MCC, CEC

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Looking Glass Community Services