3/20/25

House Committee on Early Childhood and Human Services

Re: HB3825

Madam Chair and committee members,

I am writing as a child psychiatrist regarding HB3825. I am testifying against the bill. Although born and raised in Oregon, I have spent much of my lengthy career working in other states. My career has touched nearly every aspect of child psychiatry, from inpatient, subacute, day treatment, long term residential, and outpatient. I have worked as a clinician and administrator, in academics and the private sector, as a forensic expert witness, compliance evaluator/inspector, journal editor, and more. Suffice it to say I've seen many systems in many places.

HB3825 seems reasonable but it is not. While it seems to merely clarify some wording, it undermines the already precarious protections for children and teens in Oregon. I have heard among my colleagues that it is necessary because the law it changes has caused children and teens in psychiatric distress to wait in emergency rooms because no one will take them. Programs that would take them are unable to do so because their staff fear being charged with child abuse. My colleagues insist that being able to use the protections in this bill to restrain and seclude children, send them to out of state programs, use "secure transport" programs that come into children's houses late at night, and otherwise enjoy protections from oversight will magically create high-quality programs and facilities for children. This is ridiculous.

High-quality programs come from clear, high standards and reliable funding. Legislate that instead of dropping protections for kids.

In other states, these kinds of practices are illegal or highly restricted. Those states have higher - not lower - ranked mental health systems for children. While I know of no state that does not struggle with insufficient resources for children and teens, other states who have stronger restrictions than Oregon don't have it any worse and generally have it better:

- Fewer restraints makes it easier to staff programs, not harder. Staff is not fearful of physical injury nor traumatized by participation in physical altercations with patients.
- Programs that are not allowed to rely on restraint and seclusion – effectively punishment – develop better, more empowering and therapeutic interventions. You can't punish a child into healing.

- Children who go through programs that are not traumatizing are more likely to heal and less likely to come back into high levels of care, leaving space in programs for other children in need.
- Accrediting bodies see excessive or aggressive restraint and seclusion as a sign of poor quality, because that's what it is. The American Psychiatric Association is opposed to restraint and seclusion for this same reason.
- Children and teens with disabilities tend to be more often the target of restraint and seclusion, especially when caregivers are poorly trained and have few alternatives or resources, as is often the case in underfunded school programs and for-profit programs that this bill seeks to relieve from some means of oversight.

The fact is, this bill moves us away from good care and good stewardship of our limited resources.

Many years ago, I had a patient whose parents were determined to "save her life" by sending her to a program in Utah they'd found online. The program used high pressure sales tactics and misrepresentation to sell their facility to these parents. One night, around midnight, the teen was awakened by her parents and two large, unfamiliar men. The men handcuffed the teen and carried her to their vehicle, put her in the locked compartment, and drove her away while her parents stood by. She was driven from New England to Utah, eating, sleeping, and using the bathroom with these men, handcuffed, not knowing where she was going. She was frightened, betrayed, and traumatized, because she'd effectively been kidnapped. No matter what kind of program awaited her, she was damaged before she got there. When she was finally released, many months later, she told me, "I will live with my parents until my 18th birthday. Then I will spit in their faces and walk out. From then on, they will be dead to me." This program didn't save her life. It ruined it.

Oregon's children deserve our protection and our courage to hold our state agency and programs accountable for quality, non-traumatizing care.

Sincerely yours,

Caroline Fisher MD PhD MHA

Board certified in Child, Adolescent and Adult Psychiatry and Healthcare Aministration, Leadership and Management