

Submitter: Cindy Smith
On Behalf Of: Trillium Family Services
Committee: House Committee On Early Childhood and Human Services
Measure, Appointment or Topic: HB3835

HB 3835

Chair Hartman, Vice-Chairs Nguyen and Scharf and members of the committee.

Thank you for your time and care in considering testimony on this bill.

My name is Cindy Smith, I am a child psychiatrist working in Oregon for 23 years with children and families. I am a trauma therapist and I train trauma therapists. I have the lived experience of three family members with major mental illness, one of whom was in hospital and residential care for 7 months as a teen.

I am the Chief Medical Officer for Trillium Family Services currently over-seeing 90 residential child mental health beds, 70 day treatment desks and school and community-based outpatient programs for children and teens in Oregon.

I am speaking strongly in favor of HB 3835. I am impressed that we have a System of Care Advisory Council set up thoughtfully to represent many different points of view. The committee worked carefully and with active debate over many months and I believe the proposed bill has the strength of that collective wisdom.

This bill corrects some current important inconsistencies in the definition of child abuse and neglect throughout the state of Oregon and gives us a clear, universal understanding of what child abuse and neglect is regardless of setting. With this bill, the definitions of child abuse and neglect would be the same in schools, homes, resource families and residential treatment programs and would match the common, public understanding of what child abuse and child neglect are.

This bill ends the very harmful consequence of being labeled as neglectful or abusive to a child when the actual thing that happened was a breach in an agency's policy or procedure rather than abuse or neglect. As an example, we had a staff who endured a lengthy investigation because they failed to find a small string in a brief search as a child reentered the unit coming back from a home visit.

The fear that flies through a staff team over investigations of this type is very real, substantial and demoralizing.

This has created a culture of fear and distrust in the state regulatory system for young Oregonians in the vulnerable period of their early 20s, often in their first jobs, who make up the majority of the direct care staff in our child-caring facilities.

If Oregon is committed to trauma-informed care, we have to be committed to the well-being of the young Oregonians who make up our mental health work force as well as the well-being of child and teen clients. We need to ensure a "just culture" work environment in these challenging workplaces that have some of the highest injury rates of any occupation.

The current harsh regulatory environment has caused a fairly large number of mental health employees to quit child-caring work. Our emergency departments are over-run with children with psychiatric problems with nowhere to go.

I believe HB3835 can go a long way to correcting some of these problems and restoring a feeling that we are united in a goal of serving our most vulnerable children and families.