



Testimony for HB 3835

House Committee on Behavioral Health and Health Care

Re: HB 3835 - Improving Safety, Access, and Quality of Care for Oregon's Children in Need

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

My name is Megan Soucy, and I am submitting this testimony on behalf of New Narrative, a 501(c)(3) non-profit mental health provider based in Tigard, Oregon with locations in Multnomah and Washington Counties. Our agency provides integrated mental health, residential and peer services at over 40 locations. Our residential programs span the housing continuum from licensed residential treatment programs to supported and independent housing. We strive to provide resources so people seeking mental health care can develop tools to thrive, not just survive.

I appreciate the opportunity to provide testimony on HB 3835, which seeks to improve the quality of care for foster youth in Oregon, a cause that aligns with our own mission of supporting youth transitioning to adulthood. We want to express our appreciation for the efforts of the System of Care Advisory Council (SOCAC) in crafting HB 3835. The bill's focus on trauma-informed care, increased access to mental health services, and improved coordination across systems reflects the values we hold in our own programs.

I am a Licensed Professional Counselor and serve as the Program Manager for Compass Rose, a program that serves youth with high-acuity mental wellness concerns aged 18-21 who are transitioning from foster care into adulthood, and soon we are launching Rosebud, a similar program for youth aged 16-18. These programs provide vital support, including housing, mental health services, and peer mentoring, to help youth build the foundation they need for a stable, fulfilling adulthood. Our program has had success supporting the youth that most other parts of the system have deemed "impossible." For example, we have been working with a young man for just over a year who, prior to his stay with us, had not maintained placement for longer than one month at a time. This type of success has only been possible through a sense of predictability and physical safety, avoidance of increased systemic trauma through proper crisis training and clarity around physical intervention, and the resources we fought for in contracting with Child Welfare. We would like to specifically highlight the potential impact of the parts of this bill related to treatment access and housing support. We believe that individualized, trauma-informed, and gender-affirming treatment is essential for ensuring the best outcomes for youth and in maintaining our duty to the Reasonable and Prudent Parenting Standard, which upholds the expectation that the state and all related caregivers provide access for foster youth to a variety of resources in a way that is equitable to youth of the same age and development stage. A key principle of trauma-informed care (TIC) is choice, something frequently limited by the restrictions on available treatment providers. These restrictions create tensions between treatment providers, insurance providers, and state agencies, which can hinder the flexibility necessary to meet the diverse needs of youth.

Additionally, the lack of choice in providers creates unnecessary challenges for transition-aged youth (TAY) in their long-term development. It limits their ability to learn skills related to treatment decisions, informed consent, and self-advocacy—all of which are critical as they prepare for independent living. When youth do not have the chance to make informed decisions about their treatment, it takes away from their ability to build the skills necessary for managing their own care and future decisions.

We have seen firsthand how restricted treatment access has hindered Compass Rose's ability to provide seamless transition services. For instance, when we were not licensed as a CCA (Certified Community Agency), we were unable to use our contracted transition services for youth referred before turning 18 as we were not authorized to provide



services to minors. Had we been able to utilize those services earlier, it could have significantly improved incoming participant's comfort with new placements, their relationship with staff, and their understanding of goals and needed resources—improving treatment outcomes and increasing our ability to prevent eventual crises. We urge the Committee to consider the impact that restricted treatment access has on youth outcomes, and we are advocating for greater flexibility and choice in how services are delivered as well as an investment in increasing the service array to include youth voice and input from professionals that reflect the growing needs of youth.

We also believe that time in treatment should be decided by the individual and their provider, with a focus on individual need, service plans, and progress in treatment. Allowing government entities to make blanket decisions about treatment timelines or which providers are appropriate is not trauma-informed and does not align with best practices in mental health care. The flexibility to adjust treatment and access appropriate providers based on individual progress and need is crucial for positive outcomes.

Our program does not utilize restraint and seclusion; I sincerely believe that we are able to avoid these methods because we have the privilege to build relationships, be clear about our intentions, honor systemic trauma, and utilize evidence-based practices to support mental wellness with our participants. This is not the norm for treatment services in Oregon, which I believe is largely due to harsh restrictions and a lack of support from the legislature on identifying the needs of our youth and the barriers- emotional, behavioral, or developmental- that may present in pursuit of treatment of those needs. Clearer definitions of restraint and seclusion alongside clear delineation of alternatives to these methods and appropriate use of the methods are a promising start to improving the safety of Oregon's foster care treatment services. The focus in HB3835 on additional resources and providers is a strong start to change and I encourage future legislative changes to focus on providing even more resources and support for providers to focus on relationship-building and deinstitutionalization in an effort to prevent crises and minimize the need for restraint.

Regarding housing support, we have directly benefited from Treatment Services funding for housing fees (rent) for our participants as it is discussed in this bill. This funding has allowed us to focus on treatment that aligns with participant need and readiness. An example of the positive impact this support has had is reports from our former participants, who shared how having housing and living expenses taken care of allowed them to focus on developing life skills and making decisions about their future paths. Without the stress of survival while learning to navigate parts of life on their own for the first time, they can thrive and plan for a more stable, meaningful lives as independent adults.

We urge the Committee to support HB 3835, with a strong focus on the aspects that would ensure flexibility in treatment access and housing support to better meet the individual needs of foster youth. By allowing youth to make decisions regarding their treatment, we can foster a sense of empowerment and self-determination that is essential to their success and the wellbeing of our state's young people.

Thank you for your time and consideration.

Sincerely,
Megan Soucy, LPC
Program Manager
Compass Rose Transition-Aged Youth Supportive Living Program