Submitter: Sara Fox

On Behalf Of: ODHS

Committee: House Committee On Rules

Measure, Appointment or Topic: HB3835

Thank you for the opportunity to submit testimony in strong support of House Bill 3835.

I serve as a Manager within Oregon's child welfare system, focused on supporting access to BRS and treatment settings for children in foster care with highly complex behavioral health needs. I work closely with internal teams, system partners, and families navigating some of the most acute service gaps in our state—particularly where children need therapeutic or specialized treatment but cannot access it due to structural and regulatory barriers.

HB 3835 addresses several of the core challenges we encounter daily. First, this bill clarifies inconsistent standards around restraint and seclusion, which have contributed to a climate of fear and confusion across child-serving providers. When staff don't clearly understand what constitutes abuse, especially in the context of crisis de-escalation, we risk both under-responding and over-correcting—often at the expense of the child's therapeutic progress. This bill wisely distinguishes between abusive actions and regulatory violations, offering clearer guidance for providers and more appropriate safeguards for children.

From May 2022 to May 2025, more than 10,000 program referrals were submitted on behalf of 527 children in foster care with moderate to acute needs. Shockingly, nearly 80% of those referrals were denied. Programs routinely cite concerns about safety-related liability and unclear regulatory standards when declining to admit youth exhibiting physical aggression or self-harm—precisely the children most in need of therapeutic intervention. Additionally, over the past five years, there has been a noticeable increase in unplanned discharges for children exhibiting externalizing behaviors such as aggression or self-harm—highlighting growing system strain and provider hesitancy to manage complex safety needs.

Second, HB 3835 creates narrow but critical exceptions to current barriers preventing children in child welfare custody from accessing out-of-state care. I've seen firsthand the harm caused when youth are denied access to the clinically indicated treatment they need—simply because statutory constraints exclude them based on their custody status. This bill ensures that when Oregon cannot meet a child's needs—particularly in highly specialized cases or for children living near the border—there is a lawful, safe pathway to receive care elsewhere, with appropriate oversight and tribal consultation where applicable.

Oregon is currently experiencing a capacity crisis in behavioral health and therapeutic placements for youth. As a state, we cannot afford to let restrictive or unclear statutes stand in the way of treatment. HB 3835 offers practical, targeted solutions that balance child safety with treatment access and provider clarity. It moves us toward a more consistent, equitable, and responsive system of care for Oregon's most vulnerable children.

I urge your support of this critical legislation and thank you for your commitment to the health and well-being of children in our state.

Sincerely,
Sara Fox
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