

Submitter: Chad Westphal
On Behalf Of:
Committee: House Committee On Rules
Measure, Appointment or Topic: HB3835
Chair Bowman, Vice-Chairs Drazan and Pham, and Members of the Committee:

I'm Chad Westphal, Executive Director of Looking Glass Community Services in Lane County. Thank you for the opportunity to testify.

I am resubmitting my previous HB 3835 testimony with one edit. The number of children that have required an emergency discharge from our therapeutic residential treatment programs has now grown to 64 since the implementation of SB 710, 3 1/2 years. As you will read, that number was 60 just a few weeks ago. I am hopeful that the passing of HB 3835 will bring an end to the pattern of children exiting necessary treatment programs only to enter hospitals, detention facilities, and hotel rooms.

Looking Glass provides a comprehensive array of behavioral health programs for thousands of children and families each year.

I started my career over 30 years ago as a childcare worker in residential treatment programs. Recruitment and retention of caring professionals was not always the challenge it's become more recently.

In the past ten years there has been a significant increase in rules resulting in children being placed in hotels, hospitals, and detention facilities rather than necessary treatment programs. The expanded definitions of abuse and increased regulation have caused many caring adults to either leave or not want to join our line of work as they know honest mistakes can be treated as intentional abuse. Professionals today are working within a culture of fear that does not improve performance levels.

The regulatory environment has also caused the premature exits of children residing in therapeutic environments and their entry into non-therapeutic settings, adding to patterns of abandonment. In the last 3 ½ years, 60 children have required emergency exits from our residential programs. Fifty-five of those children would have remained in care prior to 2022.

Looking Glass strongly supports a robust review and oversight process as evidenced by our accountability to 12 different licensing and accreditation entities. We need constant quality improvement systems given the dangerous behaviors children exhibit to themselves and others. Yet when there is an honest mistake, with no significant harm, it 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.

HB 3835 maintains a high standard of safety in programs for our children and its reforms to the current regulatory environment will increase access.

Please support HB 3835. Thank you.