REPRESENTATIVE ANNESSA HARTMAN
HOUSE DISTRICT 40

OREGON HOUSE OF REPRESENTATIVES

May 12, 2025

Chair Bowman, Vice-Chairs Drazan and Pham, members of the committee,

First, I want to thank everyone who has been involved in the process of HB 3835. I do not discredit the work, by many, that has gone into this conversation. With that being said, as the Chair of the House Early Childhood and Human Services Committee, I thought it important to make my journey with HB 3835 very clear and explain why I ultimately do not support the proposal as is.

I find it important to clarify that I did not agree to a "concession" of entirely removing the bill's amendments to school settings. I have heard from several legislators that proponents of this bill have stated they removed school settings because of an agreement that I made. That is simply not true. It was offered to me on Wednesday, April 30th, to try to earn my support for the bill, but later that evening, I ultimately shared that I would not be supportive of this package.

To level set, I became aware of the SOCAC Omnibus bill in early January, but we did not receive the final language for HB 3835 until February 26th. Once that was received, several meetings and conversations commenced to understand the complicated and deeply personal topic better. HECHS hosted one informational meeting to learn about the history of SOCAC, one full Public Hearing, with an additional 30 minutes during the following committee meeting to accommodate the remaining testifiers. We received over 320 written testimonials in opposition and 79 written testimonials in support.

Several of us left the Public Hearing feeling confused by the array of people in support and opposition. Youth who experienced the system, people who work for ODHS, providers of all types, parents, folks from all across the spectrum of child welfare, and a glaring realization was that there was no consensus. We heard from members who served on SOCAC who disagreed with this package and felt shut out. We also heard from members who serve on SOCAC who supported the package. There was definitely no clarity on how meaningfully robust the process was in building this package. After the public hearings, I began reaching out to many different stakeholders to get a better understanding.

My initial understanding of the SOCAC Omnibus Bill was that it was created to address three things, as seen in the original Executive Summary. Clarifying standards related to child abuse, restraint, and seclusion. Increasing access and quality of treatment for children. Improving safety in schools. We can all agree that these items are incredibly important, but this omnibus bill did so much more.

Upon first reviewing the bill, I was surprised to see the recommendations around clarifying the standards related to child abuse because in 2024, the legislature passed HB 4086, which directed ODHS to conduct a study through a private facilitator on the scope of child abuse investigations. The scope of the study and recommendations are required to include 1) identification of the scope of mandatory child abuse investigations conducted by ODHS and gaps or duplication of work in the state's response to child abuse; 2) determination of national best practices; and 3) recommendations for jurisdiction of child abuse investigations, amendments to child abuse definitions, other recommended national best practices, and interdisciplinary oversight of implementation of such changes.

There were other bills recommended this year that ODHS asked me to hold off on because they overlapped with the work within HB 4086. I still believe we should be waiting for the results from the report we already allocated funds for to come out later this year to make these changes to the definitions of abuse.

Another major concern emerged regarding implementing and interpreting the current law in both CCAs and school settings. We quickly saw that clarity around the interpretation of the definitions is causing confusion across all settings. Whether this has been created by risk-averse lawyers, a lack of understanding, or an attempt to avoid liability, it is clear that clarification is needed. Additionally, as you can see linked here and here, Oregon Department of Education's guides for educators on implementing seclusion and restraint practices are unclear about what constitutes wrongful/abusive restraint and seclusion, and when restraint and seclusion may be allowable. State agencies and school districts must implement the law properly and ensure that the appropriate staff receive training in crisis intervention, de-escalation, and proper restraint and seclusion practices.

Lastly, during this process of research and understanding, the Data Report on the Oregon System of Care for Youth came out on February 27th, 2025, clearly listing several areas where Oregon's SOC is performing well and where we need to make more improvements. I believe this report is relevant as it clearly shows the data, we truly need to improve our systems. At the very least, I suggest reviewing the Child Welfare System beginning on Page 128. One striking statement that left me even more supportive of not changing our definitions at this moment was "Oregon's Child Welfare has higher rates of youth victimization while in foster care than the national standard."

In the following pages, you will find many of the documents related to the research I and my team have conducted on HB 3835 as I have stated before this Omnibus Bill has so much historical context, that it is in my opinion, impossible to make an informed decision without truly understanding how we got here.

I want to make myself abundantly clear: I am not opposed to reform. I am opposed to rushing ahead with changes that, while well-intended, are not rooted in consensus, clarity, or the readiness of the systems we're asking to implement them. The stakes are simply too high to get this wrong. If we are going to change the laws that define abuse, that determine when a child can be restrained, secluded, or sent out of state, then we must ensure we do so based on data, with input from all stakeholders, and with an unwavering commitment to protecting our most vulnerable.

I remain open to conversations, but I cannot support this proposal in its current form. We owe our children better than a rushed patchwork of reforms without proper legislative oversight. We owe them care, caution, and a system that puts their safety and dignity above all else.

nya:weh (I am thankful)

Representative Annessa Hartman

House District 40 – Gladstone, Oregon City, North Clackamas County

TABLE OF CONTENTS

Areas of Concern and Unanswered Questions:

1. One of the main areas of concern is the proposed change of "Serious Bodily Injury" which is currently defined to an undefined term across all settings of "Serious Physical Harm (SPH)". See page 8 for further details and information.
2. Another main concern was removing "Prohibited Restraints" from the Definition of Child Abuse. See page 12 for further details and information.
3. Section 1:
    a. Did not get clarity that we should also be including relatives like a grandmothers or brothers in "responsible Individual"? Since they would not be considered a "responsible individual" by these definitions, they would not be investigated for abusive seclusion or abusive restraint or corporal punishment under Section 1, because those acts are limited to acts by "responsible individuals."
    b. Did not get clarification on how the new definition of what is not abusive seclusion allows for age-appropriate discipline or locking windows/doors during the evening in the event of an eloper.
    c. Definition of Chemical Restraint: Why is this definition being changed from the engrossed bill? It is concerning that we would change the "or" to "and" simply because OHA has asked for it or prefers it.
4. Sections 8, 18, 26: Why was the definition of 'secure escort' removed from the transportation requirements, and how does the bill distinguish between an untrained adult with a car and a licensed transport provider? Are we unintentionally opening the door to unregulated, untrained transport of vulnerable children?
5. Section 14(7) Having Federal Requirements supersede state requirements: I recommended removing this earlier in these discussions, as federal requirements should be the floor, not the ceiling.
6. Sections 17, 29: If DHS can no longer impose licensing conditions or civil penalties for using prohibited restraints unless they meet the new definition of abusive restraint, aren't we limiting DHS's ability to respond to dangerous practices before they escalate into serious harm?
7. Section 24: "Managers" Definition: This section defines "managers" as individuals "at the highest levels of an organization's leadership." This is concerning because this would leave out lower-level directors/managers, supervisors, etc. My reading of this is that if the supervisor/manager does not have all three responsibilities—operations, finances an overall governance of the organization—then Section 27's requirements, including ensuring that a report of child abuse is made or taking immediate steps to ensure the child's safety, would not apply to them. I also believe Section 30's prohibitions on interfering with good faith whistleblowing would not apply to the supervisor/manager. I did not get clarity on this from the proponents of this bill.
8. Section 27: Following the managers definition in Section 24, I needed clarification, because it seems that only a manager, as defined as those at the very top of the organization, can be held accountable for failing to take steps to ensure the child's safety and failing to report the abuse. If a supervisor at a residential facility knows about sexual abuse and doesn't act—but isn't considered a "manager" under this bill—why should DHS be barred from imposing any licensing consequence on the agency? Wouldn't this bill make it harder to hold organizations accountable for failures in mandatory reporting or failure to act on abuse unless the neglect happens to rise all the way to the executive level?
9. Section 32(3)(b): I never received clarity on how this changes the way investigations are recorded, and the type of information received. This feels as though there could be a loophole on the current requirements to investigate prohibited restraints now that HB 3835 removes prohibited restraints. Will we be able to see and reference past incident reports, review training records, reasonable efforts etc. I have come to learn how crucial it is to understand the history of incidents to better evaluate whether a child in care's plan is appropriate.

10. Sections 32-33: Why are we removing the longstanding right of a child's parents and attorneys to receive copies of records and documents during child abuse cases? During one of our last conversations, it was stated that this was to get the "providers" to turn their cameras back on because they are concerned with the information getting out. Besides it being a concern that these providers can "choose" when and where to turn off their cameras, if they have nothing to hide, I see nothing wrong with requiring the cameras to be on.
11. Out of State Placements:
    a. My first concern was learning that the state just finished a years-long lawsuit over its handling of out-of-state placements, and a Neutral Expert has been hired to review the practices of ODHS and report back in July 2025. I believe it would be responsible to wait to review his recommendations after his findings.
    b. Since the proponents were not interested in waiting, I was adamant that we add a sunset clause to the new provisions in allowing out of state placements. I can empathize with the need for services now, but this should not be looked at as the permanent solution. Instead, ODHS and all interested parties should be focusing on investing in services for Oregonians and bringing the services directly to the children in care. The focus should remain on a strategic plan on increasing the number of therapeutic resource families in Oregon, increasing training opportunities for next of kin, and developing the services identified as gaps in care for Oregon children. Ultimately, they did not agree on a sunset.
    c. Section 36 (3)(i): I just want to confirm here that by adding "as defined in ORS 161.015," this has added a higher threshold definition for "Serious Physical Injury." Would a child-caring agency not need to report if Serious Physical Harm?
    d. Section 36(7)(b): This states that children placed under this subsection 7 are not subject to subsection (5), which states "A department child welfare services employee must accompany a child who is placed in an out-of-state child-caring agency any time the child is transported to an initial out-of-state placement, any time the child is moved to a new placement and any time the child is moved by secure transport." While I understood that it was not realistic to keep this whole provision, I firmly believe that ODHS or a close caregiver, like a CASA, resource parent, or attorney, must accompany a child on initial placement. This was not clear and was not answered.
    e. Section 36(7)(b) also states that children placed under subsection 7 are not subject to subsection (4), which includes protections for youth with I/DD. These protections are crucial, and language should be added to clarify that these children have the same rights that align significantly with their rights in the State of Oregon.
    f. Section 36(9)(c): I believe that we need to specify that someone from Oregon (CASA, ODHS, resource parent, etc.) will visit the child. I understand that ODHS used to contract with third-party caseworkers to conduct these visits, and they would not provide the best service to our youth.
    g. Section 36(9)(d): There is nothing wrong with ensuring the child understands their rights and how to report. However, it should clearly state that when a youth reports certain types of abuse, then an ODHS employee will visit them in person within 72 hours. This should be called out.
    h. Section 36b: This updates the timeframe of reports to 6 months after receiving a quarterly report and adds a new yearly report from SOCAC that provides only a summary to the legislature. We, the legislature, should receive hard data and be able to review it. The reports should include an analysis of not just the "appropriateness of the placement exceptions" as stated in the bill, but also an analysis of the gaps in care and a strategic plan for increasing care in Oregon. What are we doing to bring care to kids and training and education to families, instead of sending kids to care? (5)(a) makes it so that records received by SOCAC are not subject to public records requests. I understand the need for some of a vulnerable youth's information, including information that could identify them, to remain confidential. However, every other detail about why a child was placed out of state is crucial to legislative oversight.

a. Section 37(3)(d): I did not get clarity on why this is changing. This entire conversation has been about allowing children in care to go out of state if it is medically necessary. So why change this to "services or treatment"? This seems too broad.
b. Section 37(4): I did not get clarity on adding in reporting on youth in adult settings. SOCAC should also be reporting on this as well.
c. Section 37(9): Because we are being told out of state placements are only going to be used if medically necessary, I believe we need to be very clear who exactly is going to approve these exceptions.
d. ICWA compliance is agreed upon.

12. Section 39: I appreciate adding back the website and monthly updates. However, I will call attention to the information they want to remove. I believe this data is crucial for legislative oversight. Also, I have asked for the narrative report to also be sent to the appropriate legislative committees, but it is still not referenced in this new amendment.
13. Section 41: This section exempts people who are over 18 and living in foster homes from background checks if the department placed them there. I did not get clarity on whether saying "placed in the household by the department" means that the department placed them there before they turned 18. I feel like we need to be clearer on whether they were a ward, already in a foster home, if a new child is coming into care with them, etc.
14. Section 47: I proposed changing this from two reports to four because of the immense changes; I believe more than two reports are necessary to see if any adjustments are needed. My suggestion was that the final report be delivered on September 15, 2029.
15. Section 48: This should be changed Oct 1, 2025. The quarterly reports in Section 36b (3) are by ODHS to SOCAC and are used by SOCAC to report to the legislature starting Sept 1, 2026. ODHS should start sending these quarterly reports to SOCAC as soon as possible because this bill has an emergency clause. SOCAC has several reports to analyze when reporting to the legislature, and they need time to examine these reports before the report to the legislature is due.
16. New Question on -A5 Section 23: Why are we still removing (L) and (m)? If we are leaving school settings alone shouldn't this stay in? Taking this out seems to put us in a situation where there will be two different standards between CPS and APS.
17. I have removed all School Setting questions, though I have listed them on Page 20 for reference.

Serious Physical Harm VS. Serious Bodily Injury

Currently, a child-caring agency, proctor foster home, developmental disabilities residential facility, or personnel, contractors or volunteers of a public education program are legally authorized to restrain a child when the child's behavior poses a reasonable risk of imminent "substantial physical or bodily injury" or "serious bodily injury." "Serious bodily injury" is defined as the "significant impairment of the physical condition of a person or individual as determined by qualified medical personnel, whether self-inflicted or inflicted by someone else." ORS 418.519(16); ORS 339.285(4).

HB 3835 removes the definition of "serious bodily injury" from statute and replaces it with "serious physical harm" as the threshold for when restraint and seclusion may be used. However, it does not define "serious physical harm."

Arguments for and against defining serious physical harm:

Arguments For	Arguments Against
"Serious physical harm" is not used in other Oregon statutes.	HB 2467, the civil commitment bill, uses "serious physical harm" and defines the term as "physical harm that places a person at risk of death or serious and irreversible impairment or deterioration of health or the function of any bodily organ." This definition is a higher threshold for intervention than "serious bodily injury."
Right now, the "serious bodily injury" standard requires an individual working in an educational or licensed child-caring agency setting to make a split-second decision in an emergent situation by analyzing whether qualified medical personnel would conclude that there was a reasonable risk of imminent significant impairment of the child's physical condition. That standard externalizes on-the-spot decision making to include a nonexistent third person. Under HB 3835, the hypothetical "qualified medical professional" is removed from the equation.	I don't disagree, but an alternative solution to remove the hypothetical "qualified medical professional" from the equation is to remove "as determined by a qualified medical professional" from the definition of "serious bodily injury." This does not provide adequate explanation for why "serious physical harm" should be left undefined.
"Serious physical harm" is not defined in HB 3835, which allows the individual to use their own intuition and judgment by applying the plain meaning of those terms.	The goal of this bill is to provide clarity around the law. Using a new term in statute that is not defined in law does not provide workers and children with clarity. It also leaves room for interpretation on what's allowable and what isn't, which may lead to restraint and seclusion being used more often.
DOJ has shared: *As the term "serious physical harm" is undefined in HB 3835, a court would likely apply the plain meaning of those terms. HB 3835 continues to use the term "serious physical injury, as defined in ORS 161.015" in a handful of places applicable to notification and reporting requirements in educational settings, licensed programs and out-of-state placements. If called to interpret the definition of the alternative term "serious physical harm," in addition to determining plain meaning, a court would likely take into*	Legislative Counsel has shared: *It was a policy decision to leave "serious physical harm" undefined and to use the term "serious physical injury, as defined in ORS 161.015" in specific places throughout HB 3835. Since "serious physical harm" is undefined, as discussed above, a court would consider the text and context of the term and then the relevant legislative history. "Harm" and "injury" are synonyms.* ***Accordingly, I think a reasonable court interpretation would be that "serious physical harm" has the same meaning as "serious physical injury" and may apply the ORS 161.015***

account the legislative intent to use different terms and any applicable legislative history.	***definition for "serious physical injury" to the instances where "serious physical harm" is left undefined**. On the other hand, it's possible that a court could determine that the legislature must have meant two different things by the two different terms and would look to the legislative history to figure out what the difference was intended to be. As far as I know, there is nothing in the legislative history that explains the policy purpose of using the two different terms.* *Similarly, "physical" and "bodily" 'are synonyms, which creates a similar interpretive problem.* ***If the goal is for "serious physical harm" to be something less than "serious physical injury" I recommend specifically defining "serious physical harm."***
The term "serious physical harm" aligns with the U.S. Department of Education guidance and standard for restraints.	There is no federal law regarding use of restraint and seclusion in schools or in child-caring settings. This guidance from U.S. Department of Education does leave "serious physical harm" undefined. It does not discuss leaving this term undefined as an intentional policy choice. Federal law does include a definition for "serious bodily injury." Individuals with Disabilities Education Act of 2004 uses the term "serious bodily injury" as the threshold for certain disciplinary actions for students with disabilities, and defines serious bodily injury. Some states, like Maryland, have used this this definition and threshold for when restraint can be used.
Implementing a new standard would require training for those working in the settings described above, however, the new standard would likely be easier to teach and learn.	Part of the problem with the current statute as written is agency implementation – more on this in "other concerns" below. There is concern about lowering standards for easier implementation.

Snapshot of what other states do:

States use several different terms as the threshold for when restraint or seclusion can be used on a child in a care setting or school. Examples of terms include "imminent threat of serious bodily injury" and "immediate danger of physical injury," or any combination of:

- imminent/immediate/probable
- threat/danger [of]
- serious/severe/substantial/great
- physical/bodily
- harm/injury/disfigurement

These terms are often not defined in statute specific to seclusion and restraint laws; however, states often define related terms in different parts of statute. Specific to seclusion and restraint laws, a couple states do define these terms (see below).

Maryland

School Settings

Md. Code Regs. 13A.08.04.05 - General Requirements for the Use of Restraint or Seclusion

The use of physical restraint is prohibited in public agencies and nonpublic schools unless:

- Physical restraint is necessary to protect the student or another individual from **imminent, serious physical harm**; and
- Other less intrusive, nonphysical interventions have failed or been demonstrated to be inappropriate for the student.

Md. Code Regs. 13A.08.04.02 - Definitions

(22) "**Serious physical harm**" has the same meaning as "**serious bodily injury**" as defined in 18 U.S.C. § 1365(h)(3).

Iowa

School Settings

281—103.7(256B,280) Reasonable and necessary force—use of physical restraint or seclusion.

103.7(1) Physical restraint or seclusion is reasonable and necessary only:

- a. To **prevent or terminate an imminent threat of bodily injury** to the student or others; or…

103.2(256B,280) Definitions. For the purposes of this chapter:

"Bodily injury" means physical pain, illness, or any impairment of physical condition

Washington

"likelihood of serious harm"

https://www.oeo.wa.gov/en/education-issues/restraint-and-isolation-students: Definitions for "imminent" and "likelihood of serious harm" in the state Special Education Regulations, in the Washington Administrative Code, at WAC 392-172A.

WAC 392-172A:

Likelihood of serious harm as defined in RCW **71.05.020** means:

(1) A substantial risk that:

(a) Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to die by suicide, or inflict physical harm on oneself;

(b) Physical harm will be inflicted by a person upon another, as evidenced by behavior that has caused such harm or that places another person or persons in reasonable fear of sustaining such harm; or

(c) Physical harm will be inflicted by a person upon the property of others, as evidenced by behavior that has caused substantial loss or damage to the property of others; or

(2) The person has threatened the physical safety of another and has a history of one or more violent acts.

RCW **71.05.020**:

(37) "Likelihood of serious harm" means:

(a) A substantial risk that: (i) Physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by a person upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (iii) physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or
(b) The person has threatened the physical safety of another and has a history of one or more violent acts;

Other Concern: Implementation and Interpretation

A major concern that has emerged through our research is the implementation and interpretation of the current law in both CCA's and School Settings. Organizations, schools, and even licensing bodies have created ambiguity in their attempts to avoid liability. If clarity is the goal, we must understand the legal concerns driving this confusion. However, redefining the law without addressing the critical need for investment in training is misguided.

For example, linked here and here are Oregon Department of Education's guides for educators on implementing seclusion and restraint practices. These resources are not clear about what is wrongful/abusive restraint and seclusion, and when restraint and seclusion may be allowable. Staff and students deserve clarity on what is allowable and what is not. This concern has also been raised by the SOCAC Executive Director in a recent amendment discussion.

In statute, only staff who have been trained should be utilizing a seclusion or restraint, unless there is an emergency situation. Through SB 283 in 2023, the Legislature established the Safe School Culture Grant program to develop a network of instructors who are certified in nonviolent crisis intervention methods to ensure that, for every 50 students in a school district or an education service district (ESD), at least one staff person of the district or ESD is certified, and therefore can utilize restraint and seclusion. This bill allocated one-time funding, and participating school districts and education service districts will report to ODE by July 1, 2025.

Districts determined who became certified and which staff received training. We've heard from stakeholders that classified staff are often the ones who do not receive training. However, classified staff includes educational assistants who often interact with students with disabilities or students with challenging behaviors the most. Reporting shows an alarming number of restraints and seclusions are conducted on students with disabilities.

It's important that state agencies and school districts implement the law properly and ensure that the appropriate staff receive training in crisis intervention, de-escalation, and proper restraint and seclusion practices.

Amendment conversations did include a Task Force to further explore how ODE can implement the law and staff can be adequately trained.

Other Concern: Negative Impacts of Restraint and Seclusion Practices

By changing the threshold from "serious bodily injury" to "serious physical harm" and leaving "serious physical harm" undefined, we are lowering the threshold in which restraint and seclusion may be used in child-caring agencies and

school settings. While workers deserve the ability to protect themselves and children from serious injury/harm, we also need to be clear about allowable and not allowable uses of restraint.

Restraint and seclusion practices can have a lasting and negative impact on children. There is a lack of evidence that these practices are effective strategies to respond to a child's behavior or that these practices reduce the occurrence of behaviors that interfere with learning (source). There is ample evidence of significant harms to children including serious physical injury, emotional trauma, and even death (source), so it is important seclusion and restraint are used as a last resort in emergency situations

Removing "Prohibited Restraints" from the Definition of Child Abuse

In current statute, the definition of child abuse includes the use of prohibited restraints.
Current statute defines prohibited restraints as:

(a) Chemical restraint.
(b) Mechanical restraint. (c) Prone restraint.
(d) Supine restraint.
(e) Any restraint that includes the intentional and nonincidental use of a solid object, including the ground, a wall or the floor, to impede a child in care's movement unless the restraint is necessary to prevent an imminent life-threatening injury or to gain control of a weapon.
(f) Any restraint that places, or creates a risk of placing, pressure on a child in care's neck or throat.
(g) Any restraint that places, or creates a risk of placing, pressure on a child in care's mouth, unless the restraint is necessary for the purpose of extracting a body part from a bite.
(h) Any restraint that impedes, or creates a risk of impeding, a child in care's breathing.
(i) Any restraint that involves the intentional placement of any object or a hand, knee, foot or elbow on a child in care's neck, throat, genitals or other intimate parts.
(j) Any restraint that causes pressure to be placed, or creates a risk of causing pressure to be placed, on a child in care's stomach, chest, joints, throat or back by a knee, foot or elbow.
(k) Any other action, the primary purpose of which is to inflict pain.

Sections 10 and 11 of HB 3835 removes "prohibited restraints," as described above, from the definition of child abuse. Section 1 (3)(a) describes that restraint is only abuse if the restraint is used for discipline, punishment, retaliation or convenience, or if an excessive or reckless use of force is used that results in, or is likely to result in, serious physical harm to the child.

There is concern that by removing "prohibited restraints" from the definition of child abuse, people who use prohibited restraints will no longer be substantiated for abuse. While these types of restraints are still "prohibited," the ability to enforce their prohibition is gone. This signals that the use of prohibited restraints is allowable, removes enforcement and investigative authority, and leads to significant concerns about how it may disproportionately impact children with disabilities and children of color.

Many other states ban the use of restraints that impede breathing, specifically calling out prone restraint should never be used. These restraints have a risk of significant injury and death when used, even when used properly.

Arguments For	**Arguments Against**

Prohibited restraints will still be investigated for child abuse. Keeping prohibited restraints in the definition of wrongful restraints (which are abuse) complicates the definition and defeats the purpose of simplification.	While OTIS will still investigate prohibited restraints for child abuse, the use of a prohibited restraint will only be considered abuse if the restraint meets one of the following factors: - used for discipline, punishment, retaliation or convenience, or if an excessive or reckless use of force is used that results in, or is likely to result in, serious physical harm to the child. **Q&A with LC:** Q: Is there anything in HB 3835, or existing law, that would either allow or require an investigation into a prohibited restraint imposed on a child? *A: Not expressly. It is possible that DHS could find that its authority to investigate the inappropriate uses of restraint/involuntary seclusion is implied in another provision, but as a result of the amendments to statutes by HB 3835,* ***there is no longer any explicit statutory requirement that it do so or explicit statutory authority to impose adverse licensing conditions or penalties on a provider for the inappropriate use of restraint/involuntary seclusion of a child in care*** *unless the use of the restraint/involuntary seclusion causes an injury amounting to "abuse" under ORS 418.257 or 419B.005, or constitutes wrongful restraint/wrongful seclusion under section 1 of HB 3835.* *The result of removing inappropriate uses of restraint/involuntary seclusion of children in care from the definition of "abuse" under ORS 418.257 is that employees of CCAs, proctor foster homes, certified foster homes, developmental disabilities residential facilities and adjudicated youth foster homes who place children in care in restraint/involuntary seclusion will be investigated by DHS for reports of restraint/involuntary seclusion that violate ORS 418.521 and 418.523 only if those actions rise to the level of wrongful restraint/wrongful seclusion and therefore constitute abuse under ORS 419B.005 that must be investigated under ORS 419B.020 of if the restraint/involuntary seclusion causes injury to a child in care that rises to the level of "abuse" under section 10 of HB 3835 or "abuse" under ORS 419B.005.* *Violations of ORS 418.521 and 418.523 that don't rise to the level of wrongful abuse/wrongful seclusion are treated as licensing violations. As far as I can tell, under HB 3835, there are no longer any explicit statutory ramifications for using restraint/involuntary seclusion in violation of ORS 418.521 and 418.523. The entity in which the restraint/involuntary*

	seclusion is required under ORS 418.528 to make certain reports of the use of restraint/involuntary seclusion, but there is no statutory requirement that DHS investigate when restraint or involuntary seclusion is used. *In addition, the penalty provisions under ORS 418.992 apply only to "violations of any terms or conditions of a license, certificate or other authorization issued under ORS 418.205 to 418.327, 418.470, 418.475 or 418.950 to 418.970." By removing violations of restraint/involuntary seclusion under ORS 418.519 to 418.532 a from the definition of "abuse" under 418.257, it doesn't appear that DHS has the authority to assess penalties against providers for violating ORS 418.519 to 418.532.* *Finally, the licensing provisions under ORS 418.240 also do not explicitly address what adverse licensing actions DHS is required to take when a provider violates ORS 418.519 to 418.532. ORS 418.240 (2)(c) still requires CCAs to report "incidents involving restraint/involuntary seclusion as required under ORS 418.526 (2)." ORS 418.526 (2) requires the provider to report incidents of restraint/involuntary seclusion that result in a "reportable injury," to the child in care. A "reportable injury" means "any injury to a child in care, including but not limited to rug burns, fractures, sprains, bruising, pain, soft tissue injury, punctures, scratches, concussions, abrasions, dizziness, loss of consciousness, loss of vision, visual disturbances or death." ORS 418.240 authorizes DHS to take adverse licensing action against a CCA that fails to provide those notices, but doesn't explicitly address taking adverse action for violations of ORS 418.519 to 418.532.*
	Currently, the use of prone restraint, supine restraint and seclusion are prohibited for use on children and adults receiving developmental disabilities services and are considered abuse. HB 3835 makes it so the use of prone and supine restraint would only be considered abuse on adults with IDD, and not children with IDD. **Q&A with LC:** Q: If HB 3835 becomes law as drafted, would prone restraint, supine restraint and seclusion be considered abuse only when applied to adults receiving ODDS services but not when applied to children receiving ODDS services?

	A: Most likely, yes, unless the use of the restraint or seclusion amounts to wrongful restraint or wrongful seclusion under section 1 of HB 3835 or causes an injury amounting to abuse under ORS 418.257 or 419B.005.

Related Bill History

It was important to understand the immense amount of historical knowledge that comes before HB 3835. Below are the relevant bills throughout the years that have some interconnection with the work HB 3835 is trying to adjust/change.

Bill Number	Year Passed	Description
SB 1515	2016	Resulted from Give Us This Day investigations. Gave ODHS authority to license and regulate. Adds protections for people who report abuse. Creates CCA definitions of abuse.
SB 942	2017	Requires Department of Human Services to make specified findings in child abuse investigation. Requires investigations be conducted in accordance with statute and result in findings until specified criteria are met. Declares emergency, effective on passage.
SB 155	2019	Added a requirement that ODHS must conduct an investigation if law enforcement declines to investigate. The bill also expanded the role of ODHS to investigate reports of suspected abuse by "third parties" in addition to parents and caregivers, including incidents that occur at schools and other state-authorized facilities. The department's Office of Training, Investigations, and Safety (OTIS) conducts these investigations. In 2023, OTIS conducted investigations of 1,652 individuals and found substantiated allegations of 581 of those individuals, about 35 percent, according to the office's interactive data tracking tool. Most of these investigations involved "third party, non-familial" individuals rather than professional caregivers.
SB 171	2019	Implements Federal Family First Prevention Services Act. Defines qualified residential treatment facility (QRTF). Court approval required for QRTF placement. Requires out of state placements info published on ODHS's website monthly.
SB 710	2021	defines and regulates restraint and seclusion in CCAs.
SB 577	2023	Modified the language in ORS 339.250 to further clarify the circumstances under which the use of force on a minor child or student is justifiable and not criminal. This bill further prohibits corporal punishment in schools and by parents.
SB 790	2023	Modified the definition of "abuse" for purposes of child abuse to include violations around the use of restraint and seclusion on students. Prohibits department in specified circumstances from substantiating allegation of abuse against personnel of public education program who have not been appropriately trained. Directs Department of Human Services to find public education program responsible for founded reports of abuse in specified circumstances.

SB 283	2023	Established the Safe School Culture Grant program to develop a network of instructors who are certified in nonviolent crisis intervention methods to ensure that, for every 50 students in a school district or an education service district (ESD), at least one staff person of the district or ESD is certified. SB 283 - Safe School Culture Grant
SB 1024	2023	Modified provisions regarding retention of records of incidents involving the use of restraints or seclusion of children in care and students in public education programs.
HB 4086	2024	Directed ODHS to conduct a study through a private facilitator on the scope of child abuse investigations. The scope of the study and recommendations to include: The identification of the scope of mandatory child abuse investigations conducted by ODHS and gaps or duplication of work in the state's response to child abuse; determination of national best practices; and recommendations for jurisdiction of child abuse investigations, amendments to child abuse definitions, other recommended national best practices, and interdisciplinary oversight of implementation of such changes. An initial report was provided to HECHS on 9/23/24, with a final report coming 9/30/25

Statutes Referenced

	Page	Section Description	Statute	
Section 1	2	New definitions		
Section 2	3	School Settings: Definitions	ORS 339.285	https://oregon.public.law/statutes/ors_339.285
Section 3	4	School Settings: Prohibited Restraints	ORS 339.288	https://oregon.public.law/statutes/ors_339.288
Section 4	5	School Settings: Use of R/S	ORS 339.291	https://oregon.public.law/statutes/ors_339.291
Section 5	6	School Settings: Procedures following incidents of R/S	ORS 339.294	https://oregon.public.law/statutes/ors_339.294
Section 6	8	School Settings: Rules for Complaints	ORS 339.303	https://oregon.public.law/statutes/ors_339.303
Section 7	8	School Settings: Changing Serious Bodily Injury to Serious Physical Harm	ORS 343.154	https://oregon.public.law/statutes/ors_343.154
Section 8	9	Licensing of Secure Transportation	ORS 418.241	https://oregon.public.law/statutes/ors_418.241
Section 9	11	Section 10 of this 2025 Act added to 418.257 to 418.259		
Section 10	11	New Abuse definition section specific to Child-in-Care agencies		
Section 11	12	Child-in-Care Settings: Current abuse definitions	ORS 418.257	https://oregon.public.law/statutes/ors_418.257

Section 12	14	Child-in-Care Settings: Current Definitions (Restraint/Seclusion)	ORS 418.519	https://oregon.public.law/statutes/ors_418.519
Section 13	15	Child-in-Care Settings: Prohibitions on Restraint/Seclusion	ORS 418.521	https://oregon.public.law/statutes/ors_418.521
Section 14	16	Child-in-Care Settings: Permissible use of Restraint/Seclusion	ORS 418.523	https://oregon.public.law/statutes/ors_418.523
Section 15	18	Child-in-Care Settings: Procedures Following Restraint/Seclusion	ORS 418.526	https://oregon.public.law/statutes/ors_418.526
Section 16	19	Child-in-Care Settings: Training Standards	ORS 418.529	https://oregon.public.law/statutes/ors_418.529
Section 17	21	Child-in-Care Settings: Requirements when children in care receive r/s info, retaliation protections	ORS 418.532	https://oregon.public.law/statutes/ors_418.532
Section 18	21	Transportation Settings (OHA) secure transportation: Permissible use of Restraint	ORS 419A.245	https://oregon.public.law/statutes/ors_419a.245
Section 19	22	Abuse reporting hotline and website	ORS 418.190	https://oregon.public.law/statutes/ors_418.190
Section 20	22	Repealing Education Related Settings	ORS 339.296	https://oregon.public.law/statutes/ors_339.296
Section 21	22	Date certain of when certain laws go into effect and which incidents would apply		
Section 22	23	Abuse definition changes	ORS 419B.005	https://oregon.public.law/statutes/ors_419b.005
Section 23	25	Abuse Definitions: Mental and Behavioral Health Treatment; Developmental Disabilities	ORS 430.735	https://oregon.public.law/statutes/ors_430.735
Section 24	28	Child Welfare Definition Changes and Regulations	ORS 418.205	https://oregon.public.law/statutes/ors_418.205
Section 25	30	Definitions that don't apply to certain entities	ORS 418.210	https://oregon.public.law/statutes/ors_418.210

Section 26	30	Child Caring Agencies: Licensed, Certified, Authorized	ORS 418.215	https://oregon.public.law/statutes/ors_418.215
Section 27	32	Child Caring Agencies: Issuance, Renewal, Suspension or Revocation (License, Certified or Authorization)	ORS 418.240	https://oregon.public.law/statutes/ors_418.240
Section 28	35	Certification of Proctor Foster Homes	ORS 418.248	https://oregon.public.law/statutes/ors_418.248
Section 29	36	Child-in-Care Settings: Inspection and Supervision	ORS 418.255	https://oregon.public.law/statutes/ors_418.255
Section 30	37	Child-in-Care Settings: Interference with Disclosure of Information	ORS 418.256	https://oregon.public.law/statutes/ors_418.256
Section 31	38	CCA's: How to Report of Abuse	ORS 418.258	https://oregon.public.law/statutes/ors_418.258
Section 32	40	CCA's: How investigations proceed & includes Reporting to Legislature	ORS 418.259	https://oregon.public.law/statutes/ors_418.259
Section 33	42	CCA's: Changes from immediately investigating to "assessing the circumstances"	ORS 418.260	https://oregon.public.law/statutes/ors_418.260
Section 34	44	Licensing of and now Defining "Private Residential Boarding School"	ORS 418.327	https://oregon.public.law/statutes/ors_418.327
Section 35	45	When ODHS can impose a penalty	ORS 418.995	https://oregon.public.law/statutes/ors_418.995
Section 36	45	Out-of-State Placements of Children	ORS 418.321	https://oregon.public.law/statutes/ors_418.321
Section 36a	49	Adding Section 36b to be made part of ORS 418.205 to 418.327		
Section 36b	49	Out-of-State Placements: Reporting requirements and timeframes	New Section	

Section 37	50	Placements in Congregate Care Residential Setting	ORS 418.322	https://oregon.public.law/statutes/ors_418.322
Section 38	52	Out of State Placements exemption for Congregate Care	ORS 418.500	https://oregon.public.law/statutes/ors_418.500
Section 39	52	Reporting on Out-of-State Placements	ORS 419B.335	https://oregon.public.law/statutes/ors_419b.335
Section 40	53	Child Welfare Services: Independent residence facilities	ORS 418.475	https://oregon.public.law/statutes/ors_418.475
Section 41	54	Background checks relating to older children in custody	ORS 418.016	https://oregon.public.law/statutes/ors_418.016
Section 47	54	Implementation of changes and reports		
Section 48	55	Due date of reports 36b (3) and ORS 419B.335		
Section 49	55	Section 47 repeal language		
Section 50	55	Conforming Amendments DELC	ORS 329A.030	https://oregon.public.law/statutes/ors_329a.030
Section 51	57	Childcare Rules, changes statue reference	ORS 329A.275	https://oregon.public.law/statutes/ors_329a.275
Section 52	58	Conforming Amendments: Youth Corrections	ORS 339.287	https://oregon.public.law/statutes/ors_339.287
Section 53	58	School Settings – Annual Report	ORS 339.297	https://oregon.public.law/statutes/ors_339.297
Section 54	59	School Settings – Training Programs	ORS 339.300	https://oregon.public.law/statutes/ors_339.300
Section 55	59	School Settings - Seclusion cell prohibition	ORS 339.308	https://oregon.public.law/statutes/ors_339.308
Section 56	59	Definition: Outdoor youth program add to this section	ORS 418.246	https://oregon.public.law/statutes/ors_418.246
Section 57	60	Payments to adoptive parents or guardians	ORS 418.330	https://oregon.public.law/statutes/ors_418.330
Section 58	61	Definition Change: “Foster Home” does not include	ORS 418.625	https://oregon.public.law/statutes/ors_418.625
Section 59	61	Civil Penalty: Rules around application, amount and when	ORS 418.992	https://oregon.public.law/statutes/ors_418.992

Section 60	62	Juvenile Code Delinquency: Circumstances requiring report	ORS 419C.620	https://oregon.public.law/statutes/ors_419c.620
Section 61	62	Requirements for outfitter and guide serving outdoor youth program	ORS 704.023	https://oregon.public.law/statutes/ors_704.023
Section 62, 63, 64	63		ORS 339.303	https://oregon.public.law/statutes/ors_339.303
Other mentioned Statues				
		General Provisions: Crimes and Punishments	ORS 161.015	https://oregon.public.law/statutes/ors_161.015
		Crimes and Punishments: Use of physical force generally	ORS 161.205	https://oregon.public.law/statutes/ors_161.205
		CCA: Licensing, certification and authorization criteria	ORS 418.240	https://oregon.public.law/statutes/ors_418.240
		CCA: Notices to children in care	ORS 415.257	https://oregon.public.law/statutes/ors_418.532
		CCA: Quarterly Reports	ORS 418.528	https://oregon.public.law/statutes/ors_418.528

School Setting Notes, Questions, Research

It became clear that through the research not every school was trained properly or trained at all. Documents on ODE's website do not clearly state what is NOT wrongful restraint or wrongful seclusion. The flyers listed on their website are misleading and not informative of what is NOT wrongful restraint or wrongful seclusion, which could have led to over reporting. The training options were last updated May 2024. The Grant guidance language did not come out until December 2023. I was not aware that school districts had the option to apply to receive these grant dollars to train someone.

It is incredibly alarming that a majority of the restraints performed were done on those with disabilities. Data from recent reports in link here

School Settings: (SB 283 training $$$) If the intent of SB 283 was to train all staff members who may be involved in restraint or seclusion can you tell me why would we leave it up to interpretation to the LEAs?	SB 283 states that the purpose of the Safe School Culture Grant is to develop a network of instructors to ensure that there is a staff member for every 50 students trained in nonviolent crisis intervention methods. To support this goal, SB 283 provides an optional grant program for school districts, charter schools and ESDs to receive funding to offset the costs of certifying new instructors. This grant

	program requires very specific training and reporting requirements. As such, not all districts, ESDs, and charter schools were able to participate in the grant program. SB 283 does not require that every staff member who interacts with students to be trained. Within their available resources, districts determine which staff become certified instructors and which in-district staff receive the training from those certified instructors.
School Settings: (SB 283 training $$$) Does this mean that there is a possibility that some school based staff that come in contact with youth were not trained? Like school bus drivers?	Yes, it is possible that some school-based staff who interact with students, such as bus drivers, have not received restraint and seclusion training. However, under Oregon Administrative Rules (OAR), restraint or seclusion may only be used by: Personnel trained through an Oregon Department of Education-approved program (OAR 581-021-0563), or Staff responding to an emergency when trained personnel are not immediately available due to the unforeseeable nature of the situation.
School Settings: (SB 283 training $$$) And if they were chosen not to be trained but imposed a restraint then DHS could not substantiate an allegation of abuse against that person and then would make the public education program responsible? (Referencing SB 790 from 2023 and making sure I understand this clearly)	DHS/OTIS is responsible for determining what they substantiate. SB 790 (2023) states that an institution may be found responsible for abuse if restraint or seclusion was used and: • Personnel imposed it under orders from a superior, fearing termination or discipline if they refused, or • The public education program failed to ensure personnel were adequately trained in its use. Additionally, Oregon Administrative Rules (OAR) specify that if restraint or seclusion is used on a student, it must: 1. Be used only for as long as the student's behavior poses a reasonable risk, as outlined in subsection (3) of this rule. 2. Be imposed by personnel who are: o Trained in restraint or seclusion through an Oregon Department of Education-approved program (OAR 581-021-0563), or o Acting in an emergency when trained personnel are not immediately available due to the unforeseeable nature of the situation.
School Settings: (SB 283 training $$$) When would this sunset and if we do not invest in additional funding for training by time it does, what happens?	SB 283 only provided one-time funds that were only to be spent during the 2023-25 biennium. That means that all funds have to be expended by June 30, 2025. There were no provisions to provide permanent or long-term funding for this program.

	Public education programs would need to find alternative funding sources to continue training staff in approved restraint and seclusion prevention program after the sunset date.
School Settings: (SB 283 training $$$) Can you share if it was in rulemaking that language around lack of supervision was added? I am trying to find it in SB 790 but am having trouble, maybe its referenced in another bill? Lack of supervision is in OAR 407-047-0270 2(C)	The rule cited is DHS's OAR; they may be able to provide more context there.
Schools Settings: Can also serve students who are 18-21 years of age. However, the definition of wrongful restraint and seclusion in section 1 discusses a child being restrained or secluded by a responsible individual. An 18–21-year-old student is neither a person under 18 or a child in care. Does this leave these students without any protection from wrongful restraint and seclusion?	Correct. The current definition of child would not include a student who is 18 or older. If the intent is to include these students, I recommend amending section 1 to define "student" to mean an individual under 21 years of age who is enrolled in kindergarten through grade 12" and adding "student" to the definition of "child."
School Settings: Volunteers. Would these individuals be included under the definition of "employee" or would it need to be broadened to match the current statute which encompasses agents, contractors, staff and volunteers?	I think it's unlikely that volunteers would be considered to be an employee of a public program or school district.
School Settings: Are classified staff- such as bus drivers, coaches, or substitute teachers included in definition of "employee." (Typical contracted individuals providing services such as speech, physical, occupational therapy, and behavior consultation. Could not be technically individuals employed by the district.	It depends. Since "employee" is not defined, a court would use canons of statutory construction to interpret what the legislative assembly meant by "employee". Those canons include considering the text and context of the term and then the legislative history of the provision. Since the definition of "responsible individual" in section 1 of HB 3835 includes "an employee, a contractor or a volunteer of a foster parent, a child-caring agency or a developmental disabilities residential facility" but only includes "an employee of a public education program or school district" it's likely that a court would find that the legislature did not intend to include contractors or volunteers of public education programs or school districts in the definition of "responsible individual." To figure out whether "staff" would be included as an employee of a public education program or school district, Then the court would consider the plain meaning of the terms "staff" and "employee". This is generally done by looking at the dictionary definition of the term. Webster's defines "staff" to mean "the personnel responsible for the functioning of an institution or the establishment or the carrying out of an assigned task under an overall director or head ... such as ... teaching and administrative personnel of an educational institution. ... ". Webster's defines "employee" to mean "one employed by another usually in a position below the executive level and usually for wages." Finally, Websters defines "employ" to mean "to use or engage the services of or to provide with a job

	that pays wages or a salary or with a means of earning a living." Accordingly, I believe that a court would interpret "employee" of a public education program or school district to include teachers, administrative staff and others who are engaged by the public education program or school district and are paid wages or a salary, including "staff," but likely excludes contractors and volunteers because it appears that the legislature intentionally excluded contractors and volunteers or public education programs or school districts from the definition of "responsible person" under section 1 of HB 3835 since it specifically included those individuals with respect to other types of entities. If the goal is to include contractors and volunteers of public education programs and school districts in the list of "responsible individuals" for purposes of section 1 of HB 3835, I recommend explicitly doing so.
Definition of Terms: -1 amendment allows an intervention if a youth is not "immobilized." What does it mean to be immobilized? For instance, if a youth is being held down in a restraint by four people but can still kick her legs to try to get free, is that considered being immobilized? If a child is dragged across the floor by a leg and is still moving their arms, is that immobilization?	I think whether these situations amount to "immobilization" of the child in care is extremely fact dependent. The term "immobilize" is not defined in HB 3835, the amendments to HB 3835 or ORS chapter 418. The dictionary definition for "immobilize" (as applied to a person) to mean to fix to reduce or eliminate motion usually by means of a case, splint, by strapping or by strict bed rest." If a youth is being held down by four people and a reasonably person would understand that the youth cannot get free, I believe this would still be considered "immobilization" because the child's motion is, in effect, eliminated, regardless of whether the youth may still be able to kick her legs. If a youth is being dragged across the floor by a leg, it would probably depend on the totality of the circumstances but would likely turn on whether the youth could reasonably be expected to be able to free themself.
OSBA was not aware there were other changes, other than streamlining abuse definitions. Here are there requested amendments.. HB 3835 Amendment request On the base bill, page 6, line 8 and 9, delete the bolded language and restore the bracketed language On page 8, lines 2-6, restore the bracketed language	Cannot do cameras in the room but agree on ODE not doing investigations yet.

On lines 7-24, delete the bolded language Delete line 30	
SECTION 1 – APPLIES TO CARE AND SCHOOL SETTINGS 2(b) not **wrongful seclusion** if: The involuntary seclusion is an age-appropriate form of discipline, including but not limited to [...] a **reasonable action, as defined by the department by rule,** that aligns with the developmental stage and individualized needs of the child. **Why would we allow the department to define reasonable actions? Can't we define those?**	ODHS has agreed to remove this. Need to include removal of (2)(b) in new amendment req.
4(c) ([Every 15 minutes after the first 30 minutes of the restraint or seclusion,] Every **five minutes** after **the first 10 minutes** of the restraint or involuntary seclusion, an administrator for the public education program must provide written authorization for the continuation of the restraint or involuntary seclusion Won't this be more difficult for administrators?	COSA and OSBA identified this as a challenge for them and want this to return to current statute in amendment.
From a school in a committee members district: We need a joint committee / task force. Education / ECHS to tackle: 1) school abuse definition 2) training for abuse hotline staff when they take calls from schools 3) restraint & seclusion – training do's and don't. 4) What protections are there for school districts, staff and the other kids in the school. 5) What alternatives are there or do there need to be, for IDD, SPED, IEP / 504 students other than public K-12 education settings if they cannot function in the K-12 education setting safely or without disrupting the education of the other students in the school. How is that and when is that determined.	School Task Force: Add in looking at best practices nationwide for reducing or eliminating the use of seclusion and restraint in schools? Data: Disability, other services using (TANF, SNAP) homelessness, race?

History of SOCAC & Bill Background

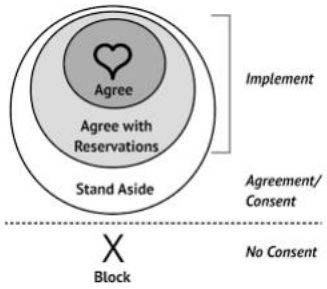
Senate Bill 1 (2019) established the Governor's **System of Care Advisory Council**. Senate Bill 4 (2021) authorized the council to appoint an executive director, make recommendations on state agency budgets and develop a long-term plan for Oregon's System of Care.

The council acts as a central, impartial forum for statewide policy development, funding strategy recommendations and planning. The council's goal is to improve the effectiveness and efficacy of child-serving state agencies and the continuum of care that provides services to youth (ages 0-25).

Began having meetings on 07/27/2022

How are decisions made?

Decisions will be made by consensus using a process informed by Seeds for Change.
Characteristics of consensus decision-making include:



Collaboration: Participants contribute to a shared proposal and shape it into a decision that meets the concerns of all group members as much as possible.
Cooperation: Participants in an effective consensus process should strive to reach the best possible decision for the group and all its members, rather than competing for personal preferences.
Egalitarianism: All members of a consensus decision-making body should be afforded, as much as possible, equal input into the process. All members can present and amend proposals.
Inclusion: As many stakeholders as possible should be involved in a consensus decision making process.
Participation: The consensus process should actively solicit the input and participation of all decision-makers
Subcommittees and work groups have authority to make decisions on behalf of the full Council, with exception of decisions related to legislative changes or those with budget implications. Subcommittee and work group chairs determine when subcommittee matters need to go to full Council for discussion and/or decision.

Conflict of Interest

Refer to ORS 244 for more information regarding conflict of interest.
Definition:
1. "Actual Conflict of Interest" means any action, decision or recommendation that would be of financial benefit or detriment to a Council member or the Council member's relative or any business with which the Council member or a relative of the Council member is associated.
2. "Potential Conflict of Interest" means any action, decision or recommendation that could be of financial benefit or detriment to a Council member or the Council member's relative or any business with which the Council member or relative of the Council member is associated.
3. "Business with which the Council member is associated" means any business of which the Council member or the Council member's relative is a director, officer, owner, or employee, or any corporation in which the Council member or Council member's relative owns or has owned stock or other interests, such as contracts, worth $1,000 or more at any point in the preceding calendar year.

Background on Bill Development

Several reports developed by workgroups, stemming from legal settlements, or incident review teams have informed the development of this bill:

Safety Workgroup Recommendations

- SOCAC asked their Safety Workgroup to make recommendations to improve outcomes for youth with a recent history of aggression who need residential care, and to ensure safety for those youth and providers who work with them. The Safety Workgroup consisted of providers, family members or people with lived experience in the youth system, and state agency representatives acting as subject matter experts for the group.
- The Safety Workgroup Recommendations released in May 2023 drive many of the provisions in LC 346.

Critical Incident Review Team Report *on Lane County Youth Suicide*

- In August 2024, a youth tragically died by suicide (info here and here) while running away from temporary lodging. A critical incident response team was assembled to review the youth's history of involvement with Child Welfare, any actions/inactions by CW or law enforcement that led to this incident, or outlines recommendations for improvement in the administration and oversight of the child welfare system specific to this incident.
- CIRT Report was released in October 2024; recommendations for improving the CW system start on page 26, and several recommendations are included in LC 346.

Judge-Commissioned Report on Addressing Temporary Lodging *(presentation breaking down report here, settlement terms here)*

- As part of a legal settlement in 2018, ODHS agreed to end temporary lodging (TL). That hasn't happened, so in 2023 a judge appointed a special master to oversee ODHS and report on how the agency can end TL.
- Several recommendations in their report are included in LC 346.

Wyatt B. v Kotek Settlement *(presentation breaking down Wyatt settlement here)*

- Requires ODHS to reduce maltreatment in care, reduce re-placement, improve quality placements, improve MH access for kids in foster care in the next 10 years
- No particular recommendations yet as the initial report is due 4/20/2025

SOCAC Meetings we Reviewed

3/19/25 SOCAC Legislative Committee

- Key Points:
  - The bill modifies definitions of restraint and seclusion in Oregon law.
  - Some members expressed concerns about the bill's impact on licensed social workers and whether it could limit authorization rights for restraints in residential facilities to only those with specific medical degrees.
  - Discussion on whether Senator Gelser Blouin should present the bill to the committee.
- Decision:
  - The committee agreed to postpone discussion until the next meeting (April 2, 2025).
  - Senator Gelser Blouin will be invited to discuss concerns and provide clarification.
  - Senator Gelser Blouin joined the meeting and some questions about the above concerns were discussed.
  - The Senator said she has amendments in process and will post those as soon as they're available.

3/18/25 SOCAC Executive Committee

- No mention of HB 3835

3/5/25 – SOCAC Legislative Committee

- HB 3835 Discussion
  - 3.7.25 ODHS Requested Amendments HB 3835
  - 3.3.25 ODHS Requested Amendments
  - ODE Suggested Amendments to 3835 3-4-2025
  - Major points of discussion included:
    - Definitions of chemical restraint and their applications.
    - Amendment language around physical restraint, seclusion policies, and behavioral interventions.

        - Ensuring trauma-informed practices and compliance with national standards.
        - Clarifications on the role of the Oregon Department of Education (ODE) in complaint investigations.
        - Discussion on placement of youth in adult facilities, particularly for those with intellectual and developmental disabilities (IDD).
        - Concerns regarding staff training and implicit bias in restraint practices.
        - Approved Amendment Requests
            - Amendment to align language with Senate Bill 1113 regarding student access to bathroom and water.
            - Reintroduction of “reasonable” before "risk of imminent serious physical harm".
            - Clarification that public education personnel may physically intervene under specific circumstances.
            - Establishing a clearer complaint and investigation process for ODE.
            - Strengthened notification and reporting requirements for youth placed out-of-state.
    - Motion: Hold further review of restraint protocol language for refinement before final adoption.
    - Block: None
    - Stand Aside:
        - Judge Maurisa Gates
        - Carol Dickey
    - Agree with Reservations (The following participants, while not voting members, shared concerns about the motion):
        - Michelle Pfeiffer (concerned about implementation timeline)
        - Justin Withem (concerned about funding for staff training)
        - Jessie Eagan (requested additional language review)

3/04/25 SOCAC Full Council Meeting

- Release of the GARE first time referencing HB 3835[1]
    - GARE Analysis HB 3835
    - HB 3835 FAQ's
    - HB 3835 Policy Brief
    - HB 3835 Executive Summary
    - HB 3835 Introduced
    - Full Council March 2025 Meeting - YouTube
    - **Restraint and Seclusion**
        - ODE data is not disaggregated by race/ethnicity or disability.
            - The demographic tab of the ODE Excel file (2022-2023 ODE S&R) linked above does show numbers of seclusion and restraint by demographics. However, there is no denominator provided, and we do not know the total number of children within the demographic groups listed for each district.
        - OTIS does not differentiate by race or ethnicity.
        - ODHS Child-Caring agencies do recently collect race, ethnicity, and disability, referenced in tables and charts in report.
            - Quarterly reports only date back to 2021
            - Combined reports across child-caring agencies are not available before 2024.
            - Native Hawaiian youth are not represented in graph as there were no instances of r/s in Q1 and Q3

[1] This analysis was done on LC 346 not LC 4326.

        - Statistical testing would be needed to determine the statistical differences between ratios, **but it is clear that disabled individuals are the most likely to be secluded or restrained compared to all other groups.**
        - It is not known if clarifying the definitions of seclusion and restraint will disproportionately affect specific racial and ethnic groups or students with disabilities.
    - **Out of State Placement**
        - Prior to 2020 effective ban on out of state placements for foster youth. During this time, limited oversight, numerous allegations of abuse. (Between Jan 1, 2018 and June 3, 2020, 97 individual children were placed into these facilities)
        - There was an over representation of Black or African American and American Indian or Alaskan Native youth placed in out of state treatment compared to the state population.
        - Black or African American youth in Oregon have access to just one culturally specific Child-Caring Agency in Oregon, and there is historical context of Black or African American youth reporting negative experiences with Oregon services. However, this is not sufficient evidence to conclude if Black or African American Children would be helped or harmed by this aspect of the legislation.
        - Currently, children in child welfare or foster care are precluded from receiving temporary care out of state by ORS 418.321, which requires out of state providers to be licensed in Oregon. This process takes at least 6 months, and no out of state provider has yet agreed to participate in Oregon licensure, so the impact is an effective ban on out of state placements for foster youth.
    - **Investigating Process by ODE**
        - Currently, if the violations do not constitute an allegation of child abuse, parents and legal guardian can choose to file a claimant with the school district.
        - The legislative change will transition the current complaint process to ODE, which will independently investigate violations of restraint and seclusion statutes that are not allegations of child abuse.
        - The Office of Training, Investigations, and Safety (OTIS) will continue to investigate violations of restraint and seclusion statutes that constitute allegations of child abuse.
        - ODE as an independent investigator[2], as opposed to the current system of internal investigations by the school district, may provide more transparency to youth and families whose experiences with restraint or seclusion are impacted by institutional racism.
    - **Factors identified that contribute to inequities:**
        - **Historical white supremacy in Oregon's child welfare system:** The historical legacy of white supremacy in Oregon's child welfare system continues to affect how services are distributed and accessed, often disproportionately disadvantaging children and families from marginalized racial and ethnic backgrounds, particularly for Black and Native youth.
        - **Implicit bias and medical racism:** Concerns have been raised about the role of implicit bias and medical racism in decision-making processes, which may impact the care and treatment of marginalized youth, particularly youth of color.
        - **Intersectionality:** The overlapping and compounding effects of the factors listed in this section—racial inequities, ableism, implicit bias, and historical systemic oppression— create unique challenges for marginalized youth and families, exacerbating their struggle to access equitable services.
        - **Ableism:** The systemic ableism present in service delivery often leads to inadequate care for youth with disabilities, particularly those who face both racism and ableism.
        - **Geographic inequities:** The current ban on out-of-state placements has created significant hardship for families, particularly families with Child Welfare involvement living in rural and

[2] I still have reservations about ODE's capacity and wonder if a fiscal has been identified.

frontier areas of the state. These families would have better access to specialized facilities in neighboring states like Idaho, California, or Washington, but instead, they are required to seek services hundreds of miles away, often in the Willamette valley, far from their communities.
        - **Data Availability:** Some systems do not allow for evaluating intersectionality due to data suppression or reporting guidance. For example, seclusion and restraint data are not able to be analyzed for interactions between multiple identities (e.g., Transgender AND disabled).
    - Children in the custody of Child Welfare will have access to the same specialized medical services other Oregon children on Medicaid or in the juvenile legal system have today
    - If passed by the legislature, ODHS, ODE, and OHA will convene Rule Advisory Committees to incorporate the policy changes into Oregon Administrative Rules. SOCAC will ensure a committee focuses on data review and will work closely with OHSU's team under the Quality Improvement proposal to track data trends and produce regular reports. A comprehensive communications plan will be developed to inform the public, providers, and stakeholders within the children's systems of care about key policy changes, ensuring clear understanding and consistent implementation across the state.
    - With that limitation in mind, the goals of this bill will be met if Oregon sees the following changes in our children's system data:
        - Decreased ER boarding for youth due to behavioral health crises
        - Decreased wait times for intake for residential services (goal is days, not weeks or months)
        - Decreased temporary lodging rates
        - Decreased rates of unplanned discharges for youth in the custody of Child Welfare

2/28/25 SOCAC DEI Committee

- LC 346 GARE Reference Sheet
- Analyzing racial equity LC 346
    - Changes made include:
        - Added description of intent of the bill to provide additional context.
    - Explained limitations of using ODE restraint and seclusion data.
    - Changed title of CCA graph for clarity
    - Provided additional details and data related to out of state placement and how it addresses current noncompliance with ICWA and ORICWA policy.
    - Emily suggested editing language about tribal sovereignty – "honoring" and to capitalize Tribal throughout the document. Page 7 uses word "indigenous" and recommends being consistent and clear about how communities are referred to throughout the document.
    - Angie asked how Tribes have been engaged in this bill, and Anna said they had been involved in the Safety Workgroup with primary concern related to ability to place youth out of state per ICWA.
    - Alisha would like to see a noted concern about needing to send Black/AA youth out of state to receive culturally responsive services – this is the last thing we should be doing.

2/25/25 SOCAC Bill Reading Party – Session 1

- No written notes taken
- Link to video

2/19/25 SOCAC Legislative Committee

- No mention other than future March meeting conversations on LC 4326

2/18/25 SOCAC Executive Committee

- No mention other than future March meeting conversations on LC 4326

2/14/25 SOCAC DEI Committee

- SOCAC LC - Revised Summary Jan 2025
    - In this meeting it is referenced that the analysis was done on LC 346 (Not LC 4326, which was referenced on 2/4/25 as the new number)
    - In the last 10 years Oregon's village has lost capacity to serve children, according to licensing data compiled by the Oregon Department of Human Services:

        - Lost 41 percent of licensed residential facilities that provide children and youth with behavioral or psychiatric treatment.
        - Lost more than half of programs that certify, support and oversee foster parents who provide specialized behavioral health treatment and supports
    - They have spent two years developing solutions, which are being threaded together in an omnibus bill for the 2025 Legislative session. Families and guardians are asking for improved access to treatment and services. Providers of treatment and services are asking the Legislature **to create a regulatory environment with clearer**, **more consistent guidelines for the many entities and individuals who work with children**. They hope this will lead to an increase in options for the medical and behavioral needs of the youth we are all charged to support.
    - For example, there are currently between 16 and 32 different statutory elements that **define wrongful restraint or seclusion for third-party settings**; and the law is not clear on which parties the child abuse statutes apply to.
    - The legislative **concept clarifies the definition of third-party child abuse** to **place accountability** and **responsibility for safety issues with the party responsible**. It also makes several changes to provide clarity and consistency in statute.
- As the meeting neared its end, it became clear that additional discussion time was needed to fully address concerns around LC 346, data collection challenges, and the potential impact of HB 2470
- **Key Issues Identified:**
    - **Barriers to Care**
        - Lack of secure transportation for youth in crisis.
        - Shortage of residential beds, leading to youth being turned away or discharged unexpectedly.
        - Systemic inequities in responses, with youth of color disproportionately impacted.
    - **Disparities in Access**
        - Black, Indigenous, Hispanic, and Multiracial youth are underrepresented in behavioral health & IDD services due to systemic barriers.
        - However, these same groups are overrepresented in juvenile justice & child welfare due to systemic inequities, including barriers to early intervention and disparities in referral practices.
    - **Challenges in Data Collection**
        - ODHS & ODE data lacks consistency, making it difficult to track racial disparities accurately.
        - Intersectionality is not well documented—for example, there is no clear way to track how Black youth with disabilities are impacted.
        - Current restraint & seclusion data does not differentiate between race, ethnicity, and disability status, limiting the ability to address inequities effectively.
        - Committee members emphasized the urgent need for standardized data collection to ensure that racial disparities are not overlooked in future policy decisions.
    - **Committee Feedback**
        - **Data Accuracy & Clarity:**
            - Refine language in LC 346 to remove misleading references to restraint/seclusion as "services."
            - Push for standardized demographic data collection across agencies.
            - Ensure racial disproportionality in restraint/seclusion is clearly documented.
        - **Out-of-State Placement Considerations:**
            - Ensure strong oversight to prevent past harms in out-of-state placements, particularly for youth with disabilities.
            - Clarify when exceptions apply, ensuring they are culturally appropriate (e.g., for tribal placements or rural youth).
        - **Action Items:**
            - Work on refining data collection language & definitions in the bill.

- Explore legislative amendments to align demographic reporting across child welfare, education, and juvenile justice systems.
- Continue analyzing unintended consequences before finalizing recommendations.
- SOCAC staff to share the article "Navigating Racism in the Child Welfare System" with committee members.
- Monitor HB 2470 to assess potential impacts on youth with intellectual and developmental disabilities (IDD) and how it may interact with LC 346's service eligibility criteria.

2/05/25 SOCAC Legislative Committee Meeting

- **Legislative Updates:**
  - Anna provided an update on LC 346, explaining that the approved language was submitted to Legislative Counsel immediately after the last meeting. Since then, there have been multiple meetings with Legislative Counsel, where they raised questions and suggested revisions based on legal constraints.
    - The current draft is still under review, and no finalized bill text is available yet.
    - Legislative Counsel identified some recommended wording changes that were necessary due to conflicts with other laws or case precedents.
    - The committee does not yet have a return date for the draft, but expects it no later than February 21, which is the final deadline for publishing the bill.
    - The GARE equity analysis for the bill is underway and will be discussed at the February 14 Diversity, Equity, and Inclusion (DEI) meeting. The committee will receive a copy for review prior to that meeting.
  - Concerns were raised about transparency in the process, with some members expressing that they had not seen what was ultimately submitted to Legislative Counsel.
- Anna emphasized that once a legally shareable draft is available, it will be sent to committee members for review.

2/04/25 SOCAC Full Council Meeting

- First time that LC 346 has become a new number LC 4326
- Completed review and approval of 'Whereas' Clauses for LC 346 (now called LC 4326) and finalized recommended amendments to that bill draft.
- OHSU independent consulting and oversight, including School Resource Officers in policies regarding restraint & seclusion in schools, and requiring ODE to investigate reported violations in schools.
- SOCAC Phase 1 Report - PSU Market Research
- **1.2 Key Findings**
  - **1. Clarity of Messaging**: SOCAC's mission is widely respected, but internal and external collaborators noted confusion regarding how SOCAC's advisory capacity translates into tangible actions.
  - **2. Engagement and Representation**: Youth and family voices are central to SOCAC's mission, yet these perspectives are inconsistently integrated into decision-making processes.
  - **3. Structural and Systemic Challenges**: Fragmented state systems, limited regulatory authority, and the need for stronger follow-through mechanisms constrain SOCAC's capacity to enact large-scale improvements.
  - **4. Communication Gaps**: While SOCAC is recognized in professional circles, website accessibility and community-level engagement remain areas needing significant refinement.

1/22/25 SOCAC SAS Meeting

- **Oregon Child Abuse Hotline – Structured Decision-Making Tool**
- Presenter: Kym Lindberg, Oregon Child Abuse Hotline (Contact for Feedback: Kym.LINDBERG@odhs.oregon.gov)
- **Summary:**
  - The **Structured Decision-Making (SDM)** tool helps screeners at the Oregon Child Abuse Hotline determine whether a report meets the criteria for abuse. Since its launch, feedback from community partners and agencies has highlighted areas where clarity and consistency could be improved. The latest

updates focus on reducing bias, refining definitions, and strengthening response guidelines to make sure screening decisions are fair and well-informed.

- **Key Updates:**
  - **Neglect & Abandonment:** Now explicitly includes Safe Haven infants and refines supervision criteria.
  - **Problematic Sexual Behavior:** Adds considerations for caregiver responsibility in cases of youth exhibiting concerning behaviors.
  - **Torture Definition:** Elements redistributed under Neglect, Mental Injury, and Physical Abuse for clarity.
  - **Mental Injury:** More detailed examples of spurning, terrorizing, and coercion; ensures cultural and developmental factors are considered.
  - **Response Times**: More specific 24-hour, 72-hour, and 10-day urgency criteria based on risk level.
- **Discussion & Considerations:**
  - How language choices in the tool might impact screening decisions.
  - Ensuring cultural awareness and developmental differences are accounted for.
  - The importance of a trauma-informed approach in decision-making.
- ODHS Child Abuse Hotline Assessment - Feb 2024
- Structured Decision-Making Tool for Review
- Addressing the Complex Needs of Youth- Jan 2025

1/21/25 SOCAC Executive Committee

- No reference other than conducting a GARE Analysis of LCs

1/15/25 SOCAC Legislative Committee

- OHSU Quality Proposal LC 346
- OHSU Presentation Slides
- **Discussion of "Where As" clauses for LC 346**
  - **Key Comments:**
    - Concerns were raised about overreliance on punitive behaviorism in care settings. Suggestions focused on integrating trauma-informed practices, collaborative problem-solving, and sensory-safe environments to foster cultural change.
    - Members emphasized the need for pathways to reduce and potentially eliminate restraint as a default practice, alongside accountability measures for oversight.
    - The importance of including parent perspectives in workforce training and qualitative data collection was highlighted to ensure that lived experiences inform service improvements.
    - Definitions of terms like "clinicians" should be clarified to ensure they encompass all frontline workers who interact with youth, not just licensed professionals.
  - **Stand Aside:**
    - Kyla Armstrong-Romero: Needed to see the final language of the bill before committing to a vote.
  - **Agree with Reservations:**
    - Monique Turner
    - Jeni Canaday
    - Amy Fellows
    - Alisha Overstreet
    - Carol Dickey
- **Including OHSU Proposal**
  - OSHU proposal: Quality Improvement & Oversight for Children's Behavioral Health Services Dr. Ajit Jetmelani
    - Legislative mandates from 2015 and 2021 have highlighted systemic issues in behavioral health care.

        - Existing frameworks have led to unintended consequences, such as workforce instability and reduced access to care.
    - **Concerns Raised:**
        - The proposal must prioritize the reduction of restraint and seclusion practices to prevent trauma.
        - Members emphasized the importance of including parent and youth voices in advisory roles to shape policies and strategies.
    - **Stand Aside:**
        - Daniel Nicoli: Conflict of interest as an OHSU staff member.
        - Chris Bouneff: Needed to see the final language of the bill before committing to a vote.
        - Kyla Armstrong-Romero: Raised unresolved questions about juvenile justice settings in relation to the proposed clauses and stated that she would discuss the matter with her colleagues.
    - Agree with Reservations:
        - Carol Dickey: Supported the changes but emphasized the need for clear commitments on restraint and seclusion reduction.
        - Alisha Overstreet: Agreed but sought more inclusive terminology for providers.
        - Jeni Canaday: Raised concerns about the adequacy of training for frontline staff and family inclusivity.
        - Amy Fellows: Agreed with reservations, referencing concerns raised earlier in the discussion.
        - Kaleb Gambee
        - Nicole Matz: Highlighted the need to include frontline worker perspectives in decision-making.

1/14/25 SOCAC Data Committee Meeting

- As of June 30, 2024 there were 74 people who were investigated for abuse in a CCA.
- Of those 74 people investigated, 11 were found substantiated.
- Out of all the different settings captured in the OTIS Data Book, CCA's have the lowest percentage of substantiations of any setting at 15%.
- Neglect is the most common type of abuse allegation in a CCA.

1/10/25 SOCAC DEI Committee

- The committee reviewed LC 346, a complex omnibus bill addressing various components of the system of care. Discussions centered on its implications for racial equity, disability inclusion, and support for youth and families.
- The group provided initial feedback and suggestions on data to use when completing the analysis.
- The group discussed inconsistencies in how data is collected across schools, residential programs, and foster care systems. There was significant concern about the overuse of restraints, particularly its disproportionate impact on marginalized groups.
- Disability inclusion emerged as a recurring theme. Members stressed the importance of ensuring that disability-specific considerations are central to policy design and implementation.
- Action Items:
    - DEI Subcommittee will review and discuss analysis of LC 346 at the February meeting.
    - In preparation, SOCAC staff will Collect demographic and geographic data on restraint and seclusion across schools, residential settings, foster care, and youth authority.
- Investigate treatment modalities (e.g., PBIS, CPS) used in various settings and identify disparities.
- Explore whether hospital-level restraint data can provide context, even if it falls outside LC 346's scope.
- Assess the effectiveness of cameras in reducing wrongful restraint and seclusion incidents.
- Prioritize Oregon-specific data where possible but identify and integrate national trends to fill gaps in analysis.

1/08/25 SOCAC Legislative Committee

- **Seclusion Timelines:**

  - Current timelines for seclusion vary across settings, with schools allowing up to 30 minutes and other settings limited to 10 minutes.
  - Decision: The committee voted to align all timelines to 10 minutes for consistency across settings.
- **Definitions of Restraint:**
  - A need for clear definitions distinguishing "restraint" from "wrongful restraint" was emphasized.
  - Concerns were voiced about language suggesting restraint supports "healthy development and wellbeing," which could lead to misinterpretation.
  - The committee stressed refining these definitions to ensure protections against misuse.
- **Equity and Oversight:**
  - The committee discussed creating a quality oversight mechanism to track seclusion and restraint practices.
  - Equity concerns were highlighted, particularly for marginalized groups disproportionately affected by current practices. A request was made for SOCAC to investigate current restraint and seclusion practices to determine if Black youth, Native American youth, Latino youth, and/or youth with disabilities experience restraint or seclusion at higher rates.
- **Draft Updates for LC 346 Language:**
  - Refine language to clarify the definitions of "restraint" and "wrongful restraint."
  - Address concerns about language suggesting restraint supports a child's well-being.
- **Quality Oversight Proposal:**
  - Develop a mechanism to monitor data on seclusion and restraint practices.
  - Include trends analysis and oversight by a group composed of clinicians, youth, and families to ensure practices align with the proposed framework.

1/07/25 SOCAC Full Council Meeting

- LC 346 Redlined
- LC 346 Policy Brief
- LC 346 Plain Language with amendments
- **Key Points:**
  - **Staffing and Capacity Issues:**
    - Acknowledgment of significant recruitment and retention challenges faced by child welfare providers.
    - Agreement that systemic solutions, such as improved wages and working conditions, are essential.
  - **Concerns about Relaxing Regulations:**
    - Members expressed concerns that redefining terms like "reasonable actions" and "severe harm" could weaken protections for vulnerable youth.
    - Members emphasized ensuring that these changes are not interpreted in ways that harm vulnerable populations.
    - Questions were raised about how LC 346 aligns with state and federal regulations on abuse reporting and prevention.
      - It was noted that LC 346 aims to align with federal guidelines, particularly on restraint and seclusion use. (Federal Link)
      - Members called for further review to ensure full compliance with existing standards.
  - **Equity and Inclusion:**
    - Reiterated the importance of ensuring that changes do not disproportionately impact marginalized groups, particularly Black and disabled children.
    - Emphasis on including families and youth in the decision-making process to address potential unintended consequences.
  - **Support for Improvements in Oversight and Training:**

        - Advocacy for robust oversight and ongoing training for staff to handle crises effectively while safeguarding children's rights.
    - The use of vague terms like "reasonable actions" raised questions about how these would be applied in real situations. Participants emphasized the importance of addressing staffing challenges with better training, wages, and resources instead of changing protections. Community-based solutions like smaller, certified group homes were brought up as a way to provide safer alternatives for youth in care
- Further analysis of LC 346 using the GARE (Government Accountability for Racial Equity) tool by the Diversity, Equity, and Inclusion (DEI) Committee in February.
- Continued engagement with community partners to refine the legislative proposal.

12/17/24 SOCAC Executive Committee

- Jan 7 meeting will be focused solely on LC 346. Agenda as follows:
    - 3:30 – 4 pm: Community feedback on LC 346
    - 4 – 6 pm: Council discussion on LC 346
    - 6:30 – 7 pm: Community feedback on LC 346
- Jan 8 Leg Comm will incorporate feedback from 1/7/2025 meeting and finalize amendment request details, including adding 'whereas clauses' if committee/council wish to
- Additional feedback will be accepted in writing or by audio/video through email, and incorporated into future rounds of amendments, if approved by the Council.

12/04/24 SOCAC Legislative Committee

- **LC 346 Referenced and Discussed**
    - LC 346 aims to address systemic barriers in child welfare, focusing on clinically and culturally appropriate placements, flexibility in timelines, and improved processes for out-of-state placements.
    - **Key Issues and Solutions Discussed:**
        - Clinically and Culturally Appropriate Placements:
            - Current statutes require licensed Child Caring Agencies (CCAs) for placements, which may not accommodate unique needs.
            - Proposed Solution: Allow exceptions for medically necessary and culturally aligned care, such as adult SUD facilities for youth when appropriate.
    - **Non-QRTP (Qualified Residential Treatment Program) Placements:**
        - Strict time limits can disrupt stability for youth in placements.
        - Proposed Solution: Provide a 30-day extension option for continuity of care, with youth participation in advocacy for their placements.
    - **Out-of-State Placements**:
        - Out-of-state facilities face significant licensure and contract hurdles.
        - Proposed Solution: Streamline exceptions while ensuring oversight.
    - **Questions and Feedback from Participants:**
        - Q: How will exceptions for medically or culturally appropriate care ensure safety without diluting oversight?
        - A: Exceptions would require a rigorous review process and approval by the state to balance flexibility with accountability.
        - Q: Are there plans to track outcomes for youth in extended QRTP or out-of-state placements?
        - A: Metrics and reporting requirements will be integrated into the policy to monitor the impact of placement extensions and non-traditional facilities.
    - **Feedback:**
        - Oliver, a youth advocate, shared that restrictive placement timelines can be destabilizing and emphasized the importance of tailoring decisions to individual needs.
        - Members stressed the need to avoid one-size-fits all solutions, particularly for underserved or marginalized groups.

- **Additional Comments:**
  - Participants highlighted the importance of aligning these changes with federal laws, such as the Family First Prevention Services Act (FFPSA), to maintain funding eligibility.
  - Concerns were raised about ensuring out-of-state providers comply with Oregon's standards for care quality and cultural competence.
- **Additional Comments:**
  - Participants highlighted the importance of aligning these changes with federal laws, such as the Family First Prevention Services Act (FFPSA), to maintain funding eligibility.
  - Concerns were raised about ensuring out-of-state providers comply with Oregon's standards for care quality and cultural competence.
  - Final recommendations for amendments to LC 346 are due by early February. Legislative Committee members are encouraged to submit their thoughts and suggestions to Anna Williams.
  - LC 346 Amendments: The Legislative Committee will continue reviewing LC 346, including its proposed amendments, at the Jan 8, 2025 Legislative Committee meeting.

12/03/24 SOCAC Full Council Meeting and SOCAC Slides[3]

- LC 429: Council Composition (LC 429 One Pager)
- LC 346: Omnibus regulatory reform to improve access to youth services (LC 346 Policy Brief)
  - Aims to improve access to youth services by addressing regulatory barriers and creating a supportive "Just Culture" for staff and service providers.
  - Legislative solutions proposed include:
    - **Define Agency Management:**
      - Clarifies roles and responsibilities within child-caring agencies.
    - **Broaden Licensing Actions:**
      - Allows conditions to be placed on licenses instead of automatic revocation.
    - **Eliminate Official Misconduct Language:**
      - Shifts from punitive to learning-focused practices.
    - **Clarify Reporting Processes:**
      - Streamlines abuse reporting to enhance accuracy and reduce liability-driven submissions.
  - Discussion Highlights:
    - **Background and Purpose:**
      - Challenges cited include decreased provider capacity, delayed care for youth with complex needs, and a "fear-driven" reporting culture.
      - Prior legislative measures unintentionally created barriers to accessing care, as explained by Anna Williams and Robin Henderson.
    - **Feedback and Concerns:**
      - Emily Cooper emphasized the need for enhanced training and resources for investigators.
      - Members discussed maintaining safety standards while ensuring regulations support rather than hinder service delivery.
    - **Just Culture Framework:**
      - Proposed as a foundational approach to reduce fear and encourage transparent reporting and learning.
      - Emphasized its potential to improve care quality by supporting staff in complex decision-making

[3] First time the Omnibus is mentioned in notes.

11/20/24 SOCAC Legislative Committee

- OHA Suicide Prevention Discussion
- Future Agenda Topics
    - SOCAC Legislative Proposal Discussion:
        - Review a legislative proposal co-developed with the Oregon Department of Human Services. This topic will be a primary focus of the December 4th meeting.

11/19/24 SOCAC Executive Committee

- **Legislative Concept (LC) Discussion:**
    - Identified as the highest-priority item due to delays in the normal process, SOCAC was adjusting to remain in alignment with the timing of the GRB, but that created timing issues which are now needing to be urgently addressed to ensure Council consent (or lack thereof) is clear before proceeding with the bill drafts.
    - **Plan**: Allocate the majority (or entirety) of the meeting for LC review and discussion.
    - **Approach**: Distribute materials in advance (policy brief and LC) to allow meaningful discussion.
    - **Aim**: Determine via consensus process whether we have council approval at this meeting to align with legislative timelines.
    - **January 2025 Meeting:**
        - Historically canceled, but members noted it might be necessary to address unresolved LC issues or legislative timelines.
        - Decision to revisit and finalize in the December 17 Executive Committee meeting.
    - **Importance of Pre-Meeting Preparation for LC Discussion**:
        - Members emphasized the need for council members to review LC materials in advance to facilitate meaningful discussion.

11/06/24 SOCAC Legislative Committee

- OHA's Legislative Concepts
    - POP 555: Kids Integrated Delivery in Schools (KIDS)
    - POP 418: Child Medicaid BH: Home & Community Based Services
    - POP 420: Universally-offered Home Visiting, Family Connects OR
    - POP 550: Behavioral Health Workforce Investments
    - POP 552: Expanding on the Residential + Study
    - LC 451: Modernizing Juvenile Restoration Statutes
    - LC 446: Protecting Youth by Closing Tobacco Loopholes
    - LC 460: Updating Newborn Bloodspot Screening
    - LC 464: Improving the Children's Health Report

11/05/24 SOCAC Full Council Meeting

- Legislative Advocacy: Discussions highlighted the importance of community advocacy for upcoming legislative sessions, particularly around respite funding priorities.
- Legislation Updates: SOCAC's legislative bill concepts are in progress, with details shared by Robin Henderson. These will be presented at the upcoming Leg Committee meeting.

10/16/24 SOCAC Legislative Committee

- ODHS Legislative Concepts
    - POP Summaries/Presentation
    - POP 111 – FOCUS Program (Focused Opportunities for Children Utilizing Services)
    - POP 112 – Family First Prevention Services Act (FFPSA) Implementation

- LC 335 Tribal Children and Juvenile Dependency Cases
- LC 322- Regulatory POP for Child Welfare Services and Licensing
- ODDS Developmental Disability Child Foster Care Program (Regulatory Oversight and Expansion) POP 115 POP 101
  - Highlights the need of foster homes. 2019 (220 homes) down to 2024 (150 homes)
- Pathway to Stability – POP 501 (Governor's Housing Initiative)

10/02/24 SOCAC Legislative Committee

- Reference of OYA Legislative Concepts
  - LC 0332- Housing for exiting youth from OYA custody
  - LC 0339- Capacity Payments
  - LC 0326- OYA Staff exposure to body fluids
  - LC 0336- Diversion plan fund usage
-

10/01/24 SOCAC Full Council Meeting

- Overview: The focus was on raising awareness about the issue of families being forced into voluntary custody relinquishment to access mental health services for children in crisis. The council discussed the need for better education for both families and professionals.

9/25/24 SOCAC State Agency Standing Committee

- Review of January-July 2024 Barrier Summary
  - The most common barriers were related to:
    - Access to community services and care
    - Workforce shortages
    - Transportation issues
    - Intensive services such as residential placements or hospitalizations
    - Other barriers included transphobia, school discipline policies, and youth employment challenges.
  - It was noted that only 10% of barriers had been resolved, largely due to their complex and systemic nature.
  - She highlighted inconsistencies in reporting across regions due to different templates being used.

9/18/24 SOCAC Legislative Committee

- Meeting was canceled. No policies yet to review, as they won't be public on OLIS for a few more weeks.

9/17/24 SOCAC Executive Committee Meeting

- No mention of Legislative policy

9/03/24 SOCAC Full Meeting

- SAS (State Agency Steering) Committee discussed service gaps for children with sexually challenging behaviors and delays in hiring support workers. They also noted progress in reducing hiring timelines for personal support workers from 3 months to 6 weeks.
- Legislative Committee shared it is preparing for the upcoming legislative session and encouraged members to participate in the process.

8/28/24 SOCAC Legislative Committee Meeting

- No mention of Omnibus Bill

8/20/24 SOCAC Executive Committee

- No mention of Omnibus Bill, however there was a quick note on Temporary Lodging and future legislative session planning
    - **Temporary Lodging:** The committee acknowledged the importance of addressing housing instability and its impact on the populations SOCAC serves, particularly youth and families. Temporary lodging was identified as a significant area for future discussion, with potential connections to strategic planning and equity considerations. The timing of this discussion will depend on developments in upcoming meetings.

7/17/24 SOCAC Legislative Committee

- No mention of Omnibus Bill
- Mention of SOCAC 2024 Legislative Report

7/02/24 SOCAC Full Council Meeting

- Review of ODHUS Child Welfare Settlement
    - Wyatt v. Kotek Class Notice Document
    - ODHS Trauma-Informed Care
- In Closing notes the following was mentioned in Action Items
    - Temporary Lodging Concept:
        - Develop and refine the $20 million funding proposal and additional staff roles.
    - Barrier Identification and Resolution:
        - Continue addressing service provision barriers. o Update forms to differentiate barriers from providers and families/youth.

6/26/24 SOCAC Legislative Committee

- No mention of an Omnibus Bill, however quick note on a Temporary Lodging 4-year Pilot
    - b. Temporary Lodging 4-Year Pilot:
        - Overview: A narrative was attached to discuss the implementation of a 4-year pilot program for temporary lodging.
        - Purpose: The pilot aims to address immediate lodging needs as part of the broader goal to improve the system of care.
        - Evaluation: The pilot will be evaluated periodically to assess its impact and effectiveness in meeting the needs of the community.
        - Comments/Questions: Members inquired about the specific objectives and metrics for the pilot's success. There were questions about how the pilot would be funded and whether there would be opportunities for stakeholder feedback during its implementation.

6/18/24 SOCAC Executive Committee

- No mention of an Omnibus Bill, however there is a note in possible topics on 2025 SOCAC bills – Temp Lodging/Special Master's Report

6/04/24 SOCAC Full Council Meeting

- No mention of an Omnibus Bill, however…
- In slides they mention may submit 2 Legislative Concepts
    - **Strengthening the Council**: Creating 2 additional seats on SOCAC for youth & family voice (4 seats for family voices, 4 seats for youth voices); requesting ongoing funding for 3 staff positions (Joyleen's role, administrative support, another role…)
    - **Temporary Lodging Concept:** Requesting $20 million and 10 FTE (full time staff) to work across agencies and providers, in partnership with youth & families, to prevent temporary lodging as a practice in Oregon. 2 year pilot program.
        - **Temporary Lodging Concept:** A draft proposal for $20 million and 10 FTE (full-time equivalent) staff to address and prevent temporary lodging for youth.

        - **Funding Allocation:** Proposed to use up to $8 million biannually to create capacity grants to increase service capacity by 40% in year one and 70% in year two.
        - **Service Implementation:** Emphasis on leveraging general funds for one-time contracting to support caregiver services, mobile response services, and telehealth, particularly in culturally specific and rural areas.
    - **Administrative Support Positions:** Discussion on the roles of new administrative support positions to ensure effective service delivery and coordination.
        - **Positions Proposed:** Peer position to the Child Welfare Resource Manager, additional child welfare treatment services staff, and administrative support to coordinate services and track outcomes
- In Local SOC Coordinator Report "Key Points" mentions Barrier Resolution Process.
    - **Barrier Resolution Process:** The SOC group has worked on over **700 barriers** to serving youth and their families through a barrier resolution process. One significant barrier addressed was the need for training on handling aggressive behaviors, identified by school partners, early childhood programs, and parents.
- "This client needs higher acuity services but doesn't qualify for them. In our work a youth often needs juvenile justice involvement to access day treatment/residential but because they technically haven't committed a crime they don't qualify." Quote from PowerPoint Presentation
- "Inconsistencies in training, communication requirements, and outcomes related to provider paneling/credentialing resulting in barriers to provider agencies and CCO member services" Quote from PowerPoint Presentation
- "Peer Support Certification classes are not frequent enough to keep up with the needs of the community. There is a significant need for Peer Support Services in [County]. Our agency has faced the barrier multiple times that doesn't allow us to get a hired Peer Support into training and completion of certification that they need for months. The training is offered every 2 to 3 months, by one organization and it fills up quickly." Quote from PowerPoint Presentation
- "Senate Bill 819 is having a vast impact on the school system amongst staff and students alike. Although the effect it is having on each varies, the one constant is that there is not adequate funding to cover the staff needed to fill this new need, as SB 819 was an unfunded mandate." "The school district is in dire need of onsite mental health therapy. We were struggling wit this issue precovid and it continues to persist. The need is increasing while the ability for our mental health organizations to support therapy in the schools is decreasing." Quote from PowerPoint Presentation
- **Barriers Elevated to SOCAC**
    - Need for residential/intensive services
    - Respite
    - Workforce (Personal Support Workers and Peer Support Specialists, parents as paid caregivers, dental providers, psychiatrists and developmental pediatricians)
    - Social determinants (Transportation and internet access)
    - Insurance (CCO transitions, inequities within Fee for Service, insurance coverage)
    - Parent training and education (for aggression, minor consent laws)
    - Crisis response
    - Education (SB819, crisis response in schools)
- What not working at a local level?
    - Mention of "Wide variety in definition and scope of barriers"

5/15/24 SOCAC Legislative Committee

- **Discussions began on 2025 Session Bill Ideas**
    - Concerns about the restrictive regulatory practices by DHS and its impact on service providers, emphasizing the need for cultural and legal changes to reduce unnecessary restrictions.
    - Participants discussed the implications of current definitions and reporting requirements for child abuse, particularly how these affect foster parents and educational staff. The conversation highlighted the need

for a more nuanced approach that considers the real-life complexities faced by caregivers and educators.
    - Michelle shared information about the bipartisan efforts and national interest in revising Oregon's child abuse investigation practices. She highlighted upcoming initiatives to redefine child abuse and streamline the reporting process.

5/07/24 SOCAC Full Council Meeting

- Comments from Notes
    - The discussion highlighted a "compression issue" in Oregon's system, where too many children are placed at the highest level of care without the flexibility to move to different levels as needed, creating bottlenecks. This situation results in inadequate service delivery for many children.
    - Participants debated the current institutional models and discussed the potential for expanding smaller, community-based models that would prevent long-term institutionalization of children, especially those with significant behavioral health challenges
    - The group also discussed the disparities and inconsistencies in how services are managed across different localities, pointing out the fractured nature of systems like child welfare and developmental disability programs, which vary significantly by county and Community Care Organizations (CCO)
    - Victoria raised concerns about the practices of "Hotelling" foster youth and the institutionalization of these individuals. She expressed a hope for increased support for communities like Bridge Meadows that provide integrated support for foster families. - Noted the importance of Victoria's concerns and indicated that while specific plans were not yet finalized, these issues were a priority and would be discussed further in subsequent sessions.

4/17/24 SOCAC Legislative Committee

- **Initial thoughts on legislation and funding requests from SOCAC for 2025**
    - Discussed ideas for youth-led policy development, family-led policy development, SOCAC submitting a placeholder Legislative Concept (LC) for something responsive to the Special Master's Report and a POP for staff funding. More ideas invited.
    - Recommendation to discuss respite as a potential policy concept at the next Leg Comm meeting.

4/02/24 SOCAC Full Committee Meeting

3/20/24 SOCAC Legislative Committee

- Mention of HB 4086- Study on scope of Child Welfare investigations, study on children with problematic sexual behavior.
    - This bill aims to examine the scope of child welfare investigations, aligning with the findings from the Safety Work Group report. The Department of Human Services (DHS) will manage this initiative, requiring participation from individuals with relevant expertise and experience.
    - A participant expressed concerns regarding potential biases in child protective services (CPS) investigations, emphasizing the importance of non-biased parties conducting screenings. The conversation highlighted the need for a fresh perspective in evaluating cases to ensure the best outcomes for families.
    - The Doris Duke Foundation's investment in Oregon was discussed, including their role in researching and providing input on CPS assessments and child abuse definitions. The foundation's support aims to guide early intervention and prevention efforts, focusing on concrete services for families to avoid child welfare involvement.

9/15/23 – SOCAC Legislative Report

- **Legislative Changes**
    - Simplify Oregon's child abuse statutes to ensure clarity for victims, investigators, and system partners.
    - Require and fund OHA, ODHS, OYA and county Juvenile Departments to align REAL-D and SOGI data gathering standards and processes. This would enable accurate understanding of inequities for youth involved with multiple systems.

        - Clarify specific agency responsibilities and metrics for ending the birth to prison pipeline. Require regular reporting from each agency on their progress toward those metrics.
        - • Create small, residential community-based youth treatment beds funded by capacity rather than per capita, modeled after the I/DD group home system

Other Research - Connected

- Coordinated Care Organizations
    - CCO role in care coordination for youth with complex needs CCOs are responsible for the delivery of appropriate and coordinated health care services and supports to their Oregon Health Plan members. Youth with complex needs are often at higher risk for school suspension or expulsion, involvement with Child Welfare, juvenile justice involvement, and out of home placements in intensive treatment supports. CCO ownership of care coordination is essential for collaboration across child-serving systems, as CCO clinical leadership must have well-established connections and working relationships with system partners (including local ODHS and Developmental Disability offices, juvenile justice representatives, behavioral health providers, schools, hospitals, and clinics, etc.) to lead prompt response to youths' needs. For youth in Child Welfare custody, CCO care coordination is essential to provide robust support to meet the youth's behavioral, dental, physical, developmental, and social health needs with the goal of being proactive whenever possible.
- Oregon Council of Child & Adolescent
- School-Based Mental Health Partnerships
    - Since 2014, legislative funding has allowed Oregon Health Authority (OHA) the opportunity to provide direct funding to 17 counties for school based mental health services in rural areas of Oregon with limited to no access to mental health services. Currently these funds help the counties provide mental health services in 88 schools across 36 districts. During the 2023-2024 school year, mental health services and supports were provided to over 3,000 elementary, middle, and high school students.
- Mobile Response and Stabilization Services
    - Oregon residents ages 20 and under and their family members or caregivers can have an MRSS team dispatched to their location by placing a call to 988 or a county crisis line.
    - HB 2417 (2021) outlined the need for all Oregonians to be able to access real-time behavioral health support through a centralized call center and to receive enhanced, in person mobile crisis intervention services.
- Intensive Treatment Services - OHA
    - OHA works with ODHS to license these services and programs.
        - Psychiatric day treatment services (PDTS)
            - Several hours each weekday, similar to typical school day
            - Prevents out of home mental health placements.
            - Used as transitional support for youth when they return to the community after completing a residential treatment program.
            - Funded by youth's health insurance
        - Psychiatric residential treatment facilities (PRTF)
            - Intensive clinical treatment support 24-hours per day year round
            - Must be licensed as both a CCA (Child Caring Agency) through ODHS and a PRTF
            - Most frequently funded through a young person's health insurance, certain programs are contracted with and funded directly by ODHS and OHA
            - Three different levels of care under PRTF umbrella
                - Psychiatric Residential Treatment Services (PRTS)
                    - Least intensive level in Oregon

- Stay ranges from 30-90 days to stabilize youths mental health crisis and works with entire family to create a safety plan
- 24-hour supervision
- Medical management
- Group therapy
- Skills training
- Individual and family therapy

- Subacute Crisis Psychiatric Care (Subacute)
  - Similar to PRTS, services designed to only last 2-4 weeks to stabilize. Then allow youth to return to their community for ongoing treatment and support.
- Secure Inpatient Psychiatric Treatment (SIP)
  - Most intensive level of psychiatric care, outside of acute hospitalization
  - Only available for youth who meet the highest level of psychiatric need.
  - Services provided in secure residential treatment programs for children.
    - Secure Children's Inpatient Psychiatric – SCIP
    - Secure Adolescent Inpatient Psychiatric – SAIP
  - These are programs that include all the components of residential treatment and have additional availability of on-site psychiatrists, 24-hour psychiatric nursing, and longer length of stay.
  - OHA manages and funds referrals for SIP

- Acute Psychiatric Hospitalization
  - Oregon has two inpatient units to serve youth in acute psychiatric crises with life threatening symptoms.
  - Short term- a week to 10 days
  - Only accessed through emergency departments or by calling 988 to access mobile crisis services

- To receive intensive treatment services, a youth must:
  - Have a behavioral health condition that requires close clinical monitoring and care to maintain safety for themselves or others and
  - Demonstrate severe behavioral health symptoms that are not able to be safely treated in an outpatient, community-based, or school-based mental health program.

Helpful Links

Coordinated Care Organization (CCO) Best Practices

SOCAC Bylaws

SOCAC Membership Roster

Restraint and Involuntary Seclusion Reports

ODE Restraint and Seclusion Collections

2025 OHSU Data Report on OR SOC for Youth

Addressing the Complex Needs of Youth- Jan 2025

ODHS Child Abuse Hotline Assessment - Feb 2024

2024 SOCAC Legislative Report

2023 SOCAC Legislative Report

2023 SOCAC Data Report

2023 CCO Performance Metrics Dashboard

2026-2029 SOC Strategic Plan

2022-2025 OR System of Care Strategic Plan

2021 SOCAC Letter to the Governor

Structured Decision-Making Tool for Review

Prevalence & Timing of DHS, OHA, & OYA Services Prior to First DOC Commitment

SOCAC Phase 1 Report - PSU Market Research

OHA Mental Health Statistics Improvement Program

Data Report - Oregon SOC

Wyatt v. Kotek Class Notice Document

ODHS Trauma-Informed Care

NAMI Report

OR Children's ITS Rate Study

SB 5529 (2021) Barriers to Mental Health

News articles

5/8/25 - Oregon to pay $3m in 'egregious' foster care abuse case

5/8/25- Oregon to pay $5m to children tortured by relative despite repeated complaints

4/28/25 - ODHS Launches first interactive online training

1/21/25 - Capital Chronicle - Wack-a-mole

1/6/25 - Capital Chronicle - Ease Child welfare Regulations

12/11/24 -Oregonian - Coos County Young Missing Boy

12/5/24 - Oregonian - Rolling back Child Welfare Reforms

11/29/24 - Oregonian - Editorial - Grace

11/13/24 - Oregonian - Sold for Sex

8/15/24- Oregonian - OYA Employee investigated, works at Child Welfare

05/16/24 - Oregonian - Close to lawsuit Settlement

12/21/23 - Oregonian - $40 mil Settlement Reached

11/20/23 - OPB - Dynamic Life - Religious NP

4/16/19 - Oregonian - Federal Lawsuit

4/21/19- Oregonian - Editorial - Federal Lawsuit

3/15/19 - Oregonian - Foster Kids to former

2/14/19 - OPB - Out of State Placement

9/15/15-Home Sweet Hustle