



May 12, 2025

Oregon State Legislature

900 Court Street NE

Salem, OR 97301

Submitted electronically via OLIS

RE: HB 3835, Relating to improving safety, access and quality of care for Oregon children in need.

Trillium is Oregon's sole provider of the full continuum of mental health services for youth ages 5-24 years, supported by a staff of 685 employees across Oregon. We are the only provider of the State Hospital, Secure Inpatient Program and one of the remaining safety net psychiatric residential services providers, serving children statewide. Our priority is safety and stabilization so the youth and families we serve can be supported by lower levels of care via intensive day and community-based programs we offer across 120 public K-12 schools.

However, the ability for youth and families to access our full continuum of care has been significantly impacted by regulatory changes. It is best practice to provide mental health care at the least restrictive, most community-based level of care. However, youth with aggressive behaviors or simply a history of aggressive behavior that does not respond to verbal de-escalation and requires trained staff to stop the youth from ending their own life or assaulting their peers no longer have adequate access to the full range of treatment options that nonaggressive youth in mental health crisis are able to access.

This means that youth whose mental illness presents as aggression toward themselves, or others are spending significantly longer periods of time in unnecessarily restrictive and expensive acute hospital care or the State Hospital for Youth (Secure Inpatient: SIP/SCIP/SAIP Programs). However, these are much better options than the reality for youth and families who can't access these levels of care and are left without options in hospital waiting rooms, at home, on the streets or in juvenile detention.

We believe the definitional changes in HB 3835 for “wrongful restraint/abusive restraint” are a significant step in the right direction toward restoring the confidence in non-hospital or SIP programs to resume admitting youth with a history of aggressive behaviors.

Currently less acute residential providers (and our own psychiatric residential treatment services) take on an extreme amount of risk for license loss and full program closure when they admit a youth who may need ‘hands on’ intervention in a crisis situation. This is due to the extreme level of specificity in the current rules around hands on interventions as any deviation from the list of rules requires a child abuse report to be filed and reviewed by the State. The definition of child abuse/wrongful hold is extremely specific and includes administrative errors, late training and at least 20 other check points that will be investigated by the state of Oregon. To be clear HB3835 does not change any of these detailed rules, we will continue to follow all of these rules. What it does change is a move to a clear definition of what is child abuse and what is not child abuse. A definition that aligns with the training of all front-line staff. A definition that provides clear, bright white lines to everyone in the system of what an abusive restraint is.

Knowing that you as a staff member will be both physically assaulted and then investigated for child abuse related to your efforts to protect the same child adds insult to injury for staff who want to provide mental health care for youth and who want to have a future working with children. It is much safer for staff to work in programs who do not admit aggressive youth as they are significantly less likely to experience an abuse investigation which is a very scary experience and is an unnecessary deterrent to an already fragile workforce.

I want to be very clear this bill would not impact our reporting of abuse and neglect. As mandatory reporters it is our duty to report even slight concerns observed or expressed by our clients and families. Our role is to immediately pass those concerns to the Abuse Hotline not to determine their validity. The only impact from this bill is that administrative issues (such as concerns about training dates or paperwork regarding holds and seclusions) would be reported to DHS and OHA licensing departments and not called into the abuse hotline. Unless there is any suspected abuse related to these elements and then as mandatory reports that would be called into the Abuse Hotline as well as reported to DHS and OHA licensing.

This bill also does not change our practice of Incident Report documentation where we report a wide range of incidents to both DHS and OHA including abuse and neglect allegations. These incident reports include any injuries, accidents, acts of physical

aggression, property damage, any other unusual incidences that present a risk to the health and safety of the client or staff, any illegal act committed by a client; or any client behavior requiring a report to a public agency and any suspected abuse or neglect within 24 hours. In addition to this, Abuse and Neglect are also reported to the Child Abuse Hotline immediately as well. All of this data must also be accumulated to address any concerning trends in quarterly reports sent to both DHS and OHA. Reporting around Holds and Seclusions have their own separate meetings, reports and formats for different agencies and are also reviewed regularly internally and not less than quarterly by DHS and OHA.

Trillium Family Services would like to express full support for HB 3835. Thank you for your time.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jamie Vandergon', with a horizontal line extending to the right.

Jamie Vandergon

CEO

Trillium Family Services