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May 12, 2025

Chair Bowman, Vice-Chairs Drazan and Pham, and Members of the Committee,

My name is Taryne Roberts, Director of Programs at Jasper Mountain, which is a traumainformed residential treatment program for children ages 4-13. We have served and want to continue to serve the highest acuity need children in the state, the difficult-to-place children who struggle with multiple failed placements and serious mental health concerns, including violence, sexual reactivity, suicidal ideation, and attachment issues.

Thank you for the opportunity to submit testimony **in support of House Bill 3835A with the -5 amendment**, which would modify the framework established in SB 710. Though wellintentioned, SB 710 has had significant negative implications on our ability to admit and care for children with high needs and has increased the stress and danger faced by our staff, without any corresponding benefit to our children. It is important we care and honor both children and the individuals dedicated to helping them. Under the current guidelines Jasper has made 731 OTIS reports in 2024. These are reported to the hotline, by staff who are involved in caring for the children, participating in interventions, who have a plethora of training. Subsequently, ZERO were found substantiated. Nonetheless, staff turnover rates at Jasper Mountain have increased nearly 35% since SB 710. Injuries to staff have increased with 81 reported staff injuries in 2024: ranging from bites, concussions, broken bones, back and knee injuries, and so on.

Over the last two years, Jasper Mountain has had to restructure our intake process, we are often unable to take certain cases, due to levels of aggression, high needs, suicidality, and current milieu needs. We have increased staff to child ratio to nearly 2:1 most days (from 3:1). Denials have greatly increased, as a result. Though I do not have a specific number of denials, I meet with our intake team weekly, and we are continually having to pause intakes, push back intake dates, and deny children. Our staff injuries have increased significantly, as has the level of stress they are facing, and that combined with the unpredictable nature of bringing new children into the program, can off-set the therapeutic environment we are trying to provide our current children. If a child is unable to receive services from Jasper Mountain, they have little to no appropriate interventions and service. Jasper is often the last hope for

healing. The next step is a hospital setting. Often, they are staying months in hospital settings, they are not getting the clinical engagement needed, and or they are returning home to families that are then at risk of injury and distress. We have worked with children who have been in a hospital setting for months, one child had not touched grass or worn shoes in three months, when they arrived at Jasper. This is such a disservice for children who are sitting in hospitals, waiting for an appropriate placement, for days and weeks on end. It is important we care and honor both children and the individuals dedicated to helping them.

We continue to hire and continue to lose staff. Consequently, we are having to deny services and emergency discharge children before they complete treatment, resulting in another failure, another loss, another hardship on children, communities, and the system of care.

The work we do is extensive, and important. Children deserve our best care and as such we need staff who feel supported, are not afraid of the liability of doing their jobs, and collaboration with all levels of people to best serve this at-risk population. We are hopeful HB 3835A with the -5 amendment will provide some relief to our staff and aid us in serving more children.

Sincerely,

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Taryne Roberts M.Ed., QMHP Director of Programs, Jasper Mountain