Testimony to Oppose HB 3835

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

Thank you for the opportunity to submit testimony and all of the hard work that goes into understanding and making decisions on such a complex issue.

My name is Stephanie Hunter and the lived experience I want to share my perspective from is that of being a foster care provider for a young adult and 15 years of experience as a behavior professional and mentor in the intellectual and developmental field. In that experience, I was also responsible for writing positive behavior support plans (PBSP) that included under what circumstances physical interventions may be necessary.

My opposition is based on the impacts these decisions will have on youth experiencing intellectual and developmental disabilities (IDD). These efforts at reform are also forcing systems that have historically been siloed to move together without addressing the need to be more aligned. When I first started working with disabled youth in residential programs as a direct support professional (DSP) in 2001 we had little training in trauma or mental health. The youth I supported were routinely denied mental health services and in that absence I had to train myself from books or seek courses out of my own pocket. One of the strengths of the IDD field is that we are used to denials, the ableism of other systems of care, and educating ourselves. Fast forward to the adoption of the K Plan and Medicaid expansion and I began to see more youth in IDD homes that were primarily impacted by psychiatric disabilities and significant trauma. What was happening was that youth in child welfare, hospitals, or psychiatric placements were being found eligible for IDD to secure placement in staffed group homes. I do believe these youth were correctly diagnosed with IDD but unfortunately, what happened was soon after the youth became eligible the child welfare and mental health systems closed their cases. The DSPs did not have the training to manage the complex psychiatric needs and dangerous behaviors. DSPs would call crisis services and were told no one will come out because it is IDD. If they call 911 the response is extremely inconsistent. One officer may be helpful and calm the situation. Another officer may demean the DSP and tell them they are wasting their time. The next officer may reinforce the behavior by giving the youth a sticker and letting them run the siren. DSPs in IDD group homes do receive training on restraint when there is imminent danger. For much of the last 20 years they have been trained that any form of restraint is only authorized with an approved and trained PBSP. I am sharing this backstory to help provide context to the committee about where IDD fits into this decision. The IDD system has weathered systemic ableism from child welfare, mental health, hospitals, juvenile justice, and law enforcement while also being expected to be the housing and staffing solution to keep youth out of hotels, off the streets, in the state, and alive.

I became a child foster provider in 2018. The reason was because the only children's residential group home in Redmond at that time was closing due to a lack of support from mental health systems of care. The group home had accepted placement of children under the age of 10 newly eligible for IDD services from psychiatric settings. The DSPs provided great support and

they were determined to provide the safety, stability, and care these youth needed. I wrote person-centered and trauma-informed behavior plans that focused on the prevention of physical intervention. I developed a strong working relationship with local law enforcement to bring that system into alignment with our needs. What was missing was mental health treatment and support. The IDD diagnosis was their rationale for denied or limited services. The young person we foster lived in that group home. He was a teenager with an intellectual disability that was physically attacked regularly by the youth under 10 despite the efforts of DSPs to prevent and respond. He thankfully never fought back because he knew they were younger than him and he could hurt them. When the home announced the closure he would have gone to a Portland group home but he had developed roots in Redmond and did not want to leave. My family became his foster home and he has stayed with us into adulthood. It took well over a year for him to process and start to heal from the trauma he went through being attacked by the kids even though the DSPs were doing all they could to protect him. He is a content young person now that is thriving and part of his community. I want to be clear that I am in no way blaming these young children for any part of this story. I want to highlight the issues that HB 3835 is not addressing and could amplify. Placing children in adult IDD settings could result in that adult hurting a young person that is aggressive towards them. The adult could then be facing an abuse or assault of a minor charge. Continuing to see IDD group homes and in-home support services as a fix for the problems in other systems is not reform. There is an enormous staffing problem in IDD as well that is much higher in rural parts of the state.

My opposition to HB 3835 is because of the impacts to the IDD system and that we could be doing so much more to prevent abuse and restraint. I believe that if there is a meaningful process to ensure that all of these systems of care are in greater alignment that will provide more clarity for moving forward. I believe that law enforcement, juvenile justice, and emergency departments should also be included in these decisions. I believe in Oregon and that we can find solutions together to help our kids flourish and thrive. My views are entirely my own and not those of my employer or any other associations.