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April 10, 2019

Thank you for allowing me to testify before the committee about SB 825. My name is Annette Smith, and I work at Public Defender Services of Lane County, Inc. I have worked as an attorney for children in the foster care system for 8 years. I also serve as the co-chair of the juvenile law committee for the Oregon Criminal Defense Lawyers Association (OCDLA), and previously sat on the Oregon State Bar Juvenile Law Section Executive Committee. I am a former member of the Oregon Child Advocacy Project at the University of Oregon School of Law. I chose to practice child welfare law in order to be a voice for children and parents navigating in an incredibly complicated and often overwhelming system. I want to help vulnerable children have a voice in a process where incredibly important decisions are being made about their lives.

One of the children I represent is a 9-year-old girl. I became her attorney in November of 2017 when her first attorney retired. My client is tall for her age, with blonde hair and blue eyes. She loves to sing, and draw, and have tea parties. She is such a good hostess. She loves her mom and her two sisters. She loves her guinea pig named Pig that she earned over time as a positive reinforcement for doing good work in a therapeutic foster home in Southern Oregon. She has also experienced trauma and suffers from mental health issues that result in her needing a high level of care.

My client is currently placed in a residential treatment center in Montana, owned and operated by Acadia, the second largest provider of services for Oregon's out-of-state kids. She was placed in this facility on October 23, 2018 by two DHS caseworkers who flew her there and dropped her off. Until Thursday, April 11th, 2019, no one from Child Welfare in Oregon or any third-party contractor has seen this child since she was admitted. I understand her Oregon caseworker is traveling to see her this week.

I visited this child myself on December 30th, which was the first of only 2 visits she has received from anyone outside the facility. Her mother got to see her in January or February. Her mother is actually leaving Thursday morning to drive to Montana for a visit and family therapy, which this child has been looking forward to for months. Our hope is that after this visit with her mom and sisters, she will return to Oregon to finish treatment here.

When I visited her at the facility, I was checked in at the front reception area where I was asked to lock up my purse and my cell phone. I had brought a bag of things with me that her mother sent along with me, including a winter coat and miscellaneous clothing items, and some photographs of her mom and sisters for me to give to my client. These were taken to "inspect and inventory" and were to be given to her at a later date. Once I signed in and locked up my belongings, I was lead back to visit with her. We were given the opportunity to meet in private in a conference room where I was permitted to supervise a telephone call to her mom for 20 or so minutes. I was also given the opportunity to meet with her in a cafeteria where other children in the program were receiving family visits. I was not permitted to see where the child slept, which is a regular request whenever I visit my child clients, and which I requested to do here. I was not provided a tour of the facility to see where she attended classes or treatment. I was escorted in and out of locked doors by staff members of the facility with walkie-talkies and keys. My visit lasted approximately two hours. My client appeared well when I saw her, and did not disclose being harmed, though I observed her to struggle a bit with direction from staff at times while it was obvious she was working to show her best behavior. She was in a good mood for my visit.

The mother of the child got to visit her in either January or February. We had a review hearing in the middle of March, after which the mother brought to my attention that the child disclosed to her receiving injections that made her feel good, and that were meant to calm her down. As the child's attorney, I try to remain aware of the medications my clients are given but I was not made aware that anything was being injected. I looked back on her medication list that I had, which made no mention of injections. I called the case manager at the Acadia facility, and she confirmed with me that this child was being occasionally injected with antihistamines to induce a calming effect. This was in addition to her regularly prescribed medications. I was told that she was given emergency medications or "PRNs" either orally or intramuscularly. She would be given Benadryl or Vistaril, and if she refused to take it orally, they would inject her with it. In addition to this, I was told that my client was regularly experiencing physical holds and seclusions during states of heightened emotional dysregulation. One of many concerns I have is that instead of learning coping skills, my client is learning that when she is dysregulated, she gets a shot that makes her feel good. I am also concerned because this child has managed in other settings to regulate without the use of this extreme intervention.

It was also mid-march that I learned that no courtesy-caseworker was assigned to be visiting this child in Montana. In fact, no one besides myself and the mother have laid eyes on this child since she was placed in October of 2018 other than the folks at Acadia. I learned this from the caseworker, who was frustrated and indicated that she was told the supervision was to be contracted through a third party, but no worker had yet been assigned. The caseworker then made a plan to visit the child herself, which should be happening during the time of this hearing.

On March 19th, 2019, I notified DHS of this information and my concerns, and asked them to bring this child back to Oregon. I did not hear back from anyone until Thursday, April 4th when I was told I'd receive a call the following day. That call did not come, and I was finally able to have a conversation with the caseworker's supervisor on Monday, April 8th, 2019. I am told that on April 2, 2019, DHS communicated with Acadia to put a stop to the use of injections on my client. I have had a couple of meetings with DHS this week to make a thoughtful plan to bring her back to Oregon. What I want to avoid is DHS bringing her back without a plan, and having her either placed in a hotel or a hospital room while we wait for an appropriate treatment placement for her. Because her mom and sisters are visiting now, I am hopeful that a thoughtful and trauma-informed plan can be made to bring her home safely and soon.

I wanted to testify today in part to tell you about this special girl I represent, but also to shed some light on the risks as I see them for Oregon placing children out of state in treatment facilities.

One of the awesome things that Oregon does well is appoint lawyers for children in dependency cases. Not every state does that. Children for lawyers serve a very important function and are responsible for making sure the child's voice is heard.

I meet with my clients alone, and advocate for what they want in the case. My loyalties are not to the State, not to the foster-parents, not to the Court or the caseworker. My loyalty is to my client. This means that I need to build a relationship with my client in order to advocate best for them, and to do my best to get to know them and help them feel comfortable in trusting me. I have spent a little bit over two years getting to know this child, having visited her in a residential treatment facility in Lane County, a therapeutic foster-home in Jackson County, two regular foster-homes in Lane County, a therapeutic foster-home in Lane County, a treatment facility in Portland, in the mother's home in Lane County, and in the facility in Butte, Montana. I have a visit to see her next Friday if she remains in Montana.

I visit with my clients whether they are in foster-care, placed with their parents, or even, as here, placed out of state. As you can imagine, this becomes increasingly more complicated when children are placed out of state.

In order for me to visit my clients out-of-state, I have to apply for funding through a process for non-routine expenses. This requires me to write a summary of the funds that I am seeking and a justification for the non-routine expense. I have to seek funding for plane tickets, hotel, and transportation. Once I complete the application, I have to send it to my supervisor for approval and then it gets submitted to the Oregon Office of Public Defense Services who has to approve it and assign an authorization code. I then use that authorization code to contact a designated travel agency (Corporate Travel Management) to book airfare. I then make hotel and rental car reservations, paying for those on my personal credit cards. I have to seek reimbursement for hotel and transportation after my visit. Because of my heavy caseload and frequent court-appearances, my out-of-state travel happens largely on the weekends. Most of these trips involve two nights away and two days of travel. Sometimes in my work, when I have a concern, I like to do unannounced visits. It is difficult for me to that when a child is placed out of state as well.

DHS is supposed to have face-to-face contact with the children in their care. When a child is placed out of state through the Interstate Compact for the Placement of Children, that supervision is done by a courtesy caseworker in the receiving state. A huge problem here is that those visits were just not occurring. I do not blame the caseworker, who I know cares very much about this child. I blame a system that is so large and dysfunctional that this kind of thing can happen for months. While I as the child's attorney caught this issue, it took me some time (more time than I am proud of) but I should not be the gatekeeper for something like this.

We in the defense community have gotten a lot of attention recently when the 6th Amendment Project determined that Oregon's model of public defense is unconstitutional. Our caseloads are high and our defenders underfunded. While I try my best to protect all of my clients, it is insufficient that the attorney for children be the safeguard against Oregon failing to meet a child's needs, failing to supervise the child, and failing to be aware of the medical and psychiatric care it's children are receiving.

By keeping children in Oregon, we avoid at least some of the risks associated with placing children in such facilities. It makes it easier for caseworkers to ensure face-to-face contact occurs and avoids some of the issues we saw in this case. It ensures that the standard of care for Oregon children is within the guidelines of Oregon policy and procedure. It allows children's attorneys easier access to meet with their clients. It allows for spontaneous visits when concerns arise.

But most importantly, it allows children to be closer to their family. It allows the family to participate more easily in the child's therapeutic services. And it allows the child to *feel* closer to home.

This child knows she is in Montana. She knows it took two airplane rides to get there. She felt the distance when she traveled there, and she feels the distance every day that her mom is not able to visit.

Thank you for your time, your concern, and your efforts to keep Oregon children safe.