

Chair Hartman, Vice Chair, and Members of the Committee,

Thank you for the opportunity to speak on the critical issue of restraint and seclusion language in HB 3835. My name is Paige Hall. I am a member of Advocates for Disability Supports. I am here today to strongly oppose HB 3835, particularly the language surrounding restraint and seclusion.

House bill 3835 seeks to undo the years of progress Oregon's disabled children have benefitted from, prioritizing convenience for care providers over the well-being of Oregon's most vulnerable children. This bill, if passed, will have devastating consequences for these children, consequences that will stay with them throughout their lives. We urge you to consider the decades of research and first-hand accounts of both the short- and long-term effects of restraint and seclusion on disabled youth.

House Bill 3835 identifies only "wrongful restraint" and "wrongful seclusion" as abuse, defining these actions based on the intent of the person who performed the act, rather than the act itself. With this bill, restraints known to cause injury or death would not be investigated if the person claims they did not intend to harm the child. Abusive seclusion practices, such as using dark rooms, denying food, water, or bathroom access, or keeping children in seclusion for hours, might not be seen as wrong or investigated if the care provider says it was done for a valid reason.

Additionally, this bill changes how child abuse is defined and limits who can be investigated by DHS to "responsible individuals." Abuse by non-foster parents or non-DHS employees, such as a foster parent's partner or a DHS contractor, would no longer be investigated by DHS. It also limits protections against abusive seclusion and restraint, as actions by individuals not deemed "responsible" would no longer be classified as abuse. Furthermore, the bill opens the door for retaliation against children who report abuse, allowing them to be punished for complaints that do not meet the new, stricter criteria for "wrongful" restraint or seclusion.

Within the first two pages of the bill itself, there is an acknowledgement that restraint and seclusion are known to cause long-term trauma, and the expressed intent to uphold the highest safety and care standards in the nation. Yet, it goes on to undermine current best practices in trauma-informed crisis care for disabled children, and, to quote Disability Rights Oregon, "would put Oregon among the lowest protections for certain types of abuse in school settings."

We, too, are deeply concerned by the rate at which providers are turning children away from services due to fear of investigations. The answer is not to open the doors for abuse, but to change the culture of fear during the screening process.

The current procedure includes two levels of screening prior to an incident being referred for investigation. With proper training, communication, and support from DHS, administrators, and leadership, the care providers who have followed current regulations for restraint and seclusion should feel supported and confident that the system works—for the children and for them. Trauma-informed care does not reduce protections for disabled children for the emotional security of providers. Instead it provides increased levels of support and training to providers to prevent burnout, to counsel when mistakes are made, and to always seek to improve conditions for care providers AND the children they care for.

The real problem before us is the lack of adequate support for both the workforce and the vulnerable children they serve. This bill helps neither group, and sacrifices the long-term well-being of disabled individuals in the process.

We urge you to prioritize real solutions—ones that strengthen protections, improve training, and ensure safe, compassionate care for those who need it most. Thank you.