

# SOCAC

System of Care Advisory Council

## GARE Racial Equity Analysis

Completed 5/7/2025

### Proposal: What is the policy, program, practice or budget decision under consideration?

1. What is the name of the proposal under consideration?  
SOCAC Omnibus bill - [HB 3835A](#) (2025 Session)
2. Does it center the expressed needs of youth and family?

Yes, it does. The lack of access to residential and intensive services has been a long-standing concern for youth and families. The development process for the bill involved:

**Listening to parent advocates** to understand the barriers their children face in accessing intensive treatment settings. These barriers included issues such as: lack of secure transportation for youth in crisis, a shortage of residential beds, and youth with histories of aggression being either turned away or discharged unexpectedly from treatment.

**Collaborating with treatment providers** to identify what they perceive as barriers to providing services.

**Engaging with executive branch agencies** to find actionable solutions for removing these barriers and improving access to services for youth and families.

3. What are the desired results<sup>1</sup> and outcomes<sup>2</sup>?

The primary goal is to increase access to residential and intensive services for children with complex needs. This expansion of care access will be achieved through statutory changes to child-caring agency regulations, child-in-care abuse statutes, secure transportation, limitations on in-state placements and out-of-state access to treatment and services, and regulations and investigations regarding restraint and seclusion.

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<sup>1</sup> Results are at the community level are the end conditions we are aiming to impact.

<sup>2</sup> Outcomes are a measurement of the intended result. Measures respond to questions quantity (How much?), quality (How well?) and impact (Is anyone better off?).

The desired outcomes of HB 3835A are increases in access to and quality of treatment for children, clarified standards related to child abuse, restraint, and seclusion, ending temporary lodging, and improved child safety.

4. What areas will the decision impact?

- |  |  |
|--|--|
| <input type="checkbox"/> Pregnancy and post-natal                                  | <input type="checkbox"/> Health care systems                     |
| <input type="checkbox"/> Early childhood intervention                              | <input type="checkbox"/> Housing and other social determinants   |
| <input checked="" type="checkbox"/> Behavioral health services                     | <input checked="" type="checkbox"/> Child welfare                |
| <input checked="" type="checkbox"/> Intellectual/developmental disability services | <input checked="" type="checkbox"/> Juvenile justice             |
| <input type="checkbox"/> Education settings  | <input checked="" type="checkbox"/> Other: Secure transportation |

**Data: What does the data tell us?**

1. What geographic areas will be impacted? If impacting specific counties or regions, please list.

- Statewide
- Metro areas
- Rural areas
- Other:

2. What are the racial demographics of those living in the identified geographic areas?

Oregon’s racial demographics are detailed in the 2023 American Community Survey. Since this bill will impact youth, families, and service providers across the state, this overview includes all age groups. Oregon’s population is approximately 4.2 million, with 87.1% identifying as a single race and 12.9% identifying as two or more races.

Of individuals identifying as one race, the breakdown is as follows with the US average in parentheses. denominators are all Oregonians and all individuals living in the US.

- 73.9% White (60.2%)
- 2.1% Black (12.1%)
- 1.1% American Indian or Alaska Native (1%)
- 4.6% Asian (6%)
- 0.4% Native Hawaiian or Other Pacific Islander (0.2%)

For those identifying as two or more races, the breakdown is below. The denominator is all Oregonians and all individuals living in the US.

- 0.8% White and Black or African American (1.2%)
- 1.9% White and American Indian or Alaska Native (0.9%)
- 1.7% White and Asian (0.9%)
- 6.9% White and Some Other Race (7.9%)
- 0.1% Black or African American and American Indian or Alaska Native (0.1%)
- 0.1% Black or African American and Some Other Race (0.4%)

Additionally, 14.9% of Oregonians identify as Hispanic or Latino of any race (US = 19.4%), with specific breakdowns as follows:

- 11.6% Mexican (11.3%)
- 0.5% Puerto Rican (1.7%)
- 0.2% Cuban (0.8%)
- 2.6% Other Hispanic or Latino (5.6%)

To summarize, Oregon is less Black, less Latino, and less Asian than the broader US. Oregon’s racist history as a “Whites only” state is well documented ([summary](#)), and it is clear that Black, Latino, and Asian people continue to be underrepresented in our state, compared to national population averages.

For more detailed numeric estimates, please refer to the [2023 American Community Survey](#). This survey provides the most reliable data available, given the limitations of the 2020 Census.

### 3. Quantitatively, what do we know about existing racial inequities, including root causes?

#### General Summary

Race/ethnicity data is incomplete and inconsistently collected across systems, but Black, Hispanic, American Indian/Alaskan Native or multi-racial identified youth are under-represented in BH and I/DD services ([Castro-Ramirez et al., 2021](#)). Causes of this underrepresentation are generally believed to be lack of access to care, social determinant related barriers, lack of culturally/linguistically responsive workforce, and stigma and distrust in institutions and publicly funded services ([Castro-Ramirez et al., 2021](#)). Subsequently, Black, Hispanic and American Indian/Alaskan Native identified youth are over-represented in Child Welfare and Juvenile Legal systems due to institutional bias, racism, and lack of access to preventative services ([Cantey et al., 2022](#)).

#### Race and Equity Analysis on Impact of LC 346

The analysis of HB 3835 is divided by areas of impact in two sections below. Changes to the bill resulted in removal of sections from the first version of the GARE as the respective sections were removed from the bill and are no longer applicable. There are many important questions that were brought up in DEI committee discussions of this bill; however, the purpose of the GARE tool is to examine the racial equity of the proposed bill. Other questions, while valid, fall outside the scope of this analysis: impact of restraint and seclusion on the Juvenile Legal System; restraint and seclusion in hospital settings; and differences in paradigms and modalities between treatment vs. training centers.

## **Restraint and Seclusion**

This bill clarifies definitions of seclusion and restraint in child-caring agencies, such as CCA licensed treatment providers ([Licensed Agencies](#)). The [Office of Training, Investigations and Safety \(OTIS\) dashboard](#) describes instances of abuse but does not differentiate by race or ethnicity. Therefore, we cannot compare the differences in race or ethnicity by OTIS data. A [2022 NAMI Report](#) overviewed the negative experience that Black youth, Indigenous youth, or youth who identified as a person of color can have in psychiatric residential facilities. However, it is not clear how clarifying definitions of seclusion and restraint will impact the situations identified in the NAMI report.

ODHS is statutorily required to publish reports relating to restraint and involuntary seclusion and demographics of children receiving services from licensed child-caring agencies (ODHS S&R). Race, ethnicity, and disability data from the most recent quarterly reports (2024 Q1, Q2, and Q3) are described in the tables and charts below. The quarterly reports for specific agencies date back to 2021, but combined reports across child-caring agencies are not available before 2024. Please note that the tables and chart have neither been modified for accessibility or audited for accuracy and are not intended for publication or sharing at this time. Groups with *fewer* instances of seclusion and restraint per child served appear higher on the graph and have higher ratios in the tables, while groups with *more* instances of seclusion and restraint appear lower on the graph with lower numbers in the tables. The tables can be interpreted with the following example: in Quarter 1 of 2024, for every 182 Asian children receiving services from a child-caring agency, there was one instance of seclusion or restraint. Native Hawaiian youth are not represented on this graph as there were no instances of seclusion and restraint in Q1 and Q3. Other Pacific Islander youth are not reported for Q1 because there were no instances of seclusion or restraint. Statistical testing would be needed to determine the statistical differences between ratios, but it is clear that disabled individuals are the most likely to be secluded or restrained compared to all other groups. It is not known if clarifying the definitions of seclusion and restraint will disproportionately affect specific racial and ethnic groups or children with disabilities.

**Number of Children Served by Child-Caring Agencies compared to the number of times Seclusion or Restraints Happened in Child-Caring Agencies by Race, Ethnicity, and Disability Status in 2024\***

Quarter	American Indian or Alaska Native	Asian	Black or African American	Hispanic	Native Hawaiian	Other Pacific Islander	White	Disabled	Non Disabled
<b>Q1</b>	17.5	182.0	19.9	30.2	n/a	n/a	14.2	5.1	49.8
<b>Q2</b>	34.5	183.0	17.7	105.8	7.0	14.0	17.4	5.8	57.3
<b>Q3</b>	21.4	59.7	9.6	24.6	n/a	9.0	13.3	5.7	16.7

\*Includes *each* instance of seclusion and restraint, including times the intervention is re-initiated in one instance.

**Combination of Q1, Q2, and Q3 2024 quarterly reports above**

	American Indian or Alaska Native	Asian	Black or African American	Hispanic	Native Hawaiian	Other Pacific Islander	White	Disabled	Non Disabled
<b>2024 Ratio</b>	23.9	108.8	14.3	35.8	24.0	16.7	14.9	5.5	31.4
<b>Total Served</b>	454	544	743	1288	24	50	4607	1701	4991

**Out of State Placement**

This bill carves out exceptions to restrictions on out-of-state treatment and services – intended to be rare - and requires accountability and transparency for each instance of out of state treatment for a child in the custody of ODHS Child Welfare.

Currently, children in child welfare or foster care are precluded from receiving medically necessary treatment or services out of state by [ORS 418.321](#), which requires out of state

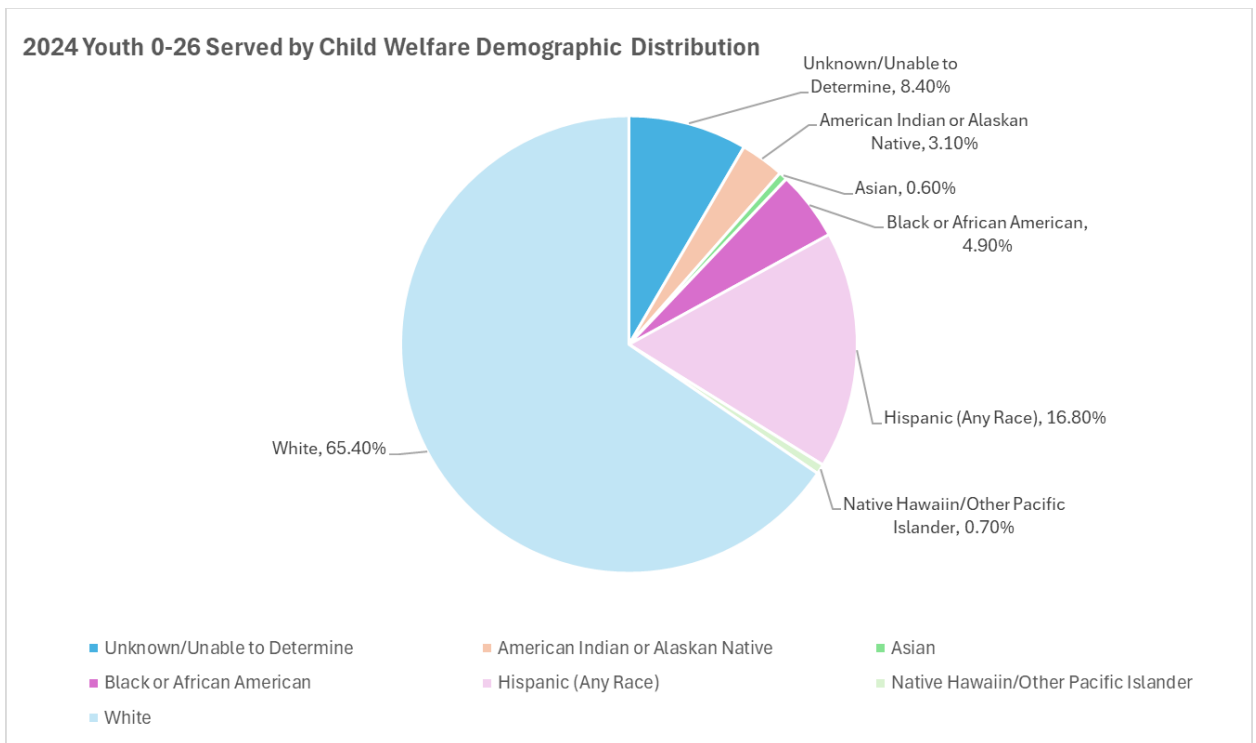
providers to be licensed in Oregon. This process takes at least 6 months, and no out of state provider has yet agreed to participate in Oregon licensure, so the impact is an effective ban on out of state treatment or services for foster youth. Between June 2020 and June 2024, no children served by child welfare were treated out of state. Between July 2024 and September 2024, each monthly report indicated one child who received medically necessary treatment out of state. In October 2024, the most recent available report, no children were receiving treatment out of state.

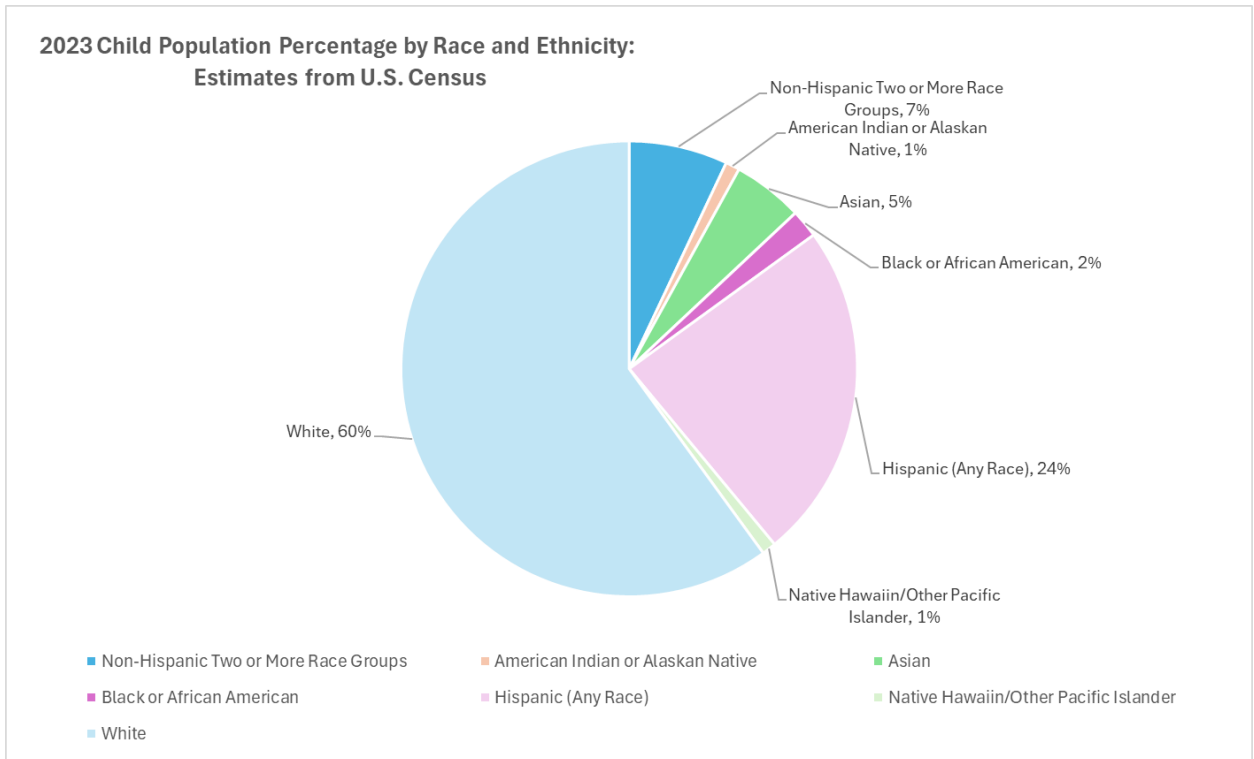
Prior to the 2020 effective ban on out of state treatment for foster youth, children were placed into out of state residential treatment facilities and foster care placements by Child Welfare case workers. During this time, there was limited oversight of youth that were placed out of state, which resulted in numerous allegations of abuse in out state placements. These experiences and the ensuing advocacy resulted in the 2020 ban on out of state placement for youth in Child Welfare. Between Jan 1, 2018 and June 3, 2020, 97 individual children were placed out of states. The reported primary races of these children were 74.2% White, 11.3% American Indian or Alaskan Native, 11.3% Black or African American, 2.1% Native Hawaiian or Other Pacific Islander, and 1.0% Asian. Further, 8.2% were Hispanic and 10.3% were eligible for Tribal enrollment. Consistent with the demographics of CW described below, there was an over representation of Black or African American and American Indian or Alaskan Native youth placed out of state compared to the state population. These data were pulled from ODHS for this analysis.

The demographics of youth ages 0-26 served in child welfare are indicated below for the time period of 01/01/2024 - 10/031/2024, the most recently available data on the SOC dashboard. Data collection for Oregon youth demographics is not standardized across systems, meaning there is no perfect comparison between the demographics of youth served by child welfare to all youth in Oregon. The chart below includes estimates from population estimates, compiled by the Kids Count Data Center (<https://datacenter.aecf.org/>). While we cannot perfectly determine which groups are overrepresented in Oregon, census estimates and historical context ([reference](#)) suggest an overrepresentation of Black or African American youth and American Indian or Alaskan Native youth in Child Welfare. Passed in 1978, the Indian Child Welfare Act (ICWA) was intended to protect American Indian and Alaska Native families from the overuse of child removal by child welfare agencies, which continued from the days of boarding schools and forced family separation which marked the early days of the United States. Oregon's own ICWA law was passed in 2020 and aligned Oregon's child welfare laws with national ICWA standards, prioritizing family bonds and Tribal connections for tribal children involved with the child welfare system ([Oregon and Federal ICWA](#)).

The intention of the bill should also be considered when determining if Black and African American youth or American Indian or Alaskan Native Youth would benefit from this change. Youth in rural areas or eligible for Tribal enrollment may have to travel long distances to receive services if they are unable to receive medically necessary treatment from out of state

providers. This bill aims to remedy that problem while providing significant oversight to the limited number of times Child Welfare sends a child in their custody to receive medically necessary treatment outside the state of Oregon. Black or African American youth in Oregon have access to just one culturally specific Child-Caring Agency in Oregon, and there is historical context of Black or African American youth reporting negative experiences with Oregon services ([NAMI](#)). However, this is not sufficient evidence to conclude if Black or African American Children would be helped or harmed by this aspect of the legislation. American Indian or Alaskan Native youth would likely stand to gain the most benefit from the change in exceptions to out of state placement, as this bill provides access to providers requested by those children’s Tribes, which they are currently more likely to be shut out of and face significant barriers to culturally appropriate care.





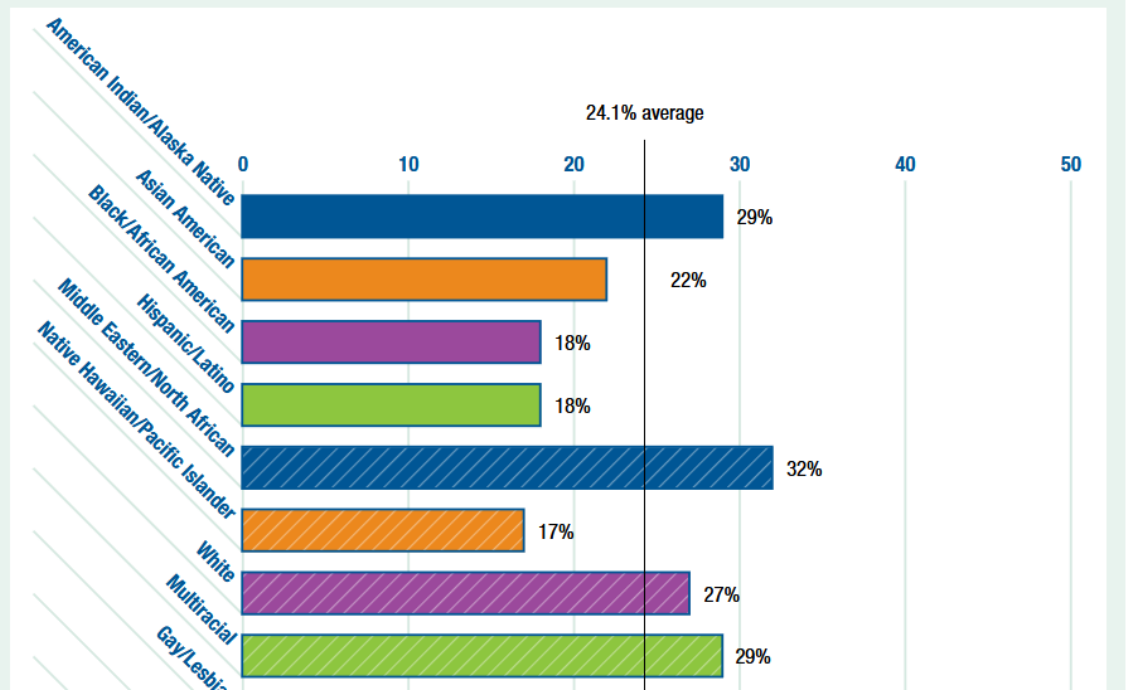
4. What SOC outcome measures are related to this proposal?

[See 2023 SOC Data Report](#)

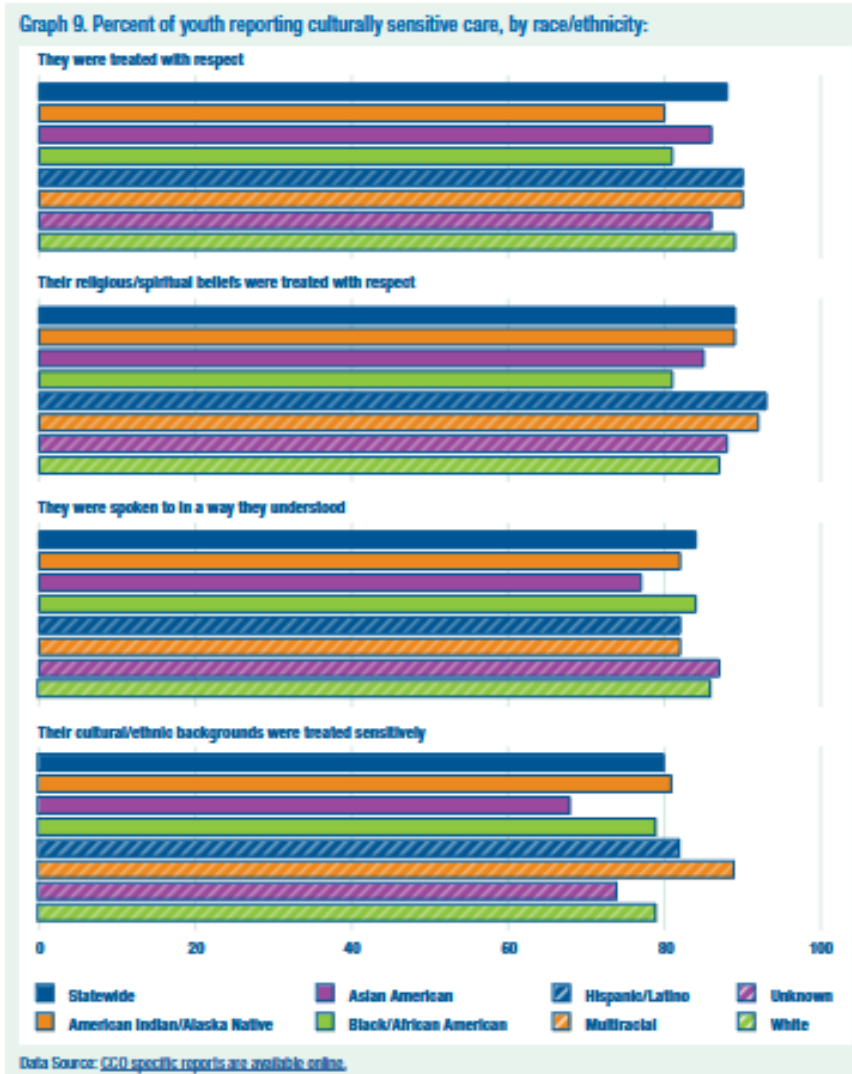
- Outcome: Youth can access care when they need it
  - Measure: Decreased percent of youth who had an unmet mental health care need.
    - 24% of 11<sup>th</sup> graders report having an unmet mental health care need (2021, Student Health Survey)



Graph 7. Percent of youth who had an unmet mental health care need by race/ethnicity:



- Measure: Increase percent of youth reporting culturally sensitive care.
  - 88% of youth report receiving culturally sensitive care (2022, Mental Health Statistics Improvement Program Survey)



- Outcome: Children in child welfare custody are served in home, wherever safety permits.
  - Measure: Increase percent of children involved with child welfare who were served while residing in their parent’s home by year.
    - 22% of children involved with child welfare were served while residing in their parent’s home (2023, ODHS)
- Outcome: System involved youth have necessary independent living skills
  - Measure: Increase percent of OYA involved youth living independently, at home (on OYA parole/probation), or in OYA foster care who are engaged in school, work, or both within 30 days of placement by year
    - 71% of Oregon Youth Authority (OYA) involved youth were living independently, at home, or in OYA foster care who are engaged in school, work, or both within 30 days of placement
- Outcome: The Juvenile Legal System is not used as a gateway to behavioral health services.
  - Measure: Under development

5. Have we asked the right questions of the right people? What are the data gaps? What additional data would be helpful for analyzing the proposal, and how will this data be obtained?

To properly understand the racial and ethnic impact of this bill, intersectionality should be incorporated in our data and analysis. However, we are not able to measure the intersectionality of a vulnerable group: secluded or restrained children in child-caring facilities. These data are reported quarterly from child-caring agencies to ODHS and are publicly available [here](#). Reports group children in care by race, ethnicity, migrant status, disability, and other categories rather than including the demographic information of each child included in the reports. The reports do not include information on whether the youth included in the report come from rural, suburban, or urban communities, either. This means that we are not able to assess if, for example, Black Disabled children are secluded or restrained more than White Disabled children. This data flaw makes intersectional analysis impossible unless a data reporting change is made.

### **Community Engagement: How have youth and families been engaged?**

1. How have these youth and families been engaged in development of this proposal?

Youth and families have been actively engaged through several avenues, including:

- Participation in the [Safety Workgroup](#)
- Appointment of youth and family representatives to key groups such as the Governor's Behavioral Health Workgroup, CIRT, and others
- Involvement with the SOC Youth Council
- One-on-one and focus group conversations with youth and families
- Additional feedback gathering through emails, text messages, phone calls, meetings, and public testimony in SOCAC meetings.

These engagements have represented a broad range of experiences, including:

- Youth with lived experience of restraint and/or seclusion.
- Youth with disabilities and complex needs in residential and school settings, along with their families and service providers
- Youth in foster care, youth in temporary lodging, and those at imminent risk of suicide

- Family members, legal guardians, and caregivers of these children and youth.

Additionally, public comment and discussion have been received at SOCAC meetings on December 3rd and January 7th, as well as during SOCAC Legislative Committee meetings on January 8th and January 15th, 2025. Opportunities for public comment were held during the 2025 legislative session: public hearings on 3/20/2025 and 3/25/2025; work session on 4/03/2025, and an informational meeting on 3/11/2025, As of May 5<sup>th</sup> 2025, 304 written testimonies were submitted regarding various versions of HB3835.

2. What do youth and family have to say about the burdens and benefits of this proposal?

The feedback from youth and families has been mixed.

While some have shown support for the overall concept, other family members—especially those of children with intellectual and developmental disabilities (I/DD)—have raised concerns. These concerns have included:

- Regulations of restraint and seclusion - which is a deeply controversial subject for many families who have either experienced it firsthand or fear how the amendments in this bill might impact its application and frequency of use.
- Concerns about the use of behaviorism/behavior modification, particularly the potential harms and trauma it can cause.
- The ineffectiveness of behaviorism/behavior modification in addressing the needs of children.
- "The system is only protecting itself" – Some family advocates expressed concern that the intention of this bill may be to protect provider agencies by decreasing liability for staff who commit child abuse.
- One family advocate shared a request that perpetrators of child abuse not be allowed to investigate themselves, noting a need for protection against this potential abuse of power.
- Disappointment that black youth have a difficult time receiving culturally responsive services in Oregon.

Supportive feedback for this concept has shown appreciation for:

- Expanded access to services and improved care for youth with complex needs
- The comprehensive evaluation of constraints to safety and wellbeing for system-involved children and youth and the unintended consequences to agencies, providers, and families, of previous legislation
- The broadening of crisis intervention models

The feedback from youth and families has sparked meaningful dialogue and careful revisions to the language of the bill, ensuring it aligns with its intended goals while prioritizing the safety and well-being of all youth and families involved.

3. What have we heard about the factors that produce or perpetuate racial inequities and intersections of all marginalized identities related to this proposal?

Several factors have been identified that contribute to racial inequities and the marginalization of various communities:

**Historical white supremacy in Oregon’s child welfare system:** The historical legacy of white supremacy in Oregon’s child welfare system continues to affect how services are distributed and accessed, often disproportionately disadvantaging children and families from marginalized racial and ethnic backgrounds, particularly for Black and Native youth.

**Implicit bias and medical racism:** Concerns have been raised about the role of implicit bias and medical racism in decision-making processes, which may impact the care and treatment of marginalized youth, particularly youth of color.

**Intersectionality:** The overlapping and compounding effects of the factors listed in this section—racial inequities, ableism, implicit bias, and historical systemic oppression—create unique challenges for marginalized youth and families, exacerbating their struggle to access equitable services.

**Ableism:** The systemic ableism present in service delivery often leads to inadequate care for youth with disabilities, particularly those who face both racism and ableism.

**Geographic inequities:** The current ban on out-of-state placements has created significant hardship for families, particularly families with Child Welfare involvement living in rural and frontier areas of the state. These families would have better access to specialized facilities in neighboring states like Idaho, California, or Washington, but instead, they are required to seek services hundreds of miles away, often in the Willamette valley, far from their communities.

The bill’s modifications to secure transportation services will benefit those in rural areas across the state. Currently there are zero providers of secure transportation services for youth in Oregon, and the bill would modify regulations to secure transport licensing. These modifications should increase the availability of secure transportation services. Youth in rural areas have less access to traditional public transportation services and would benefit from increased access to secure transportation services.

**Data Availability:** Some systems do not allow for evaluating intersectionality due to data suppression or reporting guidance. For example, seclusion and restraint data are not able to be analyzed for interactions between multiple identities (e.g., Transgender AND disabled).

4. Is there a need to expand engagement to impacted groups before a decision is made?

Extensive public engagement has already occurred and was updated in the relevant sections above. Any additional opportunities will be documented if an updated GARE is requested.

### **Analysis and strategies: What are the strategies for advancing racial equity?**

1. How will proposal increase or decrease racial equity?

Overall, the HB 3835 would have positive, unknown, or neutral effects on racial equity by each section of the HB 3835. The impacts are summarized by section below.

#### **Restraint and Seclusion Definitions**

It is not known if clarifying the definitions of seclusion and restraint will disproportionately affect specific racial and ethnic groups or children with disabilities.

#### **Out of State Placement**

American Indian or Alaskan Native youth would stand to gain the most benefit from the change in exceptions to out of state placement, as they are currently more likely to be shut out of these types of services; this would increase racial equity.

#### **Secure Transport**

While the secure transport services modifications would improve rural equity, it is unlikely to either advance or reduce racial equity.

2. What are potential unintended consequences? What benefits may result?
  - In conversations with youth and families, we have heard concerns about the following potential unintended consequences:
    - Increased use of ABA or other behaviorism-based interventions/behavior modification which have caused trauma and PTSD for children and youth with disabilities.
    - Inadequate training and support resources for staff leading the implementation of this bill.

- Fears that redefining terms of abuse, seclusion and restraint may make it easier to impose abusive seclusion and/or abusive restraint.
  - Fears that Child Welfare may use the newly created option to send foster youth to treatment providers out of state could lead to foster youth being placed in unsafe, unregulated, or inadequate facilities.
  - Concerns that providers and agencies may increase the use of behaviorism-based (behavior modification) interventions due to the addition of new approved intervention strategies as well as it relates to concerns of increased use of restraint and seclusion. Similar concerns were also expressed that as a result of this bill, there will be a decreased likelihood for providers to use science-based alternative interventions which focus on the root causes of behaviors rather than the modification of external behaviors.
  - Family advocates also expressed fear that this bill could lead to increased use of restraint and seclusion.
- Benefits that may result from this concept include the following:
    - Oregon’s children and youth have more options to access quality providers closer to where they live.
    - Tribal children have access to culturally appropriate care they are currently denied due to their involvement with the Child Welfare system, a violation of the Indian Child Welfare Act (ICWA) and the Oregon Indian Child Welfare Act (OR-ICWA).
    - Children in the custody of Child Welfare will have access to the same specialized medical services other Oregon children on Medicaid or in the juvenile legal system have today.
    - Secure transport service providers will likely resume providing secure youth transport services within Oregon.
    - Increased capacity for agencies to provide medical and behavioral health services and supports to children and youth.
    - More programs and increased staff retention for programs that certify, support, and oversee foster parents who provide specialized behavioral health treatment and supports.
    - Fewer children in temporary lodging and reduced boarding in emergency departments.
    - Clear, consistent definitions of third-party child abuse across regulated settings, making it easier for youth and families to understand and advocate for their rights.
    - This bill is a step toward building a trauma-informed children’s system, which learns from mistakes and prioritizes healthy relationships between youth, parents, caregivers, and regulatory bodies.

3. Are the impacts aligned with outcomes defined in Step #1?

Yes. The impacts most directly connected to the outcomes in Step 1 above are:

- *Youth can access care when they need it.* This bill is intended to increase access to care, with a focus on youth with complex needs. We anticipate a reduction in the number of youth indicating they have an unmet health need, though a small one, since this population is a small subset of the overall youth population included in the metric.
- *Youth receive culturally appropriate care.* As discussed above, some of the regulations this bill aims to amend have a disproportionate impact on Black youth, Native youth, and youth who are in the custody of Child Welfare. An increase in providers, and more flexibility in licensing providers (allowing LLCs to become child caring agencies, for example) has been indicated as a strategy to increase the diversity of providers, allowing for increased access to culturally appropriate care for some youth. In addition, the out of state placement exemption for Native youth will increase their access to culturally specific providers and honor Tribal sovereignty in alignment with ICWA (Indian Child Welfare Act) and OR-ICWA (Oregon Indian Child Welfare Act).
- *Children in child welfare custody are served in home, wherever safety permits.* This policy is unlikely to impact this outcome, as it is primarily focused on third-party treatment settings.
- *System involved youth have necessary independent living skills.* It is expected that this policy would increase the opportunities for system involved youth to develop independent living skills, as research indicates that placement disruptions decreases youth's ability to gain these skills. It stands to reason, therefore, that reducing placement disruptions will increase the rate at which youth report having the independent living skills they need to thrive.
- *The Juvenile Legal system is not used as a gateway to behavioral health services.* While we have struggled to find a relevant administrative measure for this goal, it is believed that this policy would reduce the number of youth who encounter the Juvenile Legal system as a result of aggression. Currently, youth who use aggressive behaviors in treatment settings are frequently discharged, which they have reported creates hopelessness that the system can meet their needs, reducing their motivation to engage in therapeutic work. This dynamic sometimes leads to youth using aggressive behaviors to the extent that they are charged with a crime, putting them in the custody of the legal system. Other youth and their families have reported that their needs are 'too acute' for outpatient services, but they are not a 'fit' for any inpatient settings. These youth often go unserved until a crisis or self-medicating behaviors lead them into the Juvenile Legal system. Allowing youth with complex needs more stability within placements, which is the intent of this bill, is expected to reduce the number of youth who are seeking behavioral health services through the Juvenile Legal system.

### **Implementation: What is the plan for implementation?**

1. Describe the plan for implementing the decision.

If passed by the legislature, ODHS, and possibly OHA, will convene Rule Advisory Committees to incorporate the policy changes into Oregon Administrative Rules. SOCAC



will ensure a committee focuses on data review to track data trends and produce regular reports. A comprehensive communications plan will be developed to inform the public, providers, and stakeholders within the children’s systems of care about key policy changes, ensuring clear understanding and consistent implementation across the state. A committee of youth and family members with personal experiences in restraint or seclusion will be convened to make recommendations to OHDS regarding new crisis intervention models which may be approved for use in regulated settings.

2. Is the plan:

- Realistic
- Adequately funded
- Adequately resourced (staff/time)
- Adequately resourced (data collection/reporting/community engagement)

3. If the answer to any of the above is no, what resources or actions are needed?

The plan is realistic, adequately funded and resourced for both staff time and data collection/evaluation as long as the bill is passed with the funding requests associated with the fiscal impact statement (currently in development). In order to ensure adequate oversight, analysis of the impacts, and opportunities for ongoing improvement, SOCAC will need resources to support research analysis and communications. There is risk to adequate funding for this bill based on the instability and uncertainty regarding Federal funding for research, human services, and other funding streams which will be necessary for full funding of this concept.

**Accountability and communication: How will SOCAC ensure accountability, communicate, and evaluate results?**

1. How will impacts be documented and evaluated? How will we know the anticipated outcomes are achieved and impacted communities experienced the intended impact?

The bill requires the SOCAC to study the implementation of this bill by the Department of Human Services and the Oregon Health Authority and analyze the effects of that implementation. The council shall submit a report in the manner provided by ORS 192.245, and may include recommendations for legislation, to the interim committees of the Legislative Assembly related to health care and human services no later than September 15, 2026.

The goals of this bill will be met if Oregon sees the following changes in our children’s system data:

- Decreased ER boarding for youth due to behavioral health crises,

- Decreased wait times for intake for residential services (goal is days, not weeks or months)
- Decreased temporary lodging rates,
- Decreased rates of unplanned discharges for youth in the custody of Child Welfare

2. How and when will impacts on racial equity be evaluated and reported?

The equity impacts of this bill will be included in reports from the SOCAC to the Legislature. Since additional reporting requirements in the base bill, and research capacity to evaluate impacts that may be intersectional in nature have been removed, the reports will be a pre-passage to post-passage comparison. While the data (discussed above) is imperfect, the removal of reporting changes will allow us to directly compare impacts across racial categories to determine if this policy change has disproportionate impact on youth based on their perceived racial identity.

What communication strategies will be used to ensure public accountability – especially for youth and families most impacted by the decision?

- a. SOCAC will periodically provide reports on implementation and outcomes in our public meetings.
- b. SOCAC will submit this completed and approved analysis as written testimony to legislative committees when hearings are held on this bill.