

CCLP CCA Involuntary Seclusion Restraint Reporting

1.

Instructions:

[ORS 418.528](#) requires the following information for all children in care served by a child caring agency (CCA) which must be submitted* quarterly to the Children's Care Licensing Program (CCLP). Current reports must be posted on the Child Caring Agency's website, if applicable, and must be provided to any member of the public upon request.

*This electronic form replaces previous reporting methods using U.S. mail or e-mail.

If you have questions, please contact us at cclp.licensing@odhsoha.oregon.gov

Thank you.

2. Agency Information

Please answer the following questions for Greater OR Behavioral Health, Inc. At the end of this form you will have the opportunity to review and verify your entry and download a .PDF file copy of the data you have entered.

1. Our records indicate that the website where you will be posting your data is: <https://www.gobhi.org/foster-care>.

Is this your current website?

Yes, we will continue to post to this website location.

2. Select the Quarterly Reporting Period you are providing data for:

Q3-2025 (July, Aug, Sept)

3. Total number of children served during reporting period

67

3. Demographics

Definitions:

Column 1 - Demographic Characteristics (For all Children Served): Indicate the race, ethnicity, gender, disability status, migrant status, English proficiency, and status as economically disadvantaged for all children in care served by the program during the reporting period unless the demographic information would reveal personally identifiable information about an individual child in care.

Column 2 - Demographic Characteristics of the children who the program placed in a restraint or involuntary seclusion, including race, ethnicity, gender, disability status, migrant status, English proficiency and status as economically disadvantaged, unless the demographic information would reveal personally identifiable information about an individual child in care. Indicate the number of children who experienced restraint or seclusion who match each of the criteria listed.

4. Counts by Race/Ethnicity for children served during the reporting period

	Number of all children served	Number of children restrained or placed in involuntary seclusion
American Indian or Alaska Native	4	0
Asian	1	0
Black or African American	8	0
Hispanic (any race)	5	0
Native Hawaiian	0	0
Other Pacific Islander	0	0
White	49	3
Other	0	0
Declined to answer	0	0

5. Counts by Gender of children served during the reporting period

	Number of all children served	Number of children restrained or placed in involuntary seclusion
Male	33	2
Female	28	1
Transgender	2	0
Non binary	2	0
Agender/No gender	2	0
Questioning	0	0
Declined to answer	0	0

6. Counts by Disability of children served during the reporting period

	Number of all children served	Number of children restrained or placed in involuntary seclusion
Disabled	12	0
Non disabled	55	3

7. Counts by Migrant Status of all children served during the reporting period

	Number of all children served	Number of children restrained or placed in involuntary seclusion
Migrant	2	0
Non migrant	65	3

8. Counts by English Proficiency of all children served during the reporting period

	Number of all children served	Number of children restrained or placed in involuntary seclusion
English is primary language	65	3
English is not primary language	2	0

9. Counts by Economic Status of all children served during the reporting period

	Number of all children served	Number of children restrained or placed in involuntary seclusion
Economically disadvantaged	67	3
Not economically disadvantaged	0	0

4. Restraint and Involuntary Seclusion Information**10. Restraint and Involuntary Seclusion Information**

	Count
Total number of incidents involving restraint	3
Total number of incidents involving involuntary seclusion	0
The total number of incidents involving restraint that resulted in reportable injuries	0
The total number of incidents involving involuntary seclusion that resulted in reportable injuries	0
Total number of involuntary seclusions in a locked room	0
Total number of rooms available for use for involuntary seclusion	0
Total number of children in care placed in restraint	3
Total number of children in care placed in involuntary seclusion	0
The total number of children who experienced both restraint and involuntary seclusion	0
Total number of children in care who were placed in a restraint more than three times during the reporting period	0
Total number of children in care who were placed in involuntary seclusion more than three times during the reporting period	0
Number of incidents in which an individual who placed a child in care in a restraint or involuntary seclusion was not certified or trained in the use of the type of restraint used, including individuals whose certification or training was expired at the time of the restraint or seclusion	0

5. Restraint and Involuntary Seclusion Information (Cont.)**11. Description of the dimensions and design of the seclusion room(s).**

n/a

12. A description of the steps the program has taken to decrease the use of restraint and involuntary seclusion.

Youth was at imminent risk of harm without use of the restraint. We will continue to work with foster parents to identify when the youth are becoming escalated sooner, utilize their known coping skills and be able to use techniques to calm them preemptively to avoid needing to use restraint.

GOBHI's program has worked to coach foster parents in supporting youth to verbally express his emotions, identify triggers and cues of escalation, and help youth utilize known coping skills. The team has taken mindful steps to prioritize relationship building to better understand youth's triggers and cues of escalation to know how to adjust youth's environment for his safety, provide time warnings to prevent anxiety with transitions, and offer support with tasks that may feel too difficult for youth to complete independently. The team has provided verbal guidance to educate youth and foster parents with the language to describe emotions, implement positive verbal mantras of praise, and daily routines of modeling safe and appropriate words and interactions with himself and others. The team has also implemented alternative safe options for moments of escalations such as breathing techniques, sensory chewable biting toys, DBT work, and creating safe spaces in the home to go to when needed. GOBHI's program has supported youth through establishing him in occupational therapy, play therapy, and mental health therapy. Youth has demonstrated the ability to increase his emotional and self regulation and language and communication skills since circumstance and the program has worked to implement steps to prevent re-occurrence of physical intervention.