

Oregon Juvenile Department Directors' Association Representing Oregon's County Juvenile Departments www.ojdda.org

County Juvenile Detention Health Care Continuity

County Juvenile Departments

The Oregon Juvenile Directors Association strongly supports the passage of Senate Bill 641 for the purposes ensuring youth who enter local juvenile detention facilities prior to adjudication continue access to their Oregon Health Plan. In 2019 there were approximately 2696 admissions of youth to local juvenile detention facilities for pre-adjudicatory detention. As juvenile directors we know that youth who enter the detention facilities have higher incidents of trauma, and are in need of both crisis and ongoing behavioral health services. The current law shifts the payment mandate from Medicaid (OHP) to the general funds of the individual counties. This break in eligibility is not based on any science or best practices for youth healthcare needs.

Characteristics of youth placed in detention

- The population of youth reflects the overrepresentation of youth of underserved populations and minority youth.
- Youth admitted to detention often have medical and behavioral health concerns that need attention.
- Youth in detention have a high percentage of Medicaid (Oregon Health Plan) as their primary healthcare coverage.
- The average length of stay for pre-adjudicative detention is 15.9 days. (JJIS Annual Report Statewide Detention 2019).
- When youth are placed in detention their care is disrupted by the loss of the youth's access to their healthcare coverage, this is especially true for youth in the rural areas of the state.
- Youth entering facilities have often had medication disruption, requiring additional assessment and medication management.
 - Monthly costs for common medications:
 - Latuda \$1400,
 - Vyvance- \$390
 - Adderall-\$104
- Oregon started to request the change in the Federal 1115 waiver, but the request was removed to expedite the process.

The Need for 641

Oregon Juvenile Directors are ready and willing to gather and provide information required by the workgroup. It is critical to not only ensure, but encourage youth in detention to access healthcare while in placement. Adolescent well child healthcare includes physical, behavioral health and dental services. There is no intent to lengthen time of youth in detention, but this is a point in time that services can be offered in a safe setting. Without this addition of the waiver, these services for otherwise covered services become the full responsibility of the counties. Counties are not set up to adequately address the preventive and early intervention services without access to Medicaid billing options.

OJDDA's Request

Oregon Juvenile Department Directors' Association respectfully requests that Senate Bill 641 be passed so that the medical and behavioral health needs of youth in detention are appropriately and equitably addressed.

For Further Information Contact:

Lara Smith at 503-804-9750