A-Engrossed Senate Bill 470

Ordered by the Senate April 13 Including Senate Amendments dated April 13

Sponsored by Senators HANSELL, MANNING JR, THATCHER; Senator JAMA (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

[Prohibits denial of medical assistance on basis that individual under 19 years of age is in detention pending adjudication. Requires Oregon Health Authority to seek federal approval for federal financial participation in costs of providing medical assistance to such individuals.]

[Requires Oregon Health Authority to conduct study, in consultation and collaboration with directors of county juvenile departments, agencies working with juvenile justice and youth health care systems, directors of juvenile detention facilities, Department of Human Services and Oregon Youth Authority, of needs of and barriers to youth in detention in accessing medical assistance and health care services. Requires Oregon Health Authority to report on study to interim committees of Legislative Assembly related to judiciary no later than September 15, 2025.]

Establishes Youth in Custody Health Services Advisory Committee. Directs advisory committee to advise Oregon Health Authority regarding continuum of health-related services for youths receiving services from county-level juvenile justice systems. Directs advisory committee to submit biennial report to interim committees of Legislative Assembly related to health.

A BILL FOR AN ACT

2 Relating to medical assistance for youth in preadjudication detention.

3 Be It Enacted by the People of the State of Oregon:

4 **SECTION 1. (1)** As used in this section:

5 (a) "Juvenile detention facility" means a detention facility, as defined in ORS 419A.004.

6 (b) "Youth" means an adjudicated youth or a youth, as those terms are defined in ORS 7 419A.004.

7 **419A.004.**

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8 (2) The Youth in Custody Health Services Advisory Committee is established in the 9 Oregon Health Authority to provide guidance to the authority and policy recommendations 10 to ensure continuity of care and access to health care for youths detained in juvenile de-11 tention facilities.

(3) The director of the Oregon Health Authority shall appoint 14 members to the advisory
committee as follows:

(a) One member from the Oregon Health Authority who represents the behavioral health
services program.

(b) One member from the Oregon Health Authority who represents the Medicaid pro gram.

18 (c) One member from the Oregon Youth Authority.

19 (d) Two members representing the Oregon Juvenile Department Directors' Association,

20 of whom at least one is from a county in which a juvenile detention facility is located.

21 (e) One member from the Department of Human Services who represents child welfare.

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1	(f) One member from the Department of Human Services who specializes in services
2	provided to persons with intellectual or developmental disabilities.
3	(g) One member who represents a coordinated care organization that serves a region
4	with a juvenile detention facility.
5	(h) One member who represents the Association of Oregon Community Mental Health
6	Programs.
7	(i) One member who is a member of a federally recognized Indian tribe in this state or
8	that individual's designee.
9	(j) One member who is a family member of a youth involved in the juvenile justice sys-
10	tem.
11	(k) One member who is a youth with experience being placed in a juvenile detention fa-
12	cility.
13	(L) One member who is from the Department of Education.
14	(m) One member who is a member of the Youth Development Council established under
15	ORS 417.847.
16	(4) The advisory committee shall analyze the services and costs related to health care for
17	youths placed in juvenile detention facilities and advise and make recommendations to the
18	Oregon Health Authority regarding the continuum of health-related services for youths re-
19	ceiving services from county-level juvenile justice systems. In conducting the analyses, pro-
20	viding the advice and making the recommendations under this subsection, the advisory
21	committee shall take into consideration, at a minimum:
22	(a) Key drivers of detention and health care related interventions and post-interventions.
23	(b) The system infrastructure used to collect data for program implementation and
24	monitoring.
25	(c) Gaps in needed services that create barriers to continuity of care.
26	(d) Data-driven recommendations to mitigate the gaps identified in paragraph (c) of this
27	subsection.
28	(e) Requirements and mandates in federal laws regarding coverage for services for
29	youths transitioning from custody.
30	(f) Data-driven information on outcomes and expenses, including denials and complaints
31	of youths and families attempting to receive services through state medical assistance pro-
32	grams.
33	(g) The racial and ethnic disparities of youths who are impacted by the lack of continuity
34	of care resulting from placement in a juvenile detention facility.
35	(h) Special health care needs of youths with intellectual or developmental disabilities.
36	(i) The efficiency and effectiveness of the state and county oversight of access to services
37	and service delivery to youths transitioning out of custody.
38	(j) Opportunities to improve alignment with federal mandates.
39	(5) The advisory committee may:
40	(a) Assess current laws and mandates for health care throughout a youth's involvement
41	with the juvenile justice system, specifically while placed in juvenile detention facilities; and
42	(b) Make recommendations for legislation, including recommendations for seeking federal
43	approval of demonstration projects, waivers or state plan amendments to include services for
44	youths in juvenile detention facilities.
45	(6) No later than September 1 of each even-numbered year, the advisory committee shall

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1 submit a report of its analyses and advice developed under subsection (4) of this section and

2 any recommendations for legislation to the interim committees of the Legislative Assembly

3 related to health, in the manner provided in ORS 192.245.

4 (7) All agencies of state government, as defined in ORS 174.111, are directed to assist the 5 advisory committee in the performance of its duties and, to the extent permitted by laws 6 relating to confidentiality, to furnish such information and advice as the members of the 7 advisory committee consider necessary to perform their duties.

8 <u>SECTION 2.</u> The report described in section 1 (6) of this 2023 Act is first due September 9 1, 2024.

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