

Tina Kotek, Governor

February 18, 2026

Honorable Senator Lisa Reynolds, Chair
Honorable Senator Dick Anderson, Vice Chair
Senate Committee on Early Childhood and Behavioral Health
900 Court Street NE
State Capitol
Salem, OR 97301

SUBJECT: HB 4068 Questions

Dear Senator Reynolds and Committee Members:

Please find below information requested by members of the Senate Committee on Early Childhood and Behavioral Health at the Feb. 17, 2026, public hearing on HB 4068.

What is the reason for the age change in HB 4068, especially if HB 2015 was just passed in the 2025 session?

The age of 17.5 has been the eligibility age for the Young Adults in Transition residential program since its beginning in 2007. However, more frequently, there have been times when young people between 17 and 17.5 have needed exceptions as they exit treatment programs. Without these exceptions, many young adults are at risk of significant negative outcomes including homelessness or temporary lodging. OHA has worked to address this issue in the past four-to-five years, and has shifted program admission age to 17. The inclusion of age 17.5 in HB 2015 (2025) created a mismatch between statute and current practice, requiring the technical fix of HB 4068.

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How does HB 4068 align with the federal *Family First Prevention Services Act*?

The age change in HB 4068 does not impact the federal Family First Prevention Service Act and will not disrupt Oregon Department of Human Services (ODHS) placements or youth in care. While young people in ODHS custody are served in the Young Adults in Transition (YAT) programs, the programs do not solely serve youth in ODHS custody, and are community-based (e.g., not locked). In addition, Family First has a carve-out for young adult programs, which applies to the YAT programs.

Will this change maintain compliance with Family First requirements for assessments by qualified individuals or psychiatric teams?

Yes. The change from 17.5 to 17 aligns the statute with current licensing and operational practices. All youth entering a transition-aged youth residential treatment home are still subject to the same federal requirements under Family First, including assessment by a qualified individual or certifying psychiatric team. This amendment does not alter or circumvent the assessment process required before placement.

Does this change preserve court oversight and medical oversight for congregate care placements for youth in state custody?

Yes. Court and medical oversight remain fully intact. The technical fix in HB 4068 only clarifies the starting age for licensure and eligibility; it does not alter the statutory requirements for court review nor medical determinations when a youth is placed in congregate care. Youth entering these homes will continue to be under the same oversight protections as before.

Will lowering the age to 17 unintentionally expand congregate care or bypass the safeguards intended to keep children in family-based settings whenever possible?

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No. This technical amendment does not expand congregate care; it simply aligns statute with the population currently served. Youth at age 17 who require transition-aged residential treatment are already in programs that meet clinical and oversight standards. HB 4068 ensures continuity of care and does not create any loopholes to avoid family-based placements or oversight requirements under Family First.

Overall, does this technical amendment disrupt the purpose of Family First or the existing protections for youth near the age of 18?

No. HB 4068 is purely a technical fix to match the statutory language with current practice and does not change federal compliance requirements. Youth near age 18 will continue to receive individualized assessments, court review where necessary, and care planning that prioritizes family-based settings whenever possible. This amendment ensures the law reflects current practice without disrupting existing safeguards.

Please do not hesitate to reach out if there are any further questions. Thank you.

Sincerely,



Ebony Clarke
Behavioral Health Division Director