

B-Engrossed Senate Bill 1557

Ordered by the Senate March 7
Including Senate Amendments dated February 19 and March 7

Sponsored by Senator GELSER BLOUIN; Senator PATTERSON, Representatives GAMBA, GOMBERG, MANNIX
(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. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act requires the OHA to take certain steps to make sure that certain people who are under 21 years of age receive the services and supports that they qualify for. The Act requires the OHA and DHS to make sure that children and youth who are served by both agencies get the services they need from both agencies.

The Act says that, if a court orders the OHA to provide certain services to a youth, the order does not commit the youth to the OHA or change the youth's guardian. (Flesch Readability Score: 63.5).

Requires the Oregon Health Authority to ensure that all children or youth who are eligible for home or community-based services receive the services to which they are entitled.

Requires the authority and the Department of Human Services to adopt rules to facilitate cross-agency coordination to support multi-system involved children and youth. Specifies minimum requirements for the rules.

Requires the authority to investigate the services and supports that are provided, through the K plan, to children and youth to enable the children or youth to avoid placements in institutional settings. Requires the authority to report specified data and recommendations on the authority's investigation to the interim committees of the Legislative Assembly related to health care and human services by October 1, 2024.

Prohibits the denial of mental health assessment, treatment or services to individuals on the basis that the individuals have intellectual or developmental disabilities.

Requires the authority to review and amend, as needed, current administrative rules and contracts to ensure that individuals under 21 years of age have access to specified services.

Requires the authority and the Department of Education to develop strategies and recommendations for leveraging federal funds to provide certain school-based services and submit a report to the Legislative Assembly by October 1, 2024.

Modifies provisions regarding the assessment of a youth's fitness to proceed in a juvenile delinquency proceeding. Clarifies that an order directing that a youth receive restorative services does not commit the youth to the custody of the Oregon Health Authority or alter the youth's guardianship. Limits when a youth may be removed from a current placement to a new placement to receive restorative services.

Declares an emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to services to individuals who are under 21 years of age; creating new provisions; amending
3 ORS 419C.380, 419C.392 and 419C.396; and declaring an emergency.

4 **Be It Enacted by the People of the State of Oregon:**

POLICY AND VALUES

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8 **SECTION 1. It is the intent of the Legislative Assembly in enacting sections 2 to 4 of this**
9 **2024 Act that the rules adopted by the Oregon Health Authority or the Department of Human**
10 **Services and actions taken by the authority and the department to administer sections 2 to**
11 **4 of this 2024 Act be guided by the following policy and values, that:**

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 (1) Each child and youth is an individual with unique strengths and needs and must be
2 met with developmentally, culturally and linguistically appropriate and individually respon-
3 sive services that recognize the individual as a whole person;

4 (2) Children, youth and their families are the experts on their lives and needs and must
5 be meaningfully included in all decisions about their individual services and supports and be
6 meaningfully included in policy making and service design;

7 (3) All children and youth, regardless of the type or severity of diagnoses or the disability
8 they experience, must be supported to live, work, play and attend school in integrated com-
9 munity settings and must be supported to safely and successfully remain in their family
10 homes and local schools to the maximum extent possible;

11 (4) Agencies and community partners must proactively recognize and build upon the
12 unique strengths and potential of each child, youth and family;

13 (5) State agencies must prioritize child, youth and family-centered supports toward pre-
14 vention and recovery;

15 (6) Children and youth must not be restricted to a single-service setting or delivery sys-
16 tem and must be provided with access to all services for which the children or youth are
17 eligible regardless of their disability type or family situation;

18 (7) Children, youth and their families must be supported to access the appropriate com-
19 prehensive home and community-based services and supports that prevent crises from hap-
20 pening or from reoccurring and that provide support and stabilization in the event of a crisis;

21 (8) State agencies that serve children, youth and their families must prioritize collab-
22 oration and information-sharing to support children and youth receiving multi-system sup-
23 ports through culturally and linguistically appropriate, disability-affirming and
24 family-focused supports to remain in the community and avoid physical or mental health
25 crises, hospitalizations or out-of-home placements;

26 (9) State agencies that serve children, youth and their families and community partners
27 of the state agencies must collaborate to provide wraparound, child and youth-centered and
28 trauma-responsive supports to children, youth and their families, including foster families,
29 as children and youth transfer between placement settings across the continuum of services;
30 and

31 (10) The state must access, to the maximum extent possible, all federal funds available
32 to support children and youth with complex needs, at home, in substitute care, in the com-
33 munity and at school.

34
35 **ENTITLEMENT UNDER THE K PLAN**

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37 **SECTION 2.** Consistent with any assurances made by the Oregon Health Authority to the
38 Centers for Medicare and Medicaid Services under the provisions of the state plan for med-
39 ical assistance relating to the Community First Choice Option under 42 U.S.C. 1396n(k), the
40 authority shall ensure that all children and youth who are eligible for medical assistance,
41 including children who are in the custody of the Department of Human Services, who meet
42 the criteria for an institutional level of care have access to the home and community-based
43 services to which they are entitled under the state plan for medical assistance.

44
45 **COORDINATION AND CROSS-AGENCY COLLABORATION**

SECTION 3. (1) As used in this section:

(a) “Child” means an individual under 18 years of age.

(b) “Medicaid/CHIP Operations Coordination Steering Committee” means the committee comprised of executive level staff and subject matter experts that is required by the terms of the state’s Home and Community-Based Services waiver, under 42 U.S.C. 1396n(c), to meet at least quarterly to coordinate all mutual policy issues related to the operation and administration of the state’s medical assistance programs, including state plan amendments, waiver requests, rules, procedures and interpretive guidance.

(c) “Multi-system involved child or youth” means a child or youth who is concurrently involved in two or more of the child welfare, mental health, juvenile justice, special education, developmental disability services or aging and persons with disabilities services systems.

(d) “Serious emotional disturbance” means a mental, behavioral or emotional disorder, regardless of origin, that:

(A) Is of sufficient duration to be diagnosed by a qualified licensed health provider utilizing the diagnostic criteria specified in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association; and

(B) Has resulted in a functional impairment that substantially interferes with or limits the individual’s role or functioning in family, school or community activities.

(e) “Wraparound team” means a group of people chosen by a child or youth and connected to the child or youth through natural, community and formal support systems, who develop and implement the child or youth and the family’s plan to address unmet needs and work toward the child or youth and family’s vision and team mission.

(f) “Youth” means an individual 18 through 20 years of age.

(2) In consultation with the Medicaid/CHIP Operations Coordination Steering Committee, the Department of Human Services and the Oregon Health Authority shall adopt rules necessary to facilitate cross-agency coordination that supports each multi-system involved child or youth who is eligible for services and supports funded through the Community First Choice Option under 42 U.S.C. 1396n(k) or the state plan for medical assistance to have all of the assessed needs of the child or youth fully met, including through the use of available natural and community supports, while avoiding the duplication of services. At a minimum, the rules must:

(a) Clarify the roles of wraparound teams, community developmental disabilities programs, children’s intensive in-home services providers, schools, child welfare programs and other relevant entities in the determination of a multi-system involved child or youth’s level of care needs and an assessment of the functional and service coordination needs of each child or youth;

(b) Streamline the application and eligibility determination process by allowing each multi-system involved child or youth’s assessment, application and service plan to be shared across all relevant systems to the maximum extent permitted by state and federal law;

(c) Ensure that each child or youth who experiences intellectual or developmental disabilities in addition to mental illness or a substance use disorder is provided simultaneous access to services and support offered by each agency serving the child or youth without delay;

(d) Prohibit any agency, program or provider from denying mental or behavioral health

1 services to a child or youth because the child or youth has an intellectual or developmental
2 disability or a substance use disorder, including alcohol use disorder, in addition to the child
3 or youth's mental illness or serious emotional disturbance;

4 (e) Ensure coordination between public agencies that serve multi-system involved chil-
5 dren or youth:

6 (A) To support each multi-system involved child or youth to enable the child or youth to
7 remain in the community and avoid health crises, hospitalizations or out-of-home place-
8 ments;

9 (B) With a focus of the coordination being on prevention, recovery and support, recog-
10 nizing the unique strengths and potential of each multi-system involved child or youth; and

11 (f) Support children or youth and their families to access the appropriate comprehensive
12 home and community-based services and supports that prevent crises from happening or
13 reoccurring and that provide support and stabilization in the event of a crisis.

14 (3) In adopting rules under this section, the department and the authority shall appoint
15 a rules advisory committee that includes youth who are or who were multi-system involved
16 children or youth, and their families.

17
18 **INVESTIGATION AND REPORT ON K PLAN**
19 **SERVICES AND SUPPORTS**
20

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

22 (a) "Child" means an individual under 18 years of age.

23 (b) "Mental health resource home" means a foster home specifically designed for children
24 with mental illness, including those who have been removed from their families not due to
25 abuse or neglect but to provide specialized foster care to meet their needs.

26 (c) "Multi-system involved children or youth" means children or youth who are concur-
27 rently involved in two or more of the child welfare, mental health, juvenile justice, special
28 education, developmental disability services or aging and persons with disabilities services
29 systems.

30 (d) "Serious emotional disturbance" has the meaning given that term in section 3 of this
31 2024 Act.

32 (e) "Treatment foster care" means a foster care setting providing enhanced services as
33 an alternative to institutional or residential care and group home placements for children
34 and youth with serious emotional disturbances or severe behavioral disorders.

35 (f) "Wraparound team" means a group of people chosen by a child or youth and con-
36 nected to the child or youth through natural, community and formal support systems who
37 develop and implement the child or youth and the family's plan to address unmet needs and
38 work toward the child or youth and family's vision and team mission.

39 (g) "Youth" means an individual 18 through 20 years of age.

40 (2) The Oregon Health Authority, in collaboration with the Department of Human Ser-
41 vices and with families and youth with lived experience, shall investigate the services and
42 supports provided to individuals under the age of 21 years and funded through the Commu-
43 nity First Choice Option under 42 U.S.C. 1396n(k) that are provided to avoid a placement of
44 a child or youth in each of the following types of institutions:

45 (a) A hospital, as defined in ORS 442.015;

1 (b) A nursing home;

2 (c) An intermediate care facility for individuals with intellectual disabilities or persons
3 with related conditions certified under 42 C.F.R. part 483; or

4 (d) An inpatient facility providing psychiatric treatment to individuals under the age of
5 21 years.

6 (3) No later than October 1, 2024, the authority shall provide a preliminary report of the
7 authority's findings in its investigation under subsection (2) of this section to the interim
8 committees of the Legislative Assembly related to health care and to human services. The
9 report must include, at a minimum:

10 (a) The following information disaggregated by the each type of institutional care listed
11 in subsection (2) of this section that are avoided by providing the services and supports de-
12 scribed in subsection (2) of this section:

13 (A) The number of individuals under the age of 21 years who are receiving services and
14 supports funded by the Community First Choice Option;

15 (B) How the authority informs the following individuals, facilities and organizations about
16 how to access the services and supports:

17 (i) Individuals who are eligible for the services and supports and their parents, guardians
18 or caretakers;

19 (ii) The child welfare programs within the Department of Human Services that have
20 children in protective custody;

21 (iii) Pediatricians;

22 (iv) Children's mental health programs;

23 (v) Wraparound teams;

24 (vi) Schools; and

25 (vii) Hospitals;

26 (C) The types of home and community-based settings in which the individuals receive the
27 services and supports;

28 (D) The number of individuals who received relief care utilizing funding available through
29 the Community First Choice Option;

30 (E) The number of individuals receiving services and supports who are served by child
31 welfare programs within the department;

32 (F) The total amount of federal funds generated to serve individuals under the age of 21
33 years through the Community First Choice Option in each of the prior three fiscal years;

34 (G) An estimate of the total amount of unmatched General Fund expenditures that could
35 receive federal matching funds through the Community First Choice Option and that were
36 spent to meet the needs of individuals under the age of 21 years who are in the child welfare
37 system; and

38 (H) An estimate of the number of children disrupted from their family homes each year
39 due to the children's unmet disability or mental health related needs; and

40 (b) Recommendations:

41 (A) About opportunities to use the Community First Choice Option to expand and en-
42 hance the services that will support individuals under the age of 21 years who experience
43 serious emotional disturbances or mental illness to live successfully in their family homes
44 and avoid crises;

45 (B) About opportunities to maximize federal matching funds to support services for in-

1 **dividuals under the age of 21 years who experience substance use disorders;**

2 **(C) For how federal matching funds provided through the Community First Choice Option**
3 **can be used to expand and enhance funding for and access to supports to foster parents**
4 **serving children with serious emotional disturbances, mental illness or substance use disor-**
5 **ders, including but not limited to relief care, training and in-home attendant care services;**

6 **(D) About whether and how provisions of Medicaid and Medicaid funding streams may**
7 **be utilized to create mental health resource homes, specialized homes for up to two children**
8 **with behavioral health needs or treatment foster care that is accessible to the children**
9 **served by child welfare programs in the Department of Human Services and to children,**
10 **youth and young adults without requiring the children, youth or young adults to first access**
11 **the child welfare system or the juvenile justice system;**

12 **(E) About how federal matching funds through the Community First Choice Option can**
13 **be used to support children and youth with serious emotional disturbances, mental illness**
14 **or substance use disorders and to provide services necessary for a successful transition from**
15 **institutional placement or other restrictive placement to a family home, a foster home or**
16 **another less restrictive environment;**

17 **(F) For how multi-system involved children or youth who are eligible for services and**
18 **supports under the Community First Choice Option or the state plan for medical assistance**
19 **have their assessed needs fully met while avoiding duplication of services and supports, in-**
20 **cluding by using available natural and community supports;**

21 **(G) For any statutory changes or changes to the authority's legislatively adopted budget**
22 **that are necessary to implement recommendations that will maximize available funds**
23 **through the Community First Choice Option and support children and youth to avoid crises**
24 **and remain in the least restrictive environment; and**

25 **(H) About implementing a policy to disregard parental income when determining medical**
26 **assistance eligibility for children and youth with serious emotional disturbances, including**
27 **the following information about the effects of the policy:**

28 **(i) The estimated size of the population that is not currently eligible for medical assist-**
29 **ance but that would be eligible for medical assistance due to such a policy;**

30 **(ii) The estimated cost to serve the entire eligible population;**

31 **(iii) Whether the number of children with serious emotional disturbances who are eligible**
32 **to have their parents' income disregarded should be capped, and if so, at what number;**

33 **(iv) Criteria to utilize if the number of children described in sub-subparagraph (iii) of this**
34 **subparagraph was capped; and**

35 **(v) What impact the disregard of parental income may have on preventing the temporary**
36 **lodging of children in the custody of the Department of Human Services, accessing Medicaid**
37 **funding for school-based care for students with high needs and boarding children in emer-**
38 **gency rooms due to the lack of available placements.**

39 **(4) No later than March 1, 2025, the authority shall provide to the interim committees**
40 **of the Legislative Assembly related to health care and to human services a report with up-**
41 **dated information and recommendations described in subsection (3) of this section.**

42 **(5) The department or the authority shall implement without delay any recommendations**
43 **that can be implemented without legislative action or budgetary authority or that are oth-**
44 **erwise mandated under state or federal law.**

45

ACCESS TO HEALTH CARE

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3 **SECTION 5.** (1) The Oregon Health Authority, a community mental health program, a
4 licensed medical provider or other certified or licensed practitioner, an education provider
5 or a coordinated care organization may not deny any individual under the age of 21 years
6 access to mental health assessment, treatment or services on the basis that the individual
7 also has an intellectual or developmental disability.

8 (2) The authority, the Department of Human Services, the Department of Education, the
9 Oregon Medical Board and other health licensing agencies that license or certify mental or
10 behavioral health providers shall adopt rules to carry out the provisions of this section.

11 (3)(a) As used in this section, “education provider” means:

12 (A) A school district, as defined in ORS 332.002;

13 (B) The Oregon School for the Deaf;

14 (C) An educational program under the Youth Corrections Education Program;

15 (D) A public charter school, as defined in ORS 338.005;

16 (E) An education service district, as defined in ORS 334.003;

17 (F) An approved recovery school, as defined in ORS 336.680; or

18 (G) Any state-operated program that provides educational services to students.

19 (b) “Education provider” does not include:

20 (A) The Oregon Youth Authority;

21 (B) The Department of Corrections; or

22 (C) The Department of Education, except when functioning as an education provider on
23 behalf of the Oregon School for the Deaf.

24 **SECTION 6.** Section 7 of this 2024 Act is added to and made a part of ORS chapter 414.

25 **SECTION 7.** (1) The Oregon Health Authority shall review, and amend as needed, current
26 administrative rules and contracts to ensure that individuals receiving medical assistance
27 who are under 21 years of age have timely access to the services described in subsection (2)
28 of this section.

29 (2) The services described in subsection (1) of this section shall include:

30 (a) The medically necessary or medically appropriate medical assistance services neces-
31 sary to:

32 (A) Prevent an individual who is under 21 years of age from needing an out-of-home
33 placement, prevent the disruption of a current placement or prevent the need for the indi-
34 vidual to move to a placement providing a higher level of care;

35 (B) Ensure the continuity of care for individuals under 21 years of age who are in out-
36 of-home placements and move from one coordinated care organization to another coordi-
37 nated care organization or are enrolled for the first time in a coordinated care organization;
38 and

39 (C) Ensure, to individuals described in subparagraph (B) of this paragraph, uninterrupted
40 access to prescription medication, medical equipment and supplies;

41 (b) Assessments or evaluations necessary to establish eligibility for services and supports
42 provided in the medical assistance program or by the Department of Education;

43 (c) Diabetic supplies; and

44 (d) Counseling, therapy or mental health or substance use disorder treatment with a
45 provider with whom a child or youth has an established relationship.

FEDERAL FUNDS FOR SCHOOL-BASED SERVICES

SECTION 8. (1) The Oregon Health Authority and the Department of Education shall develop strategies and recommendations to leverage federal Medicaid or Children’s Health Insurance Program funds to support the inclusion, academic success and well-being of all Oregon students under 21 years of age who are eligible for medical assistance, including students with severe emotional disturbances and students who need school-based nursing services.

(2) No later than October 1, 2024, the authority and the department shall report to the Legislative Assembly, in the manner provided in ORS 192.245, on the strategies and recommendations developed. The report must include, at a minimum:

(a) Strategies to simplify medical assistance billing for school districts;

(b) Recommendations for any needed investments in infrastructure, including staff and technology, to ensure low-barrier access to services in the medical assistance program for eligible students; and

(c) Specific recommendations related to leveraging federal funds to increase access to school-based services including, but not limited to:

(A) Nursing services for medically fragile and medically involved students;

(B) Access to school-based mental health care, including screening, assessment, counseling, treatment and therapy from licensed providers;

(C) Access to school-based direct services in speech, physical and occupational therapy, nutrition, respiratory therapy, functional behavioral assessment and behavior support services;

(D) Personal care and noneducational attendant care services at school to improve access to inclusive settings for students with high needs; and

(E) Enhanced specialized transportation services.

(3) As used in this section, “medical assistance” has the meaning given that term in ORS 414.025.

DETERMINATION OF YOUTH’S FITNESS TO PROCEED

SECTION 9. ORS 419C.380 is amended to read:

419C.380. (1) An evaluation ordered under ORS 419C.378 must be conducted by a psychiatrist, a licensed psychologist or a regulated social worker. If an evaluation is requested, the party at whose request the evaluation was ordered shall notify the court and other parties of the date, time and location of the evaluation and the name of the evaluator chosen by the party. A party or the court may submit written information to the evaluator for consideration. When written information that has not been provided to the court or an opposing party is submitted to the evaluator, the party submitting the written information to the evaluator shall provide the written information to the court and the opposing party.

(2)(a) A county court or justice court shall order the county to pay the fees and costs described in subsection (3) of this section from funds available for that purpose.

(b) A circuit court shall order the executive director of the Oregon Public Defense Commission to pay the fees and costs described in subsection (3) of this section from funds available for that purpose.

1 (3) Pursuant to subsection (2) of this section, the county or the executive director of the Oregon
2 Public Defense Commission shall pay:

3 (a) A reasonable fee to a psychiatrist, licensed psychologist or regulated social worker in private
4 practice who conducts the evaluation; and

5 (b) All costs, including transportation of the youth, if the evaluation is conducted by a psychia-
6 trist, licensed psychologist or regulated social worker employed by the Department of Human Ser-
7 vices [*or is conducted by a community mental health program or community developmental disabilities*
8 *program established under ORS 430.610 to 430.695*].

9 (4) If an evaluation is ordered under ORS 419C.378, the county shall pay for the expense of the
10 evaluation.

11 (5) After a motion is made by the court or the youth under ORS 419C.378 (3), the state shall
12 have the right to seek an independent evaluation at its own expense.

13 (6) A youth may not be removed from the youth's current placement for the purpose of an
14 evaluation performed under this section unless:

15 (a) The youth has been placed in a detention facility as defined in ORS 419A.004 or a youth
16 correction facility as defined in ORS 420.005; **and**

17 **(b) The removal is for less than 14 days.**

18 **SECTION 10.** ORS 419C.392 is amended to read:

19 419C.392. (1) If the court finds that the youth is fit to proceed, the court shall vacate the stay
20 under ORS 419C.378.

21 (2) If the court finds that the youth is unfit to proceed and that there is not a substantial
22 probability that the youth will gain or regain fitness to proceed in the foreseeable future if provided
23 restorative services under ORS 419C.396, the court shall:

24 (a) Immediately enter a judgment that dismisses the petition alleging jurisdiction under ORS
25 419C.005 without prejudice; or

26 (b) If necessary for planning or instituting an alternative proceeding, then not more than five
27 days after the findings are made enter a judgment that dismisses the petition without prejudice.

28 (3)(a) If the court finds that the youth is unfit to proceed and that there is a substantial proba-
29 bility that the youth will gain or regain fitness to proceed in the foreseeable future if provided
30 restorative services under ORS 419C.396, the court shall continue the order under ORS 419C.378
31 staying the proceedings and order that the youth receive restorative services under ORS 419C.396.

32 (b) The court shall forward the order for restorative services to the Oregon Health Authority.

33 **(c) Unless otherwise specifically ordered, the court's order for restorative services does**
34 **not commit the youth to the custody of the authority or alter the guardianship of the youth.**

35 **SECTION 11.** ORS 419C.396 is amended to read:

36 419C.396. (1) The Oregon Health Authority shall arrange for the provision of or begin providing
37 restorative services within 30 days after receiving a court order under ORS 419C.392 (3). The au-
38 thority shall send a report to the court, with copies to the parties to the proceeding initiated by a
39 petition alleging jurisdiction under ORS 419C.005, no later than 90 days after receipt of the order.
40 The report must describe the nature and duration of restorative services provided, indicate whether
41 the youth is fit to proceed or presents a substantial probability of gaining or regaining fitness to
42 proceed and recommend whether restorative services should be continued and, if so, the type and
43 duration of the services.

44 (2) Within 14 days after receiving a report under subsection (1) of this section, the court shall
45 determine the youth's fitness to proceed **and enter an order.**

1 (3) Upon the recommendation of the authority, the request of a party or the court's own motion,
2 the court may hold a review hearing concerning the evaluation of the youth's fitness to proceed at
3 any time during which restorative services are provided pursuant to an order under ORS 419C.392
4 (3). After a review hearing, the court shall determine the youth's fitness to proceed.

5 (4) If the court finds that a youth is fit to proceed, the court shall vacate the stay under ORS
6 419C.378.

7 (5) If the court finds that the youth remains unfit to proceed and that there is not a substantial
8 probability that the youth will gain or regain fitness to proceed in the foreseeable future, the court
9 shall:

10 (a) Immediately enter a judgment that dismisses the petition alleging jurisdiction under ORS
11 419C.005 without prejudice; or

12 (b) If necessary for planning or instituting an alternative proceeding, then not more than five
13 days after the findings are made enter a judgment that dismisses the petition without prejudice.

14 (6) If the court finds under subsection (2) or (3) of this section that the youth remains unfit to
15 proceed, but that the youth presents a substantial probability of gaining or regaining fitness to
16 proceed, the court shall order that restorative services be continued. The court shall order the au-
17 thority to send a report to the court, with copies to the parties, within a specified time, not to ex-
18 ceed 90 days from the time the order is filed.

19 (7) If the court finds under subsection (2) or (3) of this section that a youth remains unfit to
20 proceed, the youth shall be discharged within a period of time that is reasonable for making a de-
21 termination whether the youth presents a substantial probability of gaining or regaining fitness to
22 proceed. Regardless of the number of acts the petition alleging jurisdiction under ORS 419C.005 al-
23 leges that the youth committed, the youth may not be continued in restorative services for longer
24 than whichever of the following, measured from the date the petition is filed, is shorter:

25 (a) Three years; or

26 (b) The period of time that is equal to the maximum commitment the court could have imposed
27 if the petition had been adjudicated.

28 (8)(a) If the court orders placement for restorative services, the court may specify the type of
29 care, supervision, security or services to be provided by the authority to any youth placed in the
30 custody of the Department of Human Services and to the parents or guardians of the youth.

31 (b) The authority, in coordination with the Department of Human Services, the local juvenile
32 department and the youth's family, may place the youth in any facility authorized to accept the
33 youth and provide the necessary services and care that are most appropriate for the youth.

34 (c) The authority shall continue to provide restorative services wherever the youth is placed.
35

36 **APPROPRIATIONS AND EXPENDITURE LIMITATIONS**
37

38 **SECTION 12. Notwithstanding any other provision of law, the General Fund appropriation**
39 **made to the Oregon Health Authority by section 1 (1), chapter 591, Oregon Laws 2023, for the**
40 **biennium ending June 30, 2025, for Health Systems Division -Administration, is increased by**
41 **\$314,619, for carrying out sections 1 to 8 of this 2024 Act.**

42 **SECTION 13. Notwithstanding any other law limiting expenditures, the limitation on**
43 **expenditures established by section 5 (1), chapter 591, Oregon Laws 2023, for the biennium**
44 **ending June 30, 2025, as the maximum limit for payment of expenses from federal funds,**
45 **excluding federal funds described in section 2, chapter 591, Oregon Laws 2023, collected or**

1 received by the Oregon Health Authority, for Health Systems Division - Administration, is
2 increased by \$314,619, for carrying out sections 1 to 8 of this 2024 Act.

3 **SECTION 14.** Notwithstanding any other provision of law, the General Fund appropriation
4 made to the Oregon Health Authority by section 1 (7), chapter 591, Oregon Laws 2023, for the
5 biennium ending June 30, 2025, for state assessments and enterprise-wide costs, is increased
6 by \$3,285, for carrying out sections 1 to 8 of this 2024 Act.

7 **SECTION 15.** Notwithstanding any other law limiting expenditures, the limitation on
8 expenditures established by section 5 (7), chapter 591, Oregon Laws 2023, for the biennium
9 ending June 30, 2025, as the maximum limit for payment of expenses from federal funds,
10 excluding federal funds described in section 2, chapter 591, Oregon Laws 2023, collected or
11 received by the Oregon Health Authority, for state assessments and enterprise-wide costs,
12 is increased by \$3,285, for carrying out sections 1 to 8 of this 2024 Act.

13 **SECTION 16.** Notwithstanding any other provision of law, the General Fund appropriation
14 made to the Department of Human Services by section 1 (7), chapter 610, Oregon Laws 2023,
15 for the biennium ending June 30, 2025, for intellectual/developmental disabilities programs,
16 is increased by \$187,528 for carrying out the provisions of sections 3 to 5 this 2024 Act.

17 **SECTION 17.** Notwithstanding any other law limiting expenditures, the limitation on
18 expenditures established by section 3 (7), chapter 610, Oregon Laws 2023, for the biennium
19 ending June 30, 2025, as the maximum limit for payment of expenses from federal funds, but
20 excluding federal funds not described in section 2, chapter 610, Oregon Laws 2023, collected
21 or received by the Department of Human Services, for intellectual/developmental disabilities
22 programs, is increased by \$187,528 for carrying out the provisions of sections 3 to 5 this 2024
23 Act.

24
25 **REPEALS**

26
27 **SECTION 18.** Section 4 of this 2024 Act is repealed on July 2, 2026.

28 **SECTION 19.** Section 8 of this 2024 Act is repealed on January 2, 2025.

29
30 **CAPTIONS**

31
32 **SECTION 20.** The unit captions used in this 2024 Act are provided only for the conven-
33 ience of the reader and do not become part of the statutory law of this state or express any
34 legislative intent in the enactment of this 2024 Act.

35
36 **EMERGENCY CLAUSE**

37
38 **SECTION 21.** This 2024 Act being necessary for the immediate preservation of the public
39 peace, health and safety, an emergency is declared to exist, and this 2024 Act takes effect
40 on its passage.