House Bill 2026

Introduced and printed pursuant to House Rule 12.00. Presession filed (at the request of Governor Kate Brown for Department of Education)

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 as introduced.

 Extends sunset on pilot program to decrease rates of school absenteeism by using trauma-informed approaches to education, health services and intervention strategies. Requires report on preliminary evaluation on progress of pilot program.

 Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to pilot program to decrease school absenteeism; amending section 72, chapter 774, Oregon Laws 2015, and sections 5 and 6, chapter 68, Oregon Laws 2016; and declaring an emergency.

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

SECTION 1. Section 5, chapter 68, Oregon Laws 2016, as amended by section 1, chapter 137, Oregon Laws 2017, is amended to read:

Sec. 5. (1) As used in this section, “trauma-informed approach” means an approach that recognizes the signs and symptoms of trauma in students, families and staff and responds by fully integrating knowledge about trauma into policies, procedures and practices for the purposes of resisting the reoccurrence of trauma and promoting resiliency.

(2) The Chief Education Office, in coordination with the Oregon Health Authority and the Department of Education, shall distribute moneys as provided in this section to school districts and education service districts for the purpose of decreasing rates of school absenteeism.

(3)(a) A school district or an education service district may apply to receive moneys under this section:

(A) By submitting an application that includes a proposal consistent with subsection (4) of this section; and

(B) If the district has at least one school in the district with:

(i) A school-based health center; or

(ii) A school-based system for providing behavioral health services and care coordination that may include a school nurse, a school counselor, a school psychologist, a clinical psychologist or a school social worker.

(b) A school district or an education service district may submit an application jointly with one or more community partners that will participate with the district in the pilot program described in subsection (4) of this section.

(4) The office shall distribute moneys to an applicant based on the applicant’s proposal to design and implement a pilot program to decrease rates of school absenteeism by using trauma-informed approaches to education, health services and intervention strategies that are based in schools and take advantage of community resources. The proposal must include a plan that:

(a) Coordinates the services provided by:

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.

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(A) The school;

(B) The school-based health center or the administrator of the school-based system described in subsection (3)(a)(B)(ii) of this section; and

(C) Coordinated care organizations, public health entities, nonprofit youth service providers, community-based organizations, social justice groups and similar groups that are located in the community;

(b) Requires professional development and support for school staff, including educators, school district or education service district professionals, counselors, nurses, classified staff and other staff of the school district or education service district, to create a culture in the district and community that is informed about how to understand, recognize and respond to trauma;

(c) Provides for at least one trauma specialist who:

(A) Is permanently assigned at the school-based health center or at the location where the school-based system described in subsection (3)(a)(B)(ii) of this section is provided; and

(B) Oversees the implementation of the plan, including coordinating the services described in paragraph (a) of this subsection and coordinating the professional development and support described in paragraph (b) of this subsection;

(d) Indicates how services coordinated under paragraph (a) of this subsection are provided based on a trauma-informed approach and with an understanding, recognition and responsiveness to the effects of trauma on education, absenteeism and school completion;

(e) Uses evidence-based and evidence-informed approaches, culturally specific approaches when appropriate and national models that are tailored to the community to ensure that data are collected and the effectiveness of the pilot program is determined;

(f) Provides matching community funding, or resources that are the monetary equivalent of matching funding, in a ratio determined by the office by rule; and

(g) Pursues additional funding opportunities, including funding under the federal Every Student Succeeds Act (P.L. 114-95).

(5) The office shall prescribe the timelines by which an applicant may submit an application for moneys under this section and the form of the application.

(6) The office shall evaluate and rank applications based on the proposals submitted in the applications.

(7) The office shall distribute moneys to applicants based on:

(a) The evaluations and rankings described in subsection (6) of this section;

(b) The moneys appropriated to the office for the purpose of this section;

(c) The amount of matching community funding available to the applicant; and

(d) Any available federal grants.

(8)(a) The office, in collaboration with the Oregon Health Authority and the Department of Education, shall provide coordination among school districts and education service districts receiving moneys under this section.

(b) The office may coordinate with a statewide nonprofit organization that has experience in supporting school-based health centers and student health organizations for the organization to provide technical assistance to school districts and education service districts receiving moneys under this section.

(9) Each participating school district and education service district shall provide regular reports on the progress of the district’s pilot program to the office to enable the office to:

(a) Determine the effectiveness of the pilot program; and
b) Submit [a report] **reports** and recommendations for legislation to the interim committees of the Legislative Assembly related to education as required under subsection (10) of this section.

(10) [No later than October 15, 2019,] The Chief Education Office, the Oregon Health Authority and the Department of Education, in collaboration with the statewide nonprofit organization described in subsection (8) of this section, shall submit [a report] **reports** to the interim committees of the Legislative Assembly related to education. **The report** as follows:

(a) The first report must be submitted no later than June 30, 2020, and must provide a preliminary evaluation on the progress of the pilot programs.

(b) The second report must be submitted no later than June 30, 2022, and must provide individual and comprehensive evaluations on the outcomes of the pilot programs and include any recommendations for legislation based on the results of the pilot programs.

SECTION 2. Section 5, chapter 68, Oregon Laws 2016, as amended by section 1, chapter 137, Oregon Laws 2017, and section 1 of this 2019 Act, is amended to read:

Sec. 5. (1) As used in this section, “trauma-informed approach” means an approach that recognizes the signs and symptoms of trauma in students, families and staff and responds by fully integrating knowledge about trauma into policies, procedures and practices for the purposes of resisting the reoccurrence of trauma and promoting resiliency.

(2) The **Chief Education Office** Department of Education, in coordination with the Oregon Health Authority **and the Department of Education** shall distribute moneys as provided in this section to school districts and education service districts for the purpose of decreasing rates of school absenteeism.

(3)(a) A school district or an education service district may apply to receive moneys under this section:

(A) By submitting an application that includes a proposal consistent with subsection (4) of this section; and

(B) If the district has at least one school in the district with:

(i) A school-based health center; or

(ii) A school-based system for providing behavioral health services and care coordination that may include a school nurse, a school counselor, a school psychologist, a clinical psychologist or a school social worker.

(b) A school district or an education service district may submit an application jointly with one or more community partners that will participate with the district in the pilot program described in subsection (4) of this section.

(4) The **office** department shall distribute moneys to an applicant based on the applicant’s proposal to design and implement a pilot program to decrease rates of school absenteeism by using trauma-informed approaches to education, health services and intervention strategies that are based in schools and take advantage of community resources. The proposal must include a plan that:

(a) Coordinates the services provided by:

(A) The school;

(B) The school-based health center or the administrator of the school-based system described in subsection (3)(a)(B)(ii) of this section; and

(C) Coordinated care organizations, public health entities, nonprofit youth service providers, community-based organizations, social justice groups and similar groups that are located in the community;

(b) Requires professional development and support for school staff, including educators, school
district or education service district professionals, counselors, nurses, classified staff and other staff
of the school district or education service district, to create a culture in the district and community
that is informed about how to understand, recognize and respond to trauma;

  (c) Provides for at least one trauma specialist who:

    (A) Is permanently assigned at the school-based health center or at the location where the
school-based system described in subsection (3)(a)(B)(ii) of this section is provided; and

    (B) Oversees the implementation of the plan, including coordinating the services described in
paragraph (a) of this subsection and coordinating the professional development and support de-
scribed in paragraph (b) of this subsection;

  (d) Indicates how services coordinated under paragraph (a) of this subsection are provided based
on a trauma-informed approach and with an understanding, recognition and responsiveness to the
effects of trauma on education, absenteeism and school completion;

  (e) Uses evidence-based and evidence-informed approaches, culturally specific approaches when
appropriate and national models that are tailored to the community to ensure that data are collected
and the effectiveness of the pilot program is determined;

  (f) Provides matching community funding, or resources that are the monetary equivalent of
matching funding, in a ratio determined by the [office] State Board of Education by rule; and

  (g) Pursues additional funding opportunities, including funding under the federal Every Student
Succeeds Act (P.L. 114-95).

  (5) The [office] department shall prescribe the timelines by which an applicant may submit an
application for moneys under this section and the form of the application.

  (6) The [office] department shall evaluate and rank applications based on the proposals sub-
mitted in the applications.

  (7) The [office] department shall distribute moneys to applicants based on:

    (a) The evaluations and rankings described in subsection (6) of this section;

    (b) The moneys appropriated to the [office] department for the purpose of this section;

    (c) The amount of matching community funding available to the applicant; and

    (d) Any available federal grants.

  (8)(a) The [office] department, in collaboration with the Oregon Health Authority [and the De-
partment of Education], shall provide coordination among school districts and education service dis-
tricts receiving moneys under this section.

    (b) The [office] department may coordinate with a statewide nonprofit organization that has
experience in supporting school-based health centers and student health organizations for the or-
ganization to provide technical assistance to school districts and education service districts receiv-
ing moneys under this section.

  (9) Each participating school district and education service district shall provide regular reports
on the progress of the district’s pilot program to the [office] department to enable the [office] de-
partment to:

    (a) Determine the effectiveness of the pilot program; and

    (b) Submit reports and recommendations for legislation to the interim committees of the Legis-
lative Assembly related to education as required under subsection (10) of this section.

  (10) The [Chief Education Office,] Department of Education and the Oregon Health Authority
[and the Department of Education], in collaboration with the statewide nonprofit organization de-
scribed in subsection (8) of this section, shall submit reports to the interim committees of the Leg-
islative Assembly related to education as follows:
(a) The first report must be submitted no later than June 30, 2020, and must provide a preliminary evaluation on the progress of the pilot programs.

(b) The second report must be submitted no later than June 30, 2022, and must provide individual and comprehensive evaluations on the outcomes of the pilot programs and include any recommendations for legislation based on the results of the pilot programs.

SECTION 3. Section 72, chapter 774, Oregon Laws 2015, as amended by section 14, chapter 682, Oregon Laws 2015, section 20, chapter 763, Oregon Laws 2015, section 27, chapter 639, Oregon Laws 2017, and section 4, chapter 113, Oregon Laws 2018, is amended to read:

Sec. 72. (1)(a) Section 1, chapter 519, Oregon Laws 2011, as amended by section 8, chapter 519, Oregon Laws 2011, sections 20 and 21, chapter 36, Oregon Laws 2012, and section 1, chapter 774, Oregon Laws 2015, is repealed on June 30, 2019.

(b) Section 2, chapter 519, Oregon Laws 2011, as amended by section 1, chapter 36, Oregon Laws 2012, section 29, chapter 747, Oregon Laws 2013, and section 4, chapter 774, Oregon Laws 2015, is repealed on June 30, 2019.

(c) Section 3, chapter 519, Oregon Laws 2011, as amended by section 5, chapter 774, Oregon Laws 2015, is repealed on June 30, 2019.

(2) The amendments to ORS 326.021 by section 42, chapter 774, Oregon Laws 2015, become operative on June 30, 2019.

(3) The amendments to ORS 326.300 by section 43, chapter 774, Oregon Laws 2015, become operative on June 30, 2019.


(7) The amendments to ORS 327.380 by section 8, chapter 739, Oregon Laws 2013, become operative on June 30, 2019.

(8) The amendments to ORS 327.800 by section 67a, chapter 774, Oregon Laws 2015, become operative on June 30, 2019.

(9) The amendments to ORS 327.810 by section 68a, chapter 774, Oregon Laws 2015, become operative on June 30, 2019.

(10) The amendments to ORS 327.815 by section 69a, chapter 774, Oregon Laws 2015, become operative on June 30, 2019.

(11) The amendments to ORS 327.820 by section 70a, chapter 774, Oregon Laws 2015, become operative on June 30, 2019.


(15) The amendments to ORS 342.443 by section 56, chapter 774, Oregon Laws 2015, become operative on June 30, 2019.

(16) The amendments to ORS 342.448 by section 76a, chapter 774, Oregon Laws 2015, become
operative on June 30, 2019.

(17) The amendments to ORS 344.059 and 344.141 by sections 13 and 14, chapter 763, Oregon Laws 2015, become operative on June 30, 2019.


(20) The amendments to ORS 350.100 by section 75a, chapter 774, Oregon Laws 2015, become operative on June 30, 2019.

(21) The amendments to ORS 352.018 by section 58, chapter 774, Oregon Laws 2015, become operative on June 30, 2019.


(30) Section 8, chapter 85, Oregon Laws 2014, becomes operative on June 30, 2019.

SECTION 4. Section 6, chapter 68, Oregon Laws 2016, is amended to read:


SECTION 5. This 2019 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2019 Act takes effect on its passage.