A-Engrossed

Senate Bill 549

Ordered by the Senate April 11
Including Senate Amendments dated April 11

Sponsored by Senators SOLLMAN, PATTERSON, Representatives REYNOLDS, BYNUM, DEXTER; Senators CAMPOS, DEMBROW, FREDERICK, Representatives GAMBA, HUDSON, NELSON, NOSSE, PHAM H (Pre-session 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.

Directs Oregon Health Authority to modify amounts of grants for school-based health centers for inflation.

Directs authority to select 10 school districts or education service districts to receive school-based health center planning grants.

Directs authority to study methods for providing or increasing reimbursement for mental health services delivered through school-based health centers.

Directs Department of Education to select 10 [school districts or education service districts] recipients to receive grants to implement programs that use community-driven, trauma-informed and community school approaches to develop wraparound service delivery hubs to improve educational outcomes.

[Directs department to select 10 school districts or education service districts to receive grants to develop wraparound service delivery hubs in schools.]

Authorizes issuance of lottery bonds for school-based health center purposes.

 Declares emergency, effective July 1, 2023.

A BILL FOR AN ACT

Relating to schools; and declaring an emergency.

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

SECTION 1. (1) Grants awarded to school-based health centers by the Oregon Health Authority under ORS 413.225 (4)(a) must be for a minimum annual amount of $66,000, adjusted under subsection (2) of this section.

(2) To account for effects of inflation, the authority shall, by rule, annually adjust the dollar amount specified in subsection (1) of this section based on the Consumer Price Index for All Urban Consumers, West Region (All Items), as published by the Bureau of Labor Statistics of the United States Department of Labor.

SECTION 1a. Section 1 of this 2023 Act becomes operative on July 1, 2024.

SECTION 2. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2023, out of the General Fund, the amount of $570,000 to carry out the provisions of section 1 of this 2023 Act.

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

(a) “School-based health center” has the meaning given that term in ORS 413.225.

(b) “School mental health model” means a model for providing school-based mental health services that is in accord with guidance from the authority and is in alignment with other school health service models used by the authority.

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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(c) “School nurse model” means a model for providing school-based health services that is in accord with guidance from the division of the Oregon Health Authority that addresses adolescent health.

(2) The authority, in consultation with the Department of Education, shall select 10 school districts or education service districts to receive planning grants for district planning and technical assistance. Each district receiving a grant, beginning on or after July 1, 2023, and concluding before July 1, 2025, shall:

(a) Evaluate the need for school-based health services in the community of the district; and

(b) Develop a school-based health services plan that addresses the need identified in paragraph (a) of this subsection.

(3) The authority shall contract with a nonprofit organization with experience in facilitating school health planning initiatives and supporting school-based health centers in order to facilitate and oversee the planning process and to provide technical assistance to grantees to reduce costs and ensure better coordination and continuity statewide. To the greatest extent practicable, the nonprofit organization shall engage with culturally specific organizations, in the grantees' communities, that have experience providing culturally and linguistically specific services in schools or after-school programs.

(4) Each grantee shall solicit community participation in the planning process, including, without limitation, the participation of the local public health authority, any federally qualified health centers located in the district, a regional health equity coalition, if any, serving the district and every coordinated care organization with members residing in the district.

(5) At the conclusion of the two-year planning process, the authority shall issue additional grants to appropriate recipients to operate a school-based health center, school nurse model or school mental health model in each respective grantee school district or education service district.

SECTION 4. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2023, out of the General Fund, the amount of $1,100,000 to carry out the provisions of section 3 of this 2023 Act.

SECTION 5. The Oregon Health Authority shall develop and implement a grant program to issue grants to school districts, education service districts and entities that provide physical or behavioral health services to be used to increase and improve school-based mental health services. The authority shall ensure that grants are made for the benefit of schools both with and without school-based health centers, as defined in ORS 413.225.

SECTION 6. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2023, out of the General Fund, the amount of $6,750,000 to carry out the provisions of section 5 of this 2023 Act.

SECTION 6a. (1) The Oregon Health Authority shall study methods for providing or increasing reimbursement for mental health services delivered through school-based health centers, as defined in ORS 413.225, under medical assistance programs administered by the authority.

(2) The authority may make written recommendations to the Legislative Assembly in the manner provided by ORS 192.245, which may include recommendations for legislation.
(3) The authority may adopt rules to support reimbursements described in subsection (1) of this section.

SECTION 7. (1) The Department of Education, in conjunction with the Whole Child Committee established in subsection (6) of this section, shall select 10 recipients to receive grants to implement programs that use community-driven, trauma-informed and community school approaches to develop wraparound service delivery hubs to improve educational outcomes.

(2) A recipient of a grant under this section must be a consortium of partners that includes a school district. A consortium may apply for a grant under this section by submitting a proposal to the department that includes the following information:

(a) A memorandum of understanding identifying all partners in the consortium;
(b) A statement of commitment to sharing resources and decision-making, to support capacity building for all partners, including culturally specific, affinity and youth-focused community-based organizations;
(c) A demonstration of commitment from the school district member of the consortium;
(d) A statement of commitment by the consortium to the goal of achieving a community-driven planning structure by the end of two years;
(e) The designation of at least one full-time position dedicated to support infrastructure development and collaborative efforts of the consortium; and
(f) The designation of at least one full-time coordinator per trauma-informed community school.

(3)(a) The department shall contract with a nonprofit organization to provide technical assistance to grant applicants and recipients.
(b) Technical assistance may include, without limitation, assistance in developing a consortium’s infrastructure, navigating the grant application process and evaluating success and sustainability of consortium activities.
(c) The nonprofit organization providing technical assistance must have experience in facilitating school health planning initiatives and supporting school-based health centers. To the greatest extent possible, the nonprofit organization must engage with organizations with expertise in one or more the following areas:

(A) Trauma-informed school systems change;
(B) Culturally specific community engagement;
(C) School health;
(D) Health or education equity;
(E) School or community needs assessments;
(F) After-school programming; and
(G) Community schools.

(4) In selecting grant recipients, the department shall seek to distribute grant funding to maximize improvement of educational outcomes, with reference to factors including, without limitation, academic performance, graduation rates, absenteeism, English learner proficiency rates and school climate and safety including disciplinary incidents and other measures. In the selection process, the department shall consider local context and implementation of strategies to ensure that strategies are responsive to unique school and community environments.

(5) The department shall execute grant agreements with consortia that receive grants
under this section. The grant agreement must include the following terms:

(a) Within a year after receiving grant moneys, a consortium must establish a collaborative decision-making infrastructure, develop a shared vision and conduct an opportunity assessment. The opportunity assessment must include the voices of students in secondary schools, families, school staff and key community partners and identify strengths, resources and needs within the community.

(b) A consortium must establish a steering committee consisting of between 12 and 15 voting members. A consortium must be bound by decisions of the steering committee relating to allocation of grant moneys and other collective resources beginning in the second year after grant moneys are disbursed.

(c) The steering committee must have the following composition:

(A) At least 25 percent of members must be residents of the locality in which the consortium operates, or parents of students attending schools in that locality;

(B) At least 25 percent of members must be school staff members, including school health staff; and

(C) At least 25 percent must be secondary school students.

(d) The steering committee must include the following additional members:

(A) A school principal, who must be a voting member but may not chair the committee; and

(B) Community partners, including representatives from the lead partner organization and culturally specific, affinity and youth-serving organizations, as applicable.

(e) Each school in the consortium must implement:

(A) Trauma-informed practices;

(B) Positive discipline practices such as restorative justice;

(C) Curricula that are engaging, culturally and socially relevant and academically rigorous;

(D) Integrated student supports such as physical and mental health services, social services and academic enrichment programs;

(E) An emphasis on high-quality teaching, not on high-stakes testing; and

(F) Parent and community engagement plans so that the community drives decision-making processes.

(6) The department shall develop and convene a committee, to be known as the Whole Child Committee, to act as a partner in decision-making relating to the grant program under this section. The committee must include representatives from the department, the Oregon Health Authority, organizations providing technical assistance to grant recipients, parents, youth, community-based organizations and educators.

(7)(a) The Whole Child Committee shall select an entity to perform ongoing evaluation of the grant program established under this section. The selected entity may not be a state agency.

(b) Evaluations must consider:

(A) The success of the grantee consortia using evaluation approaches such as community-based participatory action, partnership evaluation tools and youth-adult partnership evaluations;

(B) Student-level academic, behavioral and health outcomes; and

(C) The indicators used to prioritize applicants.
(c) The evaluating entity, in conjunction with the technical assistance provider described in subsection (3) of this section, shall work collaboratively with grantees to minimize the reporting burden.

(8) As used in this section:
   (a) “Community school” means a public elementary school or secondary school that participates in a community-based effort to coordinate and integrate educational, developmental, family, health and other comprehensive services through community-based organizations and public and private partnerships and provides access to such services in school to students, families and the community, including before, during and after school hours, weekends and summers.
   (b) “Trauma-informed approach” has the meaning given that term in section 5, chapter 68, Oregon Laws 2016.
   (c) “Wraparound service delivery hub” means a central location located on school grounds where educators, local community members and organizations, families and students work collaboratively to strengthen conditions for student learning and healthy physical, mental and emotional development by organizing resources, supports and opportunities both inside and outside of school.

SECTION 8. In addition to and not in lieu of any other appropriation, there is appropriated to the Department of Education, for the biennium beginning July 1, 2023, out of the General Fund, the following amounts for the following purposes:
   (1) $5,000,000 to carry out the provisions of section 7 of this 2023 Act, except for technical assistance described in section 7 (3) of this 2023 Act; and
   (2) $2,250,000 for technical assistance described in section 7 (3) of this 2023 Act.

SECTION 9. (1) For the biennium beginning July 1, 2023, at the request of the Oregon Health Authority, the State Treasurer is authorized to issue lottery bonds pursuant to ORS 286A.560 to 286A.585 in an amount that produces $10 million in net proceeds for the purposes described in subsection (2) of this section, plus an additional amount estimated by the State Treasurer to be necessary to pay bond-related costs.
   (2) Net proceeds of lottery bonds issued under this section must be transferred to the authority for:
      (a) Construction and renovation of school-based health centers;
      (b) Equipment needs of school-based health centers;
      (c) Construction of modular school-based health centers for provision to school districts; and
      (d) Provision of grants to school districts or school-based health center medical sponsors for school-based health center purposes.
   (3) The Legislative Assembly finds that the use of lottery bond proceeds will create jobs, further economic development, finance public education or restore and protect parks, beaches, watersheds and native fish and wildlife, and is authorized based on the finding that improving access to school-based health resources will improve educational outcomes and create jobs.

SECTION 10. This 2023 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2023 Act takes effect July 1, 2023.