

A-Engrossed House Bill 3352

Ordered by the House April 20
Including House Amendments dated April 20

Sponsored by Representatives JOHNSON, BUEHLER, Senator STEINER HAYWARD; Representatives LIVELY, MCKEOWN, Senator ROBLAN

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.

[Establishes Task Force on Funding for School Behavioral Health Support. Requires task force to submit report no later than September 15, 2018. Sunsets task force on December 31, 2018.]

[Revises membership requirements of coordinated care organization governing bodies and prescribes additional requirements of coordinated care organizations.]

[Directs subcommittee of Health Plan Quality Metrics Committee to select health outcome and quality measures applicable to services provided by coordinated care organization to school districts and education service districts.]

[Authorizes district school board to enter into agreement with coordinated care organization to provide behavioral health support.]

Directs Oregon Health Authority to conduct evaluation related to behavioral health services provided to public school students. Requires authority to submit report no later than December 30, 2017.

Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to school behavioral health support; and declaring an emergency.

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

SECTION 1. (1) The Oregon Health Authority in collaboration with the Department of Education shall conduct an evaluation related to behavioral health services provided to public school students in kindergarten through grade 12 in this state. The evaluation shall identify:

(a) The current level of behavioral health services being provided, including:

(A) Barriers and challenges to providing behavioral health services; and

(B) Gaps in behavioral health services that are being provided and resources that are available for behavioral health services.

(b) How information collected under paragraph (a) of this subsection shall be incorporated into five-year plans of coordinated care organizations, including how the information will be used to:

(A) Develop common measurements of success and best practices for the purposes of achieving, at a minimum, the following:

(i) An increase in mental health referrals and treatments between schools and community-based behavioral health professionals;

(ii) A decrease in expulsions for students with behavioral health needs; and

(iii) A decrease in chronic absenteeism for students with behavioral health needs.

(B) Develop a local system of behavioral health services that is based on a shared set of principles, common measurements of success and best practices for providing direct class-

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 room support for students and teachers to ensure the highest opportunity of educational
2 success for students with behavioral health needs.

3 (C) Increase the collaboration between coordinated care organizations and school dis-
4 tricts.

5 (2) For the purpose of collecting information and identifying data elements and method-
6 ology, the authority shall collaborate with representatives of:

7 (a) A state-based association that represents school administrators; and

8 (b) State-based coordinated care organizations.

9 (3) The authority shall submit a report on the evaluation described in subsections (1) and
10 (2) of this section to the interim committees of the Legislative Assembly related to education
11 or health care no later than December 30, 2017.

12 SECTION 2. This 2017 Act being necessary for the immediate preservation of the public
13 peace, health and safety, an emergency is declared to exist, and this 2017 Act takes effect
14 on its passage.
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