

D R A F T

SUMMARY

Establishes Task Force to Build a More Effective System for Preventing Children's Behavioral, Psychological and Health Problems.
Sunsets task force on December 31, 2016.
Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to the establishment of a prevention system that addresses specified problems of children; and declaring an emergency.

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

SECTION 1. (1) The Task Force to Build a More Effective System for Preventing Children's Behavioral, Psychological and Health Problems is established. The purpose of the task force is to identify methods for providing evidence-based interventions that can prevent the development of multiple behavioral, psychological and health problems in a child that can undermine the child's social and academic development.

(2) The task force established by this section consists of 15 members appointed as follows:

(a) The President of the Senate shall appoint two members from among members of the Senate.

(b) The Speaker of the House of Representatives shall appoint two members from among members of the House of Representatives.

(c) The Governor shall appoint 11 members who represent:

(A) The behavioral, psychological and health sciences communities; and

1 **(B) State agencies that have an impact on family, school and pre-**
2 **school well-being, including the Department of Education, the Oregon**
3 **Education Investment Board, the Early Learning Council, the Youth**
4 **Development Council, the Department of Human Services and the**
5 **Oregon Health Authority.**

6 **(3) The task force shall recommend to the Legislative Assembly and**
7 **the Governor legislation that will increase the availability and suc-**
8 **cessful implementation of evidence-based family, school and preschool**
9 **interventions. Legislative recommendations shall be based on:**

10 **(a) The following evaluations related to evidence-based family,**
11 **school and preschool interventions that address behavioral, psycho-**
12 **logical and health problems of children:**

13 **(A) A review of existing law that establishes the interventions and**
14 **specifies how those interventions will be implemented.**

15 **(B) An assessment of the degree to which existing law regarding**
16 **interventions is being implemented.**

17 **(C) A review of whether different criteria are needed to identify and**
18 **implement interventions.**

19 **(D) A budget analysis of all state expenditures related to inter-**
20 **ventions.**

21 **(E) An evaluation of the budget implications of successful inter-**
22 **ventions, including any possible reductions in costs related to:**

23 **(i) Providing special education and related services to severely**
24 **emotionally disturbed children;**

25 **(ii) Treating adolescents and adults for behavioral, psychological**
26 **and health problems; and**

27 **(iii) Incarcerating adolescents and adults who may have behavioral**
28 **or psychological problems.**

29 **(F) An analysis of how the governance and budgets of interventions**
30 **might be reconfigured to better support the selection and implemen-**
31 **tation of interventions and to determine the effectiveness of those**

1 **interventions.**

2 **(G) A review of the accountability procedures for state-funded**
3 **interventions.**

4 **(H) A determination of whether reports provided by counties and**
5 **school districts related to existing interventions provide sufficient and**
6 **standardized information to allow officials at school districts, counties**
7 **and the state to evaluate interventions to determine:**

8 **(i) If the interventions are reducing behavioral, psychological and**
9 **health problems; and**

10 **(ii) How the interventions may need to be adjusted to improve ef-**
11 **fectiveness.**

12 **(I) An analysis of how data related to existing interventions are**
13 **being used for accountability and for improving professional practice**
14 **and how use of those data may be improved.**

15 **(b) Evaluations to identify the best methods to improve the success**
16 **of local, evidence-based family, school and preschool interventions**
17 **that address behavioral, psychological and health problems of children,**
18 **including considering whether to:**

19 **(A) Publish statewide priorities and strategic frameworks to assist**
20 **counties in establishing priorities related to the behavioral, psycho-**
21 **logical and health problems of children.**

22 **(B) Publish a manual for distribution to county prevention and**
23 **treatment agencies to communicate state agency expectations and**
24 **provide explanatory materials to help foster the success of local**
25 **interventions.**

26 **(C) Establish and maintain a list of approved interventions and re-**
27 **quire each county to use at least 75 percent of its state prevention**
28 **funds for approved interventions chosen from the list.**

29 **(D) Streamline and standardize intervention reporting forms so that**
30 **local intervention plans and reports clearly:**

31 **(i) Reflect the requirement that 75 percent of funds be expended for**

1 approved interventions.

2 (ii) Specify the purpose of each intervention, the number of children
3 served with each intervention, the duration and frequency of each
4 intervention and the cost of each intervention.

5 (E) Require each county to establish and maintain a list of inter-
6 ventions that are being implemented and to determine if the inter-
7 ventions are producing the intended results.

8 (4) A majority of the members of the task force constitutes a quo-
9 rum for the transaction of business.

10 (5) Official action by the task force requires the approval of a ma-
11 jority of the members of the task force.

12 (6) The task force shall elect one of its members to serve as chair-
13 person.

14 (7) If there is a vacancy for any cause, the appointing authority
15 shall make an appointment to become immediately effective.

16 (8) The task force shall meet at times and places specified by the
17 call of the chairperson or of a majority of the members of the task
18 force.

19 (9) The task force may adopt rules necessary for the operation of
20 the task force.

21 (10) The task force shall report its findings and recommendations,
22 as described in subsection (3) of this section, to the interim legislative
23 committees related to health care and to the Governor no later than
24 September 15, 2016.

25 (11) The Legislative Administration Committee shall provide staff
26 support to the task force.

27 (12) Members of the task force who are not members of the Legis-
28 lative Assembly are not entitled to compensation, but may be reim-
29 bursed for actual and necessary travel and other expenses incurred by
30 them in the performance of their official duties in the manner and
31 amounts provided for in ORS 292.495. Claims for expenses incurred in

1 performing functions of the task force shall be paid out of funds ap-
2 propriated to the Legislative Administration Committee for purposes
3 of the task force.

4 (13) All agencies of state government, as defined in ORS 174.111, are
5 directed to assist the task force in the performance of its duties and,
6 to the extent permitted by laws relating to confidentiality, to furnish
7 such information and advice as the members of the task force consider
8 necessary to perform their duties.

9 SECTION 2. Section 1 of this 2015 Act is repealed on December 31,
10 2016.

11 SECTION 3. This 2015 Act being necessary for the immediate pres-
12 ervation of the public peace, health and safety, an emergency is de-
13 clared to exist, and this 2015 Act takes effect on its passage.

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