NORTHWEST REGIONAL EDUCATION SERVICE DISTRICT
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February 7, 2017

Chair Roblan, Vice-Chair Linthicum, Senators Gelser, Hass, and Kruse:

I write you today in response to Senate Bill 183, to speak to a model that has been proven successful in Oregon and to suggest how it might be applied to scale-up Trauma-Informed Care for Oregon's students.

Many of our students come to school having experienced a range of adverse life experiences that impact their ability to learn and increases their likelihood of significant future health concerns. Since the groundbreaking CDC-Kaiser Adverse Childhood Experiences Study in the late 1990s, there have been hundreds of research papers published on the impact of Adverse Childhood Experiences (ACEs). The link between childhood trauma and future chronic disease, depression, mental illness, violence, poor academic outcomes, and negative health behaviors has been strongly established. Here in Oregon, data from the Student Wellness Survey indicates that high numbers of students have experienced one or more ACE, including 35% of 11th graders having lived with a problem drinker, 21% of 8th graders having lived with someone who used street drugs, and 20% of 6th graders reporting they have gone hungry. However, very few educators have received the training necessary to identify ACEs and support families and students on their path toward healing.

We have the opportunity to build on proven and successful models, such as the Oregon Response to Intervention Model, to scale best-practices in the area of Trauma-Informed Care for students across the state. The Response to Intervention (RTI) Initiative works with cohorts of school districts each year to build systemic and sustainable supports for all students along with implementation guidance and staff training. The program has been successfully implemented in districts in every corner of the state with 67 of our 197 school districts currently participating in the program. By following the framework of the RTI model, we can mitigate the impact of Adverse Childhood Experiences and create a culture of care in our schools.

If we are truly committed to creating a Culture of Care across Oregon, addressing social determinants of health that impact both health and educational outcomes, and reducing the effects of Adverse Childhood Experiences on the students and communities we serve, it will be essential that we build on both the successful programmatic and systems models our state has to offer. The RTI model can teach us a great deal about how to successful support, expand, scale, and sustain this type of work. By using an RTI-based cohort model and supporting districts through a multi-year research, exploration, training, and implementation process, we can build the systems for broad-based implementation and program sustainability our state needs in this area.

Sincerely,

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Superintendent

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