To: House Education Committee

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Re: House Bill 2368. Trauma informed practices

Date: February 13, 2021

Chair Rep. Leon and members of the committee,

My name is Nancy Willard. I have degrees in elementary and early childhood education, special education, and law. I taught students who were considered "emotionally disturbed" in Medford. All of these students had experienced trauma, but that was not part of the discussion at that time.

I practiced law in the area of computers and then left this practice to focus on educational technology. I was involved in the original planning for the Oregon Public education Network, which is coordinated through the ESDs, and I helped over 40% of Oregon's districts create their first technology plan — working through the ESDs mostly outside of the Willamette Valley. It was through this activity that I gained insight into the effective use of ESDs to provide services to districts throughout the state. The relevance of this will become evident.

I wrote the first book ever published on cyberbullying, Cyberbullying and Cyberthreats: Responding to the Challenge of Online Cruelty, Threats, and Distress in 2007. This covered not only cyberbullying, but digital threats, online hate groups, and concerns of self-cutting and suicide.

Since that time I have tried to focus on the concerns of bullying and harassment. This has been a challenge. What schools are doing in this area is flat not working (look at Oregon data). I understand why and have positive suggestions to offer. But neither I nor my colleagues in other states have been successful in convincing school leaders of the need for positive change. I coordinate an unfunded program called Embrace Civility. I am author of a book that provides guidance to schools on how to do this: Engage Students to Embrace Civility,

Bullying is a form of trauma. As trying to address bullying was at a dead end, I shifted to more of a focus on trauma, resilience, and trauma informed practices. All of the approaches I had developed to address bullying are fully in line with the effort to support youth resilience.

I have written three books for young people that focus on resilience: Be Positively Powerful: A Guide for Teens on Achieving Resilience and Empowerment, Be Positively Powerful: Resilient When Things Get Tough , and Sea Positivamente Poderoso: Ser resiliente cuando las cosas se ponen difíciles

I have been working on professional development resources in the area of trauma informed practices, resilience, equity, and positive relations. There has been no interest in this time of the pandemic.

I have made a more in-depth analysis of the multiple strategies recommended described as "trauma informed practices" seeking to identify the common practices and bring them together in a manner that can more easily be implemented by schools. There are no "evidence based best practices." There is much commonality in the strategies that are recommended. However, if you asked 5 different people in this field "what are trauma informed practices?" you would likely get 10 different answers.

Some of the guidance provided to schools is quite broad based and idealistic. An example from the National Center on Safe and Supportive Learning Environments:

4. View students holistically.

Schools invested in taking a trauma-sensitive approach understand the interrelated nature of emotional and physical health and academic success and the need to view students holistically and build skills in all areas.

As is evident, additional steps are necessary to translate this suggestion into an action item.

The key resources I have found to be most helpful have been the CDC's Preventing Adverse Childhood Experiences, a variety of resourced from the National Child Traumatic Stress Network, the National Center on Safe and Supportive Learning Environments' Trauma Sensitive Schools, SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach, and the Collaborative for Academic, Social, and Emotional Learning's resources on trauma informed practices, as well as background insight from Harvard Education's Center for the Developing Child resources on Resilience and a new document from the California program ACEs Aware called Roadmap for Resilience.

One of the most important issues, from my perspective, is that of accountability for effectiveness. We need to insist that schools are looking at the data; discussing the data with staff, students and families; creating objectives that designed to make improvements in the data; implementing approaches that have a strong basis in the research; and evaluating effectiveness based on an analysis of the data and making necessary changes.

This process must be coordinated by a team that includes leadership, certified staff, classified staff, parents, students, and community members from appropriate organizations and agencies.

The current data that is most helpful in Oregon at this time comes from the Oregon Healthy Teen Survey. There is a series of questions that form what is called the Positive Youth Development Scale.


Chart 6. Individual PYD Scale Questions
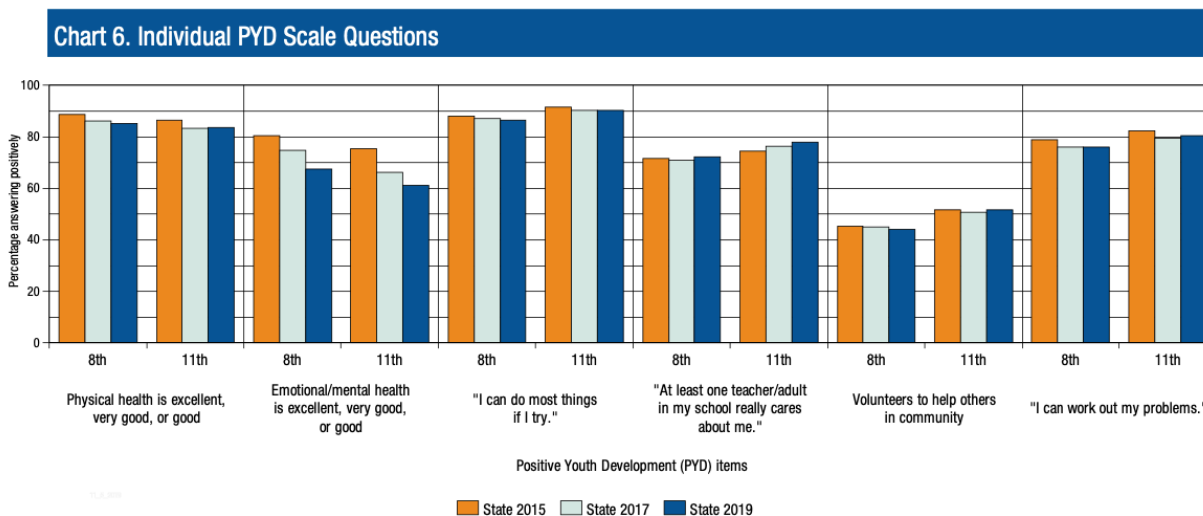
Obviously, the profound decline in student emotional health is a serious concern. This is secondary data. This is also the same era as we have seen a profound increase in student disruptive behavior. What I have not seen is effective analysis of what is causing this. I would note that the decline does coincide with the implementation of the Common Core into schools. Some have suggested this is related to the recession in the late 2000's. We have to know why something is happening in order to remedy the concern.

I would also call your attention to the question of whether there is at least one staff person who really cares and the ability to work out problems. The responses to these questions sets the foundation for an effective trauma informed practices in a school — because positive connections with a supportive adult and self-efficacy are two critical factors to support resilience.

The second OHT question is this:

Chart 8. Overall school climate

Legend: State 2015, State 2017, State 2019
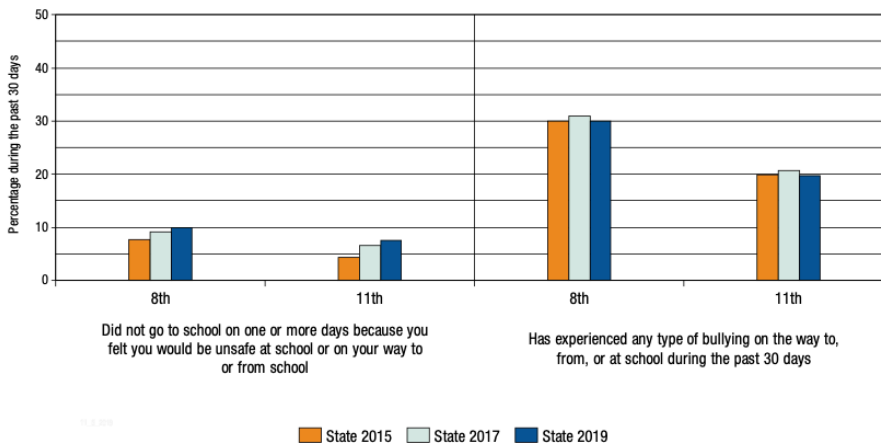
Speaking quite clearly, if 7% to 10% of students are skipping school on or more days because they do not feel safe and if 20% to 30% of students are experiencing bullying while at school, this school is not trauma informed — because something that is happening in this school is causing students to experience trauma.

House Bill 2368

I am highly supportive of efforts to increase trauma informed practices in schools in Oregon. The current approach set forth in HB 2368 will not effectively accomplish this.

Pilot Programs Often do Not Result in Positive Change

By way of background, in 2016 HB 4002 set forth the plans to create a pilot study of trauma informed practices. This bill funded a 3 year study. An extensive report on this pilot study was issued by the Oregon Department of Education in October 2019. This extensive report did not focus on any data related to improvement of student outcomes, which it is my understanding did occur.

Most significantly, there appears to have been no positive impact of this pilot study on any of the subsequent actions of ODE. The extensive report is not on the ODE website. There is one document that describes this project. The link on this document, goes to a Page Not Found.

Oregon School-Based Health Alliance was involved with this Pilot Study. The page on their site does not provide much information.

The report itself is on the Oregon Legislature site.

Based on this past history, it is highly likely that a new pilot study will not be well-integrated into other efforts at ODE and will not accomplish positive change.

Programs Implemented with Significant Pilot Funding are Not Scalable

This pilot study received $500,000 in 2016 and an additional $1 Million in 2017. For a pilot program in 2 schools. Any pilot implemented with this level of funding is absolutely not scalable to other schools in the state.

Not Integrated into Other Programs

The current plan, as I understand it, under HB 2368 is a stand alone pilot program that is not integrated into any of the other activities currently under way at ODE.

Most significantly related to this issue, Section 36 of the Student Success Act, set up authorization for the establishment of the School Safety and Prevention System. Unfortunately, the bill that initiated this approach under

the 2019 legislature originally came to the legislature from the Oregon Taskforce on School Safety overseeing the SafeOregon Tip Line.

The original legislation focused on three issues: youth suicide, threat assessment, and bullying and harassment (called school culture and climate). This language was softened a bit. However, these three issues remained at the center of the effort. Senate Bill 52, Adi's Act, which also focused on youth suicide was integrated into this effort.

The draft plan for the School Safety and Prevention System was released in October.

Very wisely, this legislation set forth a delivery mechanism through the statewide ESDs. This passage from the School Safety and Prevention System describes this framework:

> In partnership with OHA, the Oregon Department of Education (ODE) will coordinate the implementation of SSPS through the development of 16 new positions statewide. Regionally based in ESDs statewide, 11 School Safety and Prevention Specialist positions (cross-trained in behavioral safety assessment, suicide prevention, and school culture and climate supports) will collaborate with 5 School Suicide Prevention and Wellness (4 coordinators, 1 program manager)positions to develop regional teams supporting the system. These teams will develop ESDs as hubs for a regional network of mental health, public service and safety agencies, and community-based organizations to address student behavioral and mental health crises through a multidisciplinary and multicultural lens. These coordinators will also support school districts in developing Student Suicide Prevention Plans (Senate Bill 52) in alignment with ODE's Integrated Model of Mental and Emotional Health. (Page 2-3)

Note that the plan as issued by ODE in October has effectively integrated another initiative at ODE, the Integrated Model of Mental and Emotional Health. This plan also interfaces with ODE's equity approach and All Students Belong (OAR 581-022-2312).

This School Safety and Prevention System regional structure is the structure through which efforts to increase the use of trauma informed practices in Oregon schools.

What actually needs to be funded at this time, I do not know for certain. If you look at this page on the ODE website, you will note the section on Mental Health and Wellbeing:
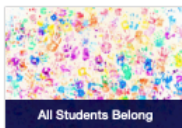
Note that this is the home of the School Safety and Prevention System, the Model for Mental Health, and All Students Belong. This is part of the larger Office of Equity, Diversity and Inclusion (EDI).

To effectively integrate trauma informed practices into Oregon schools it would be best to create an additional program within the Mental Health and Well-Being unit of the Office of Equity, Diversity and Inclusion that maintains a focus on trauma informed practices.

This office should be responsible for the development of a framework for the implementation of such practices in Oregon schools. This can be accomplished by relying on the same resources I have been focusing on and the creation of the same organized approach I have been striving to develop.

Funding should be provided to ensure training for all of the School Safety and Prevention Specialist Specialist positions in the ESDs throughout the state, and the 5 School Suicide Prevention and Wellness coordinators. These prevention specialists can then be in a position to support their respective school districts in the implementation of trauma informed practices in schools.

It would be my recommendation to amend amend Section 36 of the Student Success Act to expand the language to encompass trauma informed practices and to ensure sufficient funding for a coordinating position within ODE and additional training for the prevention specialists.

It is essential, in my opinion, to include language that requires districts and schools to use the data from the new Student Health Survey to address these concerns. Districts need more effective ways to filter this data to better understand the issues. I think OHA is working on this. This data should provide the basis for improvement objectives — the success of which is measured by subsequent delivery of the survey.

I hope this is helpful.