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Colt Gill

Deputy Superintendent of Public Instruction

HB 2368 & -1 Amendment - Trauma Informed Pilot Program
House Education Committee
March 9, 2021

Chair Alonso Leon, Vice-Chair Weber, Vice-Chair Neron and members of the committee, I am Jessica Ventura, Government Relations Director for the Oregon Department Education (ODE). Thank you for the opportunity to submit additional information for HB 2368 and -1 for your review. ODE has no position on this bill.

ISSUE:

According to the U.S. Department of Health and Human Services, approximately two thirds of American children and adolescents are exposed to at least one traumatic event by age 16. Trauma is a [known risk factor](#) for most psychological and substance use disorders across the lifespan. [Research](#) has shown that children exposed to trauma are more likely to be involved in the child welfare and juvenile justice systems, experience long-term health and mental health problems, and have lower grades and increased rates of suspensions and expulsions.

[Trauma intersects](#) with race, gender, culture, language, disability, and most if not all [social determinants of health](#). There is a pressing need for strengths-based, trauma-informed policies, practices and systems that acknowledge this intersectionality, recognize the ways that systemic and structural inequities compound trauma's effects, and ensure that students and their families receive equitable access to trauma supports and services.

Because the majority of children and adolescents are engaged in some form of structured education, [schools are positioned](#) at the forefront of addressing the impacts of traumatic stress, and promoting mental health and well-being. Currently, there is no unified approach for preventing or addressing youth traumatic stress in Oregon's public schools, and no systematic approach for analyzing the impacts of trauma-informed principles and practices in Oregon's schools to address this pressing need.

HOUSE BILL 2368 -1 AMENDMENT:

The bill requires the Oregon Department of Education, in coordination with the Oregon Health Authority, to establish a pilot program to promote and support positive student mental and behavioral health by using culturally responsive trauma-informed approaches. Under the pilot program, the department shall coordinate with the authority to distribute moneys to school districts, education service districts and community organizations that serve K-12 students for the purpose of improving educational outcomes by implementing culturally responsive

trauma-informed approaches to education, health services and intervention strategies that are aligned with the mental health guidance from the Oregon Department of Education.

EQUITY IMPACT ANALYSIS

Section 4e indicates that a priority of the pilot project is to engage communities of historically underserved students and families, and that applicants proposing to participate in the pilot project be evaluated on the basis of their ability to positively impact the mental and behavioral health of historically underserved students and families (Section 5b).

The bill defines “underserved” as communities, groups, families and students that the dominant educational system has historically and currently excluded, impacted, marginalized and/or refused service due to institutionalized and intersectional racism and systemic oppression. This includes students of color, tribal students, English language learners, LGBTQ2SIA+ students, students experiencing and surviving poverty and homelessness, students with disabilities, women/girls, and students from rural communities. There should also be explicit mention of intersectionality to ensure that all individual and contextual factors and their combination are considered and satisfactorily addressed. Another suggestion would be to include youth involved in the juvenile justice system and those with incarcerated parents who tend to experience disproportionate degrees of trauma and have historically been underserved.

There is no specific provision to deliver services and support in a language other than English, which may serve to perpetuate inequitable access to services by non-English speaking students and their parents.

ODE’s [Integrated Model of Mental Health](#) recognizes and affirms the need to center education on promoting and enhancing the mental health and well-being of school community members, and emphasizes the equal importance of strengths-based multi-tiered systems of support, equity and racial equity, social emotional learning in conjunction with trauma-informed principles and practices. Focusing solely on culturally-responsive, trauma-informed services to the exclusion of racial equity, social emotional learning and strengths-based approaches further perpetuates the segmentation of mental health services and supports rather than working within a cohesive framework that utilizes an array of multi-tiered offerings.

REQUESTED CHANGE TO HB 2368 -1 AMENDMENT

ODE does request that the first report due date be moved from September 15, 2021 to September 15, 2022. This will allow time for implementation and information gathering to occur

so that ODE's report back to the Legislature might provide more accurate and meaningful assessment.

ODE UPDATE ON STUDENT MENTAL & BEHAVIORAL HEALTH

ODE and Oregon Health Authority (OHA) are working in strong partnership to improve Oregon's school-based mental health assessment, prevention, intervention and crisis support services. In August of 2020, we were selected by the Collaborative for Academic, Social and Emotional Learning (CASEL) and the Council of Child State School Officers (CCSSO) as one of nine states to participate in a national project to better integrate social emotional learning within a multi-tiered system of supports framework. Oregon's *Strengthening Mental Health in Education Initiative* was designed to fulfill the following five goals:

1. Refining the *Integrated Model of Mental Health* to serve as an inter- and intra-agency and state-wide framework for organizing school-based, multi-tiered mental health service delivery (assessment, prevention, intervention, crisis response). Collaborating with partner districts, educational service districts, community-based and coordinated care organizations, community partners, and other state agencies to improve mental health promotion and service delivery (e.g. the Oregon Youth Authority and Oregon Department of Health Services).
2. Conducting a state-wide analysis of school-based health/mental health resources.
3. Creating a collaborative ODE-OHA legislative blueprint to support well-funded, intentionally aligned school-based mental health systems, policies and practices.
4. Defining a strengths-focused evaluation strategy that promotes evaluation for learning and systems change.
5. Envisioning a plan for educational systems change that centers on the health and well-being of school communities.

We have just completed our sixth month of the initiative, have fulfilled goals one and two, and are actively partnering with OHA on school-based mental health legislation (Goal 3) during the current session to ensure that our respective and collective work and related legislation are clearly aligned with the *Integrated Model of Mental Health*.

In concert with the work plan delineated above, our 2021 efforts will also focus on the completion of four goals:

1. Completing state-wide engagement sessions with students, families, staff, leaders, affinity groups and other community partners to better understand their experiences of

the strengths, challenges, gaps and opportunities within the school-based mental health system. This may include providing content expertise for a Mental Health Advisory Board to inform the development of a legislative strategy for the 2022 and 2023 legislative sessions.

2. Developing an integrated systems framework that details the infrastructure and resources needed to support and implement: (a) district inventories to assess their ability to implement and evaluate the Integrated Model of Mental Health and engage in continuous quality improvement; (b) foundational training in the Integrated Model - trauma-informed principles and practices, equity and racial equity, social emotional learning and strengths-based multi-tiered systems of support; (c) workforce development aligned with the Model to ensure that services and supports are linguistically and culturally responsive and competent; and (d) technical assistance to districts and education service districts and agency partners.
3. Creating a comprehensive assessment framework to evaluate implementation processes, fidelity/adaptation, and individual and system-wide outcomes including metrics and mixed measures (qualitative and quantitative) tools and strategies. This will allow agencies and school districts to self-assess their current offerings, develop plans to improve multi-tiered mental health service delivery, assess the impact of their efforts, and develop continuous quality improvement strategies.
4. Intentionally positioning school-based mental health within Oregon's System of Care.

These efforts will require sufficient funds to ensure that school-based mental health service delivery systems are robust and sustainable, and result in equitable access to services and support for all Oregon school community members.

Thank you,
Jessica Ventura

Government Relations Director