



Using Trauma Informed Care to Support Student Success *The “Coordinated Student Success Act of 2016”*

Background:

- Oregon students have high dropout rates and high absenteeism, which is linked to long term health problems, chronic diseases, workforce challenges, higher incarceration rates and dramatically higher long term costs for a variety of state programs.
- Absenteeism, while a concern for all students, disproportionately affects students who have experienced trauma, low-income children, children of color, and students with disabilities.
- Numerous recent studies indicate that childhood traumatic stress decreases student participation and success:
 - Adverse childhood experiences (ACEs) – also known as childhood trauma – hinder academic success.
 - According to research from the Washington State University Area Health Education Center, children who have an ACE score of 3 (out of 10) are more than twice as likely to be suspended from school, six times more likely to experience behavioral problems, and five times more likely to have severe attendance issues. They also have reduced reading ability and lower grade point averages.
 - Many Oregon students report childhood traumatic stress – 23% of Oregon 11th graders reported being intentionally hit or physically hurt by an adult and nearly 30% of Oregon 11th graders reported missing school because of emotional health reasons.
- Evidence-based and evidence-informed programs, intervention and support efforts, and responsive caregiving provided to youth from trusted adults can moderate the effects of early stress and neglect associated with trauma.
- Building resilience can counter the effects of trauma/ACE’s and help lead youth to more effective, productive and healthy adulthoods.
- Schools have an important role in meeting the social/emotional needs of students, identifying those most at risk, and coordinating with community partners. School campuses with school-based health centers have a unique opportunity to leverage education and health strategies to coordinate preventive, physical, behavioral, and mental health services for students who have experienced traumatic stress.
- Coordinating the efforts of non-profit providers, schools, health centers, CCOs, public health, juvenile justice groups, and other organizations in the community could have a dramatic impact on reducing absenteeism and increasing graduation rates among these students, thus reducing long term costs to the state, including health care costs, incarceration costs, workforce issues, etc.
- Having robust health interventions/supports like a school-based health center inside a school is a cost effective and efficient way to make an impact for youth that may have trouble accessing these services outside the school building.

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This proposal was developed by the Oregon School-Based Health Alliance and supported by a broad coalition of groups working as the “Alliance4Kids”: Oregon Alliance of Children’s Programs, Oregon Education Association Foundation, SBHCs, non-profits, educators, CCOs, counselors and administrators, juvenile justice and trauma experts and many others.

Overview

- The Chief Education Office, in coordination with the OHA’s Public Health Division, Adolescent and School Health Program, OHA Health Systems Division, and the Oregon Department of Education will design and issue an RFP seeking innovative concepts to implement a trauma-informed approach to education, health services, and intervention strategies.
- Communities will be asked to develop a three-year pilot project that will engage school-based health centers (SBHCs) and coordinate with educators and school districts, coordinated care organizations, public health entities, non-profit youth service providers, community-based organizations, social justice groups, and others.
 - Successful grantees will use evidence-informed models, tailored to the specific communities in Oregon.
 - Programs will be coordinated through an SBHC that has behavioral health capacity and an existing referral system or a student-focused body with similar capacities.
 - The bill would appropriate \$5,750,000 from the General Fund for the purpose of funding these provisions, and require a minimum community match for each project that is direct financial and/or donated time/effort/resources.

Ensuring Project Success and Effective Coordination:

Each project shall include a full-time *trauma informed integration specialist* housed in the SBHC who will work closely within the SBHC and with other district professionals including school administrators, school nurses, counselors, educators, parents and community partners. This specialist will:

- Partner and coordinate with CCOs, schools and school districts, parents, and local and regional non-profits to ensure collaboration and bring in expertise and community resources
- Provide initial and ongoing integration support to create a school-wide trauma informed culture
- Work with the school to leverage and build upon existing school tools, services and programs
- Work with the SBHC to ensure SBHC providers are trained to conduct trauma screenings, provide trauma informed mental health services and provide care coordination with community partners
- Contract with consultants, providers and non-profits to provide specific services when needed

Technical assistance shall be provided by a statewide non-profit organization with experience in supporting SBHCs and student health organizations that work to integrate physical, mental/behavioral health as well as educational success, violence and drug prevention, etc. This organization shall:

- In collaboration with the CEO and the OHA, provide oversight and management for the entire project.
- Provide coordination and technical assistance across all pilot sites, including convening CCOs, schools and school districts, and local and regional partners as well as contracting with local non-profits to assist with intensive specialized interventions as needed and connecting with equity initiatives.
- Develop an evaluation plan and work with the sites to conduct a local and aggregate evaluation and provide data on the outcomes of the various pilot projects to the Departments as well as to the relevant legislative committees.



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