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## SIPPRA Letter of Intent to Apply

### Intervention overview

The Culture of Care partnership is a joint effort of the High Desert Education Service District and Central Oregon's six school districts to equip teachers and schools with the knowledge, policies, practices and systems needed to support children ages 3-18 who have experienced Adverse Childhood Experiences (ACEs) and historical trauma.

The Culture of Care Partnership is focused on nurturing resilience to trauma by strengthening an important support system for kids--teachers. Culture of Care is a two generation approach that aims to cultivate a culture of resilience in staff and students. We know that the impacts of trauma on our biology are passed down through generations; the same is true for resilience and we expect generational reductions in childhood trauma as a result.

The intervention will include:

- Training and ongoing coaching for teachers and staff at every school in the six partner school districts (1,210 individuals total); who will then establish a network of 300 local trainers in trauma informed care and practices;
- Professional Learning Communities in each school to adopt a school-wide trauma-informed culture; and
- Annual assessment of school culture (students and staff) utilizing Resilience Measures to monitor and nurture resilience promoting factors among school communities.

These interventions will be implemented in school years 2019-2022, and will improve the lives of approximately 33,500 students in 36 elementary, 13 middle, and 14 high schools and 3,000 students in early learning/Pre-K programs.

### Why these interventions?

Adverse Childhood Experiences and historical trauma create shock waves through a child's life that affect education attainment<sup>12</sup>, health outcomes, their ability to participate in the workforce, and long-term income security. In Oregon, 15% of youth have 3+ ACEs<sup>3</sup> significantly increasing their education risks and specific to the priority six schools districts, an estimated 11%-15% (3,685-5,025)<sup>4</sup> of students have experienced four or more ACEs. Additional data point to need for interventions that support students in Central Oregon. Annually, about 49% of school age children in Central Oregon qualify for Free and Reduced Meals (16,415), about 25% identify as students of color (8,375), about 12% are identified as students with disabilities (4,200), and about 300 are in the foster care system.

<sup>1</sup> <https://s3.wp.wsu.edu/uploads/sites/2101/2018/02/ACE-manuscript-final-accepted-by-APA.pdf>

<sup>2</sup> <http://www.cahmi.org/projects/adverse-childhood-experiences-aces/>

<sup>3</sup> [https://childtrends-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences\\_FINAL.pdf](https://childtrends-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf)

<sup>4</sup> Estimated based on Oregon estimates

We need strategies that reduce childhood trauma, and we need strategies that nurture resilience in children who have experienced trauma. Research indicates that several protective factors can prevent or ameliorate the negative effects of ACEs.<sup>5</sup> A positive, supportive relationship with one or more adults is of primary importance.<sup>6,7</sup> Children and adults alike can help cultivate resilience—for example, through practicing self-care routines and strengthening key social and emotional skills such as empathy, self-regulation, and self-efficacy.<sup>8</sup>

The growing interest in understanding ACEs has been accompanied by an increase in the development and application of trauma-informed care (TIC) in early learning and K-12 schools. TIC describes a variety of approaches that acknowledge the impact of trauma, recognize its symptoms, respond to its effects through appropriate practices and policies, and prevent further traumatization.<sup>9</sup> Programs and organizations that use a trauma-informed approach may not necessarily treat the consequences of trauma directly, but instead train their staff to interact effectively with participants who have been affected such as supporting participants' coping skills and use of appropriate behavior management techniques.<sup>10</sup>

Trauma-informed schools are supported by some evidence, suggesting that strategies are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.<sup>11</sup> Evaluations of school-wide interventions show that these strategies can increase attendance<sup>12</sup> and graduation rates.<sup>13</sup>

Application of TIC practice are being tested nationwide. Schools in Massachusetts, Missouri, Idaho, New Orleans, Washington, Wisconsin, and Illinois are all supporting more school-wide, trauma-informed training and coaching. In a similar school-wide program with training and coaching implemented in 12 Washington schools, adoption of trauma-informed practices increased. Adoption progressed over three years of access to coaching, and increased more where staff accessed

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<sup>5</sup> [https://www.aap.org/en-us/Documents/journals\\_research\\_update.pdf](https://www.aap.org/en-us/Documents/journals_research_update.pdf)

<sup>6</sup> Sege, R., Bethell, C., Linkenbach, J., Jones, J.A., Klika, B., Pecora, P.J. (2017). *Balancing adverse childhood experiences (ACEs) with HOPE\*: New insights into the role of positive experience on child and family development*. Casey Family Programs. Retrieved from <https://www.cssp.org/publications/documents/Balancing-ACEs-with-HOPE-FINAL.pdf>.

<sup>7</sup> Shonkoff, J. P., Boyce, W. T., Cameron, J., Duncan, G. J., Fox, N. A., Gunnar, M. R., & Thompson, R. A. (2005). *Excessive stress disrupts the architecture of the developing brain*. National Scientific Council on the Developing Child, Working Paper, 3, 2014. Retrieved from [http://developingchild.harvard.edu/wp-content/uploads/2005/05/Stress\\_Disrupts\\_Architecture\\_Developing\\_Brain-1.pdf](http://developingchild.harvard.edu/wp-content/uploads/2005/05/Stress_Disrupts_Architecture_Developing_Brain-1.pdf).

<sup>8</sup> American Psychological Association. (2017). *Resilience guide for parents & teachers*. Retrieved from <http://www.apa.org/helpcenter/resilience.aspx>.

<sup>9</sup> Substance Abuse and Mental Health Services Administration. (2017). *Trauma-informed approach and trauma-specific interventions*. Retrieved from <https://www.samhsa.gov/nctic/trauma-interventions>.

<sup>10</sup> Bartlett, D.J., Wilson, A., Moore, K.A., & Redd, Z. (2016). *5 ways trauma-informed care supports children's development*. Child Trends: Bethesda, MD. Retrieved from <https://www.childtrends.org/child-trends-5/5-ways-trauma-informed-care-supports-childrens-development/>.

<sup>11</sup> <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/trauma-informed-schools>

<sup>12</sup> Dorado JS, Martinez M, McArthur LE, Leibovitz T. Healthy Environments and Response to Trauma in Schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools. *School Mental Health*. 2016;8(1):163-176.

<sup>13</sup> <https://www.mathematica-mpr.com/our-publications-and-findings/publications/adverse-childhood-experiences-building-community-capacity-and-resilience-for-prevention>

coaches. Those schools also showed significant gains in English language arts standardized test scores relative to matched comparison schools.<sup>14</sup>

### Outcomes & Evaluation

By 2027, the Culture of Care partnership expects to achieve the following outcomes, which we will be able to track based on income, disability, and race/ethnicity (Table 1).

Outcome	Baseline	Outcome Target	Timeline to Target
<b>Early Outcomes</b>			
Reduce exclusionary discipline	1,714 expulsions, 1,192 suspensions	<1,600 expulsions, <1,000 suspensions	2023-2026
Reduce chronic absenteeism (% of students missing >10% of school days)	23%	<18%	2023-2026
<b>SIPPRA Outcomes Tied to Intervention</b>			
Increase high school graduation*	78%	>86%	2023-2026
<b>Other Culture of Care Outcomes</b>			
Improve Kindergarten readiness	43%	>48%	2023-2026
Improve 3rd grade reading	58%	>64%	2023-2026
Reduce teen and unplanned pregnancy	TBD	TBD	TBD
Reducing the number of kids in foster care or Avoiding removal from families	TBD	TBD	TBD
Reducing the number of kids in non-family foster care placements	TBD	TBD	TBD
Reduce # of placements ("jumping around") for kids in foster care	TBD	TBD	TBD

<sup>14</sup> <https://s3.wp.wsu.edu/uploads/sites/2101/2015/02/CLEAR-Research-Brief-Final.pdf>

Reduce # of days in care for kids in foster care	TBD	TBD	TBD
Improve employment / self-sufficiency status for those aging out of foster care	TBD	TBD	TBD
Improve childhood resilience (reduce the adverse consequences of child abuse and neglect)	To be established in 2019	Improve by 10%	2023-2026
Improve adult resilience (reduce the adverse consequences of child abuse and neglect)	To be established in 2019	Improve by 10%	2023-2026

The outcome evaluation will rely on a difference in differences (DID) quasi-experimental design. The comparison group will consist of schools from across Oregon matched to schools in the six Central Oregon school districts based on school characteristics such as locale (rural, small town, etc.), size, and student-body characteristics (e.g., free or reduced-price lunch eligibility, share English language learners, etc.). ECONorthwest will serve as the independent evaluator and will leverage the firm's experience over more than a decade specifically with longitudinal student-level data from Oregon's K12 system to conduct the evaluation. The HDESD has existing data sharing agreements with partner school districts, NeighborImpact, the regional Community Action Agency and a primary provider of Head Start, United Way/TRACEs, and Oregon State University. ECONorthwest has ongoing agreements with multiple state agencies to access and analyze deidentified unit-level data, and is well-positioned to secure agreements for the data central to the evaluation.

The evaluation design includes tracking measures that will be used for SIPPRAs payments and to communicate other outcomes important to partners.

**Committed project partners:**

- High Desert Education Service District, a special service district / unit of local government who is coordinating the trauma-informed interventions with six area school districts (Crook County, Jefferson County, Culver, Redmond, Sisters, and Bend-La Pine), Implementers
- ECONorthwest, an economics and evaluation firm
- Shift Health Accelerator, an outcomes investment technical assistance provider
- Central Oregon Health Council, an upfront investor/funder
- United Way/TRACES, partner service delivery implementer
- Oregon State University Cascades, data collection partner

Additional partners we aim to engage include school districts outside of Central Oregon for partnership agreements, data collection and other aspects of evaluation design for control group

**Intervention period**

The intervention (trauma coaching, training, and school team setup) will be carried out from 2019-2022. We expect progress on some outcomes to begin showing up in 2021, and for others by 2027.

**SIPPRA funding and Project budget**

The Culture of Care partnership has secured \$1,476,620 for three years of upfront funding from the Central Oregon Health Council in the form of a partially-recoverable grant. School districts have committed to make \$1,074,500 in staff time and other resources available to implement the intervention. We are requesting \$2 to \$2.5 million plus \$250,000 that amount for evaluation (\$2.25 to \$2.75million total) in SIPPRA funding that would be used to pay back portions of the upfront investment and invest in the long-term sustainability of the Culture of Care partnership.

Sincerely,



Paul Andrews  
Superintendent