

STRATEGIES FOR TRAUMA-INFORMED SCHOOL COMMUNITIES

Practices to Improve Resiliency in School-Aged Children and Address Adverse Childhood Experiences (ACEs)



California Department of Public Health, Injury and Violence Prevention Branch and the California Department of Social Services, Office of Child Abuse Prevention, California Essentials for Childhood Initiative



Suggested Citation:

California Department of Public Health, Injury and Violence Prevention Branch and the California Department of Social Services, Office of Child Abuse Prevention, California Essentials for Childhood Initiative. (2021). *Strategies For Trauma-Informed School Communities: Practices to Improve Resiliency in School -Aged Children and Address Adverse Childhood Experiences (ACEs)*. CA: California Department of Public Health, California Department of Social Services.

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ACKNOWLEDGEMENTS

Strategies For Trauma-Informed School Communities: Practices to Improve Resiliency in School-Aged Children and Address Adverse Childhood Experiences (ACEs), was developed by the Essentials for Childhood (EfC) Initiative, which is led in partnership by the California Department of Public Health (CDPH), Injury and Violence Prevention Branch (IVPB), and the California Department of Social Service (CDSS), Office of Child Abuse Prevention (OCAP).

This document reflects contributions from a number of individuals, state and local health programs, and departments. The EfC Initiative takes this opportunity to recognize those who so generously gave their time and expertise to inform its content and recommendations.

California Department of Public Health Programs:

- Center for Healthy Communities
 - Injury and Violence Prevention Branch
 - Violence Prevention Initiative
 - Teen Dating and Sexual Violence Programs
- Nutrition Education and Obesity Prevention Branch
- Office of Oral Health
- California Tobacco Control Branch
- Office of Strategic Development and External Relations (Fusion Center)

California Department of Social Services:

- Office of Child Abuse Prevention

Representatives of the California Essentials for Childhood Initiative Subcommittees:

- Trauma-Informed Practices
- Policy

Representatives from the following Programs and Agencies:

- The Center for Violence-Free Relationships
- County of San Diego Health and Human Services Agency
- American Lung Association in California
- Antelope Valley College
- Del Norte County Department of Health and Human Services
- Center for Nonviolent Communities
- YWCA Silicon Valley
- Human Response Network
- California Health Collaborative
- Strategies 2.0

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- Public Health Advocates
- San Francisco Unified School District
- University of California, San Francisco Healthy Environments and Response to Trauma in Schools (HEARTS)

PURPOSE, USE, AND DEVELOPMENT OF THE STRATEGIES FOR "TRAUMA-INFORMED SCHOOL COMMUNITIES" DOCUMENT

Strategies For Trauma-Informed School Communities: Practices to Improve Resiliency in School-Aged Children and Address Adverse Childhood Experiences (ACEs) is intended to assist state and local public health programs, child-serving systems, non-profits, and philanthropic organizations in their efforts to educate about the need for trauma-informed school policies and practices to improve resiliency among school-age children and youth. The [LCAP](#) is a tool for California's Local Educational Agencies (LEAs) to set goals, plan actions, and leverage resources to meet those goals to improve student outcomes. **Given that LCAPs are undertaken by all [LEAs](#) in California, tied to funding, and invite community and stakeholder engagement, this can be one avenue to address Adverse Childhood Experiences (ACEs) and improve child wellbeing.**

Engagement in the LCAP process allows for public health and child welfare stakeholders, working on a wide variety of topics tied to the risk and protective factors of ACEs, to participate in and educate school decision makers about the need for policy, systems, and environmental (PSE) change to reduce the impact of toxic stress. The LCAP is also an opportunity to build sustainable change to enhance partnerships between local health departments, child welfare, and LEAs to ultimately improve health and educational outcomes for California's children.



It can be challenging to directly tie various public health focus areas to ACEs, undertake required program interventions and promote resiliency among school-aged youth, but stakeholder education that can occur with engagement through LCAP process may serve as one such mechanism.

Given that root causes of violence are interconnected and related to existing public health program efforts, these efforts are inherently complementary and supportive of trauma-informed policies and approaches, possible through the LCAP process.¹



Initial development on this document was based on information gathered through Key Informant Interviews, discussions with subject matter experts, and research. Guidance provided by subject matter experts led to the prioritization of strategies that center on the LCAP's Priority Area 6 "[School Climate](#)" as it was most aligned with school policy change efforts that prioritized resiliency and the integration of trauma-informed practices. Consumer testing was conducted with state public health programs and their funded projects to further refine and tailor content. Throughout the lifecycle of this project, the Essentials for Childhood (EfC) Initiative, a statewide coalition of child maltreatment and ACEs prevention stakeholders, provided input on the content and strategies.

While many of the strategies in the document included under the "Strategies to Improve Resiliency in School-Aged Children" section were developed prior to the COVID-19 pandemic, they can serve as a framework that can be adapted as needed and this includes COVID-19 recovery efforts that promote resiliency among school-aged children and youth.

INTERSECTION BETWEEN ACES AND PUBLIC HEALTH PROGRAM FOCUS AREAS

The following information, obtained from various research publications, is intended to support local programs in their efforts to directly tie various public health focus areas to ACEs and the need to educate about strategies that support resiliency among school-aged youth.

Tobacco Use

- ACEs are associated with current tobacco use.^{2,3,4,5,6}
- Research suggests that there is a dose-response relationship between ACE exposure and an increased likelihood of tobacco use.^{7,8}
- The initiation of tobacco use is associated with childhood physical abuse and sexual abuse.^{3,9,10}

Nutrition

- Higher ACE scores are associated with higher odds of food insecurity.^{11,12,13,14,15}
- Food insecurity is associated with childhood obesity.¹⁶

Problem Gambling

- Higher ACE scores are associated with gambling disorders.^{17,18}
- Child abuse is associated with an increased risk of problem gambling.¹⁹
- Pathological gamblers are more likely to have experienced childhood maltreatment as compared to non-pathological gamblers.^{20,21}

Oral Health

- Higher ACE scores are associated with poor oral health and higher tooth loss.^{22,23,24,25}

Substance Use/Misuse

- Higher ACE scores are associated with increased risk of illicit drug use.²⁶
- Higher ACE scores are associated with earlier initiation of prescription opioid use.^{27,28,29,30,31,32}

Rape Prevention, Teen Dating Violence, and Domestic Violence

- Higher instance of childhood adversity is associated with higher odds of experiencing physical dating violence.³³
- Childhood physical and emotional abuse are predictors for adolescent sexual victimization.³⁴
- Higher ACE scores are associated with adolescent interpersonal violence perpetration.³⁵

Home Visiting

- Home visiting programs have a positive effect on child development.^{36,37}
- Home visiting programs improve health and development of children by preventing ACEs.³⁸

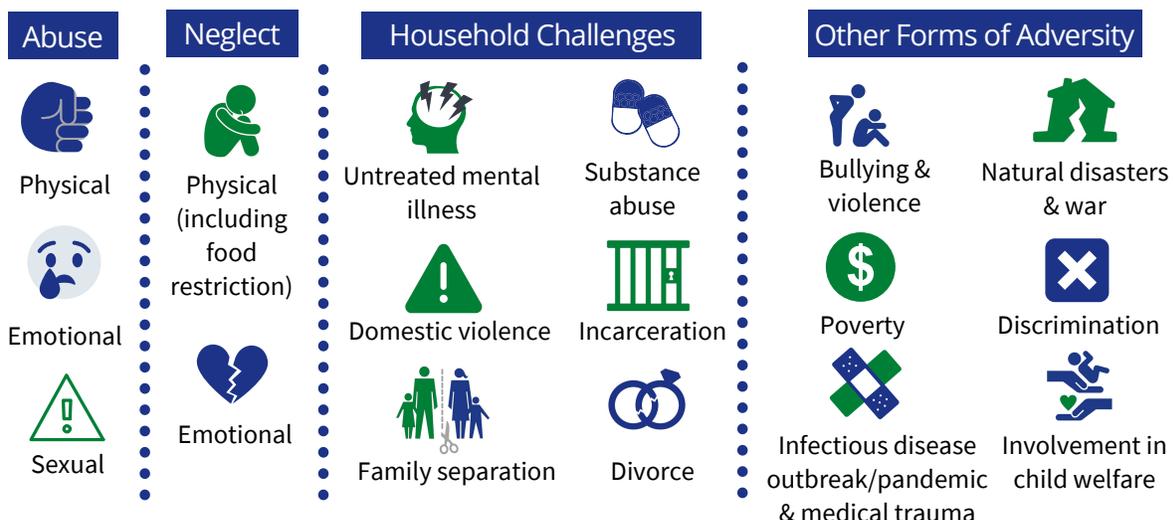
BACKGROUND

This document was developed by the [Essentials for Childhood \(EfC\) Initiative](#), a project funded by the Centers for Disease Control and Prevention (CDC) and led in partnership by the [California Department of Public Health, Injury and Violence Prevention Branch](#) (CDPH/IVPB), and the [California Department of Social Services, Office of Child Abuse Prevention](#) (CDSS/OCAP).

More than half of California’s youth have experienced at least one Adverse Childhood Experience (ACE).³⁹

The EfC Initiative seeks to address child maltreatment as a public health issue; aims to raise awareness and commitment to promote safe, stable, nurturing relationships, and environments (SSNR&E); creates the context for healthy children and families through social norms change, programs, and policies; and utilizes data to inform actions. Stakeholders engaged in the EfC Initiative’s Policy and Trauma-Informed Practices Subcommittee and an internal assessment conducted within CDPH informed the design of this document that seeks to support policy, system, and environmental (PSE) change efforts that educate about strategies that support resiliency among school-age children and youth.

Expanding use of strategies that support resiliency is necessary because more than half of California’s youth have experienced at least one Adverse Childhood Experience (ACE).³⁹ ACEs are potentially traumatic events that occur in childhood (before age 18) such as physical and emotional abuse, neglect, caregiver mental health problems and/or substance misuse, and household challenges that put children at risk for disrupted brain development and increased risk for later health problems and mortality.^{40,41,42}



⁴³ Adapted from the Robert Wood Johnson Foundation.

Children who experience trauma and toxic stress may also struggle in school settings, which can result in low school attendance, poor academic performance, and/or increased suspension rates.^{44,45} While the negative effects of traumatic events and toxic stress are serious, they may be mitigated by resilience promoting environments that include protective caregiving relationships.⁴⁴

Research also demonstrates that children who overcome various ACEs and continue to thrive also tend to be more resilient than others without a history of ACEs. Therefore, protective factors that promote resiliency are critical to the overall health and wellbeing of children.⁴⁶ Preventing ACEs can also prevent other forms of violence, as various forms of violence are interrelated and share many risk and protective factors, consequences, and effective prevention tactics.⁴⁷



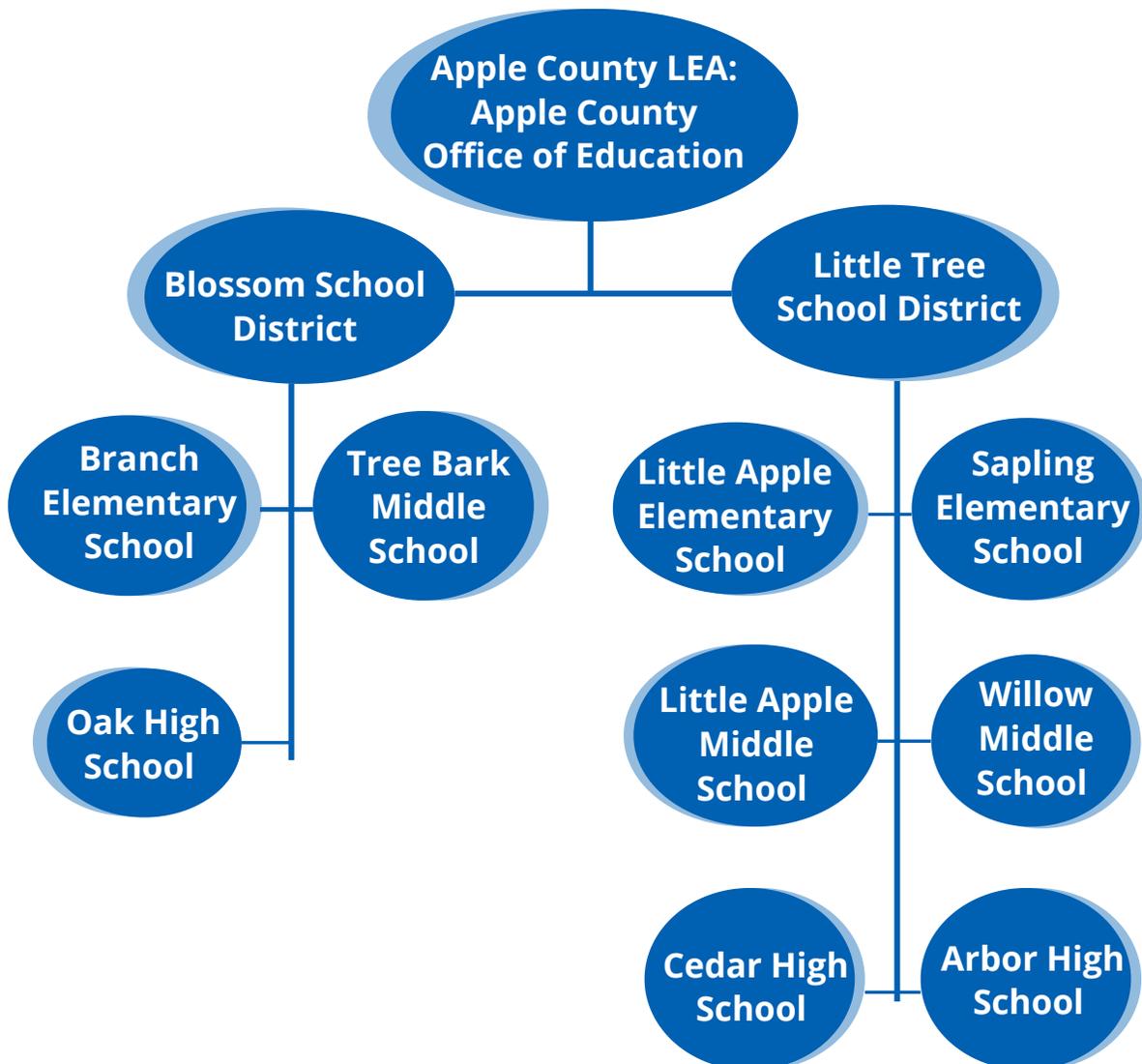
While a more positive school climate is related to improved academic achievement, it can also mitigate the negative effects of poverty or other forms of adversity on academic achievement.⁵¹

School climate is a major priority in California given that there is a growing body of research demonstrating that school climate is linked to both academic and social-emotional development outcomes for students.⁴⁸ In California, LEAs, which consist of County Offices of Education (COEs), school districts, charter schools, and public schools are responsible for addressing efforts to enhance school climate, among other key priorities, through three-year strategic plans referred to as "Local Control and Accountability Plans" (LCAP).

Depending on the county in California, engagement in the LCAP could potentially impact thousands of students as the plans oftentimes direct the efforts of the entirety of the LEA, which could include all schools under the school districts that are directed by the LEA.

It is important to note that each county defines "LEA" differently and it is recommended that you review your county's LEA structure to determine potential impacts of interventions intended to improve child wellbeing. Visiting the county Office of Education's website is a good source for this information.

Below is an example outlining how this relationship is defined for a sample county with one LEA and two school districts.



The LCAP for each LEA outlines goals for improving student outcomes and is intended to ensure that the system is accountable to parents and other stakeholders engaged in efforts to improve the school community, such as county public health professionals, public health advocates, and child welfare professionals. School climate is a critical factor in academic, behavioral, and mental health outcomes.

While a more positive school climate is related to improved academic achievement, it can also mitigate the negative effects of poverty or other forms of adversity on academic achievement.⁴⁹ Trauma-informed practices and approaches are an opportunity to both improve resiliency and address the affects of ACEs.

According to the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#), “a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, seeks to actively resist re-traumatization.”⁵⁰



ACEs are recognized as the root cause of many of society’s most-pressing health problems, which is why it is imperative that public health and child welfare professionals work together with the school community to adopt and implement trauma-informed approaches and practices through PSE change so that all of California’s youth thrive.

INTRODUCTION



In 2012, a single transparent formula was proposed to determine the allocation of the majority of the revenue a school district receives and it was introduced for application into the 2012-2013 state budget (AB 97).^{51,52}

This formula was adopted in 2013 and is referred to as the Local Control Funding Formula (LCFF). Under the LCFF, districts receive funding based on student attendance and each district receives a base grant for each student, dependent on grade level.⁵³

Additionally, LEAs (e.g., COEs, school districts, schools) receive additional supplemental funds and concentration specific grants based on the numbers and concentration of high-need students (e.g., families low-incomes, English as a second language learners, or foster youth). The LCFF was developed to simplify how state funding is allocated to LEAs and to improve educational equity by serving a greater percentage of students who are high-need.

Successful implementation of the LCFF requires LEAs to develop a plan, also known as an LCAP, and work with their COE to adopt and implement it. Additionally, LEAs provide annual progress reports to the California Department of Education (CDE). As of 2014, each LEA is also to have a LCAP, which is a “three-year plan that describes the goals, actions, services, and expenditures to support positive student outcomes that address state and local priorities.”⁵⁴

LCFF encourages LEAs to involve parents, students, and community members in the development of a LCAP to ensure shared decision-making and development of a plan that is adequately informed by community to name needs and resources.

LCAPs include annual goals and address the following state priorities, which can be categorized by Conditions of Learning, Pupil Outcomes, and Engagement:

**Priority 1:
Basic
(Conditions of Learning)**

Ensure that all students have access to fully credentialed teachers and standards-aligned instructional materials, in addition to school facilities that are maintained in good repair.⁵⁵



**Priority 2:
State Standards
(Conditions of Learning)**

Assure that school programs and services enable all students, including English learners, to access common core academic content and performance standards set by the state of California.⁵⁷



**Priority 3:
Parental Involvement
(Engagement)**

Efforts by the school district and schools to seek parent input and engagement in decision-making, as well as how the school district intends to promote parental participation in programs for unduplicated pupils and individuals with exceptional needs.^{56,57}



**Priority 4:
Pupil Achievement
(Pupil Outcomes)**

Improve achievement and outcomes for all students as a measure of performance on standardized tests, progress toward English proficiency among English learners, English learner reclassification rate, percentage of students passing advanced placement exams, and percentage students demonstrating college- and career preparedness.^{55,57}

Priority 5: Pupil Engagement (Engagement)

Provide students with engaging programs and course work to promote school attendance, which is measured by part by attendance rates, middle school/high school dropout rates, and high school graduation rates.⁵⁷



Priority 6: School Climate (Engagement)

Factors both inside and outside the classroom that impact student success such as health, safety, school connectedness, and student discipline, which is measured by suspension and expulsion rates, and surveys of students, parents, and teachers.⁵⁷

Priority 7: Course Access (Conditions of Learning)

Ensure that all students have access and are enrolled in a broad course of study in all required subject areas that prepare them for college and careers, regardless of where they live and the school they attend.⁵⁷



Priority 8: Other Pupil Outcomes (Pupil Outcomes)

Measure other meaningful indicators of student academic performance in all required areas of study.⁵⁷

STRATEGIES TO IMPROVE RESELIENCY IN SCHOOL-AGED CHILDREN

The following strategies are recommendations made by subject matter experts engaged in the EfC Initiative to improve resiliency in school-aged children in school settings. These recommendations could be considered for adoption through the LCAP by local school communities and are complementary to Priority Area 6, "School Climate." These strategies include recommendations specific to data necessary to describe youth connection and sense of safety in the school community; trauma-informed practices to ensure responsiveness to ACEs; and youth development opportunities to enhance resiliency.

DATA STRATEGIES

Strategy	Justification
<p>1. Adopt the existing standardized California Healthy Kids Survey (CHKS) school climate module.</p>	<p>Use of the CDE's existing standardized school climate module provides valid indicators of school climate, students' drug and alcohol use, school violence, resiliency, and youth development. Increased participation improves CHKS's reliability and strengthens analyses to assist with the development of a shared understanding of what changes are effective and where there are opportunities for improvement.</p>
<p>2. Publish and disseminate the school community's CHKS school climate data on the school's website.</p>	<p>Readily available data accessible to all teachers, parents, students, and community members offers opportunities for the school community to undertake and participate in informed decision-making.</p>

TRAUMA-INFORMED/ POLICY STRATEGIES

Strategy	Justification
<p>1. Adopt a “trauma-informed practices” definition and provide guidelines for implementation that are included in school handbooks and/or school policies.</p>	<p>Increased awareness and use of trauma-informed practices and policies assists with implementation of policies and procedures that utilize SAMHSA's "Six Key Principles of a Trauma-Informed Approach" (i.e., safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical, and gender issues) advances efforts to reduce toxic stress.⁵¹</p>
<p>2. Require all adults who engage with school-age children in the school setting, or school sponsored events, to be trained on topics such as implicit bias,⁵⁶ trauma-informed practices,⁵¹ self-care, and/or restorative justice practices.</p>	<p>Supports efforts to lessen inequitable practices and implicit and explicit bias in the school community and provides adults with tools to identify how their own experiences may be unconsciously influencing their attitudes or engagement with students.</p>
<p>3. Allocate resources to fund a school restorative justice coordinator and/or social worker.</p>	<p>Builds capacity for the school community to provide services to students that enhance their emotional wellbeing and improve academic performance.⁵⁷</p>
<p>4. Support for teachers to build resiliency in the classroom (e.g., identifying spaces to have cool down/ peace corners, or chill-out rooms and providing therapeutic materials and wellness supplies).</p>	<p>Provides a safe, quiet place for students who are stressed or affected by trauma to meditate, reflect, and self regulate emotions.</p> <p><i>*To support distance learning, consider opportunities for virtual wellness rooms and guidelines for families to set up wellness areas in their homes.</i></p>

TRAUMA-INFORMED/ POLICY STRATEGIES (CONTINUED)

Strategy	Justification
<p>5. Support utilization of mental health interns (graduate students in Social Work or Counseling who are pursuing their MSW, MFT, or LPCC licenses and/or Pupil Personnel Services Credential) who support students in the school setting and provide individual and group counseling. All mental health interns are supported by a school social worker/learning support professional, a master’s level mental health clinician who provides and coordinates a system of student and family support services.</p>	<p>Enhances the school community’s ability to provide services to students that support emotional wellbeing; reduce the suspensions rates, chronic absenteeism rates, and risk of school violence; increase early identification of mental health disorders/indicators for early intervention, and improve overall academic achievement.⁵⁸</p> <p><i>*To support distance learning, consider opportunities for online individual or group counseling sessions.</i></p>
<p>6. Adopt and implement classes or activities that support mindfulness⁵⁹ or calming techniques (e.g., breathing, walking, yoga).</p>	<p>Assists the school community in its efforts to decrease stress and anxiety, and strengthen resilience and emotional regulation, for both staff and school-age youth.⁵⁸</p> <p><i>*To support distance learning, consider opportunities to engage students in online classes or activities.</i></p>

YOUTH DEVELOPMENT STRATEGIES

Strategy	Justification
<p>1. Allocate resources to fund elective leadership, mentorship and other specialty classes (e.g., zero, seventh period, or other electives throughout the school day).</p>	<p>Provides students with access to additional leadership development opportunities to support civic engagement and foster skills necessary for professional development.^{60,61}</p>
<p>2. Adopt and implement the California Health Education Framework.</p>	<p>Supports the development of curriculums and instruction that enable students to make healthy choices, avoid unhealthy behaviors, and recommends the integration of health education into core subject instruction.⁶⁴</p>
<p>3. Create and maintain resource allocations earmarked for programs that promote resilience (e.g., art, literature, music).</p>	<p>Increases access to programs that promote resilience and improve student social and emotional wellbeing and academic performance.⁶⁵</p>
<p>4. Engage with public health programs to determine where there are opportunities to support youth-led or directed coalitions and participation in health education campaigns.</p>	<p>Offers young people opportunities to contribute their experiences, knowledge, and solutions to solve community problems. Participation supports the development of new skills, builds confidence, and can contribute to change at a local and/or state-level.^{64,65}</p>
<p>5. Support and provide opportunities for student-led, public service projects, and clubs to be held on campus.</p>	<p>Offers students opportunities to positively engage with the community and supports civic engagement activities that foster a sense of connectedness.^{62,65}</p>

YOUTH DEVELOPMENT STRATEGIES (CONTINUED)

Strategy	Justification
6. Apply for Tier 1 or 2 funding [CDE funding available by responding to Requests for Applications (RFA)].	Expands school infrastructure, staffing, and/or programs within schools that promote resilience in school age children.
7. Adopt and implement peer-to-peer support and/or mentorship programs and support engagement of school faculty members in the programs.	<p>Supports an enhanced school climate that fosters safety in the school environment and supports development of relationships between students.^{62,63}</p> <p><i>*To support distance learning, consider the use of social media or digital mediums to connect with students.⁶⁶</i></p>

RESOURCES

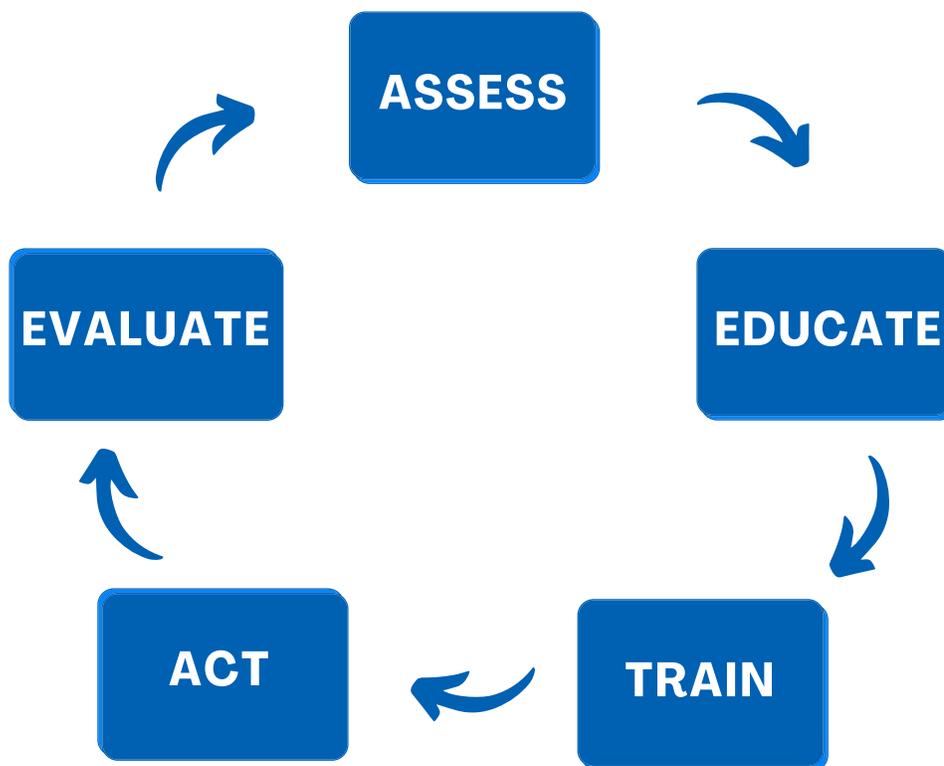
Below are additional resources to support further understanding of topics such as:

1. Assistance with [understanding School Climate data](#)
2. Linkage to [WestEd](#) school resources on topics such as professional development, research and evaluation, and technical assistance
3. Restorative justice practices from San Francisco Unified School District ([SFUSD](#)) and the Oakland Unified School District ([OUSD](#))
4. Mindfulness Strategies from [Mindful Schools](#)
5. Social emotional curriculum used by Stockton Unified School District ([SUSD](#)): [Second Step](#)
6. Social and Emotional Climate resources from the [National Board of State Boards of Education](#) (NSABE)

PUBLIC HEALTH ENGAGEMENT IN THE LCAP

Engagement in the LCAP process is iterative and is similar to many of the other local-level strategic planning efforts with which public health is familiar with. This structure is adaptable and is comprised of five key steps: assessment, education, training/technical assistance, action, and evaluation. The detail below are examples of activities that can be undertaken to engage in the LCAP space.

Steps for Engagement in the LCAP Process



These steps were informed by Midwest Academy Strategies and [Public Engagement Strategies and Approaches](#).

ASSESS

Undertake efforts to review and understand the needs of the school community, key stakeholders, and the target jurisdiction.

- Review [American Community Survey](#) data
- Review [California School Dashboard](#) data
- Review [California School Climate](#), Health, and Learning Surveys data
- Review previous LCAPs submitted by LEA typically found on the County Office of Education (COE) website
- Identify and review the LEA's COE website
- Contact the COE staff providing support to LEAs, such as trauma-informed practices and/or restorative justice trainings
- Attend and observe an LCAP meeting and a school site council meeting, if applicable
- Consider where there are opportunities to build upon or undertake assessment through these core model/best practice models for conducting needs assessments [e.g., Communities of Excellence in Tobacco Control (CX), Communities of Excellence in Nutrition, Physical Activity, and Obesity Prevention (CX3)]
- Conduct Key Informant Interviews (KIIs) with 3-5 decision makers from LEAs in your county (in-person interviews are recommended) to determine priorities and interest in trauma-informed practices and policies
- Identify 1-2 key opportunities or strategies to improve resiliency among school-age children that align with the data findings (see list in previous section for some examples)
- Identify key stakeholders and/or potential champions [e.g., Parent Teacher Association, school site council, district wellness committees, local violence coalitions, Community Based Organizations (CBO), rotary club] who are interested in improving school climate to improve resiliency and address ACEs and initiate resilience conversations through community interviews

EDUCATE

Provide educational information to key stakeholders and/or potential champions to select an action strategy that the community identifies as key to improving resiliency of school-age children.

- Provide an educational presentation to key stakeholders and come prepared with an ask (e.g., sign a letter of support, their attendance and participation in an upcoming LCAP meeting, attendance and participation in an educational event). Consider where there are opportunities to utilize [people first language](#) and present information in a format that accommodates different learning styles (e.g., simple language, brief descriptions, infographics). Educational information could include:
 - An overview of the LEA's LCAP process
 - Presentation of local CHKS data (recommend focusing on school climate indicators)
 - Sharing of key insights learned from KIIs with decision makers
 - Outlining the structure of the LEA's LCAP meetings
 - Recommended – provide an overview of the connection between the public health topic area you focus on and its connection to ACEs and resiliency
- Support the community to select a strategy for action to create change in the LCAP process
- Develop a strategy to engage key decision makers or stakeholders and if possible, identify a champion

TRAIN

Conduct trainings with partners and prepare for public engagement opportunities.

- Provide a training to stakeholders on key messages and use of vignettes to practice before participating and engaging decision makers
- Explain the structure of LCAP meetings and public comment process
- Prepare draft talking points, potential counter arguments, and informational documents to share at LCAP meetings

ACT

Implement the engagement strategy with decision makers in the space of LCAP meetings.

- Begin attending LCAP meetings and provide education to decision makers on the need to prioritize strategies that support creating change that benefits community health and the community selected strategy to build resiliency in school-age children
- Support participation of stakeholders in efforts to educate decision makers through public comment during LCAP meetings

EVALUATE

Assess the impact of efforts, activities, and determine next steps.

- Create a brief evaluation report
 - Describe what you learned, what worked, what you will change, and describe recommended next steps



APPLYING THE "STEPS FOR ENGAGEMENT" TO THE LCAP PROCESS

The table below provides an example of how to apply the "Steps for Engagement in the LCAP Process" (page 18) by walking through the CHKS strategy (listed under Data Strategies on pg. 13). The left side of the table lists each step and the right side of the table describes what an action and interventions could potentially look like in practice.

<p>Assess</p>	<ul style="list-style-type: none"> • Review multiple state and community-level data sources to gain a better understanding of the demographic and socioeconomic factors that make up a community • Review the previous LCAP submitted by the LEA and available school and district data • Create a timeline with upcoming LCAP meetings (e.g., stakeholder input sessions, school site council meetings) • Conduct KIIs with 3-5 decision makers from LEAs • Identify 1-2 key opportunities- or strategies- to improve resiliency among school-age children that align with the data findings • Identify key stakeholders (e.g., PTA, school site council, district wellness committees, local violence coalitions, CBO, rotary club)
<p>Select a strategy to improve resiliency among school-age children. Example: Utilization of the CHKS school climate module</p>	
<p>Educate</p>	<ul style="list-style-type: none"> • Provide an educational presentation to key stakeholders outlining the benefit of the CHKS school climate module (e.g., share findings from KIIs, CHKS data from other schools/school districts, the process of implementing the survey, overview of the LCAP history and process, LCAP meeting schedule) and come with an ask (e.g., sign a letter of support for the implementation of the CHKS school climate module, attend an LCAP meeting, attend an event)

<p>Train</p>	<ul style="list-style-type: none"> • Provide a training to your stakeholders on key messages such as why the school climate module from the CHKS should be utilized • Provide a training outlining the structure of LCAP meetings and the public comment process • Prepare talking points, responses to counter arguments, and informational documents to share at meetings
<p>Act</p>	<ul style="list-style-type: none"> • Attend LCAP meetings and provide education to decision makers on the need to prioritize strategies that support resiliency building in school-age children, how it relates to the public health topic you focus on, and share that this begins with enhanced data collection through the CHKS school climate module • Support participation of stakeholders in efforts to educate decision makers through public comment during LCAP meetings
<p>Evaluate</p>	<ul style="list-style-type: none"> • Create a brief evaluation report of all activities • Describe what you learned, what worked, what you will change about the approach in the future, and recommendations for next steps

SUCCESS STORIES: RURAL & URBAN LCAP ENGAGEMENT

THE POWER OF COMMUNITY: ADVOCATING FOR LCAP FUNDS TO BUILD STRONG SCHOOLS AND HEALTHY COMMUNITIES

Public Health Advocates (PHAdvocates) [Faces of Resilience \(FOR\)](#) youth work was funded by Sierra Health's, The Center, to focus on leadership development for racial equity. However, after speaking to the youth leaders in this program, it was evident that they wanted to focus their efforts on school-based discrimination. Shortly after in January 2019, the [Department of Justice \(DOJ\) issued a judgment](#) finding Stockton Unified School District guilty of discrimination against students of color and students with disabilities. According to DataQuest from California's Department of Education, in the 2016-2017 school year, 19% of African American students were suspended while only accounting for 11.5% of all students enrolled in the district.⁶⁷ The combination of this disproportional rate of suspension for African American students and the stories shared by community members engaged PHAdvocates to look for ways to increase safe spaces for Stockton students on their campuses.

PHAdvocates had the opportunity to work with Stockton Scholars, a non-profit focused on increasing college and career access for Stockton youth. Six staff from each organization joined to create the Transformative Justice Alliance (TJA). The TJA priority was to reach out to Stockton youth to get their input on how school-based discrimination should be combated. The youth expressed feelings of being misunderstood by school staff, being distracted by community and home factors, and feelings of being on constant alert around school district police. The TJA began to do some research into other districts with students who may have had similar sentiments. Restorative justice (RJ) was a concept that came to the forefront several times and seemed to be a best practice from neighborhoods in Stockton.

Restorative justice is the idea of building beloved community with a trauma informed epicenter. With the data, concerns, and community input, TJA began to draft a resolution to present to the SUSD Board of Education, which included the following requests for the district:

1. A report about RJ practices, trauma informed care, instructional practices, as well as a policy analyses of district wide discipline policies.
2. Professional development trainings (e.g., cultural competency, relationship building, communication skills and de-escalation techniques) to all school site and district staff provided and eventual implementation of RJ practices on school sites.
3. The creation of a Transformative Justice Committee comprised of students, parents, community, district employees, non-profit representatives, and educators.

TJA strategically did not include a budget into the resolution since it was known that if the resolution were to pass the district would be tasked with fitting it into the budget. In February 2019, TJA, Stockton youth, and community leaders banded together to show support for this resolution entitled [Resolution No. 18-53: Building Strong Schools and Healthy Communities](#). Youth shared accounts from their personal lives where they were the victim or a witness to discrimination on a school campus and why they supported the resolution.

Staff and community members also utilized public comment to advocate for the resolution funding to be sourced from the LCAP. Knowing that increasing Equitable Learning Environments was a priority for the district, TJA felt the alignment was the most effective way to encourage the board to utilize LCAP funds. The board passed the resolution, which was the first time that both PHAdvocates and Stockton Scholars had co-written a policy for a local school district.

Although the resolution was strong, board trustees frequently commented how the youth participation moved them to vote "yes" on the resolution because it was apparent that school-based discrimination was something that affected many of the students they served.

In addition to the resolution passing, the district also announced that it intended to allocate over six million dollars to new and additional services entitled Building Strong Schools and Healthy Communities. The funds were proposed to be allocated toward trauma informed care (\$300,000), restorative practices (\$300,000), hiring two equity coordinators (\$245,000), equity professional development and workshops (\$300,000), and hiring 30 mental health clinicians (\$3,997,815), plus associated cost for support staff salaries. This [LCAP proposal](#) was also passed by SUSD board of trustees and secured funding for all the above-mentioned items.



Faces of Resilience youth leadership group celebratory photo after Resolution No. 18-53 passed with PHAdvocates staff. Image source: PHAdvocates.



The adoption of Resolution No. 18-53 gives the 35,255 students enrolled in the district the opportunity to learn in an environment that focuses on trauma reduction techniques as a commitment to keep students safe and healthy. Proper implementation of the resolution will significantly reduce the number of students with disabilities and African American students being suspended and referred to the principal's office or law enforcement.

Introducing RJ practices into schools will transform discipline practices and SUSD culture. RJ focuses on the harm done instead of crime, accountability instead of punishment, restoring community instead of isolation. Studies have shown evidence-based RJ practices lead to improved attendance, improved classroom behavior, improved graduation rates, decreased out of school suspensions, decreased discipline referrals, and increased academic outcomes. Teachers will now be supported with tangible tools to employ in their classrooms to aid in connectivity with their students and alternatives to students being removed from class, thus increasing their instructional time and feeling of belonging in the class.

In addition to helping teachers foster safer spaces in their classrooms, there is now at least one mental health clinician that visits each school in the district to support students who may need additional services. The resolution was essential in starting conversation about how adverse childhood experiences (ACEs) can affect a young person's health, behavior, and ability learn.

With advisory from the Transformative Justice Committee, SUSD will have a better understanding of community needs and how they can best meet them. The Transformative Justice Committee also gives students, parents, and community members the opportunity to be engaged in the school district and fill spaces with voices that traditionally are often not heard. The adoption of Resolution No. 18-53 and the allocation of LCAP funds empower youth and community members to continue to advocate for policies and appropriate funding to keep SUSD students' best interest at the forefront. For more information, visit the [PHAdvocates website](#).



"Over the course of my advocacy as youth organizer, I, along with my peers, began organizing around LCAP and ensuring that SUSD committed to prioritizing voices of youth and families. Since our advocacy, we have seen tremendous change in our district, as well as an increase in funding directly for low-income, homeless and foster youth, and English learners. We have advocated for an equity department and began the process of divesting funds to policing budgets. We have seen an increase in counselor ratios across the district, passed an Ethnic Studies resolution, brought forth an [A-G requirement](#) resolution ensuring students have a choice to determine their future, and we have seen an increase in attendance and a decrease in truancy by re-shifting the focus from punitive punishments to meeting families where they are at and providing resources and access to transportation. There has been much progress in our district and one accomplishment that I'm particularly proud of being a part of was the Strong Schools and Healthy Communities resolution, which showed a commitment to the whole family, whole child, and was a transformative approach towards investing in students. This type of change and progress only happened because of the consistency in advocacy and voices of the youth and community."

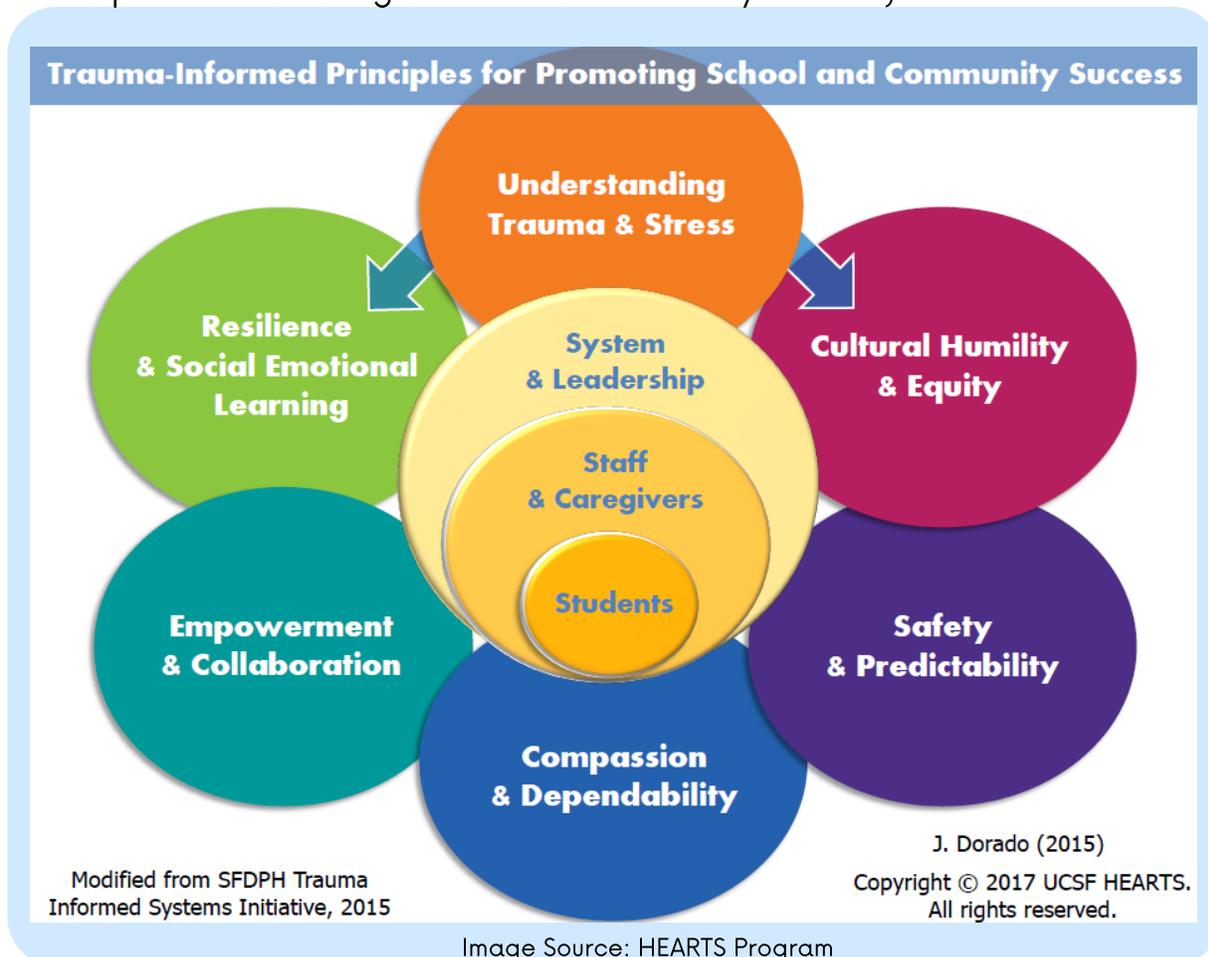
- Jasmine Dellafosse,
Community Organizer

HEARTS: PARTNERING WITH SCHOOL COMMUNITIES TO PROMOTE HEALING, SOCIAL JUSTICE AND SCHOOL SUCCESS

For over ten years, the University of California, San Francisco's Healthy Environments and Response to Trauma in Schools (HEARTS) Program has promoted school success for trauma impacted students through a whole-school approach utilizing the response to intervention Multi-Tiered System of Supports (MTSS) framework.

- Tier 1 involves school-wide universal supports to change school cultures into learning environments that are more safe, supportive, and trauma-informed.
- Tier 2 involves capacity building with school staff to facilitate the incorporation of a trauma-informed lens into the development of supports for at-risk students, school-wide concerns, and disciplinary procedures.
- Tier 3 involves intensive interventions for students suffering from the impacts of trauma.

HEARTS work is driven by six core principles (see image "Trauma-Informed Principles for Promoting School and Community Success").



HEARTS work is driven by its six core principles: (1) Understanding Trauma and Stress; (2) Cultural Humility and Equity; (3) Safety and Predictability; (4) Compassion and Dependability; (5) Empowerment and Collaboration; and (6) Resilience and Social Emotional Learning.

One of the distinguishing features of HEARTS is the **centrality of cultural responsiveness and equity** in all aspects of the program. HEARTS asserts that given the toxic, trauma-inducing, and pervasive nature of structural racism and other forms of oppression, any efforts to mitigate the effects of trauma must include efforts to counteract these harms.



HEARTS is largely aimed at school climate and culture change through building capacity of school personnel around implementing trauma-informed practices, procedures, and policies. Thus, supports and services are planned and implemented in close collaboration with school leadership and with a regularly-meeting team of key school staff (e.g., coordinated care teams), along with the rest of the school community (e.g., administrators, credentialed and classified staff, students and their caregivers). Systems change typically requires two to five years, depending upon the degree of a school site's level of need, and the intensity of HEARTS services provided.

In end-of-year surveys at schools where the HEARTS full site-based program was implemented for more than one year, school personnel reported:

- Significant increases in their understanding of trauma⁶⁸

- Significant increases in their use of trauma-sensitive practices⁶⁹

- Significant improvements in their students' ability to learn, time on task, and school attendance⁶⁹

In addition, in the school where the HEARTS full site-based program was implemented for five years, the school experienced the following changes compared to the year prior to HEARTS implementation:

After one year of HEARTS:

- 32% decrease in total disciplinary office referral incidents⁶⁹
- 43% decrease in incidents involving physical aggression⁶⁹

After 5 years of HEARTS:

- 87% decrease in total incidents⁶⁹
- 86% decrease in incidents involving physical aggression⁶⁹
- 95% decrease in out-of-school suspension⁶⁹

The HEARTS Full site-based program is currently being provided to an San Francisco Unified School District (SFUSD) transitional kindergarten through 8th grade school that is serving children from under-resourced, severely trauma-impacted communities of color, many of whom are new immigrants and/or are experiencing homelessness. HEARTS Full includes a HEARTS consultant on-site at a school three to five days per week, collaborating with school leadership and staff around providing the full range of supports and services across all three MTSS tiers. HEARTS Flex involves a HEARTS consultant/trainer who provides capacity-building consultation and training to school site staff or district central office staff ranging from once monthly to twice weekly. Frequency of training and consultation depends upon needs and resources of a school site or district. HEARTS Flex is present in schools in San Francisco, Elk Grove, Humboldt, and Sacramento.

While the HEARTS program staff provide schools with valuable trainings on trauma-informed practices and guiding principles, the greatest successes occur when schools apply what they have learned in a way that caters to their specific needs.

For example, the HEARTS program helped a school in Elk Grove think more about how they interact with students and where there were opportunities to improve and promote safe and supportive learning environment. They recognized that often times when a student arrived late to school, they were greeted with, “why are you late?” by a front desk staff member and then again by someone in the hallway or a teacher when they entered a classroom. While staff need to know if a student has an excused absence, these interactions can increase stress among a student because being late is ultimately not up to them and can depend on many factors.



This school decided to make a change and started the “Yay! I’m here!” pass where students could easily select an option on a form to explain their absence before going to their classroom with a pass. In the end, this small change has made a big impact. It has made it easy for school staff and teachers to do the right thing when greeting students with “yay, you’re here!” instead of “why are you late?” when arriving late to school.

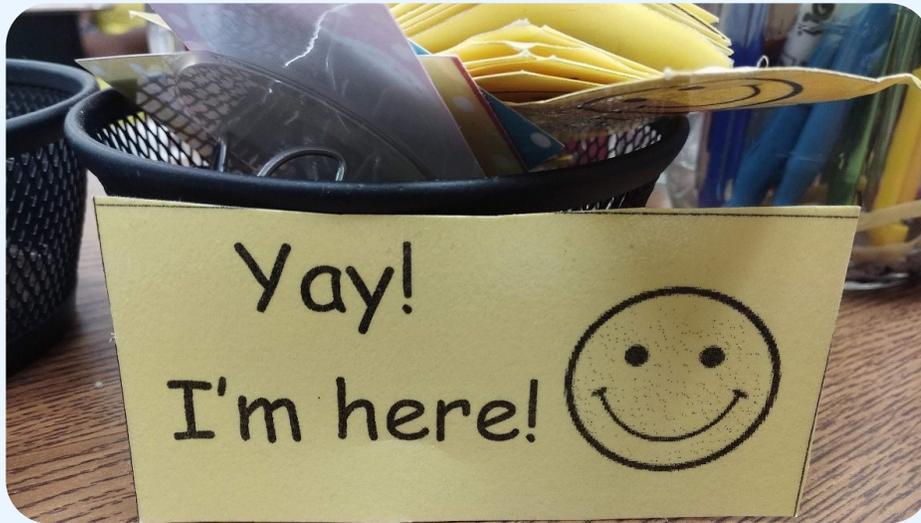


Photo of the “Yay! I’m here!” pass at Elk Grove. Image source: HEARTS Program

Through the HEARTS program, several schools have also started creating “Peace Corners,” “Calm it Down Corners,” and “Talk it out Corners” and supplying calming tools in classrooms.

At El Dorado Elementary, a school in San Francisco, a Wellness Center was created to offer students with a welcoming space with comforting places to sit, headphones to listen to music, and soft and squishy toys.



Wellness Center at El Dorado Elementary in San Francisco. Image source: HEARTS Program.

Both of these examples can be viewed as best practices for change that can arise from providing education to decision makers in the space of the LCAP.

"We all have a role in creating safe, supportive, and equitable school environments. Trauma-informed, equity-promoting practices must be embedded in how a whole school operates together, rather than being held by one team of people alone. We aim to facilitate the establishment of practices and policies that forward each of our program's core guiding principles, applying the principles to students and adult members of a school community (staff, caregivers, leadership) alike. At HEARTS, we build upon a school's strengths and facilitate the integration of trauma-informed approaches into procedures that a school is already implementing (like school-wide Positive Behavioral Interventions and Supports). By using the science of trauma, healing, organizational change, and implementation science, we help school staff expand, improve, and sustain their best practices."

- Joyce Dorado, PhD, Co-Founder and Director of HEARTS



Peace Corner in a classroom.
Image source: HEARTS Program

For more information, visit the [UCSF HEARTS website](https://www.hearts.org/).

APPENDICES

APPENDIX A: ED SOURCE GLOSSARY OF EDUCATION TERMS

Academic Performance Index (API): The API was discontinued in 2014 and has been replaced by the [California School Dashboard](#). The API was a number, used for school accountability purposes, summarizing the performance of a group of students, a school, or a district on California's standardized tests. The API was discontinued with the introduction of the Smarter Balanced tests aligned with the Common Core standards, and the push in the state to establish an accountability system based on multiple measures. A school's number (or API score) was used to rank it among schools of the same type (elementary, middle, high) and among the 100 schools of the same type that were most similar in terms of students served, teacher qualifications, and other factors. Schools and districts also received separate API scores for any student group – including ethnic subgroups, socioeconomically disadvantaged students, English learners, and students with disabilities – comprised of more than 10 students with valid test scores. They only received academic growth targets for “numerically significant” student groups, however.

California School Dashboard: Part of the state's new accountability system under the Local Control Funding Formula, the [California School Dashboard](#) is a multi-color system for grading the performance of schools, school districts and charter schools on a variety of measurements. The dashboard, which includes indicators for school climate and college and career readiness in addition to performance on state tests, offers a more comprehensive and nuanced look at a school than the previous system, the Academic Performance Index (API), which ranked schools by test scores.

County Office of Education (COE): The agency that provides, in general, educational programs for certain students; business, administrative, and curriculum services to school districts; and financial oversight of districts. These services are affected by the size and type of districts within the county, the geographical location and size of the county, and the special needs of students that are not met by the districts. Each of California's 58 counties has an office of education.

Local Control and Accountability Plan (LCAP): A key accountability component of the state’s Local Control Funding Formula (LCFF), the LCAP is a three-year plan, which every district and charter school must create and update annually with input from the community. The LCAP is intended to explain how the district will use state funds to improve educational outcomes for all students based on eight state priorities, with special attention to high-needs students for whom the district received additional money. The State Board of Education approved a template for the LCAP in January 2014.

Local Control Funding Formula (LCFF): Signed into law on July 1, 2013, the Local Control Funding Formula, also known as LCFF, overhauls California’s school finance system, replacing “revenue limits” and most “categorical funds” with a per-pupil base grant plus additional money for high-needs (low income, English learner, homeless and foster youth) students

Local Education Agency (LEA): A public board of education or other public authority within a state that maintains administrative control of public elementary or secondary schools in a city, county, township, school district, or other political subdivision of a state. School districts and county offices of education are both LEAs. Under the Local Control Funding Formula, charter schools are increasingly treated as LEAs

Multi-Tiered System of Support (MTSS): The multi-tiered system of support, or MTSS, is a framework of new and existing strategies used to identify students who need assistance, initiate a response plan, track progress and make improvements over time. It relies on three levels, or tiers: 1) universal support for all students, 2) supplemental services for students who require more academic or behavioral assistance and 3) individualized help for those with the greatest needs.

Positive Behavioral Intervention & Supports (PBIS): An approach for improving school climate that sets clear behavioral expectations for all students and rewards them for complying. It also establishes specific consequences for violations of that code of conduct that are applied equally to all. And it requires detailed data tracking and analysis of student behavior problems. For more information, see <https://www.pbis.org/>.

For a complete list of terms used in California’s education system, please visit Ed Source at <https://edsources.org/glossary>.

APPENDIX B: OTHER HELPFUL LINKS AND RESOURCES

Website	URL
California Department of Education (CDE) LCAP Resources	https://www.cde.ca.gov/re/lc/documents/lcaptemplate2020.docx
Approved LCAP Template 2020	https://www.cde.ca.gov/re/lc/documents/lcaptemplate2020.docx
Annual update template for the 2019-20 LCAP Year	https://www.cde.ca.gov/re/lc/documents/annualupdate.docx
Planning for the LCAP and School Plan	https://www.cde.ca.gov/re/lc/planninglcapsschoolplan.asp
CDE Family Engagement Toolkit	https://www.cde.ca.gov/fg/aa/lc/documents/familyengagement.pdf
LCAP FAQs	https://www.cde.ca.gov/fg/aa/lc/lcfaq.asp#LCAP
California Healthy Kids Survey	https://www.cde.ca.gov/ls/he/at/chks.asp
CDE Tuesdays @ 2 Webinar Series	https://www.cde.ca.gov/fg/aa/lc/tuesdaysat2.asp
California School Dashboard	https://www.caschooldashboard.org/
California School Dashboard FAQs	https://www.caschooldashboard.org/about/faq
California School Dashboard State of CA Summary	https://www.caschooldashboard.org/reports/ca/2019
California School Climate, Health, and Learning Surveys	https://calschls.org/
California Healthy Kids Survey (CHKS) State and Local Mental Health Report Cards	https://healthpolicy.ucsf.edu/school-health-rvicesevaluation#currentprojects
California State Parent Teacher Association (PTA)	https://capta.org/
EdSource	https://edsources.org/
ACEs Connection	https://www.acesconnection.com/

APPENDIX C: KAISER ACES STUDY QUESTIONS

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
No _ If Yes, enter 1 _
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
No _ If Yes, enter 1 _
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
No _ If Yes, enter 1 _
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
No _ If Yes, enter 1 _
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
No _ If Yes, enter 1 _
6. Were your parents ever separated or divorced?
No _ If Yes, enter 1 _
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
No _ If Yes, enter 1 _

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

No _ If Yes, enter 1 _

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

No _ If Yes, enter 1 _

10. Did a household member go to prison?

No _ If Yes, enter 1 _

Now add up your "Yes" answers: _ This is your ACE Score

For more information, [CDC-Kaiser ACE Study webpage](#).

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The Essentials for Childhood (EfC) Initiative is a coalition led in partnership by the California Department of Public Health, Injury and Violence Prevention Branch (CDPH/IVPB) and the California Department of Social Services, Office of Child Abuse Prevention (CDSS/OCAP).

The Essentials for Childhood Initiative:

- Seeks to address child maltreatment as a public health issue,
- Aims to raise awareness and commitment to promoting safe, stable, nurturing relationships, and environments (SSNR&E),
- Creates the context for healthy children and families through social norms change, programs, and policies, and
- Utilizes data to inform actions.

The EfC Initiative recognizes that child maltreatment is preventable and utilizes a primary prevention approach, working upstream to address underlying causes to prevent child abuse and neglect from occurring in the first place.

The EfC Initiative is comprised of a coalition body and four subcommittees: data, policy/strengthening economic supports, trauma-informed practices, and equity.

Utilizing a collective impact model, the EfC Initiative advances the common agenda of multiple agencies and stakeholders through the alignment of activities, programs, policies, and funding so that all California children, youth, and their families attain safe, stable, nurturing relationships, and environments.

FEEDBACK

If you have feedback, questions, or would like to know more about this document, please contact: ivpb@cdph.ca.gov

