

TESTIMONY PROVIDED TO: House Education Committee
FROM: Mark Tucker, Superintendent, Washington Northeast Supervisory Union
TOPIC: H.580 An act related to trauma-informed policies in educational settings
Date: February 14, 2018

Thank you for the opportunity to speak to you today regarding the impact of childhood trauma in Vermont schools.

INTRODUCTION

I began my teaching career working with a young man who struggled mightily to fit into the constructs of the public school. At the time I met him, in February of his Junior year in high school, he was on the verge of expulsion because his behaviors in school were so anti-social and confounding that he had exhausted all attempts to find the educational niche that he needed to be successful. When I think back to his behavior when I first met him, the best word to describe him was “explosive.” High school is a hard social environment for teens, but this young man was especially sensitive to the slightest perceived slight. He was smart and capable when he was calm, but if he was escalated he was unteachable and almost unreachable. As a result, I spent a great deal of my time navigating the social milieu for him just so he could stay focused. It was a lot of work for both of us, but he graduated on time and went on to attend Community College after high school. This first experience set my course in education and I have spent my entire career since working with disaffected students of all ages. What I have come to understand since those first days is that my young friend was likely the victim of childhood trauma; that his trauma and its effects on him were not understood at the time; and that whatever happened to him as a young child had probably altered his brain in ways that no one had the vocabulary to describe back then.

Today we have a vocabulary for childhood trauma and sadly we are having almost limitless opportunities to practice using it. Our understanding of the “trauma challenge” has evolved over the past fifteen years from a focus on childhood behavior without concern for its roots, to seeing and describing the most extreme forms of this behavior as an “Emotional Disturbance” to where we are now – understanding much of the disruptive behavior we see in our schools as stemming from experiences that began well before the child arrived at our door, and in some cases is continuing today. And in my Supervisory Union (as with most) we are recognizing that the degree to which an individual child has experienced and been affected trauma is variable enough that we cannot simply focus on the more extreme cases that might rise to level where the child qualifies for Special Education services. Thus, my recommendation to the Legislature and the Agency of Education is that the proper context for addressing childhood trauma is to place the responsibility for it squarely within the context and framework of the Multi-Tiered System of Supports, so that schools are addressing this need at all three educational tiers (1-3) and not just Tier 3, or Special Education.

THE IMPACT OF TRAUMA ON A SMALL SCHOOL

I have included a copy of the report I wrote in November 2017 at the request of Rep. Kitty Toll and Secretary Holcombe. This report details the experience of one of the schools in my Supervisory Union, Cabot School, which over the past two school years has experienced a significant increase in the number of students who require extra support services resulting from a high number of Adverse Childhood Experiences (ACEs), which is the metric by which the mental health community expresses trauma exposure and its impact in children. Since I submitted the report, I have heard reactions from a number of parties – some supportive and some defensive. I can tell you that many of my Superintendent colleagues are struggling with the same challenges presented by the increased numbers of school-age children with high ACE counts.

There is not just one explanation for this surge – some of the students have been in the Cabot School system throughout elementary school but could not adapt to a significantly-different instructional model

in high school. Fortunately, they are succeeding in an Alternative School setting, at a high cost to the Education Fund. Some other students are new to the Cabot School after returning to live in town with a resident grandparent. Others are there because Cabot has four licensed foster homes, all of which have been willing to take some very challenging kids, which we view as laudatory because it allowed DCF to get them out of unsafe familial homes. And while the report was critical of the DCF foster placement process for not involving the School in advance so that we could plan for the arrival of these students, we have since worked on creating a protocol with DCF that we hope will resolve what was a misunderstanding about communication/responsibility.

The report details my findings and recommendations, but I will call out a few critical points here:

- Actual Special Education costs for the period FY12-FY16 tracked closely to budget, generally falling below the budgeted amount. In FY17 and FY18 (projected), a rapid increase in caseload for trauma-affected students resulted in budget overruns approaching \$200,000 (pre-reimbursement figures) each year.
- Eleven special education students with significant trauma histories account for \$600K in additional costs over and above regular and special education expenditures for supporting these students at Cabot School in FY18 (projected).
- Notwithstanding the availability of State-Placed reimbursement (100%) and Special Education reimbursement under the current formula (54%-90%), Cabot School is still responsible for some unreimbursed expenses for addressing the needs of these students. Coincidentally, the arrival or emergence of these students and their needs did not align with our budgeting cycle, so we experience some of these unreimbursed costs as deficits in the school budget. In FY17, the deficit approached \$90,000. The projected unbudgeted costs for FY18 (at the moment) are \$60,000. These shortfalls have to be absorbed through programming reductions elsewhere in the master budget, which is difficult to accomplish in a small school already operating on a shoestring budget, or treated as a budget deficit and added to next year's budget.

The report also discusses the impact on the social and instructional fabrics of the school community resulting from the challenges of absorbing so many students in such a small school environment. The service delivery model has not adapted to meet these challenges, though we are in the process of designing a new model in cooperation with Washington County Mental Health. We are hoping that proposed changes to the Special Education funding model, moving away from an individualized student reimbursement model to block grant funding, will provide us with needed flexibility. I would be happy to elaborate more on this at a later time if this committee is interested.

The reality in the field is that in the face of all the pressures from the Administration and the Legislature to find ways to reduce education spending, we are running headlong into resource demands to meet what can fairly be categorized as “Mental Health” costs. The confounding issue for us is that we have to spend a great deal of time and staff resources (read, “money”) ameliorating mental health challenges resulting from Adverse Childhood Experiences *simply to position the student to be available for learning*. Whether or not we continue to pay for these mental health costs from the Education Fund is a public policy decision that falls well above my pay scale. But I think it is important for policy makers to appreciate that at least part of what looks like out-of-control spending in the school's results from expenditures that rise over and above the cost for educating the typical child in my schools. This is not a problem that will be resolved by improving ratios – indeed, my two schools staff-to-student ratios are already well above (better than) the ratio that the Governor suggested as a starting point in this year's budget message.

The remainder of this document speaks directly to matters raised in H.580:

PROPOSED CHANGES TO THE YOUTH RISK SURVEY

I understood that this survey is written at the federal level, and so I don't know how changing Vermont law is going to result in the changes to the survey you are seeking. That said, while the goal of gathering more historical perspective on Adverse Childhood Experiences is laudable as a policy goal, I just wonder if the use of a self-reporting tool like the Youth Risk Survey will do what you intend it to do. In my experience with children who have experienced childhood trauma, few if any of them have the ability to recall details of their own traumatic history. In our practice in the schools, we typically don't expect the child to recount their experiences, for the simple reason that recall can be a retriggering event in itself. In fact, what starts as a set of experiences, and reactions to these experiences, that we tabulate as measures of childhood trauma have the effect of making the child's brain react to non-traumatic experiences in the same manner as a truly traumatic experience. As a practical matter, our work in the school focuses on avoiding exposure to events that might retrigger the child. Mental health professionals may have a different perspective on this question, informed by a different set of training and credential, but from where I sit I don't think asking children about their trauma experiences is going to result in any actionable data.

MODEL PLAN; TRAUMA-INFORMED SCHOOL

I fully support the concept of developing and providing a model plan that describes best practices for Supervisory Unions and approved independent schools with regard to implementing programs and policies that prevent and mitigate childhood trauma and toxic stress in schools. I encourage the Legislature to take a broad view of what it means to implement such a model policy, and as a first step I suggest that we all stop thinking of this as a Special Education challenge. (This is in fact the thinking behind our redesign of our trauma-intervention service model.) Children in schools exhibit a range of behaviors stemming from their exposure to adverse childhood experiences, which as a practical matter means that not all children who demonstrate adverse effects from trauma exposure will also qualify for Special Education services. Thus, it makes sense to define a policy within the existing constructs of a Multi-Tiered System of Support (MTSS), which defines intervention at three levels, with only the last (Level 3) being equivalent to Special Education. Tier 1 and Tier 2 supports in MTSS are primarily the responsibility of classroom teachers, not specialists, and since these teachers have the most frequent contact with *all* students throughout the day, they will see an immediate benefit to their teaching practice as they learn how to deal with the externalized behavior presented by children with adverse childhood experiences, regardless of the severity of the child's experience and presentation.

Creating trauma-informed school environments is an evolutionary learning experience for all of us that cries out for good data collection. The Agency of Education already collects data from the Supervisory Union surrounding our MTSS practices on an annual basis, so there is already a vehicle in place to gather information on our progress towards fulfilling the commitment to becoming a trauma-informed school environment. I support increasing the data collection by adapting the existing reporting tools, as opposed to creating new ones.

SUCCESS FOR ALL STUDENTS IN THE GENERAL EDUCATION ENVIRONMENT

I don't understand the background for the striking of the language from §2901. This language has been a guide for us in the Special Education field when we are considering reasons to place a student in an alternative setting. I fear that without this language, we will not have guidance to support alternative placements.

If the concern is that schools arbitrarily place students in alternative settings just to clear the classrooms of difficult students, that is a misplaced fear. Alternative school placement has always been done as part of an IEP process and that process, by law, HAS TO involve parents/guardians of the affected student. I

am not aware of any circumstance in which such a placement would occur outside of the purview of an IEP Team.

I have seen Alternative School placements work in the best interest of the student and his/her family in almost all cases. When it works, it is a credit to the student's IEP team.

PRIORTIZING THE GOAL OF REINTEGRATION FROM ALTERNATIVE PROGRAMS

I think this process is largely in place, at least with the half-dozen or so Alternative Schools I have experience with in Washington and Caledonia Counties. Again, Alternative School placements are typically done within a special education framework. Assigning a student to an Alternative School away from his/her home school is considered a "change of placement" from the "least restrictive environment" (his/her home school with his/her age level peers) to a more restrictive environment. Special education regulation and practice require the students IEP team to reaffirm the alternative placement periodically according to a schedule that is agreed to within the team (i.e., with parental agreement). The first and primary goal of an Alternative School placement is supposed to be reintegration from the more-restrictive environment to the least restrictive environment. If there are cases you have heard about where this is not happening, I don't think it is systemic. Where this occurs it would be a fault of the student's IEP team and the parent/guardian has recourse through an appeal process with the State Agency.

ALIGNMENT OF DESIGNATED AND SPECIALIZED SERVICE AGENCIES WITH SUPERVISORY UNIONS

My comments on this part of the bill are experiential. Coordinated Service Planning under the guidelines of Act 264 always seems to fall apart when it comes time for the mental health agencies to fund interventions for the families. There is too much of an expectation placed on the schools to "do something more" when it is usually the case that we are coming to the mental health agencies for help with the family that is *not* within our domain of expertise or responsibility. Things like getting respite services for families who are dealing with a difficult child are *not* the responsibility of the school, but in my experience – based on what I have been told consistently by my mental health colleagues – they don't have the money to provide more respite, or to pay for family counseling services. This is in line with my general complaint about mental health costs being shifted onto the Education Finance system to support children with adverse childhood experiences.

RULEMAKING; TRAUMA-INFORMED TRAINING FOR EDUCATORS

Sec. 8. calls for "The Standards Board for Professional Educators [to] amend its licensure rules pursuant to 3 V.S.A. chapter 25 to require teachers and administrators to receive training on the use of trauma-informed practices that build resilience among students . . ." I and others I have spoken with interpret this to mean the addition of requirements to the licensing requirements for classroom teachers. This is sensible on its face, but I respectfully argue that it does not go far enough.

The term of art for meeting the challenges of trauma-affected students in school is already encapsulated in your proposed legislation: "Create a Trauma-Informed School Environment." In Washington Northeast, we formally embarked on that process for my two schools in 2016 and we continue the evolution today. Our approach has been to train *all staff* regardless of position or professional credential, to teach *all staff* who come into contact with students a new degree of sensitivity and a new language set for interacting with all students. We do this from the belief that while many of us are aware of the most challenging trauma histories in our schools, there is a continuum of trauma history from mild to extreme, and we need to be responsive to all of these students and not just the ones who exhibit the strongest externalized behaviors. My use of the word "evolution" was intentional, because we believe that no matter how hard we work on this challenge, there is no end in sight in the foreseeable future and we will need to adjust our perspectives and practices, as the shape and intensity of the challenge, and our skillset for meeting it, will change over time.

All of this is to say that it is my belief that creating a trauma-informed school environment will not occur unless schools are obliged to treat this as a systemic, all-hands-on-deck problem. So while it may make sense down the road for licensed teachers to demonstrate they have some instructional/experiential background in childhood trauma, that requirement will not touch all of the people who work in the public school who have interactions with these children. And even if that were enough, the vagaries of the licensing process cycles will not touch enough teachers quickly enough to do any good in the near-term.

In summary, I would like to offer a few suggestions that are aimed at strengthening your efforts to encourage the creation of trauma-informed school environments:

- Trauma-informed practices should be made a part of the Multi-Tiered System of Support (MTSS) guidelines, and schools/Supervisory Unions should be required to report on their activities in this area. The Supervisory Union responds to an MTSS survey from AOE every May, and elements could be added to the survey so that the AOE has evidence of the efforts undertaken by SUs.
- Help to change the narrative about trauma-informed practices to make it clear that this is a *school-wide* and *community-wide* problem that requires awareness and participation by *all* adults who come into contact with students in the school.
- Trauma-informed Schools is one piece of the solution to a much larger societal challenge. Make it clear in this Act that cooperation and partnership between AHS and AOE are critical elements to defining what it means to be a trauma-informed school and what it takes to get there.
- Fund this important work. In the schools, we already have experienced a significant cost-shift for mental health services onto the Schools and into the Ed Fund (see my report to Secretaries Holcombe and Gobeille). Since we don't have a good mechanism for differentiating the portion of our Ed Spending that goes to meeting the needs of this population of students, it continues to look as if we are increasing Ed Spending for no discernable reason.

Respectfully submitted,

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