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TESTIMONY PROVIDED TO: Senate Health and Welfare Committee

FROM: Tracy B. Watterson

TOPIC: S.261 An act relating to mitigating trauma and toxic stress during childhood by strengthening child and family resilience

DATE: January 18, 2018

Thank you for the invitation to speak to you today regarding questions about the program measurements used by the Agency of Education (AOE) to demonstrate improved outcomes relative to social determinants of health, and our collaboration with the Agency of Human Services (AHS).

INTRODUCTION

To the extent that our understanding of the negative impacts of childhood trauma and toxic stress has grown leveraging existing systems and resources to concentrate on preventing, reducing and mitigating these experiences is ideal for the long-term health and well-being of our vulnerable youth. The Agency of Education (AOE) supports the goals and objectives of S.261. However, the AOE recommends specific revisions in order for the bill to be successful in achieving the goals.

SOCIAL DETERMINANTS AND MULTI-TIERED SYSTEM OF SUPPORTS

Social determinants of health include Economic Stability, Education, Social and Community Context, Health and Health Care, and Neighborhood and Built Environment.

Vermont schools' faculty and staff address and provide support for the prevention and mitigation of negative effects due to these determinants through their multi-tiered system of supports (MTSS). A school's MTSS provides educational equity through health, academic and behavior supports for all students. Strengthening and leveraging this system in each school is the primary goal of the AOE MTSS Team.

Positive Behavior Intervention and Supports (PBIS) is one framework for preventing and responding to problem behavior within a MTSS. [Vermont PBIS Annual Report 2016-2017](#) shared data that 53% of Vermont schools and 98% of SU/SD are implementing PBIS. Many Vermont schools are also supporting the social-emotional well-being of their students through evidence-based practices such as Responsive Classroom and Restorative Practices, as well as trauma-informed training for faculty and staff. When a student is experiencing the effects of toxic stress, having preventative support systems in place through a school's MTSS allows adults to respond quickly, offer consistency of expectations, positive relationships in a safe environment.

PREVENTION OUTCOMES MEASURED

The AOE will launch its Data Snapshot in December 2018. This annual data collection will assess a school's success in meeting Vermont's Education Quality Standards (EQS). To ensure school quality, the AOE will evaluate the following five measures in all of our public schools: safe, healthy schools; academic proficiencies; high quality staffing; personalization and investment priorities (see our [Description of Measures](#)). The collected data will be disaggregated by student group.

A few measurement examples follow:

- Safe, healthy schools will include data from reported exclusionary discipline incidents, and a climate survey for staff and students.
- Academic proficiencies will measure content standards (English language arts, mathematics, science, and physical education), English language proficiency, graduation rate; and college and career readiness.
 - NOTE: We recommend modifying section 906 (17) (7) of this bill as written. The content raised is best addressed as part of [Vermont's health standards](#) and course of study. We recommend reinforcing this content requirement as part of the curriculum for Health through Title 16 Section 131.
- High quality staffing will look at the on-going, job-embedded professional learning offered to staff throughout a school/Supervisory Union/School Division (SU/SD).
 - NOTE: We applaud the idea that all teachers should have professional development related to trauma sensitive environments. However, 906 (18) of this bill, as written places this responsibility on individual educators renewing a license on a three to five year cycle. Such a recommendation would result in un-coordinated efforts in each school building as teachers pursue their own interest. AOE recommends that VSBPE require our institutes of higher education to include this in their educator preparation programs. In our [annual survey of MTSS implementation](#), we can assess whether or not schools are providing all educators with experiences to learn about trauma informed practice ([MTSS Survey Summary 2016-2017](#)).

These measures have been discussed with different departments in AHS, but are not collected or evaluated in collaboration with them. We regularly collaborate with AHS through Act 264, the Child Family Trauma Work Group, and the Child Poverty Council.

- NOTE: The current composition and membership described in section 3404, Childhood Trauma Tri-Branch Commission, is repetitive to those working groups already underway.

ADDITIONAL BILL REVISIONS FOR YOUR CONSIDERATION:

Section 3405 (a) requires AOE and AHS to publish lists of providers for professional development related to trauma sensitive/ACES work. The proposed timeline is inconsistent with timelines required to conform to Bulletin 3.5. The AOE and AHS would essentially be placed in a position to give free “advertising” to some providers over others and we need time to develop that process from Request for Proposal (RFP) through bidding. The AOE requests that this timeline be amended to allow for at least 6 months following passage of the bill.

Section 3405 (c) requires AOE and AHS to publish report on gaps in training by Oct 15, 2018. Depending on passage and current workload, this timeline is too aggressive. The AOE requests that this timeline be amended to allow for one month following the published list of providers.