

Healthy Students Promising Futures

Increasing Access to Services and Supports for Trauma-Informed Schools in California

A Healthy Students, Promising Futures Learning Collaborative Case Study

New opportunities exist to advance the role schools can play in supporting children's health and improving equity in health and education outcomes. The Healthy Students, Promising Futures Learning Collaborative (HSPF) is pleased to elevate promising practices and innovative models for leveraging these policy opportunities.

The U.S. Departments of Education and Health and Human Services launched HSPF in 2016 with support from Healthy Schools Campaign (HSC) and Trust for America's Health (TFAH). HSC and TFAH now lead HSPF, which brings together 15 state teams working to improve health and education outcomes by increasing Medicaid services in school and promoting safe and supportive learning environments. State teams include representatives from the state education agency, state Medicaid agency, school districts, and in some cases, state and local advocates, public health or others. HSPF provides state teams with training, technical assistance, peer learning opportunities, and connections to federal officials and national partners to learn how school health services are delivered and reimbursed, leverage policy opportunities to create more comprehensive and coordinated care in schools, and build systems of safe and supportive learning environments.

This case study provides an overview of trauma-informed schools and highlights California's approaches for supporting safe and supportive learning environments by increasing access to trauma-informed services and supports in schools.

Overview of Trauma-Informed Schools

Prevalence of Trauma

Trauma can have profound impacts on the health and wellbeing of children—including their ability to succeed academically. Trauma exposure often overlaps with what are commonly known as adverse childhood experiences (ACEs). In general, the more ACEs one experiences, the greater the risk of poor health or academic outcomes.³

Experiences of trauma/ACEs are more common among students than previously thought.⁴ Forty-five percent of children in the United States have experienced at least one ACE and one in 10 children have experienced 3 or more ACEs.⁵

Importantly, not all children who experience trauma or ACEs experience poor outcomes.⁶ Protective factors, such as positive relationships with caring adults, a strong sense of school connectedness, or the development of positive coping mechanisms, can buffer against the harmful effects of trauma.⁷ Schools play an important role in building these protective factors.

The Impact of Trauma on Student Learning

Trauma can deeply impact a student's experience and behaviors in school.^{8,9} Without appropriate supports, the exposure to trauma manifests in many different ways in the

Defining Trauma and ACEs

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines **trauma** as “an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”¹

Adverse Childhood Experiences (ACEs) as originally defined in the Centers for Disease Control and Prevention-Kaiser Permanente ACEs study, include 10 specific types of childhood trauma: 1) physical abuse, 2) verbal abuse, 3) sexual abuse, 4) physical neglect, 5) emotional neglect, 6) alcoholic parent, 7) mother who’s a victim of domestic violence, 8) incarcerated family member, 9) a family member diagnosed with a mental illness, and 10) the disappearance of a parent through divorce, death or abandonment.²

References:

¹ https://www.integration.samhsa.gov/clinical-practice/trauma#ACE_Trauma_PTSD_Resources

² https://www.integration.samhsa.gov/clinical-practice/trauma#ACE_Trauma_PTSD_Resources

³ <https://www.thelancet.com/action/showPdf?pii=S2468-2667%2817%2930118-4>

⁴ <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html>

⁵ Sacks, V., and D. Murphey, “The Prevalence of Adverse Childhood Experiences, Nationally, by State and by Race and Ethnicity,” Child Trends, updated Feb. 20, 2018 (accessed June 4, 2018).

⁶ <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>

⁷ <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>

⁸ Centers for Disease Control and Prevention, “[About Adverse Childhood Experiences](#),” updated April 9, 2019 (accessed June 4, 2019)

⁹ Trust for America’s Health, *A Healthy Early Childhood Action Plan: Policies for a Lifetime of Well-Being*, 2015, pg. 4.

classroom, including disruption, bullying, combativeness, withdrawal, aggression, and underperformance.¹⁰ Students experiencing trauma are: 2.5 times more likely to fail a grade; score lower on standardized achievement test scores; have more receptive or expressive language difficulties; suspended or expelled more often; and are designated to participate in special education more frequently.^{11, 12, 13}

The Role of Trauma-Informed Schools

Schools and school districts are beginning to grapple with ways to address the harmful effects of trauma among their students—including through the development of trauma-informed schools.

While there is no single definition or one-size-fits-all approach to creating a trauma-informed school, the movement is grounded in the principles of trauma-informed care (TIC) that acknowledge and seek to address the role of trauma in one's life. Trauma-informed schools integrate the core principles of TIC—safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and respect for cultural, historical and gender issues—throughout the school organizational structure – from the administrative level to the classroom.¹⁴

In a trauma-informed school, the whole school is part of the response for ensuring that all students feel safe and supported to learn. Rather than immediately blaming the child for poor behavior, the TIC approach focuses on identifying the root cause of poor behavior by asking the child what happened to them, to better understand why the child may be behaving poorly.¹⁵

Trauma-informed schools also ensure students have access to the physical and mental health services and professionals needed to treat the health and behavioral health impacts of trauma. A wide range of school health and behavioral health professionals play a role in providing counseling and therapeutic services, as well as connecting students with services like trauma-focused cognitive behavioral therapy, medical home navigators, and substance misuse treatment. Many of these providers currently work in schools, including counselors, school nurses, psychologists (either they are employed by schools or partner to provide services in schools) and others work in school-based health centers or in the community.

¹⁰ Jackson, G (2018). [Trauma-Informed Practices Make the Difference](#) [PowerPoint slides].

¹¹ Delaney-Black, V., Covington, C., Ondersma, S.J., Nordstrom-Klee, B., Templin, T., Ager, J., Janisse, J. & Sokol, R. (2002). Violence exposure, trauma, and IQ and/or reading deficits among urban children. *Archives of Pediatric and Adolescent Medicine*, 156, 280-285.

¹² Shonk, S.M., & Cicchetti, D. (2001). Maltreatment, competency deficits, and risk for academic and behavioral maladjustment. *Developmental Psychology* 37(1), 3-17.

¹³ <http://www.k12.wa.us/compassionateschools/pubdocs/TheHeartofLearningandTeaching.pdf>

¹⁴ <https://traumasensitiveschools.org/trauma-and-learning/the-solution-trauma-sensitive-schools/>

¹⁵ <https://traumasensitiveschools.org/trauma-and-learning/the-solution-trauma-sensitive-schools/>

Medicaid reimbursement for trauma-informed care

The Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicaid, in partnership with Administration for Children and Families (ACF) and the Substance Abuse and Mental Health Services Administration (SAMHSA), issued guidance in 2013 that recognizes the role that exposure to trauma plays in children’s health and development—and makes clear that health and behavioral health services—including services that are trauma-informed—are covered by Medicaid for children and adolescents (up to age 21).

“Many of these children [who experienced trauma] will demonstrate complex symptoms and/or behaviors that may not map directly to the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD). For example, there is currently no DSM diagnosis that adequately captures the range of child trauma effects...Yet, trauma-related symptoms are identifiable, can be clinically significant and can be addressed with appropriate interventions. For these children, appropriate screening, assessment and referral to evidenced-based practices are clearly indicated.”¹⁶

The guidance goes on to make clear that Medicaid covers trauma-informed services for children and adolescents, that states can seek Medicaid reimbursement for trauma-informed services, and, where appropriate in the state plan, that these services can be administered in schools.

This guidance makes clear that there is an opportunity to increase Medicaid reimbursement for trauma-informed screenings and services in schools, particularly for Medicaid-enrolled children. States should: determine the types of services and the appropriate workforce needed to identify and treat children who experience the impacts of trauma; expand trauma-informed health care services in schools; and encourage new thinking about how Medicaid can support trauma-informed services in schools. The [free care policy reversal](#) provides an opportunity for schools to bill Medicaid for services provided to *all* eligible children, including those impacted by trauma. State policymakers can make a range of decisions about what services and providers are covered by the state Medicaid plan and which Medicaid-enrolled students schools can seek reimbursement for. Seeking additional, sustainable Medicaid funding for school-based services can improve access to services for all students, including those experiencing the symptoms of trauma.

¹⁶ <https://www.medicare.gov/federal-policy-guidance/downloads/smd-13-07-11.pdf>

California’s Multi-Sectoral Approach to Supporting Trauma-Informed Practices and Policies in Schools

The California Department of Education (CDE) “is committed to aligning a system of supports to better meet the needs of the whole child (from cradle to career).”¹⁷ California offers [Whole Child Resources](#) to local districts to support schools “in creating an environment where all students are safe, engaged, supported, challenged and healthy.”¹⁸ Each of these components of safe and supportive learning environments are further defined for local school districts and accompanied by multiple online resources. As a part of this work, CDE is committed to supporting trauma-informed practices and policies in schools. This commitment is especially critical given that in California, approximately one in every six children has experienced at least two ACEs.¹⁹

California’s Trauma-Informed Approach

Under the leadership of the California Department of Education (CDE), the California Healthy Students, Promising Futures learning collaborative team is actively working to increase awareness about the impacts of trauma on student learning among educators, parents, and communities. The team is also working to increase the use of trauma-informed practices in schools.²⁰ Recognizing the multi-disciplinary nature of trauma, the team chose an approach that focuses on developing *systems* to promote cross-agency collaboration on trauma and enhance training and professional development with diverse stakeholders.

Building Systems to Support Collaboration

Adopting a trauma-informed approach across California’s education sector requires an understanding of trauma and its impacts on student learning and success. The CDE-led California Social Emotional Learning (SEL) State Team provides one mechanism for spreading this learning across the education sector. The SEL State Team is an initiative composed of more than 20 education organizations and systems across California working to “affirm social and emotional learning as an essential part of a well-rounded, quality education in all youth-serving settings.”²¹ The group published [Social and Emotional Learning in California: A Guide to](#)

¹⁷ California Department of Education, [California One Systems Serving the Whole Child](#), last updated March 19, 2019 (accessed June 7, 2019).

¹⁸ California Department of Education, [Whole Child Resources](#), last reviewed March 19, 2019, (accessed June 7, 2019).

¹⁹ <https://www.kidsdata.org/topic/1927/aces-nsch/table#fmt=2449&loc=2,127,331,171,345,357,324,369,362,360,337,364,356,217,328,354,320,339,334,365,343,367,344,366,368,265,349,361,4,273,59,370,326,341,338,350,342,359,363,340,335&tf=88&sortType=asc>

²⁰ <https://www.cde.ca.gov/ls/cg/mh/resilientschools.asp>

²¹ <https://www.cde.ca.gov/eo/in/documents/selguidingprincipleswb.pdf>

[Resources](#) in 2018, which offers resources for educators that align with the Team’s guiding principles²² of:

- Adopting whole child development as the goal of education;
- Committing to equity;
- Building capacity;
- Partnering with families and communities; and
- Learning and improving.

The Guide includes training resources to help educators understand the impact of trauma on student learning and behavior and resources to help them implement healing-informed approaches to equity.

To increase the awareness of trauma and its impacts in other agencies, CDE initiated conversations with the California State Interagency Team (SIT) for Children and Youth, a multi-disciplinary team that brings together deputy directors from 10 State agencies, including Social Services, Corrections and Rehabilitation, Developmental Services, Health Care Services, the Judicial Council of California, and others, to spearhead collaborative work on issues concerning children, youth and families.²³ Through SIT, representatives from each participating California agency are able to discuss pertinent issues within the sector, recognize the multi-disciplinary impacts of these issues and, importantly, brainstorm cross-sector solutions. CDE recognized the opportunity to educate multiple agencies about trauma and incorporate a trauma-informed lens into the cross-sector work of SIT.

California received a five-year federal grant in 2014 to promote student mental health awareness and wellness. Supported by SAMHSA’s Now is the Time Project Advancing Wellness and Resilience in Education (NITT-AWARE), [Project Cal-Well](#) is designed to improve access to and availability of mental health services in three school districts and train 3,000 youth mental health first aiders “by developing a comprehensive, coordinated, and integrated partnership with multiple service systems to help address critical mental health needs of students.”²⁴ Through this grant, CDE is promoting resources on trauma-informed practices to participating districts and on the project website. In addition to resources to support educators in creating trauma-informed schools and compassionate classrooms, the site includes [resources on self-care for school staff](#).

²² <https://www.cde.ca.gov/eo/in/documents/selresourcesguide.pdf>

²³ http://www.fostercareandeducation.org/DesktopModules/Bring2mind/DMX/Download.aspx?EntryId=1919&Command=Core_Download&method=inline&PortalId=0&TabId=124

²⁴ California Department of Education, “[Project Cal-Well](#),” last reviewed Oct. 15, 2018, (accessed June 7, 2019).

Supporting Professional Development

To implement evidence-based, trauma-informed practices and policies, districts and schools need access to trusted resources and trainings. California enacted the [Safe Schools for Safe Learning Act of 2013](#) which requires CDE to provide each school district with a list of resources that provide support to youth affected by gangs, gun violence, and psychological trauma caused by violence at home, at school, and in the community.²⁵ This law also requires that information be made available online. As a result, the CDE created a [web page](#) that lists nearly a dozen resources to support students affected by violence. In addition, California “provides training, resources and technical assistance to establish a school/community environment which is physically and emotionally safe, well-disciplined, and conducive to learning.”²⁶

The Developing, Aligning, and Improving Systems of Academic and Behavioral Supports (ISABS) grant was established by Assembly Bill 104 and later amended by Senate Bill 828. The 2015 Budget Act appropriated \$10 million to ISABS, and the 2016 Budget Act augmented the original appropriation with an additional \$20 million. The law requires that the grantee provide technical assistance (TA) and develop and disseminate statewide resources. The purpose of the TA and resources is to encourage and assist local educational agencies (LEAs) and charter schools in establishing and aligning schoolwide, data-driven systems of learning and behavioral supports to meet the needs of California’s diverse learners in the most inclusive environments possible.

In 2016, CDE selected the Orange County Department of Education (OCDE) as the recipient of the ISABS grant through a competitive grant process for their Scale-Up Multi-Tiered Systems of Support (MTSS) Statewide Initiative (also known as the CA SUMS Initiative). The OCDE subcontracted with (1) the Butte County Office of Education (BCOE) for rural representation and partnership in planning and conducting grant activities, and (2) the Schoolwide Integrated Framework for Transformation (SWIFT) Technical Assistance Center at the University of Kansas to provide TA and professional learning opportunities to participating LEAs.

Additionally, AB 1808 established an additional component of the ISABS, which required OCDE and BCOE to contract with a California postsecondary educational institution to expand California’s MTSS framework to foster a positive school climate in both academic and behavioral areas, including, but not limited to, positive behavioral interventions and support, minimizing the use of emergency interventions, restorative justice, bullying prevention, social and emotional learning, **trauma-informed practice**, and cultural competency. The Budget Act of 2018 appropriated \$15 million for this purpose.

In 2018, OCDE and BCOE partnered with the University of California, Los Angeles, (UCLA) Center for the Transformation of Schools (CTS), to further expand the MTSS framework, with an emphasis on promoting positive school climates.

²⁵ http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB514

²⁶ California Department of Education, [Safe Schools](#), (accessed June 6, 2019).

Additionally, state law established the Educator Workforce Investment Grant (EWIG) program to provide professional learning to California educators on a variety of topics. One of the grants will focus on professional learning on practices and strategies to create a positive school climate, including social and emotional learning and restorative justice.

The Educator Excellence and Equity Division is in the process of creating a Request for Application for the EWIG: Positive School Climate, which will grant around \$11 million to one or more institutions of higher education or nonprofit organizations to support professional learning opportunities for teachers and paraprofessionals across the state.

To further spread awareness, the State recognized the need to train not only school/district staff, but also its agency staff. CDE now offers professional development opportunities for its staff to increase understanding of equity, cultural awareness, racism, and implicit bias. Key staff members have also attended training sessions to learn about the negative impact of trauma on learning.

Key Takeaways

The HSPF state team recognizes there is much work to do to address the symptoms of trauma in school settings but has taken the time to examine their practices and become a champion for universal trauma-informed approaches. Key takeaways from their work include:

- **Enhance awareness.** CDE is working to increase the understanding of the impact that trauma has on the health, well-being, and success of California’s diverse student population. Increasing awareness among district leadership and educators is particularly important for spreading trauma-informed practices statewide, since they are responsible for implementing practices.
- **Connect relevant stakeholders to resources and training.** By building partnerships and cross-system collaboration to provide resources, training, technical assistance and support, California is creating the infrastructure necessary to advance this work, while also taking full advantage of the abundance of information that is readily accessible across California’s youth-serving sectors.
- **Change the frame.** The team is identifying and/or developing training focused on the concept that there are no “bad kids” and that ACEs, coupled with racism and implicit bias, can generate unwanted and unacceptable behavior.