



# **A Roadmap for Improving the Social Emotional Health of Oregon's Students**

**Recommendations from the  
Social Emotional Health Workgroup**

December 2024



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# Introduction

## History & Context

Through the course of the Portland Public School (PPS) strike in fall 2023, Governor Kotek heard from many educators within and outside of PPS about the increasing and complex social emotional health needs of students coming out of the pandemic. Educators flagged their need for additional tools and resources to be prepared to meet these increasing needs. In response, following the PPS strike, the Governor made three commitments to [chart a path forward on K-12 education](#). One commitment was to convene a multidisciplinary group of leaders to develop a roadmap for how to better support the social emotional health needs of students in school settings and strengthen the resources and capacity of school staff to meet these needs, reflected in an inventory of tools and resources. This document, a roadmap for change plus a resource inventory, is the first step of this work.

## Key Terms & Definitions

To support shared understanding for action, it is important to be clear about the meaning of key terms used throughout the report, including:

- Social Emotional Learning (SEL): Social Emotional Learning is an integral part of education and human development. [According to CASEL](#), SEL is the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions.
- Transformative Social and Emotional Learning (tSEL): [Transformative Social Emotional Learning](#) is a process whereby young people and adults build strong, respectful, and lasting, relationships that facilitate co-learning to critically examine root causes of inequity, and to develop collaborative solutions that lead to personal, community, and societal well-being. Transformative SEL deepens and focuses traditional SEL to center identity, agency, belonging, collaborative problem solving, and curiosity.
- Social Emotional Health (SEH): Social Emotional Health is broader than social and emotional learning - it is not just focused on learning or the school setting, rather it goes beyond schools and takes context and lived experiences into

consideration. SEH focuses on the whole person - a person's sense of well-being and belonging, ability to form social connections and navigate relationships, how they navigate different life events and understand the world. With strong SEH, a person can integrate their thoughts, emotions, and behaviors in a way that supports great overall health and well-being.

## Guiding Principles

The Social Emotional Health (SEH) Workgroup identified several guiding principles to ensure the Roadmap centers youth and elevates strong examples of successful and promising projects, programs, and practices from across the state and beyond.

- Aligns to Existing Systems, Strengthens Partnerships, and Shared Accountability: The SEH Workgroup identified a need to connect, integrate, and align rather than perpetuating silos that often exist across systems. To minimize duplication, fragmentation, and the undermining of current efforts and investments, the SEH Workgroup recognized the importance of connecting, integrating, and aligning with work already underway. For example, it is important to align work happening across agencies (e.g. Oregon Department of Education's Transformative SEL Framework and Standards, and Oregon Health Authority's Youth Suicide Prevention Program), and create space for community based organizations (CBOs), schools, and families to partner toward a unified goal where all children can learn and thrive. The SEH Workgroup also emphasized the importance of shared responsibility, as no single group, organization, or community is solely accountable for meeting the complex social emotional needs of students - it takes the whole ecosystem.
- Enhances Workforce Capacity: The Workgroup recognized the growing shortages as well as a need to expand the capacity of the existing workforce to better support the changing demographics of children in Oregon, while also recognizing that the ecosystem needs to grow and expand to better support the growing needs. From schools to mental health providers and beyond, systems of support need to be created to facilitate the creation of a community of care rather than transactional resources. Ongoing development of the workforce is needed, particularly in difficult-to-serve roles and regions of the state, with a focus on building a strong pipeline of educators, staff, and mental health professionals that reflect the students served as well as retaining those staff members. This includes planned professional learning opportunities that are delivered statewide, with clear pathways for the existing workforce and

interested individuals from other career paths that equip all educators and staff to better support SEH needs.

- Centers Youth Experience: Within the work outlined by the Workgroup, elevating the youth experience, both within and outside of schools, was of critical importance to ensure policies, programs, and services are designed in a way that centers their experiences. Youth come into schools with unique experiences and identities including but not limited to ability, language, health, race, ethnicity, and family and community support. There is no easy or perfect solution to change the current status of schools, but rather we need to maintain an additive approach to social emotional health ecosystems that are whole-child and student-centered and take the weight off of single systems to solve and are not reliant on a students' income or zip code.

## Scope of Workgroup

The Social Emotional Health Workgroup was a starting point for outlining current bright spots and needs in Oregon's ecosystem for youth social and emotional support. The demographics of Oregon's youth is shifting, and so are their needs. School and community-based organization staff need to shift alongside them. This problem cannot be solved by schools alone, and we need to shift our perspective to recognize the growing importance of wrap-around support that engages families and communities alongside our schools.

The Social Emotional Health Workgroup was advisory in nature, with the group aiming to articulate strengths, challenges, and goals to support SEH, map tools and best practices that build off of existing infrastructure, and develop a set of recommendations. The scope of the Workgroup was to provide input to inform the development of two deliverables - 1) an inventory of tools, resources, and supports available to educators, staff, and others across the state and 2) a Roadmap, detailing short, mid, and long term recommendations to meet students' SEH needs.

This Roadmap is designed to be a starting point for meeting students' increasing needs - and provide a pathway to be nimble and responsive to shifts in the mid to long term. This means documenting needs and supports as they are now, with the belief that the plan also needs to be as dynamic and fluid as the youth it is designed to serve. Key pillars of this work can remain stable and grounded in the guiding principles, which include a) a recognition that this work needs to exist across systems that engage youth and b) that the state agencies that support those systems need to be cohesive, transparent and aligned to sustain viable outcomes.

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# Social Emotional Health in Oregon's Schools

## The Current State

During and following COVID-19 closures and lockdowns, schools started seeing an acutely impactful increase in the needs of their students. These needs were simply an indicator of a larger systemic problem, surfacing the role that toxic stress can play on systems and those individuals who are positioned to support them. Decades of research on brain development of young people demonstrates that they cannot learn when basic needs are not met. Further, the impacts of systemic inequities result in a system where students are experiencing a multitude of barriers in meeting their needs.

The adults in the systems designed to support our youth were equally impacted by this stress and continue to shoulder the burden of working to ensure schools are safe and supportive settings for all students, especially for students who have historically been marginalized. As schools and communities work together to meet all of students' needs in partnership, this work is about creating the conditions for student success by designing social emotional health infrastructure as a complement to teaching and learning.

The Oregon Department of Education reimagined the purpose of schools during COVID to emphasize [Care and Connection](#). That vision continues today, though we continue to regularly hear from Oregon educators and families that these efforts are not enough. Not only do we need to design schools that truly elevate and center students, but that also prioritize the well-being of the students, families, educators, and staff, and treat schools as a hub for wrap-around community support. We continue to hear from superintendents, teachers, school staff, community-based organizations, health partners, philanthropic partners, and families, about a lack of cohesion and shared vision across systems. Education, health, and community organizations all work toward a shared vision, but due to silos and misaligned systems, the efforts are not currently being realized.

Additionally, increased efforts need to be made to improve culturally and linguistically responsive practices including asset-framed language that considers a student's funds

of knowledge<sup>1</sup>. As more providers convene to increase partnership and support for youth, a shift needs to be made toward empowerment and mutual learning over expert-driven services. Schools and community partners can serve as a convener or coordinator to facilitate mentorship models to recenter the youth and their caregivers in the systems.

### **Strengths to Build From to Meet Students' SEH Needs**

There is strength across the system from which to build and expand to support students' needs. In recent years, new legislation has passed, including the Student Success Act (SSA), which has provided additional funding in education, some of which calls out investments in behavioral health care as well as for historically underserved students. Beyond dedicated state funding, Oregon has also seen additional federal investment, some one-time, limited duration funding such as Elementary and Secondary School Emergency Relief (ESSER) funds, as well as the expansion of the use of Medicaid funds.

Another key framework that Oregon schools use to enhance student social and emotional development is Oregon's Comprehensive School Counseling Program (CSCP) framework, which was adopted in 2018. The CSCP framework is designed to support students' academic, career, social, emotional, and personal development. It focuses on equitable access to counseling services for all students. When implemented fully, the program includes components such as school-wide counseling curriculum, individual student planning, responsive services, and system support. School counselors, school social workers, and school psychologists all play a crucial role in implementing the framework including fostering student success through support for school system wellness, promoting mental health, and providing crisis intervention. These school-based mental health professionals collaborate with educators, families, and the community to create supportive learning environments that enhance student well-being to prepare them for future success.

In response to the growing need for social emotional support for students in schools, new resources have been developed to enhance the existing investments and frameworks to support administrators, educators, and staff across Oregon. Stemming from ORS 329.045, the State Board of Education adopted the [Oregon Transformative Social and Emotional Framework and Standards](#) in 2023, which helps build capacity for

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<sup>1</sup> The bodies of information developed within historical and cultural contexts that provide individuals and households the knowledge they need to maintain their well-being. Moll et al., 1992; [Nguyen & Commins](#), 2020; Velez-Ibanez & Greenberg, 1992

strengthening equity-focused school cultures that support student and adult well-being. The framework and standards focus on the social and emotional elements of learning, teaching, and cultivating affirming school cultures through a transformative approach. Examples of practices outlined in the framework include:

- strategies to teach to the whole child including building upon their strengths, perspectives, and contributions;
- elevating school system adults as invaluable assets that can be nurtured; and
- infusing intention into the interactions and relationships between students and adults, as well as between colleagues in the school system.

A supplemental [Implementation Guide](#) has also been developed by the Oregon Department of Education to support districts with their plans to implement the tSEL standards and framework.

Across the state, important conversations are happening about what is needed to meet students' needs - and how we get from here to there. Educators and practitioners have noted people are not only coming to the table, but attempting to find pathways to share and de-silo resources, early indicators in shifting towards systems alignment. More focus has been dedicated to increasing trauma-informed practices as well as culturally and linguistically responsive practices in school buildings - and there is room to grow.

Examples of promising practices across the state are elevated in Part 2 of this Roadmap.

### **Challenges for Meeting Students' SEH Needs**

As the state moves toward a shared vision of support, there are several known challenges and barriers to fulfilling our goals. One of the primary challenges to meeting the SEH needs of youth is funding - and more specifically, a bifurcation of funding. The different funding streams available to support youth are often one of the causes for misalignment in systems. Separate funding streams for specific programs and/or services, variable timing of funding across different systems, and new requirements passed in legislation without funding attached to implement them all contribute to the difficulty of having a unified vision for cohesive SEH services for youth. It also leads to significant disruptions in service, with services ending at the end of each school year and needing to be re-established at the start of each school year, rather than having mechanisms to continue services year-round.

Additionally, systems alignment and a continuum of care could be better aligned to work together. The Oregon Health Authority (OHA), Coordinated Care Organizations



(CCOs), state education agencies, and schools need to collaborate, but the systems are not working together in such a way that allows for coordination. Social emotional health is a bigger need than what can be addressed unilaterally in K-12, especially with special education often serving as the primary support for individuals needing wrap-around social and emotional support across settings. A lack of comprehensive and meaningful data continues to remain a struggle as well, with each system collecting and analyzing their own data, but not having meaningful avenues for the data to cross systems or be interpreted in meaningful cross-agency ways.

Another barrier to addressing the identified challenges is addressing the needs of the existing workforce. The needs of the students in our systems are changing, but the training and ongoing professional learning of our educators and other service providers is not staying current. Changes to training requirements for educators is a slow process and is not fully aligned with changing standards developed by the Oregon Department of Education, and professional learning offered in districts is often also not aligned. There is a need to elevate climate, culture, and the needs of adults in our systems to better support our youth.

Schools are working to create systems that remove barriers to accessing mental health supports, but Medicaid reimbursement, diagnostic insurance requirements, limited staffing, particularly staff of color, and inequitable access to services continue to be systemic barriers to youth accessing the scope and quality of the services that they require. When youth are able to access services in their school, often those services are for a defined period of time, and also include a disruption of services in the summer.

Finally, workforce shortages continue to be a major barrier to cohesive services and support. There are not enough qualified school-based mental health providers, and those who are working are doing so at ratios that very significantly impact service quality and lead to burnout of those individuals. A [2022 Report Card from The Hopeful Futures Campaign](#) noted that in Oregon, there is a:

- 1 : 3,393 ratio of school psychologists to students, which is over 6 times the recommended ratio (a 1 : 500 ratio is recommended)
- 1 : 8,831 ratio of school social workers to students, which is over 35 times the recommended ratio (a 1 : 250 ratio is recommended)
- 1 : 461 ratio of school counselors to students, which is almost double the recommended ratio (a 1 : 250 ratio is recommended)

## National Comparison

These challenges are not dissimilar to what the U.S. Department of Education has observed nationally and identified in their [Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs](#) report. Challenges named in this report include:

- Fragmented systems means that education, medical, and mental health providers are siloed, which is exacerbated by lack of policy and funding to support a coordinated system.
- Lack of training and capacity to implement trauma-informed practices, which leads to reliance on more punitive and exclusionary forms of discipline, particularly for students historically underserved and students with disabilities.
- Lack of access and infrastructure for usable data to inform decision-making.
- Stigma associated with accessing culturally sustaining and elevating services.

What Oregon is seeing in terms of increasing student needs is also not dissimilar to what is being seen across the nation. In a [2021 report from the U.S. Surgeon General](#), data points showing the increasing needs from national surveys of youth included:

- From 2009 - 2019, the proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40%.
- Between 2011 and 2015, youth psychiatric visits to emergency departments for depression, anxiety, and behavioral challenges increased 28%.
- Between 2007 and 2018, suicide rates among U.S. youth ages 10-24 increased by 57%.

Students' needs were only exacerbated by the pandemic - and this was particularly true for students who have historically been underserved by the education and health systems. [Learning Policy Institute](#) offers that "students from low-income families and those who are marginalized, or living in rural settings, suffered greater losses, trauma, and isolation than other students" coming out of the pandemic. And according to the [Adolescent Psychiatry & Children's Hospital Association](#), there have been "soaring rates of mental health challenges," due to "stress brought on by COVID-19 and the ongoing struggle for racial justice."

## Oregon-Specific Data

Oregon data reflects what is being seen nationally and described by school leadership, educators, and families. Outlined below are a few key statistics to center those experiences.

Figure 1. According to the Annie E. Casey Foundation, Oregon youth face greater rates of anxiety and depression than national rates, and these rates are increasing in Oregon over time.

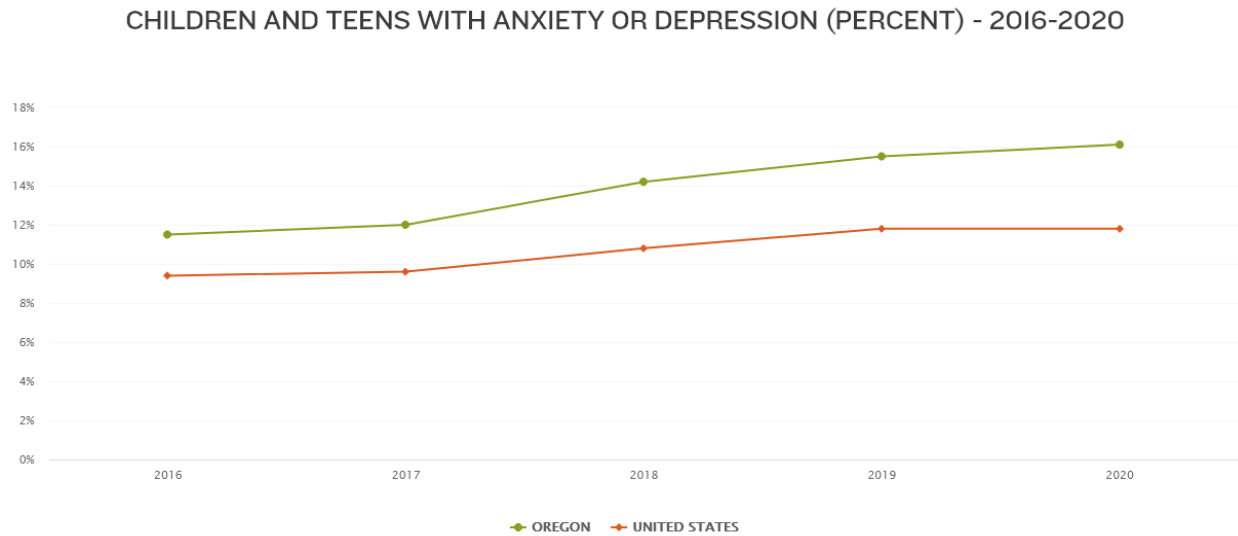
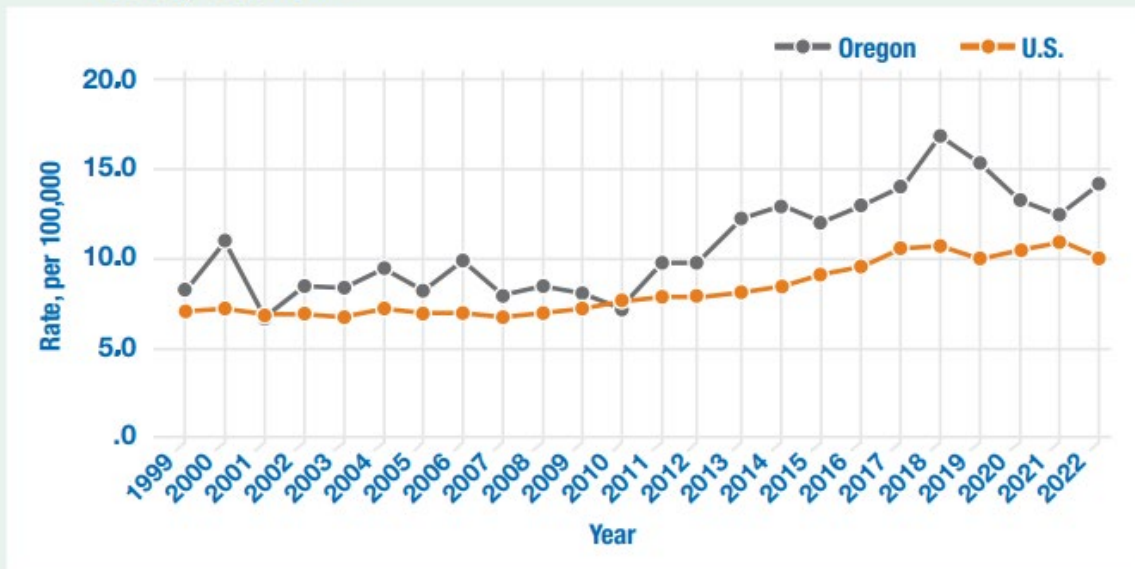


Figure 2. The OHA Youth Suicide Intervention and Prevention Plan Annual Report compares trends on suicide rates among youth aged 10-24 years old between Oregon and the United States. Not only has the rate increased over time, but Oregon’s rate has continued to be above the national average.

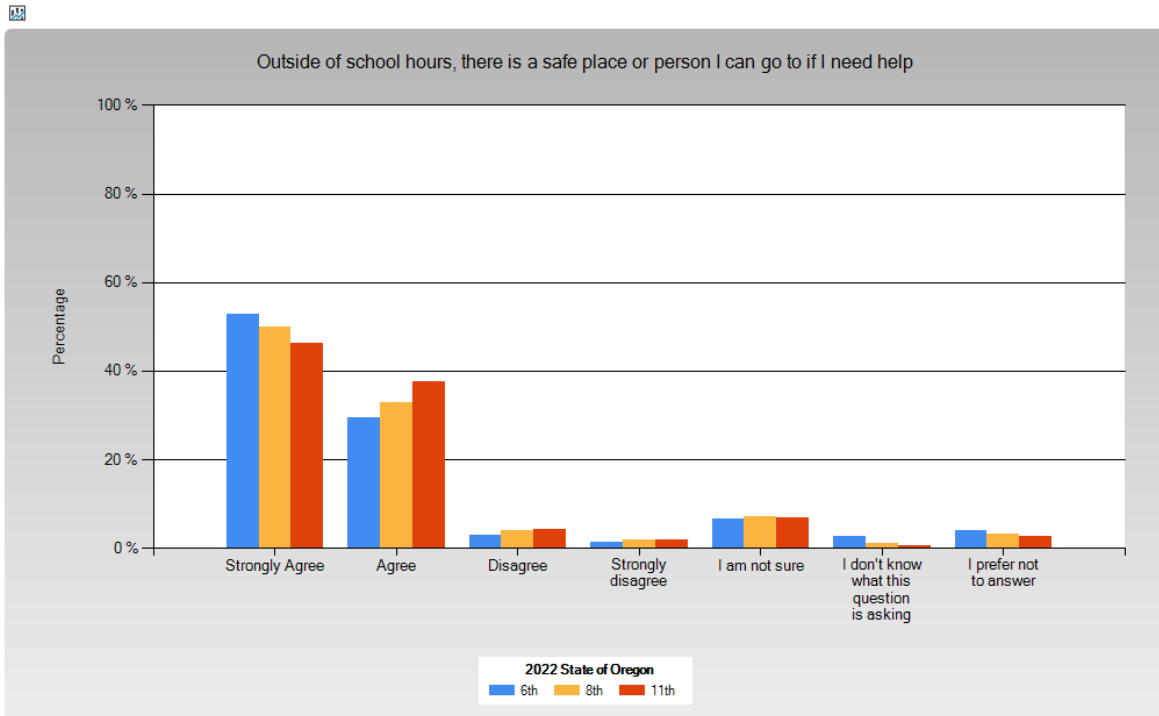
Figure 2. Suicide rates among youth aged 10 to 24 years by year, Oregon vs. the United States, 1999-2022



Source: CDC WONDER and OPHAT

Note: This does not include deaths under age 10. There was 1 death in 2007, 2 deaths of children 2019 and 1 death in 2020 of children under age 10.

Figure 3. The Student Health Survey from 2022 shows promising data that the majority of 6th, 8th, and 11th graders in Oregon have a safe place or person to go to if they need help.



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# Social Emotional Health Roadmap for Action

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## Part 1: Support Students' SEH Needs

Oregon is at a pivotal moment in time given the increasing student needs that are being seen and felt across the state. There is an opportunity now to ensure that our state is meeting all students' needs by analyzing current systems, practices, and funding to ensure that we are creating systems that center students who have historically been underserved and elevating promising practices that foster positive culture and climate for all.

There are a number of programs and funding streams, at both the state and federal levels, focused solely to support social emotional health or that provide flexibility to be used to support SEH investments. It is a complex system to navigate to ensure the right things are happening for youth across the state – and it is essential that our state continue to prioritize reviewing this system, making recommendations to simplify it, all in the effort to ensure we are creating the conditions for educators, staff, providers, and partners to meet students' need each and every day.

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## Part 2: Promising Practices

In developing the inventory of tools and resources, several promising practices, partnerships, and approaches within and outside of Oregon were elevated as models that could be replicated, expanded, and/or adapted to meet contextual needs. These include:

- *Central Oregon Model - Better Together*

In Central Oregon, Better Together and the Early Learning Hub have aligned their efforts and systems to better support children, families, and communities. A featured initiative that launched from Better Together is the [Culture of Care](#) program, which aims to build regional capacity to support mental health needs and develop trauma-informed schools by providing training and professional development opportunities for staff and administrators. Additionally, the Early Learning Hub of Central Oregon has launched a set of initiatives known as [Grow](#)

[Central Oregon Kids](#), which connects families to parenting, preschool, and wellness resources. Further, home visits have become more coordinated through provided training and system enhancements. Visit <https://bettertogethercentraloregon.org/> to learn more about their collective work.

- *Health and Learning Initiative*

The [Health and Learning Initiative](#) is a partnership between Children's Institute, the Oregon Health Authority (OHA), and the Oregon Pediatric Improvement Partnership (OPIP) to transform the relationship between Oregon's health care and early learning systems. It enables the state to more effectively support children's healthy development and ensure their kindergarten readiness. The first of its kind, Health and Learning Initiative can model to other states how to improve health and learning outcomes for children.

- *Human-Centered Care and Education*

[Human-Centered Care and Education](#) is a P-20 care and education initiative housed at the High Desert ESD in Central Oregon. Inspired, informed, and guided by decades of research and practice in Mind, Brain, and Education (MBE) science and the [Science of Learning and Development](#) (SoLD), care and education professionals engage in collaborative action research and professional learning to develop and innovate policies, processes, programs, and practices. Examples of initiatives and projects can be found at: <https://www.humancenterededu.com/initiatives-and-projects>.

- *Mental Health Consultation - Early Learning*

Many states across the country, including Illinois, offer [mental health consultation](#) in the early learning and care space. Mental health consultation is a prevention-based tool to support children, their families, and the providers that serve them in developing social emotional skills for the child as well as offering strategies to help manage more challenging behaviors. In a mental health consultation, consultants typically help providers, families and caregivers to:

- Understand social emotional skill development
- Support their children in solving problems
- Prevent and/or manage more challenging behaviors

Research has shown that mental health consultation not only helps improve the social emotional health of children and their families, but it also prevents burnout and improves staff well-being. Oregon is already investing in this model through

the [Department of Early Learning and Care \(DELIC\)](#)'s work to prevent suspension and expulsion in early care settings. Illinois successfully tested this model outside the early care system (in both public health and after school settings) and expanding this model in Oregon to the K-12 system could offer similar benefits for the education workforce as well as the students.

- *Oregon Parenting Education Collaborative (OPEC)*  
[OPEC](#) is a statewide parenting education network for families, parenting education professionals, and partners rooted in community-based learning. Local OPEC Hubs:
  - Provide parent education opportunities and professional development for those supporting parent education that are evidence-based and culturally responsive
  - Coordinate parenting programs across community partners, building cross-sector relationships
  - Provide direct service and grant opportunities to partners
- *Portland Public Schools (PPS) - Psychologist Comprehensive Program*  
PPS has launched a [Comprehensive School Psychologist program](#) as part of a 5-year renewable School-Based Mental Health grant through the U.S. Department of Education. The program is focused on 25 Title I schools (K-8) by providing a full-time school psychologist within a school building. The program aims to center on direct provision of mental health services to students, focuses on strengths of students and families, relationship-building by modeling collaboration and compassion, and ensures all students, especially students from historically underserved groups have access to mental health services. As part of this program, school psychologists closely partner with staff across schools to implement Multi-Tiered Systems of Support (MTSS), which includes:
  - Direct service to students and families
  - Elevation of student and family voice and strengths
  - Participation in data-informed decision-making conversations

Other promising models for further exploration include:

- [Community Care Demonstration Project](#)
- [Community Placemaking Grants](#)
- Coquille Tribal Culture Camp
- [Head Start Model](#)
- [Juntos Aprendemos Early Childhood Special Education Partnership](#)
- [Mobile Health Unit Pilot Program](#) or Mobile Health Clinics (e.g. [CAHOOTS](#))



- PSU Learning Circles
- [REAP](#)
- [Restorative Justice & Equity Group](#)

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## Part 3: Recommendations

### Short-Term Recommendations

The following short-term recommendations emerged through conversations with the SEH Workgroup - and should be focused on in the next 1-2 years.

#### Administrative Action

- Definitions, Data, and Partnerships  
All partners who have a vested interest in supporting SEH for youth need to have shared definitions of terms that can cross systems. A clear vision for a unified goal needs to be established that can overcome systems barriers. State agencies need to have clear cross-agency data collection and sharing agreements and electronic systems that can interface with each other to create meaningful and actionable outcomes. Community-based organizations and schools should work in partnership to offer consistent and streamlined services to avoid redundancy.
- Implement Strategies that Attend to Student Voice & Regional Context  
Existing initiatives and programs need to be leveraged, elevated, and expanded in order to address SEH needs immediately. Identified strategies that can support system-wide use of tools and resources need to be embedded into PLCs and professional learning in schools, districts, and through state-level partners. Education partners need opportunities to collaborate on SEH and hear what is successful in their local contexts through regional convenings, and student voice needs to be included in the conversations both as partners as well as a model to foster interest in education and behavioral health careers.

Local decision-making and community context are of utmost importance in making progress toward youth SEH. Convenings should center around development of supportive ecosystems that build on existing strengths of families and partnerships.

- Build on Existing Infrastructure

Leverage existing infrastructures to expand supporting educators' and students' needs. With the recent development of the tSEL standards, there is opportunity for state agencies and regional partners to provide scaffolding for implementation in addition to bridging connections to culturally responsive practices. Elevate recommendations around behavioral health and well-being and belonging from the SSA Student Support Plans (SSPs). There are also thru lines between meeting students' social emotional needs and accountability conversations to ensure that our state is clear on what defines student success, inclusive of well-being and belonging.

- Ongoing Development and Support

It should be understood that the SEH inventory and roadmap is a starting point rather than an ending point. An ongoing group should be established to update the roadmap to ensure it remains aligned to the needs of the state. A self-assessment should be created to support schools to better and more fully engage with community partners to align with out-of-school time supports and family systems. We recognize that youth services are part of a continuum and should interface together to reduce redundancy.

- Workforce Development

Pilot a model to support student interest in education and behavioral health careers. Inventory existing pathways to become a provider. Consider recommendations to address a minimum salary for difficult to fill behavioral health positions. Make additional recommendations to address funding for different career pathways and "unfunded" mandates.

### **Legislative Action**

- Dependent on administrative action, could include statutory changes needed to better share data across state agencies, expansion of pilot models, and/or supports to recruit and retain a full complement of well-prepared behavioral health professionals.

### **Mid-Term Recommendations**

The following mid-term recommendations emerged through conversations with the SEH Workgroup - and should be focused on in the next 3-5 years.

## **Administrative Action**

- System-Level Supports and Infrastructure  
Support regional convening models for educators, providers, and partners to continue to build off of existing structures to support a more coherent system. Map community SEH needs and resources available to support those needs, identifying gaps in service. Understand services offered by other agencies to avoid redundancy. Ensure alignment between school and out-of school time supports.
- Mental Health Consultations  
Pilot mental health consultations in the K-12 system, building off of the promising outcomes seen in the early learning space. Make additional recommendations on whether this is a strategy that should be expanded statewide.
- Workforce Development  
Encourage a diverse workforce, representative of the students served. Explore incentives for retention of staff in hard to fill positions and/or in rural areas of the state. Make additional recommendations to address recruitment and retention.
- Funding and Resources  
Explore ways to operationally align funding and simplify processes that are not dependent on funding streams or grant programs. Explore an equitable funding model based on students' needs. Explore how Medicaid is integrated into the overall system. Make additional recommendations to align funding and/or change funding models. If new SEH initiatives are being explored, consider upfront and ongoing costs associated with implementation.

## **Legislative Action**

- Dependent on administrative action, could include statutory changes needed to align funding streams or simplify processes and/or expansion of pilot models.

## **Long-Term Recommendations**

The following long-term recommendations emerged through conversations with the SEH Workgroup - and should be focused on in the next 5-8 years.

## Administrative Action

- Build a Coherent System  
Align support for students across multiple systems (education, health, etc.) and center the health and wellness of the system and individuals within it. Support partnerships between districts, providers, and communities to create a cohesive ecosystem, rather than a siloed system. As an example, this means establishing a pathway for continuous service for students, independent of the school year timeline. It also means building a consistent experience for students, including for mobile students who may transfer across districts in a given school year.
- Funding and Cost Analysis  
Design a system to understand the cost of well-rounded systems and create robust funding systems that encourage and sustain them. Backwards map long-term goals and build in funding considerations.
- Workforce Development  
Develop workforce pathways in partnership with Educator Preparation Programs (EPPs) and community colleges, including alternative pathways, residencies, internships, and scholarships. Support diversifying the workforce by actively engaging with the Educator Advancement Council (EAC) and Regional Educator Networks (RENs) to support targeted recruitment, retention, advancement, and career change strategies. Update EPP standards to promote universal mental health supports and positive school climates. Ensure foundational understanding of mental health and consultation with mental health professionals.
- Review and Pilot Programs  
Review and potentially trim programs that do not benefit the entire school system or are not leading to student success. Pilot a Community Schools model centered around the school as a hub for services.
- Curriculum and Partnerships  
Develop optional courses for middle and high school students focused on teaching and mental and behavioral health fields, including school psychology, school counseling, school social work, and community-based qualified mental health providers. Ensure ongoing review and alignment of curriculum with current best practices. Encourage partnerships with CBOs.

## Legislative Action

- Pursue statutory changes to create flexibility in funding usage based on community and context.
- Dependent on additional administrative action, could include statutory changes and/or funding needed to build a more coherent system across state agencies and/or expansion of pilot models.

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## Appendix A: Inventory of Tools and Resources

This Social Emotional Health Inventory was developed as part of Governor Kotek’s commitment to supporting educators and staff in meeting students’ increasing mental and behavioral health needs following the Portland Public Schools strike in fall 2023 as well as many conversations with educators and staff across the state.

This inventory is not meant to be a comprehensive and exhaustive list, but rather a starting point to support district leadership, educators, and other staff with resources, tools, and supports that are available, especially for those that might not be sure where to begin. Along with these resources, tools, and supports, the Governors Office has developed a Roadmap, which provides additional context for the increasing needs, strategies for best using these tools and resources, and recommendations for the State in the short, mid, and long term to address increasing student needs and support a more cohesive system.

### Assessment or Mapping Tools

The following tools may be useful to schools, districts, and/or organizations that are in early stages of developing a plan or who are unsure of what they have or don’t have.

- [Fidelity Implementation Tool / SWIFT Schools](#)
- [School Health Assessment and Performance Evaluation \(SHAPE\) System](#)

### Oregon Resources

- [Healthy Families Oregon](#)
- [Medicaid Billing](#)
- [Oregon Parenting Education Collaborative](#)
- [Oregon’s Transformative Social Emotional Learning \(SEL\) Framework & Standards](#)
  - [Implementation Guide to support Oregon’s Transformative SEL Framework & Standards](#)
- [Suicide Prevention](#)

### General Resources

- [Collaborative for Academic, Social, and Emotional Learning \(CASEL\)](#)
  - [SEL in Schools Link](#)
  - [SEL Programs on CASEL’s website](#)

- [Leading with SEL for Parents and Families](#)
- [Design Principles for Schools: Putting the Science of Learning and Development into Action, Guiding Principles for Equitable Whole Child Design](#)
- [d.school - Equity Centered Design Framework](#)
- [National Equity Project](#)
- [Project Covality - School Mental Health Collaborative](#)
- [Planet Youth - The Icelandic Prevention Model](#)
- [Science of Learning and Development Alliance](#)

### Resources to Support Historically Underserved Students & Early Learners

- Students with Disabilities
  - [Creating Communities of Belonging for Students with Cognitive Disabilities](#)
  - [School Belonging and Mental Health for Students with Disabilities](#) - slide 25 has additional resources
- Newcomer Students
  - Supporting Transition Resilience in Newcomer Groups (STRONG)
    - [Google Drive](#), [Secondary Manual](#), [Slides](#)
- Early Learning
  - [Children's Institute - Health & Learning Initiative](#)
  - [Raise Up Oregon](#)

### Tools

- [A Little SEL](#) (Videos for young learners)
- [Dual-Capacity Building Framework for Family and School Partnerships](#)
- [Liberatory Design Card Deck](#)
- Screening Tools

### Books

- *Educational Trauma: Examples from Testing to the School-to-Prison Pipeline* by Lee-Anne Gray
- [PreK-3rd Initiative E-Book - Human Centered Care and Education](#)
- *The Art and Science of Connection: Why Social Health is the Missing Key to Living Longer, Healthier, and Happier* by Kasley Killam
- *The Resilient Practitioner: Burnout and Compassion Fatigue Prevention and Self-Care Strategies for the Helping Professions* by Thomas Skovholt and Michelle Trotter-Mathison

### Programs, Professional Learning, and Conferences

- [Central Oregon Community College Partners in Practice \(PiP\) program](#)
- [Crisis Management Institute - Crisis Flight Training](#)
- [Lewis & Clark School Psychologist Hybrid Track Focused on developing practitioners in rural school districts](#)
- [Liberty House Trainings](#)
- [Mental Health First Aid Training](#)
- Northwest Early Learning and Pyramid Summit
- [Neuroteach Global](#)
- [PPS Pathway Program](#)
- [PSU Infant/Toddler Mental Health Grad Certificate](#)
- [Rise to Teach Program](#)
- [The Ballmer Institute](#)
- [The Center for Transformative Teaching & Learning](#)
- [Zero to Three Learn Conference](#)

#### **Strategies to Support SEH Resources & Tools**

- Professional Learning Communities, either through the school, district, or Education Service District (ESD)
- Professional Development or Trainings, offered either through the school, district, or ESD
- Dedicated planning time to review resources, tools, or supports individually or with a small team which could be funded through state grant programs, such as the Student Investment Account



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## Appendix B: Workgroup Members

The robust conversations that led to the development of the Inventory and Roadmap would not have happened without the expertise and lived experience shared by the Social Emotional Health Workgroup members. Deep gratitude to the following members:

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**Tony Mann**  
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