

October 2022

# CENTERING HEALTH AND WELL-BEING IN EDUCATION

**A resource and planning tool in support of Oregon school district budgeting and alignment for student success.**

The purpose of this document is to help schools and districts identify funding streams to develop and sustain health and wellness initiatives that support student physical, mental and behavioral health as well as overall well-being, thus leading to academic improvements.



## Table of Contents

1. Overview .....	3
2. Assessment and reflection on community input and local data .....	4
3. Integrated Health in Education Strategies .....	6
➤ Strategy 1: Culturally relevant mental and behavioral health supports and inclusive and racially just school climate initiatives through community-based partnerships.....	6
Spotlight: Enterprise, Wallowa and Joseph School Districts, Region 18 Wallowa Education Service District and Wallowa Valley Center for Wellness (WVCW).....	9
➤ Strategy 2: Sustainable, culturally specific health-related services model including community-based therapy, healthcare navigation and wraparound supports .....	10
Spotlight 2(a): Phoenix-Talent School District and La Clinica FQHC .....	11
Spotlight 2 (b): Benton County Health Services and Corvallis School District.....	13
➤ Strategy 3: Dedicated health coordinator or leader to develop health in education initiatives and systems.....	14
Spotlight 3(a): Bend-La Pine Schools & Deschutes County Local Public Health Authority .....	15
Spotlight 3(b): Greater Albany Public Schools.....	18
➤ Strategy 4: Career pathways for healthcare, mental, and behavioral health careers through exposure and mentoring.....	20
Spotlight 4(a): Benton County Health Services, Monroe School District and Corvallis School District .....	20
Spotlight 4(b): Building Interest, Awareness and Preparation for Biomedical Careers: <i>On Track OHSU!</i> .....	22
➤ Strategy 5: Community-Based Organization (CBO) partnerships to address chronic absenteeism .....	24
➤ Strategy 6: Inclusion and capacity-building for student voice and decision making around health and learning.....	25
➤ Strategy #7: Data sharing partnerships and MOUs with healthcare providers or local public health.....	26
4. Conclusion.....	27
5. Definitions .....	28

## 1. Overview

The link between health and learning is clear: active, well-nourished, well-supported and connected young people are more likely to attend school, arrive ready to learn and stay engaged in class. This document is a **resource** (not formal guidance) to center health in education strategies as districts and schools move through the community budgeting and planning process under [Aligning for Student Success: Integrated Guidance for Six ODE Initiatives](#). Educational and community leaders can address coordinated health and education outcomes by applying funding principles that prioritize health equity and respond to community priorities identified by following ODE's [Community Engagement Toolkit](#).

Each school, district and community have foundational building blocks in place to support student physical and mental and behavioral health and wellness. The document seeks to support schools to build on what is already working, identify gaps and foster further improvements in student and school community health. With funding available now, districts and schools have resources to successfully address community-identified health and wellness promotion and prevention opportunities in alignment with ODE's

[Integrated Model of Mental Health](#). This resource profiles strategies that center health and wellness through new investments or leveraged funding models in collaboration with local public health departments, Federally Qualified Health Centers, Tribes, healthcare, and/or other community partners.

The purpose of this resource is to support schools and districts to take budgetary steps to strengthen educational and health outcomes for students through the development of systems and partnerships that support student physical, mental and behavioral health with the long-term aim of achieving the academic improvements described in the [Student Success Act](#).

Districts should consider how dedicated coordinators or other personnel can develop and sustain integrated health education and health services to address health and education outcomes for **focal student groups** defined within the [Student Success Act](#) as “students of color; students with disabilities; emerging bilingual students; students navigating poverty, homelessness, and foster care; migrant students; recent arrivers; incarcerated and detained youth;

LGBTQ2SIA+ students and other students who have historically experienced disparities in our schools.” Throughout the document, we will refer to these student groups as “focal students.” These focal student populations bring many assets and are at increased risk for health problems which impact learning, due to inequitable conditions in neighborhoods, homes and schools.

This resource highlights promising new strategies as well as existing partnerships and strategies in Oregon’s schools that center health and well-being in education. For example, districts can address challenges unique to focal student groups by forming and financially contributing to partnerships with community-based mental and behavioral health providers to expand culturally and linguistically relevant school-based mental health supports. These can eventually be self-sustaining through billing mechanisms. Schools and districts can foster partnerships by matching or fully funding community-based organizations to support family access to wraparound supports such as nutritious food, housing or [Oregon Health Plan application assistance](#) and healthcare navigation. Through examination of student and family input, districts and community health partners can optimize new and existing funding for quality spending towards integrated health in education strategies guided by promising practices and [targeted universalism](#) funding principles.

## 2. Assessment and reflection on community input and local data

There are several assessment tools and resources that can inform district planning as it relates to student, educator, and community well-being. This section briefly summarizes and provides links to assessments that OHA and ODE would like to elevate at this time.

Needs assessments are helpful to understand what might be driving poor academic performance as well as the overall strengths and needs of a school or district community. Assessments can point to effective community-tailored solutions to address health and wellness issues which can be root causes of such outcomes. Districts may approach assessing what is needed as well as what supports are already in place in several ways. Drawing on existing assessments of school health or mental health systems is a meaningful starting point. Districts can also consider if missing physical and mental health related questions can be woven into the [comprehensive needs assessment](#) and community engagement opportunities that guide planning and budgeting.

Many schools also use the [School Health Index \(SHI\) Self-Assessment and Planning Guide](#), a self-evaluation and planning tool for schools. The SHI is built on the Centers for Disease Control and Prevention’s (CDC’s) research-based guidelines for school health programs that identify the policies and practices most likely to support health behaviors in children and youth. Additional CDC Healthy Schools tools for [assessing school health](#)

are also available (e.g., physical education curriculum, health education curriculum, and wellness policies).

The [Oregon Student Health Survey](#) (SHS) is another valuable tool in identifying, understanding and addressing health conditions that contribute to barriers for young people in school. The SHS is a comprehensive, school-based, anonymous and voluntary health survey of 6th, 8th and 11th graders. It is a key part of statewide efforts to help local schools and communities ensure that all Oregon youth are healthy and successful learners. In 2020, the SHS was administered in 409 schools across 100 school districts and 30 counties. Nearly 42,000 Oregon youth participated in the survey.

The SHS is designed to assess:

- Student health and safety
- Student mental and behavioral health
- School climate and culture
- The impact of the COVID-19 pandemic and the State’s response to the pandemic
- Student substance use
- Sexual health and intimate partner violence

The SHS collects robust demographic data on students, including gender identity, sexual orientation, disability status, race and ethnicity and social determinants of health. SHS data is publicly available on the [SHS Data Portal](#) at the state and county levels. In addition, schools and districts who participated in the 2020 survey can access their local data on the portal through password-protected access granted to principals and superintendents.<sup>1</sup> The “crosstabs” section of the portal allows you to run SHS reports by priority populations that were identified in the Student Success Act (e.g., rates of suicidal ideation by race/ethnicity). The portal can be found at [www.bach-harrison.com/SHSDataPortal](http://www.bach-harrison.com/SHSDataPortal).

The [Thriving Schools Integrated Assessment](#), developed by Kaiser Permanente, is a tool for schools and districts to advance wellness and educational goals by incorporating health-related strategies for students and staff into school and district improvement efforts. The assessment focuses on physical, behavioral, and social emotional health, with a focus on students and communities that are most impacted by systemic racism and health inequities.

Other data sources to consider:

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<sup>1</sup> For assistance with accessing your local SHS data on the portal, please contact Mary Johnstun at [mary@bach-harrison.com](mailto:mary@bach-harrison.com)

- Student health information forms
- Number of students with IEP or 504 plan accommodations related to chronic disease management and/or learning disabilities.
- Utilization data from school-linked health services or school-based health centers, school counselors, and school-based mental health professionals
- [Coordinated Care Organization, Local Community Health Assessments \(CHAs\) and Local Community Health Improvement Plans \(CHIPs and CHPs\)](#)
- [County health rankings and roadmaps](#)
- [Oregon Child Integrated Dataset \(OCID\)](#)
- [Annie E. Casey Foundation Kids Count Data Center](#)

### 3. Integrated Health in Education Strategies

OHA and ODE are mindful that supporting student health and well-being is a shared focus that might look different based on the needs, assets, strengths and size of a district and school community and the individuals and families it serves. Some of the insights presented within may be addressed by small districts through conversations of alignment, determining how best to use formal and informal supports and cross-training amidst personnel that are less than a handful of people. It is essential work, and we hope we've found a balance in sharing ideas and inputs of different sizes and scale.

➤ **Strategy 1: Culturally relevant mental and behavioral health supports and inclusive and racially just school climate initiatives through community-based partnerships.**

This strategy supports districts and schools to cultivate mental and behavioral health and well-being through a continuum of supports and providers with diverse identities and credentials. It requires reflection on the role that resiliency factors and traumatic stress play in the lives of students and families in the school environment. Throughout the 2010s, Oregon faced rising rates of unmet emotional and mental health care needs among youth – with disproportionate impact on youth of color, youth from tribal communities and LGBTQ2SIA+ youth.<sup>2</sup> Today, children and adolescents are also experiencing adverse primary and secondary impacts of COVID-19 which are compounded and exacerbated by underlying health inequities caused

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<sup>2</sup> 2019 Oregon Healthy Teens Survey

Results <https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Pages/2019.aspx>

by racism and other forms of oppression. Students experience a wide variety of adversity that can come in many forms including acute stressors such as:

- the loss of a parent or other family member, or friend(s);
- gun violence;
- physical, sexual, emotional, and verbal abuse;
- toxic stressors like neglect, homelessness and food insecurity;
- or the oppression and marginalization of generational racism.

Schools are primary providers of physical, mental and behavioral health supports for students. Roughly 70 percent of American students who access mental health services and supports do so in their schools.<sup>3</sup> However, the extent to which youth develop symptoms of declining mental health often depends on their everyday lives including societal factors such as poverty, systematic oppression, housing instability, and other community conditions.

Focal student populations have experienced disproportionate treatment in education and health due to systemic barriers that impact their well-being. In addition, factors including racism, homophobia, transphobia and ableism place them at greater risk for experiencing physical, mental, and behavioral health challenges. Preliminary statewide analysis from the 2020 Student Health Survey suggests:<sup>4</sup>

- 22 percent of eleventh graders who are transgender, non-binary or gender non-conforming experienced a COVID-19 related socioeconomic impact<sup>5</sup> compared to 11 percent of cisgender male eleventh graders. Moreover, 73 percent of transgender, non-binary or gender non-conforming eleventh graders reported experiencing one or more mental health impacts because of the pandemic, including symptoms of depression, anxiety and suicide contemplation.
- Eleventh graders who are lesbian, gay, bisexual or responded “something else” in identifying their sexual orientation had elevated levels of pandemic-related mental health impacts (greater than 61 percent of those individuals identifying as having one or more need).
- Over 40% of transgender, non-binary or gender non-conforming eighth and eleventh graders contemplated suicide in the past year.

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<sup>3</sup> Rones, M. & Hoagwood, K. (2000). School-Based Mental Health Services: A research review. *Clinical Child and Family Psychology Review*, 3, 223-241.

<sup>4</sup> Analysis of the 2020 Student Health

Survey <https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/Pages/student-health-survey.aspx> including the data portal (<https://www.bach-harrison.com/SHSDataPortal/Default.aspx>) and the 2022 Adolescent Health Snapshot (<https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/Documents/March%202022%20Snapshot%20Grand%20Rounds.pdf>)

- 22 percent of Black/African American eleventh graders experience a COVID-19 related socioeconomic impact compared to 14 percent of white eleventh graders.
- Eleventh grade youth who are American Indian or Alaska Native (47%) and those who are Native Hawaiian or Pacific Islander (50%) reported disproportionately high rates of depressive symptoms compared to white, non-Hispanic students (42%). These youth also reported higher rates of suicide contemplation.
- Eleventh graders of multiple races (29%) and those who are Middle Eastern or North African (27%) were most likely to not have their mental health needs met.

These data paint an alarming portrait of the variety of current challenges around supporting youth mental health in Oregon. Schools are pivotal partners in addressing mental and behavioral health concerns and connecting young people to the supports they need to be well. According to the [2020 report from the Oregon Commission on Hispanic Affairs](#), “Schools are particularly robust access points for Latino/a/x rural youth and their families. Analyses of OHA quantitative data from 1983–2013 find that Oregon’s Latino/a/x youth are far more likely than the general population (53% compared to 30%) to access mental health from K–12 referrals (Voelker, 2017). Qualitative research also found that culturally specific and rural mental health providers who serve the Latino/a/x community believe schools are an effective and promising platform for mental health services for the Latino/a/x community.”<sup>5</sup>

Strengths- based, trauma-informed, equity centered [multi-tiered systems of support](#) provide services across three tiers (universal, selected and indicated). This helps to ensure that all students have supports that are matched to their strengths and needs. Through multi-tiered systems of support, schools can build positive cultures and climates, and enact policies and practices that recognize the strengths, challenges and experiences that students bring to their educational environments.

ODE’s [Integrated Model of Mental Health](#) serves as a framework for developing systems, policies and practices that are strengths-based, trauma informed, and equity-centered. This framework centers physical, mental and behavioral health along a continuum of care that includes students’ physiological needs, safety, security, social connection, identity, diversity and purpose. The model guides schools

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<sup>5</sup> Kim-Gervey, C., Castillo, I. L., Gallegos J., Kramer, N., Bartelmann, S., & Angus, L. (2020). Crisis de Nuestro Bienestar: A Report on Latino Mental Health in Oregon. Oregon Commission on Hispanic Affairs, Oregon Health Authority, Oregon Department of Human Services. [https://www.oregon.gov/oac/Documents1/Crisis\\_de\\_Nuestro\\_Bienestar\\_-\\_Latino\\_Mental\\_Health\\_in\\_Oregon.pdf](https://www.oregon.gov/oac/Documents1/Crisis_de_Nuestro_Bienestar_-_Latino_Mental_Health_in_Oregon.pdf)



in developing integrated systems of health that address tier 1 prevention at every level of the educational experience. It affirms that each interaction with students is an opportunity to foster, care, connection, health, and well-being. To address higher levels of mental and behavioral health needs, a district or school can invest in a comprehensive school/community mental health system of care to provide a full array of linguistic and culturally responsive supports and services.

**Effective partnerships** to promote and support youth mental and behavioral health require meaningful, authentic and culturally responsive collaboration between students, families, schools, community mental health providers, Tribal governments, county behavioral and public health partners and community-based organizations. Effective partnerships require expansive definitions of individual and community mental and behavioral health and community-driven interventions and prevention approaches that serve a given population. Effective engagement should aim to prevent social isolation, build trust and improve changes in practices. This should lead to the co-creation and implementation of a shared vision for improving mental and behavioral health outcomes for students. Effective partnerships include a shared vision of safety, trust, collaboration, empowerment, youth engagement, cultural responsiveness and clear understanding of roles and responsibilities.

### **Spotlight: Enterprise, Wallowa and Joseph School Districts, Region 18 Wallowa Education Service District and Wallowa Valley Center for Wellness (WVCW)**

**Program Contact:** Carrise Murray, QMHP, Children’s Program Coordinator, [carrise.murray@wvcenterforwellness.org](mailto:carrise.murray@wvcenterforwellness.org)

Wallowa Valley Center for Wellness (WVCW), along with several Wallowa County school districts (Enterprise, Wallowa and Joseph SDs), have partnered for more than five years to provide on-site brief, short-term individual, group and family therapy along with care coordination, suicide prevention and crisis services. WVCW has deepened their partnership with the districts in recent years through the development of Memorandums of Understanding (MOUs), outlining service provision, budget and the School-Based Mental Health (SBMH) providers’ scope of work. WVCW staff that provide services in the schools include qualified mental health professionals, skills trainers, case managers and prevention specialists all trained to provide culturally relevant supports. WVCW also has agency staff from the Wraparound and Early Assessment and Support Alliance (EASA) programs available to visit students and their families at school.

### **Funding Model**

WVCW leadership is highly invested in school-community partnerships and funds some SBMH staff salaries through the agency budget. The three districts also contribute SIA funds towards the providers' salaries, and the Oregon Health Authority (OHA) provides partial funding through the [School-based Mental Health Program](#). For example, Wallowa ESD contributes approximately \$30,000 per year through SIA funding to support onsite community based mental health providers in four schools.

The braiding of funding from multiple sources ensures that an array of supports from WVCW are available to any student who needs mental health support, regardless of insurance status or ability to pay.

**School Team Quote:**

*“Our WVCW Kid Team has developed a strong relationship with our school districts which includes the joining this past summer of all the school prevention specialists (school employees) school counselors (WVCW employees) and skills trainers/case managers (WVCW employees) in collaborating on developing a county wide suicide prevention/postvention plan. Each of the schools has also created a Student Success Team that includes the principal, superintendent, prevention specialist, behavioral specialist, special education teacher and the school counselor. In the team meetings we discuss students we are concerned about either due to academics, attendance, behaviors, concerns about emotional or mental health, as well as any referrals from teachers or parents (always within HIPPA guidelines, of course). These meetings help us to make sure no kid falls through the cracks and that someone is following up.”*

- SMBH Clinician

➤ **Strategy 2: Sustainable, culturally specific health-related services model including community-based therapy, healthcare navigation and wraparound supports**

The COVID-19 pandemic has brought into sharp focus the role that schools play in connecting children and families with health services and other supports such as food, health insurance navigation, clothing and community resources. Community-based organizations and federally qualified health centers (FQHCs) can support families, students and educators through partnerships that offer co-located health services and wraparound support to address the root causes of health, such as housing or nutrition services. Community partnerships are also critical to bring in health education services such as:

- culturally relevant healthy nutrition programs;

- sexual education programs;
- physical education programs such as Family Zumba or yoga classes;
- Skills training related to alcohol, tobacco, and other drug prevention.

### **Spotlight 2(a): Phoenix-Talent School District and La Clinica FQHC**

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La Clinica, a Federally Qualified Health Center (FQHC), and Southern Oregon school districts (i.e., Medford, Central Point, and Phoenix-Talent SDs) have partnered for more than 20 years to provide high quality, consistent services aimed at keeping students and families healthy in familiar, safe and welcoming settings. As an FQHC, La Clinica provides both primary care and mental health services. They are able to get reimbursed through Medicaid for services provided as well as leverage federal funding to support families who cannot afford services.

With the advent of the Student Success Act and its focus on mental health, La Clinica saw an opportunity to expand its partnership with schools. Using productivity and revenue data based on its long history working within school districts, La Clinica projected two things: the amount of funding required from school districts to get new primary care and mental health services off the ground and the amount of time before the services would be self-sustaining. La Clinica then used this information to create a menu of service options from which school districts could choose, based on their needs and funding. Due to FQHC requirements, service provision must include primary medical services. Additionally, all menu options include registered nurse time along with a mental health therapist and front office support.

Phoenix-Talent School District approached La Clinica in 2020 with a request to add services to four schools (two elementary, a middle and a charter). The community engagement activities conducted for initial SIA planning clearly demonstrated that the community wanted more mental health resources in schools. La Clinica used its formula to calculate the amount of start-up money required for those positions and predicted that at the end of two years, the positions would be self-sustaining. At that point, the funding could be shifted to other priorities. Recent community engagement activities indicated that Phoenix-Talent School District parents and high school students wanted mental health services in the high school. Now that those funds are no longer needed in the elementary and middle schools, Phoenix-Talent SD plans to respond to that community request by redirecting the money to the high school.

Phoenix Talent’s experience with La Clinica highlights the benefits of strong health and education partnerships: The alignment of similar goals to center equity while serving the public. This partnership has allowed Phoenix-Talent SD to provide a well-rounded service for families and students. It has also reduced the barriers to accessing services because the community trusts the schools and the schools can vouch for La Clinica. Another benefit is that families do not need to miss work to take their children to appointments, as services are available at schools. This has the added benefit of increasing student access to instructional time and eliminating travel time. There also seems to be less stigma in families and children receiving mental health services at school

Services are provided in English and Spanish. In addition to the schools benefiting from comprehensive on-site services for students, students also gain access to an expansive array of services offered at other La Clinica School-Based Health Centers, including connection to wellness groups, dental support, skills training and wraparound family supports.

### **Funding Model**

Depending on services and how many sites are to be opened, the first two years of operating costs can range from \$222,000 to \$564,000 for a full medical/behavioral health model. The funding for the first two years braid funding from the education side with SIA money and from the healthcare side through billable revenue and federal funding. After an initial financial investment covering the first two years of operating costs, the district no longer needs to contribute financially, as the billing model becomes 100% self-sustainable. Moving forward, students will continue to benefit from culturally relevant, comprehensive on-site nurses and behavioral health services for years to come.

The model has been replicated over a dozen times in Southern Oregon schools and is proven to be effective and self-sustaining after the initial startup period.

### **School Team Quotes:**

*“The community told us what they needed, and we were able to deliver through our partnership with La Clinica. Families continue to tell us that this is the number one support in place for them...Since we had this partnership in place before the fires, La Clinica was even able to help families replace important documents. This is the best investment that we have made through our SIA dollars. I now realize how tightly knit education and health is in the lives of our students.”*

*- School administrator*

*“La Clinica’s ability to connect with families through deep cultural responsiveness is key. They offer bilingual services, which is important. Because the services are*

*co-located there isn't stigma about receiving therapy at school. Children can get support. Families don't have to leave their jobs to get care. Doing just one referral is also helpful – rather than just handing them a list of a lot of resources.”*

- School administrator

## **Spotlight 2 (b): Benton County Health Services and Corvallis School District**

**Program Contact:** Lizdaly Cancel, Health Navigation Service Manager, Benton County Health Services and Aaron Hale, Lincoln School Principal.

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Benton County Health Services and Corvallis School District established a School Health Navigation Program in 2014. The Health Navigation Team was established to support students, their families and their communities. The goal is to improve the quality, cultural competence, access and use of services in the area. By providing support and public health interventions to students and their families, the hope is to impact the child's life directly and significantly improve their current life and adulthood conditions, giving them a chance to live a healthier life and to reach their full potential.

Health Navigators are all certified [Community Health Workers](#) (CHWs) through the State of Oregon and are also trained as certified Oregon Health Plan Community Partners (assisters), allowing them to assist youth and families to apply, enroll in and recertify for health coverage. Their connection to many health programs allows for broad family support, navigation and referral to medical services, behavioral health services (through Trillium and Benton County), food assistance, housing, McKinney-Vento Program services for youth experiencing homelessness, physical activity, education opportunities and other community resources.

Benton County has had a clinical Health Navigation program since 2008 and expanded to schools based on findings and objectives from the [2013-2018 Benton County Health Assessment and Community Health Improvement Plan](#), including an education assessment by Casa Latinos Unidos de Benton County. The program began by placing two bilingual/bicultural Navigators in Title 1 elementary schools with dual immersion programs and higher Free and Reduced-Price Lunch (FRPL) utilization. A third School Health Navigator was placed in a middle school in 2015.

Initially there were some challenges building relationships within schools, raising awareness of the Health Navigator role and earning the trust of parents, students and staff. However, the program has received a lot of support from

Corvallis School District and after 7 years of operation has now successfully solidified these relationships.

### **Funding Model**

Currently, 50 percent of the 3.0 FTE Health Navigators is funded by Corvallis School District and 50 percent is grant funded through the county. Stability in the grant funding has been a challenge. In the past, the school district has supported the program with Medicaid Administrative Claiming.

### **School Team Quote**

*“Both the data and anecdotes – the tangible and intangibles – point to how many touches our health navigators make, responding to the community needs and creating a sense of belonging [...] that from an equity standpoint is reflective of our district values.”*

- School Principal

## ➤ **Strategy 3: Dedicated health coordinator or leader to develop health in education initiatives and systems**

Schools and districts benefit from dedicated personnel focused on integration of healthy school strategies. Yet in most communities, education, healthcare and public health systems are often siloed. A dedicated coordinator or director position can connect and coordinate services as well as elevate and implement best practices and evidence-based practices to address health equity. They can support linkages and referral systems to health and social service resources in the community, and they can evaluate and improve upon programs to meet youth, family and community health and social needs.

Coordinators with public health backgrounds are poised to convene and collaborate with local public health and other community partners to better integrate and align resources towards collaborative, systemic and integrative health promotion initiatives in schools to reduce alcohol, tobacco and other drug use; decrease violence; increase social cohesion and connection for families; and integrate programs that promote positive youth development. Local public health partners are also primed to identify and develop connections between schools and other sectors to support and sustain long-term healthy school interventions.

Licensed providers serving in this role can support the buildout of a wider net of integrated health services personnel that may require clinical supervision. Many innovative programs around the country and state include dedicated personnel to serve in the coordination and convener role as well as lead evaluation of mutually reinforcing health and academic promotion initiatives. They may also serve in a role

to integrate data sharing systems with local primary care providers to support students with health complexity. They can also be integral in developing and strengthening data sharing platforms for healthcare providers and educators working within the same district or school.



For more information about this strategy area, please see the 2013 OHA report: [Investment in School Health Capacity: Payoffs in Health, Achievement and Stronger Communities](#). The report findings conclude that the presence of four components of Core Capacity (having a school health coordinator, conducting health-focused self-assessment, having a school health advisory group and health related school improvement plan goals and objectives) was generally associated with

healthier school policies and practices, healthier student factors, fewer attendance and disciplinary problems and improved graduation rates. OHA estimated the potential return for statewide investment in the development in Core Capacity (represented by the salary of a half-time school health coordinator in every secondary school) and found that the economic value of improving graduation rates by even just 1% far outweighs the estimated costs for building Core Capacity<sup>6</sup>.

### **Spotlight 3(a): Bend-La Pine Schools & Deschutes County Local Public Health Authority**

**Program Contact:** Aimee Snyder, Deschutes County Healthy Schools Prevention and Health Promotion Supervisor. Email: [HealthySchools@deschutes.org](mailto:HealthySchools@deschutes.org)

The [Deschutes Healthy Schools](#) program embeds Healthy Schools Public Health Specialists (PHSs) within every high school and middle school within the Bend-La Pine School district (at 1.0 FTE for each high school and the middle school/s that feed into that high school). The PHS primary role is to serve as a school health coordinator and implementer for mostly Tier 1 (universal) primary prevention activities and to coordinate systems/policy/program change for Tier 2 (selective early interventions) and Tier 3 (indicated interventions/treatment). The program also provides a program supervisor who serves as a district coordinator for district-level health initiatives, a linkage between the school-level and district-

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<sup>6</sup> Barbour, I., Chaumeton, N., Dilley, J., Nystrom, R., Ramowski, S., Thorne, E. (2013). Investment in School Health Capacity: Payoffs in Health, Achievement and Stronger Communities. Oregon Health Authority. [https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/HEALTHSCHOOL/HKLB/Documents/Report\\_SHC.pdf](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/HEALTHSCHOOL/HKLB/Documents/Report_SHC.pdf)

level health initiatives, and a central coordinator for the PHS work across high and middle schools. The program formally began in July 2021, but the work builds on existing collaborative work for many years prior.

This [model](#) allows for seamless public health service integration within schools. Since public health staff work full-time in school buildings, they can seamlessly integrate their work into school operations, which prevents this work from becoming “another new thing” school staff need to plan to do.

Upon program launch, Deschutes County and Bend-La Pine Schools program leaders reviewed existing data (Oregon Student Health, Youth Truth and the district’s 2019 equity assessment for the Student Success Act) and held listening sessions with an array of stakeholder groups to identify the joint goals, targeted outcomes and metrics aimed at reducing disparities by income, race/ethnicity, and sexual orientation/gender identity. They identified the following program goals:

1. Increase social, mental, emotional and physical health supports in schools.
2. Increase students reaching Positive Youth Development benchmarks.
3. Reduce unmet physical and mental/emotional health needs amongst students.
4. Reduce disparities by race/ethnicity, gender/sexual orientation and income levels.
5. Increase on-time graduation rates.
6. Improve student health outcomes in the following focus areas:
  - Suicide
  - Substance Use
  - Sexually transmitted infections
  - Teen pregnancy
  - Immunizations
  - Positive Youth Development (including social and emotional learning)



## **Funding Model**

The program is funded through a 50/50 partnership between Bend-La Pine Schools using Student Investment Account funding and Deschutes County general fund. Blended Funding (SIA and general fund) allows flexibility to focus on local needs and accommodate emerging needs as they arise. For example, the PHS were able to adjust their program plan mid-way through the 2021 school year to accommodate how COVID-19 was impacting school staff. The PHS were able to pivot from conducting the assessment and planning process as one school health team to holding listening and planning sessions with school staff, students and parents/families individually or in small affinity groups. This adaptation ultimately reduced the burden on the school staff and included more diverse, representative data/perspectives.

## **School Team Quotes**

*"[Our Public Health Specialist] almost seamlessly joined our school's multi-tiered system of supports MTSS group and provided valuable insight about resources available for students. I'm glad to have someone on campus to provide extra resources, ideas and support for students and staff."*

-Teacher

*"[Our Public Health Specialist] jumped right into our school, learning the staff, students, culture, needs and strengths. She has embedded herself so beautifully in our school especially in a hard year. Her systems lens is much needed, and we are so grateful for her!!!"*

- School Counselor

*"The Healthy Schools program has been a positive addition to [our school] and [our] community. I have worked with various groups in [our area], and pre-COVID-19 facilitated a community group focused on creating partnerships between the schools, the community and local resources/services. One of the biggest challenges was connecting health-related services to the schools and providing resources for our students, families and community. Our Public Health Specialist has worked diligently to understand the community and identify resources to meet the health-related needs of the community. I look forward to continuing this partnership to ensure services and resources are accessible to the entire community [in our area] and strengthen the school and community relationship."*

– Assistant Principal

### **Spotlight 3(b): Greater Albany Public Schools**

**Program Contact:** Rachel Smith, Director of Health Services, Greater Albany Public Schools    Email: [rachel.smith@albany.k12.or.us](mailto:rachel.smith@albany.k12.or.us) .

Under the leadership of a Director of Health Services, Greater Albany Public Schools (GAPS) developed a multidisciplinary School Health Services Team to support students who have greater needs. The team includes the Director of Health Services, a Health Services Coordinator, school nursing staff, Family and Community Together social services team and school counselors. The district also partners with contracted therapists (three mental health organizations) and culturally specific community-based organizations to provide additional support to students and families. For example, GAPS, Linn County Public Health and Casa Latinos Unidos partnered to host 1.0 FTE community health worker at GAPS Welcome Center for interpretation, translation and community outreach. GAPS also partners with the Community Health Centers of Benton and Linn Counties to provide Oregon Health Plan community partners (health coverage assistance), and they leverage several other partnerships to meet basic needs including clothing, food assistance, and housing.

Central to this model is the coordination and oversight by the Director of Health Services and Health Services Coordinator. The Director of Health Services and Health Services Coordinator sit at the district cabinet level and on the Administrative Leadership Team, enabling health services participation in district level decision making and support for more robust health services in District planning.

The Director of Health Services and Health Services Coordinator also plays an active role in district budgeting and interface with the school board. The Director of Health Services is a licensed nurse and provides nurse staff supervision, which is an important tool for school nurse retention and employee well-being. Both positions maintain a broad coordination role across programs, including working toward the goals of:

- Increased partnerships with health systems and culturally specific community-based organizations to meet a wider range of needs.
- Improved care coordination, including referral and coordination of 504/IEP processes for students with a health-related needs, including coordination between counselors and nurses.
- Promotion of multi-tiered systems of support (MTSS) in all district schools.
- Support and implementation of data collection, professional development tools, and evaluation tools/metrics.

The program began when the district applied for a School Nurse Pilot Program grant through Oregon Health Authority in 2019. The district had one of the worst nurse-to-student ratios in the state and was looking to create more health capacity for the district. The creation of the team and coordination roles came out of conversations with community partners including the local public health authority, Regional Health Equity Coalition, Oregon School Nurse Association, Oregon School-Based Health Alliance and others in how to address in-school needs with such low school nurse ratios. The community engagement was broad and centered needs around equity in service delivery.

As the COVID-19 pandemic emerged in 2020, school nurses began to establish stronger relationships and communication channels with GAPS leadership. This created the basis for longer-term inclusion of school health professionals in district decision making. The district then created a Health Services Coordinator to liaise between GAPS leadership and community partners, which evolved into the current Director and Coordinator positions. Moreover, the District moved social services, school nursing and school counselors from Special Education Services Department to a more coordinated school health team, acknowledging that these services are interrelated and serve all students. The team now supports 50 positions across the district including school counselors and nurses. In July 2021, the Director position was established.

### **Funding Model**

Currently the model is funded through several funding streams. The 1.0 FTE Director's position is funded by district general funds and the 1.0 FTE School Health Coordinator is funded by SIA dollars. The school health services team is funded by several grant and revenue streams including McKinney-Vento program, Medicaid Administrative Claiming, and Medicaid billing for school health services, School Nurse Pilot Program (\$60,000 per year) and partnership collaboration. SIA funds also fund school counselors at the elementary school level.

### **School Team Quote**

*"It [the model] is really improving the educational experience of students – but it is also improving the community health for families...Our community partners are also grateful for the centralized point of connection in our district."*

- Director of Health Services

➤ **Strategy 4: Career pathways for healthcare, mental, and behavioral health careers through exposure and mentoring**

To provide the care young people need, sectors must work together to build the workforce necessary to care for those who need help. This strategy area is focused on increasing capacity for career training and mentoring to ensure that more young people representing diverse perspectives have exposure to careers in mental and behavioral health and healthcare disciplines post high school and college. To coordinate effectively, schools and districts can dedicate funding for personnel to coordinate career technical education (CTE) and partnerships with post-secondary education to support middle school and high school students to enter behavioral health careers or other careers in the health sciences.

Districts can create positions to support partnership capacity with state and regional partners working on preparing the next generation of culturally responsive providers. Districts and post-secondary institutions can create career pipeline and pathway programs, as part of a long-term regional investment in communities and economic development. Through this strategy area, schools and districts can:

- Develop specialized, engaging CTE curriculum through partnerships with higher education institutions to cultivate strong curricula, internships and mentorship relationships between college students gaining degrees in the behavioral health field, and middle school and/or high school students.
- Develop “grow your own” programs in which districts create pathways for unlicensed or uncertified district employees and school community members to get education, on-site training and certification/licensure in a health profession. These programs can require a commitment to work in or for the school district throughout the training program and/or after completion certification/licensure. These types of development strategies can also provide career pathways and incentives for a more culturally and linguistically responsive and diverse workforce.

**Spotlight 4(a): Benton County Health Services, Monroe School District and Corvallis School District**

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Benton County Health Services are the medical sponsor for the [School-Based Health Centers \(SBHCs\)](#) at Lincoln Elementary School (Corvallis School District) and Monroe Grade School (Monroe School District). Oregon SBHCs are medical clinics that offer a full range of physical, behavioral and preventive health services in schools or on school grounds. SBHCs provide easy access to health care. SBHCs reduce barriers

such as cost, transportation and concerns about confidentiality that keep parents and students from seeking the health services students need.

In 2022, Benton County Health Services launched a “grow-your-own” initiative to support their SBHC sites through COVID-19 recovery. This included adding additional certified Medical Assistants to both SBHCs with the goal of assisting students and families with patient navigation, COVID-19 response activities (vaccination clinics, coordination) and administrative capacity support for the overall clinic. Instead of recruiting for certified Medical Assistants – a profession experiencing shortages like many other health care professions – the county used workforce capacity funds to hire Medical Assistant candidates/trainees from the community, train them on site and through credentialed certification programs and place them in the centers.

This strategy is incredibly important for smaller, rural schools and clinics, who often have difficulty recruiting licensed and credentialed providers due to workforce shortages and other opportunities at larger health systems. Furthermore, Benton County SBHCs serve a large Spanish speaking population at both sites – and recruiting for bilingual/bicultural Medical Assistants had been difficult in the past. The trainee program gave opportunities for career development for people within the community – while also adding to capacity of school health staff.

While there were some challenges navigating job descriptions for the trainees, county minimum qualifications, and qualifications of the candidates, Benton County was able to recruit and hire two bilingual Medical Assistant trainees from the community, including a recent graduate of the Monroe School District. Both candidates are well on their way to achieving certification. The bilingual trainees have streamlined clinic operations – supporting providers and assisting Spanish-speaking youth and families onsite as opposed to going through Language Line or outside interpretation. The trainees have also been active in health and career promotion in the schools – promoting career pathways for students and the community.

### **Funding Model**

Oregon SBHCs can be certified by meeting state [certification standards](#) and in return, are eligible to receive base capacity funding for operations of \$60,000 per year. In addition, Oregon Health Authority provided a workforce capacity grant for COVID-19 recovery (\$115,000 over 18 months), allowing Benton County to establish the Medical Assistant candidate program. This program is paying for the salary and education expenses for 2.0 FTE MA candidates. Benton County will sustain the program through county dollars and Medicaid billing through the SBHC’s Federally Qualified Health Center status.

### **School team quote**

*“Building this program to support career growth has been a big team and moral builder for us. Everyone is working together to support staff career development and it serves as an inspiration for other staff to achieve career goals.”*

- Clinic Manager

### **Spotlight 4(b): Building Interest, Awareness and Preparation for Biomedical Careers: *On Track OHSU!***

**Program Contact:** César Tapia-Chávez, On Track Director

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Oregon Health & Science University (OHSU) started the [On Track OHSU!](#) program in 2013 to increase the number of students from communities experiencing inequities who enter the health sciences, STEM fields and the biomedical workforce of the state. To ensure sustainable, community-supported programming, On Track OHSU! co-creates partnerships with school districts, educators, Tribes, and community leaders. The program brings engaging, culturally relevant hands-on experiences developed to increase interest in, awareness of and preparation for health and science careers, delivered by OHSU faculty and student volunteers. Presenters represent all OHSU schools and programs and include psychiatrists and psychologists speaking on behavioral health-focused topics such as neurobiology and how the brain works. Support is provided to demystify the many pathways into biomedical careers. OHSU hosts many other [pathway programs](#) as well, focused on such topics as cancer research, public health and other biomedical careers.

With the support of community-based team members at each partner site, On Track OHSU! builds strong relationships with students in a community-centered manner. Medical and STEM graduate students from OHSU and other Oregon universities volunteer to serve as role models for students beginning in grade 6, staying with the same students through high school and beyond. The program hires a culturally specific liaison from each community in which On Track OHSU! operates. The liaison is a community member who is knowledgeable about the community, coordinates the OHSU student visits and events, and provides culturally specific continuity and support throughout the program.

On Track OHSU! partners with four communities in Jefferson, Klamath, Marion and Multnomah counties. Participating schools share some common characteristics: racially and ethnically diverse student populations, specialized

curriculum and instruction, and partnerships providing wraparound services and support.

On Track's middle school program works with every student in grades 6–8 in the four partner communities, engaging over 3,000 middle school students at seven partner schools (Vernon, Harriet Tubman, Ockley Green, Faubion, Valor, French Prairie, Warm Springs K-8 Academy and Chiloquin Elementary) per year. Lessons are facilitated through middle school health or science classes twice a year.

On Track's high school program varies across the four partner communities to best support students in each community.

- In Jefferson County, On Track works with Madras High School, Roots Alternative High School, and Bridges High School, with a focus on Confederated Tribes of Warm Springs students. High school students opt in to participate in On Track. The Warm Springs Tribal Education Committee directs and advises OHSU on all aspects of the program and On Track receives recruitment support from the high school Tribal liaison, key school staff members and a group of community advisors.
- In Klamath County, On Track currently works with Chiloquin High School. Given the small size of the school, the program uses a whole-school model. Working with all students in grades 9–12 allows the program to connect with and inspire students who otherwise never had the opportunity to learn about these fields, careers, and opportunities. Klamath Tribal Health and Family Services has partnered with On Track to offer a behavioral health curriculum reinforcing for students that their lived experience is an asset and using an approach centered on traditional healing practices as an entry point into behavioral health careers.
- In Multnomah County, On Track works with Portland Public Schools Jefferson High School which has a health sciences and biotechnology career pathway program with strong partnerships. On Track, along with other health care and biotechnology organizations, provides career-specific exposure and works with all students who elect to participate in the Biotech program. Students are recruited to join On Track during their freshman year, with additional recruitment efforts and opportunities to join throughout high school. Community organizations such as Self Enhancement, Inc. and Coalition of Black Men offer students culturally specific social supports and mentorship. Students may earn up to a year

of dual college credit through Portland Community College, while earning their high school diploma.

- In Marion County, On Track works with Woodburn High School which has a Health Occupations career pathway program. Students are recruited to join On Track during their freshman year with additional recruitment efforts and opportunities to join throughout high school. The Woodburn School District previously hosted Small Schools, and selected the Wellness Business and Sports School, which provided instruction in medical terminology, health occupations and human anatomy, as the location for On Track. The district has now transitioned to offer one comprehensive high school, where student access to On Track is greater.

On Track OHSU! is currently exploring the possibility of expanding to serve another Portland-area high school and feeder middle school. In addition, On Track OHSU! partners with external evaluators to understand program impact and the long-term relationship with students, which they expect to be a critical component to success.

### **Funding Model**

OHSU allocates part of its operating budget to support the activities of On Track OHSU! Dr. Susan Shugerman (OHSU physician leading OnTrack) and her team have also been extremely successful in gaining philanthropic support over the years. It is truly a model public-private partnership. The participating districts are not expected to provide any funding support. However, all schools provide in-kind staff to support the program. The program can be resource- and time-intensive and requires a long-term commitment. Due to this, OHSU has been very careful in selecting partners when additional funding has allowed them to expand. As a result, it can take time to identify and establish new partnership sites.

### ➤ **Strategy 5: Community-Based Organization (CBO) partnerships to address chronic absenteeism**

Attendance is linked to critical markers of success in school. Being absent prevents students from learning fundamental skills and knowledge. Missing 10% or more of school days equates with missing critical building blocks for basic skills that accumulate and grow into larger and larger deficiencies. Beyond education, these consequences also have implications for individuals' long-term health and wellbeing.



School and community partnerships can provide the key services that wrap around and support students, families and schools to prevent chronic absenteeism. These partnerships can also provide ways to examine and address the broader socio-cultural needs of communities and families. Through direct investments, districts can:

- Bolster and integrate community-based organizational support and resources to meet the needs of diverse students and families related to transportation, clothing, food, housing or other assistance.
- Enlist support from culturally and linguistically relevant CBOs to engage families around the importance of strong attendance, especially in early grades. As partners, school and CBO team members can work with parents, caregivers, and students to create and implement individualized attendance plans.
- Develop real-time attendance data sharing protocols with CBO partners providing wraparound supports and positive child and family interventions.
- Co-locate culturally relevant community-based advocates or mentors within the school to serve as trusted adults to students through structured relationship-based approaches to encourage strong attendance.

A new ODE funding opportunity for this type of CBO partnership is anticipated to be available by application for community organizations in the 2023-2025 biennium.

➤ **Strategy 6: Inclusion and capacity-building for student voice and decision making around health and learning.**

The voices and input of young people are essential to ensuring culturally competent, effective and comprehensive school mental and physical health services and health education supports. Youth engagement ensures the system is responsive to youth's needs, is accessible by all focal group students and meaningfully improves youth health. Youth play a critical role in strengthening programs and improving youth outcomes. Students should be involved and encouraged to lead discussions related to health, education systems and policy changes that affect them.

When students are encouraged to deal with specific issues through peer-led group engagement, they are empowered to use their lived experience and expertise for the betterment of others. They learn powerful communication skills, bolster self-worth, instill hope, teach self-reflection and break down stigma. For more information on how to design and support students and adult in working to address challenges using student voice, please visit [Oregon Student Voice: How To Guides](#).

Through direct investments, districts can:

- Develop position(s) to grow, diversify and sustain student engagement practices and protocols for informing and making decisions about how to center health and well-being in schools.
- Fund and integrate specific student engagement activities including:
  1. Student roundtable discussions
  2. Student listening sessions
  3. Student participation in working groups
  4. Development and participation in state and community youth policy leadership trainings
  5. Youth advisory and leadership councils
  6. Involving students in interpreting student survey data

➤ **Strategy #7: Data sharing partnerships and MOUs with healthcare providers or local public health**

The collection, sharing, and dissemination of data is essential to the meaningful partnership between community education and health sectors. The utilization of shared data can build a stronger commitment to shared education and health outcomes. Dedicated school personnel can support the development and implementation of a data sharing agreement or MOU with local primary care providers to support school teams to better coordinate care for youth with complex healthcare needs such as asthma, diabetes, traumatic brain injury and other conditions impacting learning. For example, school nurses could be provided secure electronic access to select portions of their patient’s medical records that could support them to better care for the child while at school.

Dedicated support to develop partnerships with local public health, Coordinated Care Organizations and diverse community policy leaders can support policy and systems change actions related to school and community population health.

Through direct investments, districts can:

- Dedicate school personnel time to develop protocols with local hospital emergency room departments for standardized creation of a release of information (ROI) in alignment with HIPAA and FERPA relevant to manage student crisis response related to incidents of community violence, suicide attempts, drug, alcohol overdose, etc.

- Dedicate school personnel time to develop protocols with community health systems and primary care providers for standardized creation of a release of information (ROI) in alignment with HIPAA and FERPA relevant to strengthen coordination of students with complex health conditions.
- Establish local data-sharing agreements that support partnerships between schools and public health to better identify student and family health needs and target resources and supports accordingly.
- Create electronic student medical record/documentation system for student data collection, outcomes tracking and care coordination across district health services staff.

#### 4. Conclusion

As district and school leaders digest community engagement and staff feedback, review disaggregated data and meet the other planning requirements outlined in [Aligning for Student Success: Integrated Guidance for Six ODE Initiatives](#), there is an important window of opportunity to review and make strategic investments in student health, mental and behavioral health and overall well-being. This resource is a pragmatic offering with the goal of putting forward the best of what we know statewide in terms of the inputs, examples, and funding models.

The next four years in the lives of Oregonians and Oregon's students matter. Ideally this resource meets the moment by not just describing conceptually what needs to be done but help show a path forward for how districts can ensure investments in their budget designs in direct relationship to community input, data and needs assessment processes.

## 5. Definitions

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### **Addictive Behavior**

Any activity, substance, object, or behaviors that becomes the major focus of a person’s life to the exclusion of other activities, or that has begun to harm the individual or others physically, mentally, or socially.

### **Behavior**

The way in which someone conducts oneself or behaves. Classroom behavior is a phrase used to describe the ways in which students conduct themselves in the classroom. Classroom behavior is influenced by teacher readiness, school climate and culture, classroom structure or environment, the individual ages and developmental stages of students in the classroom as well as their social, emotional, and regulatory capacity. It is also affected by sociocultural factors including access to food, stable housing, health care, physical and emotional safety, and family and community stress.

### **Behavioral Health**

The promotion of mental health, resilience, and wellbeing; the treatment of mental health challenges and unhealthy behaviors (e.g., substance misuse, gambling problems); and the support of those who experience and/or are in recovery from these conditions, along with their families and communities. A state of mental/emotional/social being and/or choices and actions that effect wellness within the broader social context.

### **Mental Health**

A strengths-based state of well-being that honors each person’s identity, culture, ways of being and knowing, and inherent resilience. In this state every individual can actualize his, her or their potential, can cope with the normal stresses of life, and can fruitfully contribute to their community. Mental health is protective against the development of mental illness and unhealthy behaviors (such as gambling problems and substance misuse). It is not a synonym for mental illness.

The words “behavior” and behavioral health” are likely to mean different things to classroom educators than to health professionals. The SIA offers allowable uses to address both. We’ve taken the time to sharpen and share definitions in hopes that districts, communities, and health partners might also be able to actively discuss what is needed to address challenges related to addiction and to the conditions which need to be addressed to have healthy and well- functioning classroom learning environment

## **Substance Use**

Refers to the use of drugs or alcohol and includes substances such as cigarettes, illegal drugs, prescription drugs, inhalants, and solvents.

## **Substance Misuse**

Is the harmful, excessive, or inappropriate use of substances like alcohol or drugs. The term “substance misuse” often refers to illegal drugs, however, legalized substances can also be misused.

## **Trauma-informed Approach**

Trauma-informed approaches in education refer to school and community-wide honoring of the inherent strengths and ways of being, knowing, and lived experiences of students, families, and school staff. This includes instituting policies and practices that create safe school environments and providing professional learning opportunities that address the signs and symptoms of traumatic stress, recognize and affirm resiliency and wellness among students, their families and staff, and prevent re-traumatization. This approach acknowledges the key role that families and community groups play in promoting health and addressing the impacts of adverse experiences.

*You can get this document in other languages, large print, braille or a format you prefer. Contact Ashley Thirstrup at 503-720-2557 or [ashley.thirstrup@dhsosha.state.or.us](mailto:ashley.thirstrup@dhsosha.state.or.us). We accept all relay calls or you can dial 711.*