

## Whole Child Task Force

### Agenda

Thursday, December 2, 2021

2-3 p.m.

<https://transcripts.gotomeeting.com/#/s/46c3a944fb294f13baaffaf8d782574feeac9b959eb52300ee9a6ad7dc561593>

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#### Whole Child Task Force members present:

- Karyn Aguirre, *Chicago Public Schools*
- Chris Bridges, *Chicago Lawyers' Committee for Civil Rights (joined at 2:17 p.m.)*
- Maryam Brotine, *Illinois Association of School Boards*
- Dr. Colleen Cicchetti, *Ann & Robert H. Lurie Children's Hospital of Chicago*
- Sandy De Leon, *City Colleges of Chicago*
- Jaime Guzman, *Illinois State Board of Education (joined at 2:37 p.m.)*
- Dr. Colandra Hamilton, *Midlothian School District 143 (joined at 2:09 p.m.)*
- Dr. Lori James-Gross, *Unity Point School District 140*
- Victoria Mikos, *Schaumburg Consolidated School District 54*
- Krish Mohip, *Illinois State Board of Education*
- Lauren Pett, *Chicago Public Schools*
- Courtney Pharms-Marks, *Bloomington School District 87*
- Dr. Kennedi Strickland-Dixon, *Oak Park River Forest High School*
- Ann Whalen, *Advance Illinois*

#### Whole Child Task Force members absent:

- Bessie Alcantara, *Alternatives Inc.*
- Kristine Argue-Mason, *Partnership for Resilience*
- Sheila Ashby, *Kaskaskia Special Education 801*
- Avery Bourne, *State Representative, 95<sup>th</sup> District*
- Dr. Terri Bresnahan, *Elk Grove School District 59*
- Dr. Maria Del Carmen Robles Sinkule, *Illinois Association of School Social Workers*
- Dale Fowler, *State Senator, 59<sup>th</sup> District*
- Maria Gandara, *Chicago Public Schools*
- America Gutierrez, *Student Advisory Council*
- Dr. Shaniqua Jones, *Thornton Chicago Public Township High School District 205*
- Dr. Jody Lack, *Southern Illinois University School of Medicine*
- Kimberly Lightford, *State Senator, 4<sup>th</sup> District*
- Rita Mayfield, *State Representative, 60<sup>th</sup> District*
- Dr. Tiffany Nelson, *Illinois Association of School Social Workers*
- Barbara Outten, *East St. Louis School District 189*
- Alisa Seo-Lee, *Chicago Public Schools*
- Jocelyn Vega, *Illinois Collaboration on Youth*

#### ISBE staff present:

- Krish Mohip, *Deputy Operational Education Officer*
- Cara Wiley, *Director for Wellness Department*
- Athanasia Albans, *Assistant to Deputy Operational Education Officer*

I. Welcome/Roll Call

Mr. Mohip brought the meeting to order at 2:04 p.m. He stated that the recent shooting at a high school in Oxford, Mich., is the 28<sup>th</sup> school shooting this year. He added that he has been to students' funerals in the past but has never experienced a school shooting. He said that he cannot imagine the trauma that those schools are going through right now and the trauma that's going to be carried throughout those peoples' lives.

Mr. Mohip asked that all attendees of the Whole Child Task Force and public members take a moment to silently reflect.

Roll call was taken, and a quorum was not present.

II. Approval of Minutes

- a. October 28, 2021
- b. November 10, 2021

There was no vote to approve the meeting minutes since there was not a quorum.

III. Subcommittee Update

- a. Training and Resources

Mrs. Brotine stated that Subgroup 1 has 10 draft recommendations. The members plan to meet again to finalize the recommendations so that they can be submitted by December 17.

Ms. Brotine stated that the recommendations are centered in four different areas. The first is training for perspective school and community service providers. This allows professional preparation programs for anyone who touches the life of a K-12 student to get training on trauma, trauma-responsive learning environments and communities, and restorative practices. This includes educators, law enforcement, psychologists, social workers, counselors, medical providers, etc.

Ms. Brotine stated that the second bucket focuses on training for currently licensed educators and school staff to revamp the training system because it is overloaded. This recommendation ensures that this is the same type of training as bucket one (trauma

and trauma-responsive learning environments, and restorative practices) where it is embedded so that everyone in the school system receives it. She added that the training is not the same thing repeated periodically, but that it's scaffolded and builds upon itself to make sure that it's continuing education.

Ms. Brotine stated that the third bucket is the same type of recommendation, but for community-based service providers. Anyone who's not in the schools, but who may interact with the students, is trained.

Ms. Brotine stated that the fourth bucket focuses on state agency resources. After the subcommittee members discussed various ideas, their recommendation suggests something similar to trauma-informed Oregon.org, which it is a one-stop shop for the entire State of Oregon. Depending on the sector, anyone can go onto the website and get the information they need. The idea behind that is that it would involve all the appropriate state agencies -- the Illinois State Board of Education (ISBE), the Department of Children and Family Services (DCFS), Illinois Department of Human Services (IDHS), and any other agency that needs to be there. The subgroup plans to incorporate a recommendation based on the Adverse Childhood Experiences (ACES) Response Collaborative Action Plan, which would include having a multi-year, multi-sector campaign to ensure that the public is educated. She added that right now, there are a lot of initiatives based on trauma-responsive care, yet no one is coordinating all of them at the state level. The purpose of this is to ensure we operate from the same playbook.

Mr. Mohip asked that as you talk and gather this information and the agencies together, is the subgroup making a recommendation on who will coordinate that?

Ms. Brotine responded with no. She said that it goes back to the state agencies -- ISBE, DCFS, IDHS. She stated that she was unsure how it's done at the state government level but will reach out to the trauma-informed Oregon site and see how it was done there. She added that it certainly wouldn't fall on the shoulders of ISBE. The work and conversations within the task force have shown that it can't be one sector. It has to be

everyone working together. She added that based on the reports that are coming out, there is a willingness and a need that people can't ignore anymore with the pandemic.

Mr. Mohip agreed. He stated that he didn't ask the questions because he doesn't think that ISBE should not be doing that work, but that ISBE should not be doing that work just from the educational side. It's from schools, parents, lawmakers, and from everyone working together, including the state agencies.

Mr. Mohip ask Dr. Cicchetti if she is familiar with something like this from other states.

Dr. Cicchetti stated that there is interest. She has not looked at Oregon specifically, but is more familiar with what Wisconsin has done. She suggested that a recommendation be made to look at all of the different ways to do this. She added that that the Resilience Education to Advance Community Healing (REACH) pilot is trying to work on a destination site. The ACES Response Collaborative and the Illinois Child Trauma Coalition have looked at other states' sites in the past, but it's time to do it again.

Dr. Cicchetti added that Lurie Children's Hospital has created a collaborative with other states that are trying to inform trauma-responsive schools. The collaborative started connecting with people from Virginia and Tennessee. There is potential to bring people together at different levels to think about which models is best.

b. Process Development

Dr. Strickland-Dixon stated that the subgroup has identified its purpose, had healthy discussions pertaining to goals, and identified key principles to include on a rubric. When the subgroup identified key principles, it looked at the Learning Forward Standards. The members chose the Learning Forward Standards because, according to the ISBE guidance for approved professional development providers, the PD had to relate to those goals. Although they are not exclusively saying in their work that a person must have everything aligned to what ISBE states, the subgroup members want it to be a priority for educators to receive their Continuing Professional Development Unit (CPDU). Additionally, Dr. Strickland-Dixon shared aspects of the rubric that will

include data, learning communities, leadership, student outcomes, alignment to the Whole Child Task Force definitions, and evidence-based research.

Dr. Strickland-Dixon stated that the subgroup felt it was important to align its recommendations and work to REACH. She added that the plan is not just to create a checklist, but rather have a conversation and process around a rubric.

c. Data

Ms. Whalen stated that the subgroup is in the conceptual phase and is thinking through recommendations which are across four different buckets:

1. Data and information to measure student or community exposure to trauma.
2. Data and information to better understand resources invested in this work.
3. Data and information to measure school progress along a trauma-responsive, anti-racist continuum. Here the group specifically names some level of the REACH expansion work because there is some work already underway regarding school designations.
4. Data and information to measure the impact of state investments. The subgroup members want to make sure it doesn't lose sight of the need for continually evaluating and researching in this space.

Ms. Whalen stated that thinking about these buckets, some of the themes coming through are carrying the message of the common vocabulary, common data, and common measures. The subgroup members want to look across the state to better understand how trauma exposure is impacting schools and school communities to ensure that there is data to better support and reflect the needs of children, families, and staff.

Ms. Whalen stated that when thinking about that first bucket, the subgroup members discussed potentially combining existing data measures from ISBE, IDHS, and other sources to say there is a community index to better understand a district's exposure to trauma, to inform the resource and priority allocations, and to better understand the lay of the land. Additionally, within the bucket, the subgroup members discussed what is needed to better understand individual school and students' needs pertaining to trauma.

Ms. Whalen explained that within the second bucket the subgroup members discussed transparency and where districts and school communities are investing their dollars to better support trauma-responsive communities that can be added to the school Report Card. For example, information such as students-to-social worker ratios, student-to-parent liaison ratios, student-to-school resource officer ratios can be added to the school report card. She asked that even though we are flush with federal resources from the stimulus dollars to support this work, those will quickly go away, so how do we embed some of these resources within our processes? The subgroup members discussed ideas regarding the Evidence-Based Funding formula and whether that truly reflects the resources needed to provide a trauma-responsive community for the students and what potentially would need to be updated or resurrect.

Ms. Whalen explained that the third bucket, the community designation piece, is both an assessment of the practices within the school, as well as staff and student outcome measures. She stated that an example of a staff outcome measure is staff retention, and examples of a student outcomes are chronic absenteeism and student services needed. She highlighted that knowing that all communities are in different places, serve different populations, and resource differently is a progress measure. She and the subgroup members are cognizant of that, particularly when it comes to school designations.

Ms. Whalen state that the subgroup has not gotten to that fourth bucket yet.

Mr. Mohip asked that even though the subgroup has not gotten to the stage of developing recommendations yet, are the members thinking there be some type of data dashboard that's publicly facing to share the data points? If so, within the recommendation who is going to manage and collect information for it?

Ms. Whalen stated that there are potentially three different ways to show this data:

1. Within the first bucket, combine ISBE data and IDHS data to have an inter-agency effort. ISBE is already collecting data, such as students who experienced homelessness, students who are from low-income households, students with connection to the foster care system, students of long-term unemployed

guardians, and/or students of caregivers who are incarcerated. That data exists within the state. It's a question of whether we can combine the data in a way that follows Health Insurance Portability and Accountability Act and Family Educational Rights and Privacy Act laws to make that community index available.

2. The other one is regarding resources. ISBE has platforms with the school Report Card and the spending plans that are already available. She raised the question of whether the spending plans could be more transparent so that people could see how those dollars are being proposed to be spent.
3. Progress is being made in the third bucket. The REACH expansion group is also thinking about school designations. It's a question of who the right entity to be reviewing and granting those designations.

Mr. Mohip asked whether a start could be to include those designations in the state Report Cards and make them public. He added the idea of putting the pressure on districts to make sure that there are progressing in some way by letting parents know just how responsive their school is when it comes to trauma.

Dr. Cicchetti stated that it is great to keep the conversations going and get as many voices and options as possible to think it through. She made mention to the question of how to motivate educators so that this doesn't feel evaluative and it's viewed as important and valuable work. She elaborated on how to incentivize people on doing this work.

Mr. Mohip agreed with Dr. Cicchetti and asked where there is a correlation between the recommended training resources and how it helps moves the data forward? He stated that, for example, if a district does X training, that will help in Y area.

Dr. Cicchetti stated that for anything that we're requesting money be spent, we certainly want to make sure we include some data around the impact of that. For example, if we recommend expansion of professional development both pre-service and in-service, are we seeing an impact on teachers staying in the profession? She added that just as Ms. Whalen said earlier, when the money is tight, people very quickly say,

do you have evidence that this is an impact, is it ultimately saving districts money, and is it ultimately having better outcomes on students? It needs to be weaved together in terms of how to collect the data in a way that feels meaningful yet measures effort.

Ms. Whalen shared that was the reason why the subgroup members placed evaluation as its separate bucket. The subgroup members wanted to ensure that there were not too many purposes with one tool or one data set. They serve different purposes, different needs, different audiences, and the subgroup members wanted to be mindful of all of them. She elaborated by stating that is why they included that information around evaluation because they want to be able to understand what the academic return on investment is and the impact of how these dollars are being invested. She stated that she was unsure if that is possible through a simple Report Card metric.

Dr. Cicchetti agreed that it is evaluating and measuring impact, but it should be written with a goal in mind. She then elaborated on this idea of research, stakeholder accountability, and stakeholder motivation.

Ms. Brotine stated that there is no subcommittee addressing the need to support the people doing the work before it can be rolled out to others. Right now, everyone is under stress and is experiencing burnout. Before telling educators that they need to start learning about trauma-informed care, we need to address the need to support the school personnel and anyone else doing this kind of work. This does not fall into any subcommittee assignments, so it's important not to lose sight of that and include it in the final report as an overarching recommendation.

Dr. Cicchetti asked that if it's recommended through Report Card language, will there be less buy-in? Right now, part of what is exciting about the trauma-responsive work is a groundswell from people on the frontline saying, I need help to do what I'm trying to do better. If we start with the question of how do we help people do what they want to be doing better, that frame is going to be a lot better than you need to do more to support students. We want to do both. Get the buy-in and have people understand that it's not just about self-care, but rather about collective care and policies that support more balance in people's lives to do the work. She added that moving from just self-care to



collective care should be included in professional development because of the ongoing learning and support, but it might also need to fit into the designation. There needs to be evidence, guidelines, and milestones of what's being done to support people.

Ms. Mikos asked that it is not just the PD components, but when do educators have time to do this during the school day when every single minute is accounted for? How will social-emotional responsiveness be taken into consideration and ensure the need of academics are being met as well? She stated that she hears from colleagues that more is added to their plate, yet nothing is taken off. She emphasized that the work is important but wanted to make note of the concern.

Mr. Mohip highlighted the important of highlighting diversity and equity. He suggested that as subgroups lay out the data points, to take a cross-section look at not just by race and gender but also across the state. There are serious disparities of opportunities and programming when looking at rural areas.

d. Timeline

Ms. Mikos stated that the subgroup members looked deeper at the recommendations. They developed attainable steps that districts can opt into and complete at their own pace. Part of that process is having districts demonstrate that they are at that level of proficiency before advancing to the next step. She added that a beginning discussion point was to consider multiple data sources when determining a starting point and to develop an action using more than just the trauma-responsive school implementation assessment. She mentioned using multiple points of information, such as staff wellness, observational data points, checklists, self-reports, percentage of parents showing up to parent teacher conferences, the Quality Framework, and the 5Esessionals Survey. She said that the subgroup members would look at what would be considered a good response rate for surveys so that the data makes sense to use moving forward.

Ms. Mikos stated that the subgroup members would recommend creating an application process. She was unsure who would create it, manage it, and/or review the action plans. She explained the various levels of proficiency (emerging, established, exemplar).

Ms. Mikos asked for feedback on whether there is a need for a foundational level -- meaning, before it gets to the staff, all the stakeholders who are involved would look at the data and create a plan for rollout. She asked whether there should be a pre-level before districts enter the emerging level or should those two be joined and be considered emerging?

Ms. Mikos stated, similar to the teacher evaluation process, would task force members be interested in implementing a similar process for schools or districts? In other words, once a school or district reaches exemplar, it doesn't have to reapply to maintain that status for the next few years.

Ms. Mikos stated that the subgroup is in the process of developing category criteria based on the implementation assessments for the number of green, yellow, and red a district may have.

e. Restorative Practices/Justice

Ms. Aguirre stated that the subgroup members agreed that there should be a universal, common definition of restorative practice, making it a requirement, how it is interwoven into the fabric of every aspect of school climate and culture, and that it is a way of life that promotes the purpose of what is being accomplished by the Whole Child Task Force. She added that supporting data will be provided to demonstrate that districts that have been using restorative practices have reduced the amount of suspensions and it has made for a better school culture and climate.

Ms. Aguirre stated that she recently attended a professional development training session on trauma-informed sexual education training and shared that there is a shift in the trauma-informed language. It is moving toward healing-centered engagement from trauma-informed care.

Dr. Cicchetti stated that much of the work that was done around the definitions was done early on with Whole Child Task Force members to include healing-centered as an aspirational highest goal beyond just being trauma-informed or trauma-responsive. She

suggested that the subgroup members identified restorative elements that make it healing-centered. She added that the research by Dr. Shawn Ginwright shows a growing interest that being healing-centered is both being more culturally aware that healing looks and feels differently because it's building on children's and families' strengths. She also added that that active participation is a critical piece by having children be part of the solution. Having them learn that if they have feelings about violence that is happening in their school, how can they be engaged into action to make things better? This is part of healing as well. She suggested looking at the restorative language to include in this document and make really clear as to how that is aligned with the move toward healing-centered.

Dr. Cicchetti asked Ms. Aguirre and the subgroup members to look at the definitions and ensure that they reflect their recommendations. Otherwise, they can make suggestions to the Whole Child Task Force on anything that needs to be added.

Mr. Mohip confirmed that the first draft of the recommendations are due by December 17.

#### IV. Future Meeting

##### a. January 4, 2021

Mr. Mohip stated that the next meeting is January 4, when the task force will be discussing draft recommendations. If a subgroup need help or feels it is falling behind, it should reach out to him or any other colleague.

##### b. January 14, 2021

#### V. Public Comment

There was no public comment.

#### VI. New Business

There was no new business.

#### VII. Adjourn

Mr. Mohip ended the meeting at 2:57 p.m.

Dates, times, and locations are subject to change at the direction of the chairman. Please check [www.isbe.net/wholechild](http://www.isbe.net/wholechild) for official meeting postings.