Whole Child Task Force

Agenda

Thursday, August 12, 2021 1:00-3:00 pm

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Whole Child Task Force members present:

- Karyn Aguirre, Chicago Public Schools
- Kristine Argue-Mason, Partnership for Resilience (arrived at 1:15 pm)
- Sheila Ashby, Kaskaskia Special Education 801
- Dr. Terri Bresnahan, Elk Grove School District 59 (left at 1:54 pm)
- Chris Bridges, Chicago Lawyers' Committee for Civil Rights
- 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
- Dale Fowler, State Senator, 59th District (left at 1:56)
- Maria Gandara, Chicago Public Schools
- America Gutierrez, Student Advisory Council (arrived at 1:16 pm)
- Jaime Guzman, Illinois State Board of Education
- Dr. Colandra Hamilton, Midlothian School District 143
- Dr. Lori James-Gross, Unity Point School District 140
- Dr. Jody Lack, Southern Illinois University School of Medicine
- Rita Mayfield, State Representative, 60th District
- Victoria Mikos, Schaumburg Consolidated School District 54
- Krish Mohip, Illinois State Board of Education
- Dr. Tiffany Nelson, Illinois Association of School Social Workers (arrived at 1:31 pm)
- Barbara Outten, East St. Louis School District 189
- Lauren Pett, Chicago Public Schools
- Alisa Seo-Lee, Chicago Public Schools
- Dr. Kennedi Strickland-Dixon, Oak Park River Forest High School
- Jocelyn Vega, Illinois Collaboration on Youth
- Ann Whalen, Advance Illinois

Whole Child Task Force members absent:

- Bessie Alcantara, Alternatives, Inc.
- Avery Bourne, State Representative, 95th District
- Dr. Maria Del Carmen Robles Sinkule, Illinois Association of School Social Workers
- Dr. Shaniqua Jones, Thornton Chicago Public Schools Township High School District 205
- Kimberly Lightford, State Senator, 4th District
- Courtney Pharms-Marks, Bloomington School District 87

ISBE Staff present:

- Krish Mohip, Deputy Operational Education Officer
- Jeff Aronowski, Executive Director for Safe and Healthy Climate
- Jen Saba, Executive Director for Regional Services
- Cara Wiley, Director for Wellness Department
- Dawn Frison-Cook, Assistant to Executive Director for Regional Services
- Athanasia Albans, Assistant to Deputy Operational Education Officer

Chair: Krish Mohip

Vice Chair: Victoria Mikos

I. Welcome/Roll Call

Mr. Mohip brought the meeting to order at 1:05 p.m. Roll call was taken, and a quorum was present.

II. Approval of Minutes

- a. June 30, 2021
- b. July 29, 2021

Ms. Dr. James-Gross made the motion to approve the June 30, 2021 and the July 29, 2021 meetings minutes. Mr. Fowler seconded the motion. No members expressed any objections or proposed any amendments.

III. Common Definitions

Mr. Mohip stated that at the last meeting we did not have quorum, yet the members discussed each common definition. Today, the hope was that members discussed each common definition in length and voted upon each.

a. "Trauma"

Dr. Ciccheetti explained that the small working groups met and further developed their common definition. She provided a brief overview of the changes and discussions from the last meeting. She read the broad definition of Trauma. She stated that the language in red was added when the small group last met. Representatives from Illinois Response Collaborative and the Trauma-Responsive Community small working group provided specific language for this definition.

Ms. Gandara commended on the group's well written definition. She stated that the examples provided make it clear for everyone to understand.

Ms. Outten agreed with Ms. Gandara. The definition was clear and easy to understand.

Ms. Vega asked about the historical context. She further elaborated by stating that all the additions in red are things that can be understood as present day, not just highlighting the

historical legacy of all these things that are present and have been made present due to history. She added that this may be similar to systemic oppression, but stating somewhere about historical legacy or historical impacts to remind people this isn't just present day.

Ms. Whalen suggestion adding the word historical after the word systemic, so it reads, systemic and historical oppression.

Ms. Vega stated that would be work well.

Ms. De Leon suggestion changing the word systematic to systemic.

The final definition to Trauma read as follows: "Trauma is defined according to the three E's: event, experience, and effects. Individual trauma results from an <u>event</u>, series of events, or set of circumstances that <u>is experienced</u> by an individual as physically or emotionally harmful or life threatening and that has lasting adverse <u>effects</u> on the individual's functioning and mental, physical, social, or emotional well-being (SAMHSA, 2014). Collective trauma is a psychological reaction to a traumatic event shared by any group of people. This may include but is not limited to community violence, experiencing racism and discrimination, and the lack of the essential supports for well-being, such as educational or economic opportunities, food, health care, housing, and community cohesion. Trauma can be experienced by anyone, though it is disproportionately experienced by members of marginalized groups. <u>Systemic and historical oppression</u>, such as racism, is often at the root of this inequity. Of note, symptoms may vary at different developmental stages and across different cultural groups and different communities.

Ms. Gandara made the motion to accept the broad definition to Trauma. Ms. Mikos second the motion.

Karyn Aguirre AYE
Kristine Argue-Mason AYE
Sheila Ashby AYE
Dr. Terri Bresnahan AYE
Chris Bridges AYE
Maryam Brotine AYE
Dr. Colleen Cicchetti AYE
Sandy De Leon AYE
Dale Fowler AYE
Maria Gandara AYE
American Gutierrez AYE

Dr. Lori James-Gross AYE
Dr. Jody Lack AYE
Rita Mayfield AYE
Victoria Mikos AYE
Krish Mohip AYE
Barbara Outten AYE
Lauren Pett AYE
Alisa Seo-Lee AYE
Dr. Kennedi Strickland-Dixon AYE
Jocelyn Vega AYE
Ann Whalen AYE

The motion passed.

b. "Trauma Responsive Community"

Ms. Whalen stated that the trauma-responsive community working small working group presented some big ideas of what to base the definition on. Much of the work was based on the SAMSA work and the six elements of what this looks like. She added that the definition leans into the idea of cross systems and systems working together, as well as, some of the multigenerational aspects of what it means to be a trauma-responsible community.

Ms. Whalen read the definition of trauma-responsive community aloud. She stated the difference between the blue and red is what was added from one meeting to the next. Trauma Responsive Communities recognize the trauma within their communities and leverage individual, family and collective strengths along with local resources and strengths, including schools, health and social service providers, and faith and civic organizations, to address remove barriers and provide a safe, supportive, empowered, trustworthy and collaborative environments that value the history, culture and diversity of all individuals within the community. This approach identifies multi-generational impacts and contributions, dismantles inequities embedded into community systems and policies, leverages peer relationships and involves cross-agency and cross-sector collaboration in efforts to educate and build resilience with prevention, treatment, supports and social justice.

Ms. Seo-Lee asked whether the decision was made to stick with trauma-responsive as opposed to healing center as the common term.

Ms. Whalen responded that when we get to the definition of schools and district, you will see that the small group built a definition along with a continuum that speaks to healing centered schools and districts. When it comes to trauma-responsive communities by the language in the statute, we had to create a definition of trauma-responsive communities. Eventually, over time, we may get to a continuum of what it looks like in a community.

Mr. Mohip stated that the definition seems comprehensive of everything discussed and it ties into schools and districts well.

Ms. De Leon stated that the definition is strength based instead of deficit based.

Ms. Mikos made a motion to accept the definition of trauma-responsive communities. Ms. Gandara seconded the motion.

Karyn Aguirre AYE
Kristine Argue-Mason AYE
Sheila Ashby AYE
Dr. Terri Bresnahan AYE
Chris Bridges AYE
Maryam Brotine AYE
Sandy De Leon AYE
Dale Fowler AYE
Maria Gandara AYE
American Gutierrez AYE

Dale Fowler AYE
Maria Gandara AYE
American Gutierrez AYE
Dr. Lori James-Gross AYE

Dr. Jody Lack AYE Rita Mayfield AYE Victoria Mikos AYE Krish Mohip AYE Tiffany Nelson AYE Barbara Outten AYE Lauren Pett AYE Alisa Seo-Lee AYE

Dr. Kennedi Strickland-Dixon AYE

Jocelyn Vega AYE Ann Whalen AYE

The motion passed.

Mr. Mohip stated that in the statute, they have asked that the task force members define three things: the school, the community, the district. Throughout these conversations there was one definition missing. The committee felt strongly about including a definition of Whole Child.

c. "Whole Child"

Ms. Pett provided background on how the small working group developed the definition of Whole Child. She stated that the group began with the official WISC Framework definition. Many school districts, community partner, and organizations are already using it and familiar with it. The small group presented at the last full task force meeting and received feedback. With that feedback, they landed at the follow definition: The Whole Child Approach means using a child-centered, holistic, equitable lens across all systems that prioritize physical, mental, and social emotional health to ensure that every child is healthy, safe, supported, challenged, engaged and protected.

She added the language that comes directly from WISC is healthy, safe, supported, challenged, and engaged. The group tweaked the language to specify child centered instead of student centered with the understanding that this work will not only occur in educational settings. The group added the holistic and equitable language and across all systems because this is not just for schools. The group added the word protected. They felt it was important to differentiate between the two, but also include both.

Mr. Mohip thanked Ms. Pett for bringing the small group together and facilitating the work.

Ms. Mikos made a motion to adopt the definition of Whole Child. Ms. Whalen seconded the motion.

Karyn Aguirre AYE
Kristine Argue-Mason AYE
Sheila Ashby AYE
Dr. Terri Bresnahan AYE
Chris Bridges AYE
Maryam Brotine AYE
Sandy De Leon AYE
Dale Fowler AYE
Maria Gandara AYE
American Gutierrez AYE
Dr. Lori James-Gross AYE

Dr. Jody Lack AYE
Rita Mayfield AYE
Victoria Mikos AYE
Krish Mohip AYE
Tiffany Nelson AYE
Barb Outten AYE
Lauren Pett AYE
Alisa Seo-Lee AYE
Dr. Kennedi Strickland-Dixon AYE
Jocelyn Vega AYE

Ann Whalen AYE

The motion passed.

d. "Trauma-Responsive School/District"

Mr. Mohip stated that as the small group members were working together, they realized that the definitions for schools and districts were very similar, almost to the point where they are the same. While the statute calls for three specific definitions, the group felt that they were meeting that through this process even though the group decided to combine both what schools and districts definitions. Also, when one operationalizes what happens in a school and a district, one cannot separate the two.

Ms. Whalen provided an update to the work of the small group. She stated the small group decided to build their definition from the Missouri definition that she introduced to members at the last task force meeting. During that conversation, she received additional thoughts and expertise to help the small group. The small group discussed through the continuum of what this

would look like and be like for a school and district to go from trauma, to trauma-responsive, to healing centered.

Ms. Whalen stated that the first part of the definition introduces these concepts and hopefully the group appreciates that this isn't just for a traditional educational setting, but rather that this will be on a continuum. Further, the definition is separated into three parts of trauma with the first part introducing these concepts then explaining the three parts of our definition are trauma (trauma, trauma aware, healing centered).

Dr. Dixon read the three definitions aloud.

Ms. Whalen stated that the small group was looking at that continuum being clear, understandable at the second tier, and being responsive in changing policies and practices within a school and district community. Ms. When added that having a kind of system in place to that healing centered approach, is very much being proactive in reaching out to the collective community and moving from those transacted to transformational action. That is how the small group tried to build that continuum.

Ms. Whalen thanked Dr. Gross who worked to ensure these definitions not be standalone definitions, but rather connect back to other frameworks that exist within Illinois educational settings.

Task force members made suggestions and provided feedback to the definitions.

Ms. De Leon offered to consults with early childhood experts and advocates to offer feedback on the definitions.

Ms. Whalen asked for the purposed to move forward. She asked, does the group feel comfortable saying that our definitions are on solid ground knowing that we need to consult with early childhood experts and higher education specialists?

Ms. Mohip responded that he was comfortable and believed that this will probably come up in some of the subgroup work.

Other members stated that they were comfortable moving forward.

Ms. Seo-Lee asked for clarification on a word in the healing centered section.

Ms. Pett provided an explanation.

Ms. Outten made a motion to adopt the definition trauma-responsive school and districts. Ms. Whalen seconded the motion.

Karyn Aguirre AYE
Kristine Argue-Mason AYE
Sheila Ashby AYE
Chris Bridges AYE
Maryam Brotine AYE

Sandy De Leon AYE
Dale Fowler AYE
Maria Gandara AYE
American Gutierrez AYE
Dr. Lori James-Gross AYE

Dr. Jody Lack AYE Rita Mayfield AYE Victoria Mikos AYE Krish Mohip AYE Barb Outten AYE Tiffany Nelson AYE Lauren Pett AYE Alisa Seo-Lee AYE Jocelyn Vega AYE Ann Whalen AYE

The motion passed.

IV. Discussion of Subcommittees

Mr. Mohip provided an explanation of each of the five subgroups and asked members to consider being a lead or co-lead. After listening to the explanation of each subgroup, he stated that each member email Sia their top three choices and they will be placed accordingly.

Mr. Mohip provided an explanation of each subgroup.

Ms. Argue-Mason brought up restorative practices and restorative justice. Mr. Mohip and other group members added to the discussion.

Mr. Mohip suggested choosing leads and co-leads and further discussing each subgroup with the lead to ensure transparency and understanding.

The below members volunteered to lead and co-lead a subgroup:

subgroup 1 - Maryam Brotine/Maria Gandara

subgroup 2 – Kristine Argue Mason/Kennedi Dixon

subgroup 3 – Lori Gross/Ann Whalen

subgroup 4 – Vicki Mikos/Krish Mohip

subgroup 5 - Karyn Aguirre/Shaniqua Jones

Ms. Gutierrez asked how many people would be in each group.

Mr. Mohip answered that there would be around 5-6 people in each subgroup.

Mr. Bridges asked if there were conversations within small groups about the possibility of teachers/personnel passing trauma on to students while teaching and how that was accounted for when looking at the trauma aware language. He further added that some of the language sounded as if it's outwardly facing or external, not like trauma is something that is a student/child problem; therefore, it's something we must be aware of verse recognizing the ways in which trauma can show up in classroom instruction, in conduct, or in writing policies. He added, the way the language was written is ambiguous and can be read it both ways. One can read it intuitively, this means that if we're trying to be trauma aware, we're also thinking about the ways in which trauma impacts personnel, but that may need to be explicitly stated or added to be cognizant of ways in which teachers are passing on trauma.

Dr. Cicchetti stated that trauma impacts everyone in the system and the adults can all bring trauma to that system because they work in it. The way the definition was written is supposed to include that. Any effort that is put into the system will have to address understanding that the adults are part of the system and needs support as well.

Mr. Bridges stated there was a lack of self-awareness, particularly around biases that people carry with them well before the present-day pandemic. And so, while it might be intuitive, or assumed that people understand it more often than not, they don't. As we are creating the system in this definition, how are we actually trying to make it explicit so that we're constantly reminded of the potential grey areas? The lack of self-awareness into how we as individuals are showing up in the day-to-day practices that we are espousing to, youth, and to the community.

Dr. Cicchetti stated that the treatment or any training she has been a part and that most people who have done trauma training in the state, have definitely addressed self-care for educators and self-awareness. She further elaborated.

Ms. Argue-Mason suggested to revisit the definition at a later date. She added that there is a necessity to be more explicit with what kind of support the adults that are in the space with students need. We are now just getting to the point where self-care for adult is talked about more readily. The systems recognize that this an integral part in a very necessary part of being trauma aware or trauma responsive in a school or a district is actually lacking.

Ms. Whalen stated that in the definition of trauma responsive schools and districts, there was that definite acknowledgement of self-care and teacher/personnel well-being. She added, as part of that definition, I raise a different part of the question which is, is there awareness of adults who implemented trauma or trauma responsive practice on children or students?

Ms. Whalen stated that perhaps the small groups needs to go through more work to determine what else gets elevated and purposefully revisit some of these definitions to make sure they are being responsive as we work through the resources, determine staff fluctuations, the ideas of personnel, what the communities need to be cognizant of, and make sure that our definitions are reflective of what we feel this should look like and feel like on the ground.

Mr. Mohip agreed with that ideas. He added that these definitions may change as subgroups go through this process and go into the reporting stage, for we want to ensure that the definitions match what we've learn as we go through subgroup work.

Mr. Bridges stated there is this idea between self-care and creating trauma for people. As a black man, he has experienced trauma from teachers his entire life, so it was not until much later in life where he was able to think about that process, engage in conversations around that, and figure out what that meant for him. As a bias trainer, there are plenty of people who might be forced to take professional development, but don't necessarily know how to work that into their daily lives and turn that into something concrete and manageable because it requires constant attention, constant reminders, and constant engagement.

Dr. Cicchetti stated that what you're talking about is really the issue of implicit bias and how that plays out in the actual behavior and discipline practices and potentially disproportionality in discipline. She continued to provide details.

Ms. Brotine stated that implicit bias and culturally competency is a required training for educators, but that doesn't necessarily mean they are taking those points to heart. Perhaps this may be something for more consideration by the committee that's going to deal with training and professional development. There are so many layers of training and professional

development required for teachers that they are just "checking off the boxes" because there is no time for their own self-care and for them to reflect on it.

Mr. Mohip stated that according to the statute, anti-racism and implicit bias are areas that must be discussed and explored in those subcommittees.

Dr. Dixon suggested that Mr. Bridges frame some wording in order to add to the existing definitions.

Ms. Whalen and Mr. Mohip suggested to put this conversation on hold for subcommittees to do their work and revisit later. Members agreed.

V. Public Comment

There was no public comment.

VI. New Business

The meeting scheduled for August 26, 2021 is cancelled.

VII. Adjourn

Ms. Mikos made a motion to adjourn the meeting. Ms. Gandara seconded the motion. The meeting was adjourned at 2:42 pm.

Dates, times and locations are subject to change at the direction of the Chair. Please check www.isbe.net/wholechild for official meeting postings.