




## **MEMORANDUM**

**TO:** The Honorable JB Pritzker, Governor  
The Honorable Jim Durkin, House Minority Leader  
The Honorable Don Harmon, Senate President  
The Honorable Dan McConchie, Senate Minority Leader  
The Honorable Emanuel “Chris” Welch, Speaker of the House  
Darren Reisberg, Chair of the Board, Illinois State Board of Education  
Representative Sonya M. Harper, 6<sup>th</sup> District, Joint Chair, Illinois Legislative Black Caucus

**FROM:** Dr. Carmen I. Ayala   
State Superintendent of Education

**DATE:** March 15, 2022

**SUBJECT:** Whole Child Task Force Report

The Whole Child Task Force Report provides recommendations in establishing an equitable, inclusive, safe, and supportive environment in all schools for every student in Illinois pursuant to PA 101-0654.

This report is transmitted on behalf of the State Superintendent of Education. For additional copies of this report or for more specific information, please contact Amanda Elliott, Executive Director, Legislative Affairs at (217) 782-6510 or [aelliott@isbe.net](mailto:aelliott@isbe.net).

**cc:** Secretary of the Senate  
Clerk of the House  
Legislative Research Unit  
State Government Report Center  
State Senator Robert Peters, 13<sup>th</sup> District, Senate Chair, Illinois Legislative Black Caucus  
Representative Kambium Buckner, 26<sup>th</sup> District, House Chair, Illinois Legislative Black Caucus

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# Whole Child Task Force Report

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Pursuant to PA 101-0654



# **Whole Child Task Force**

**March 2022**

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To whom this may concern,

We are excited to share this Whole Child Task Force Report with you, thanks to the hard work, dedication, collaboration, and expertise of all the task force members. They worked diligently to research and develop recommendations that represent our collective work of what should be done in the near and short term to ensure that all schools, districts, and communities serve the whole child by becoming trauma responsive. The members on this task force consisted of experts from the field who are passionate about the support provided to all students who attend educational institutions within the State of Illinois. They held true to the mission of this task force during the entire process and engaged in challenging and meaningful dialogue in order to create this report.

We applaud these members for the great work that has been accomplished, especially since they had to deal the abnormal circumstances prompted by the COVID-19 pandemic in addition to their normal responsibilities. On both a professional and personal level, we are grateful for the time we spent on this task force and have been impacted in a positive manner through this work. We appreciate the great talents of those who helped maintain the values and mission.

Best regards,

Krish Mohip  
Chair, Whole Child Task Force

Victoria Mikos  
Vice Chair, Whole Child Task Force

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**Illinois State Board of Education  
Whole Child Task Force**

**I. Legislation**

The Whole-Child Task Force was created by Public Act 101-0654. The full language of the legislation is as follows:

Section 25-5. The School Code is amended by adding Section 22-29 as follows:

(105 ILCS 5/22-90 new)

Sec. 22-90. Whole Child Task Force.

(a) The General Assembly makes all of the following findings:

(1) The COVID-19 pandemic has exposed systemic inequities in American society. Students, educators, and families throughout this State have been deeply affected by the pandemic, and the impact of the pandemic will be felt for years to come. The negative consequences of the pandemic have impacted students and communities differently along the lines of race, income, language, and special needs. However, students in this State faced significant unmet physical health, mental health, and social and emotional needs even prior to the pandemic.

(2) The path to recovery requires a commitment from adults in this State to address our students cultural, physical, emotional, and mental health needs and to provide them with stronger and increased systemic support and interventions:

(3) It is well documented that trauma and toxic stress diminish a child's ability to thrive. Forms of childhood trauma and toxic stress include adverse childhood experiences, systemic racism, poverty, food and housing insecurity, and gender-based violence. The COVID-19

pandemic has exacerbated these issues and brought them into focus.

(4) It is estimated that, overall, approximately 40% of children in this State have experienced at least one adverse childhood experience and approximately 10% have experienced 3 or more adverse childhood experiences.

However, the number of adverse childhood experiences is higher for Black and Hispanic children who are growing up in poverty. The COVID-19 pandemic has amplified the number of students who have experienced childhood trauma. Also, the COVID-19 pandemic has highlighted preexisting

inequities in school disciplinary practices that

disproportionately impact Black and Brown students.

Research shows, for example, that girls of color are disproportionately impacted by trauma, adversity, and

abuse, and instead of receiving the care and

trauma-informed support they may need, many Black girls in

particular face disproportionately harsh disciplinary measures.

(5) The cumulative effects of trauma and toxic stress adversely impact the physical health of students, as well as their ability to learn, form relationships, and

self-regulate. If left unaddressed, these effects increase

a student's risk for depression, alcoholism, anxiety,

asthma, smoking, and suicide, all of which are risks that

disproportionately affect Black youth and may lead to a

host of medical diseases as an adult. Access to infant and

early childhood mental health services is critical to

ensure the social and emotional well-being of this State's youngest children, particularly those children who have experienced trauma.

(6) Although this State enacted measures through Public Act 100-105 to address the high rate of early care and preschool expulsions of infants, toddlers, and preschoolers and the disproportionately higher rate of expulsion for Black and Hispanic children, a recent study found a wide variation in the awareness, understanding, and compliance with the law by providers of early childhood care. Further work is needed to implement the law, which includes providing training to early childhood care providers to increase their understanding of the law, increasing the availability and access to infant and early childhood mental health services, and building aligned data collection systems to better understand expulsion rates and to allow for accurate reporting as required by the law.

(7) Many educators and schools in this State have embraced and implemented evidenced-based restorative justice and trauma-responsive and culturally relevant practices and interventions. However, the use of these interventions on students is often isolated or is implemented occasionally and only if the school has the appropriate leadership, resources, and partners available to engage seriously in this work. It would be malpractice to deny our students access to these practices and interventions, especially in the aftermath of a



once-in-a-century pandemic.

(b) The Whole Child Task Force is created for the purpose of establishing an equitable, inclusive, safe, and supportive environment in all schools for every student in this State. The task force shall have all of the following goals, which means key steps have to be taken to ensure that every child in every school in this State has access to teachers, social workers, school leaders, support personnel, and others who have been trained in evidenced-based interventions and restorative practices:

(1) To create a common definition of a trauma-responsive school, a trauma-responsive district, and a trauma-responsive community.

(2) To outline the training and resources required to create and sustain a system of support for trauma-responsive schools, districts, and communities and to identify this State's role in that work, including recommendations concerning options for redirecting resources from school resource officers to classroom-based support.

(3) To identify or develop a process to conduct an analysis of the organizations that provide training in restorative practices, implicit bias, anti-racism, and trauma-responsive systems, mental health services, and social and emotional services to schools.

(4) To provide recommendations concerning the key data to be collected and reported to ensure that this State has a full and accurate understanding of the progress toward

ensuring that all schools, including programs and providers of care to pre-kindergarten children, employ restorative, anti-racist, and trauma-responsive strategies and practices. The data collected must include information relating to the availability of trauma responsive support structures in schools as well as disciplinary practices employed on students in person or through other means, including during remote or blended learning. It should also include information on the use of, and funding for, school resource officers and other similar police personnel in school programs.

(5) To recommend an implementation timeline, including the key roles, responsibilities, and resources to advance this State toward a system in which every school, district, and community is progressing toward becoming trauma-responsive.

(6) To seek input and feedback from stakeholders, including parents, students, and educators, who reflect the diversity of this State.

(c) Members of the Whole Child Task Force shall be appointed by the State Superintendent of Education. Members of this task force must represent the diversity of this State and possess the expertise needed to perform the work required to meet the goals of the task force set forth under subsection

(a). Members of the task force shall include all of the following:

(1) One member of a statewide professional teachers' organization.

(2) One member of another statewide professional

teachers' organization.

(3) One member who represents a school district serving a community with a population of 500,000 or more.

(4) One member of a statewide organization representing social workers.

(5) One member of an organization that has specific expertise in trauma-responsive school practices and experience in supporting schools in developing trauma-responsive and restorative practices.

(6) One member of another organization that has specific expertise in trauma-responsive school practices and experience in supporting schools in developing trauma-responsive and restorative practices.

(7) One member of a statewide organization that represents school administrators.

(8) One member of a statewide policy organization that works to build a healthy public education system that prepares all students for a successful college, career, and civic life.

(9) One member of a statewide organization that brings teachers together to identify and address issues critical to student success.

(10) One member of the General Assembly recommended by the President of the Senate.

(11) One member of the General Assembly recommended by the Speaker of the House of Representatives.

(12) One member of the General Assembly recommended by the Minority Leader of the Senate.

(13) One member of the General Assembly recommended by the Minority Leader of the House of Representatives.

(14) One member of a civil rights organization that works actively on issues regarding student support.

(15) One administrator from a school district that has actively worked to develop a system of student support that uses a trauma-informed lens.

(16) One educator from a school district that has actively worked to develop a system of student support that uses a trauma-informed lens.

(17) One member of a youth-led organization.

(18) One member of an organization that has demonstrated expertise in restorative practices.

(19) One member of a coalition of mental health and school practitioners who assist schools in developing and implementing trauma-informed and restorative strategies and systems.

(20) One member of an organization whose mission is to promote the safety, health, and economic success of children, youth, and families in this State.

(21) One member who works or has worked as a restorative justice coach or disciplinarian.

(22) One member who works or has worked as a social worker.

(23) One member of the State Board of Education.

(24) One member who represents a statewide principals' organization.

(25) One member who represents a statewide organization of school boards.

(26) One member who has expertise in pre-kindergarten education.

(27) One member who represents a school social worker association.

(28) One member who represents an organization that represents school districts in both the south suburbs and collar counties.

(29) One member who is a licensed clinical psychologist who (A) has a doctor of philosophy in the field of clinical psychology and has an appointment at an independent free-standing children's hospital located in Chicago, (B) serves as associate professor at a medical school located in Chicago, and (C) serves as the clinical director of a coalition of voluntary collaboration of organizations that are committed to applying a trauma lens to their efforts on behalf of families and children in the State.

(30) One member who represents a west suburban school district.

(d) The Whole Child Task Force shall meet at the call of the State Superintendent of Education or his or her designee, who shall serve as the chairperson. The State Board of Education shall provide administrative and other support to the task force. Members of the task force shall serve without compensation.

(e) The Whole Child Task Force shall submit a report of its findings and recommendations to the General Assembly, the Illinois Legislative Black Caucus, the State Board of Education, and the Governor on or before February 1, 2022. Upon submitting its report, the task force is dissolved.

(f) This Section is repealed on February 1, 2023.

## II. Summary of Task Force

### A. Whole Child Members (as of March 2022)

<b>Representative</b>	<b>Organization</b>
Karyn Aguirre	Chicago Public Schools <i>Restorative Justice and Restorative Practices Committee Co-lead</i>
Bessie Alcantara	Alternatives Inc.
Kristine Argue-Mason	Partnership for Resilience <i>Timeline Committee Lead</i>
Sheila Ashby	Kaskaskia Special Education 801
Representative Avery Bourne	State Representative, 95 <sup>th</sup> District
Dr. Terri Bresnahan	Berkeley School District 87
Chris Bridges	Chicago Lawyers' Committee for Civil Rights
Maryam Brotine	Illinois Association of School Boards <i>Training Resources Committee Lead</i>
Dr. Colleen Cicchetti	Ann & Robert H. Lurie Children's Hospital of Chicago
Dr. Maria Del Carmen Robles Sinkule	Illinois Association of School Social Workers
Sandy De Leon	City Colleges of Chicago
Senator Dale Fowler, State Senator	59 <sup>th</sup> District
Maria Gandara	Chicago Public Schools
America Gutierrez	Student Advisory Council
Jaime Guzman	Illinois State Board of Education
Dr. Colandra Hamilton	Midlothian School District 143
Dr. Lori James-Gross	Unity Point School District 140 <i>Data Committee Co-lead</i>
Dr. Shaniqua Jones	Thornton Township High School District 205 <i>Restorative Justice and Restorative Practices Committee Lead</i>
Dr. Jody Lack	Southern Illinois University School of Medicine
Senator Kimberly Lightford	State Senator, 4 <sup>th</sup> District
Hina Mahmood	Illinois Department of Human Services

Representative Rita Mayfield	State Representative, 60 <sup>th</sup> District
Victoria Mikos	Illinois Education Association <i>Task Force Vice Chair</i> <i>Timeline Committee Lead</i>
Krish Mohip	Illinois State Board of Education <i>Task Force Chair</i> <i>Timeline Committee Co-lead</i>
Dr. Tiffany Nelson	Illinois Association of School Social Workers
Barbara Outten	East St. Louis School District 189
Lauren Pett	Chicago Public Schools
Courtney Pharms-Marks	Bloomington School District 87
Alisa Seo-Lee	Chicago Public Schools
Amy Starin	Illinois Children’s Healthcare Foundation
Dr. Kennedy Strickland-Dixon	Oak Park River Forest High School <i>Process Development Committee Co-lead</i>
Margarita Vasquez	West Chicago School District 33
Jocelyn Vega	Illinois Collaboration on Youth
Darlene Waier	Regional Office of Education #20
Ann Whalen	Advance Illinois <i>Data Committee Lead</i>

**III. Background Information**

Nationally, over two thirds of children and adolescents report having experienced a significant trauma by age 16 (Copeland et al., 2007), with exposure to trauma being even more prevalent among racially marginalized youth and those living in poverty, for whom exposure to discrimination, educational inequities, and other social determinants of health significantly increase adversity. Research has long established that exposure to childhood trauma exerts a negative impact on academic outcomes (Borofsky et al., 2013; Delaney-Black et al., 2002; Porche et al., 2016), social-emotional functioning (e.g., Copeland et al., 2007), and increases the risk for developing mental health problems (Mendelson et al., 2015).

Within Illinois, pre-pandemic data indicated that 40% of Illinois youth were exposed to at least one Adverse Childhood Experience (ACE; Sacks & Murphey, 2018). In 2016,

approximately 18% of Illinois youth were living in poverty, and Illinois has consistently had higher rates of murder and robbery than national averages (Heartland Alliance, 2017). Furthermore, ACEs, violent victimization, and poverty were disproportionately experienced by youth of color in Illinois (Erikson Foundation, 2019). Mental health problems were also common, with 32% of Illinois high school students experiencing significant symptoms of depression and 17% seriously considering suicide (Center for Prevention Research & Development, 2018).

The COVID-19 pandemic has increased exposure to stress and trauma and contributed to skyrocketing rates of mental health problems among children and adults, creating what some have labeled “the second pandemic.” Stressors associated with COVID-19, including increased exposure to illness and death, as well as the economic and social sequelae have negatively impacted the mental health of Illinois students and school staff. School closures and the transition to remote learning may have particularly significant effects on student well-being due to reduced opportunities for academic engagement, loss of needed structure and routines, and limited access to nutritional and health resources often accessed at school (Golberstein et al, 2020; Stark et al., 2020). Of particular concern is the disproportionate impact of COVID-19 on racially marginalized youth and youth living in poverty. Higher rates of COVID-19 illness and death among these communities are attributable to the effects of systemic racism and ensuing structural inequities such as under-resourcing of communities of color and lack of access to healthcare (Moreno et al., 2020). The racial uprisings that swept the nation in response to police brutality have also laid bare the enduring effect of racism in our country and on our youth.

In October 2021, the American Academy of Pediatrics (AAP.org), American Academy of Child and Adolescent Psychiatry (AACAP.org), and Children’s Hospital Association (childrenshospitals.org) declared a national emergency in child and adolescent mental health. A recent meta-analysis of 29 international studies indicated that youth rates of anxiety and depression have doubled from prior to pandemic (Racine et al, 2021). Even more concerning, data from the Centers for Disease Control and Prevention (CDC.gov) showed disturbing increases in emergency department visits for suspected suicide attempts in 2021 as compared to 2019, with significant increases for adolescent girls in particular.

Despite the pervasive impact of youth trauma and alarming rates of mental health problems, there are limited services available, and families face significant barriers to getting the help they need. Prior to the pandemic, fewer than 50% of youth in need of mental health services in the US were able to access them (Whitney & Peterson, 2019). Nearly 40% of the population in Illinois resides in a designated Mental Health Professional Shortage Area (Behavioral Health and Economics Network, 2019) and Illinois’ overall state rank for youth mental health has declined to 36<sup>th</sup> in the Nation (Mental Health America, 2021).

For youth exposed to trauma or struggling with mental health problems, schools can offer the safe and supportive environment necessary to promote healing and to align educational and health supports in service of the whole child. Schools have long been a



major access point for students' basic needs including food, health care, and mental health services, and over 70% of children who receive mental health services access these services in their school (Center for Health and Behavioral Health in Schools, 2012). There is growing evidence that school-based interventions for trauma are effective (Jaycox et al., 2010; Stein et al., 2003). However, interventions only for children identified as being impacted by trauma are not enough. Especially in the COVID-19 era, there is growing recognition of the need for universal, whole school approaches, as the need for targeted mental health supports exceeds school capacity to provide services. Building resilience in the face of trauma requires a multi-layered, comprehensive approach beyond the provision of time-limited mental health services (Santiago et al., 2018). Whole school approaches, sometimes known as trauma-informed or trauma-sensitive schools, are supported by national models calling for child-serving systems to address the widespread effects of trauma (Cole et al., 2013; NCTSN, 2017; SAMHSA, 2014).

We have strong evidence that schools need support to learn about and implement trauma-responsive programs, policies, and practices. Baseline data from 30 schools participating in the Trauma Responsive Schools-Designation pilot (TRS-D) in Illinois conducted by the Center for Childhood Resilience at the Ann & Robert H. Lurie Children's Hospital of Chicago ([childhoodresilience.org](http://childhoodresilience.org)) indicated that 50% of participating staff reported having little to no previous training on supporting youth experiencing traumatic stress, and nearly half (45%) reported little to no training on the impact of childhood trauma on development and learning. 42% of the sample reported that they felt a little or not at all prepared to support youth with traumatic stress. These findings underscore the need for trauma responsive practices consultation. Nearly all (98%) participants reported that they agree or strongly agree that adopting a trauma-sensitive approach would add significant value to existing practices and approaches at their school and 99% of the respondents agreed or strongly agreed that adopting a trauma-sensitive approach would help them meet the needs of students and staff in their school community. These findings are particularly relevant because the 30 schools that participated represented rural, suburban and urban schools in our state. However, while these approaches have the potential to transform child-serving systems to better meet the needs of children exposed to trauma, the models are new and evidence for the resources and supports needed for implementation, adoption, and sustainability is still emerging.

Schools, health care providers and a range of social service agencies in Illinois are increasingly aware of the powerful impact that various forms of trauma and adverse experiences have on individuals, families and communities. This includes exposure to specific and chronic traumatic events including natural disasters, war, and child abuse as well as more chronic and systemic issues of racism, food and housing insecurity and community violence. Despite this increase in awareness and subsequent training available related to becoming trauma aware, there is very little consensus about what this actually "looks like" for these service providers. Specifically, how does this knowledge

change practice in the form of systems, policies and structures to support individuals who have been impacted and the educators and providers who serve them?

Over the past 5 years, the Center for Childhood Resilience at Ann & Robert H. Lurie Children's Hospital of Chicago (CCR) has partnered with colleagues nationally to utilize a set of tools to understand what this means for schools and worked at the regional and state level in Illinois to build a coordinated system of trainings and supports for educators and communities to monitor their progress in meeting these goals and to measure the impact of this work. Currently, this work is impacting the work of over 6000 educators through a virtual learning platform and engaging schools across every region of the state (add a number?). This work while led by CCR is a collaborative effort across multiple stakeholders including Illinois State Board of Education (ISBE.net), Regional Offices of Education, Schools, and a diverse group of academic and educational partners from across the state. The Whole Child Task Force aims to build on the information gathered by this pilot expansion funded by the federal Elementary and Secondary Schools Emergency Relief (ESSER) and to create the investments and structures necessary for this work to be scaled up and sustained.

The Whole Child Task Force was convened by legislation that aims to address both the immediate mental health crisis and the significant barriers and disparities in accessing mental health services that exist across our state. The recommendations that follow represent the work of a diverse team of appointed task force members and build on a fifteen-year history within the state of Illinois to build awareness of the impact of experiencing trauma as well as to build a work force that understands how these experiences impact child development and manifest in diverse child and social service sectors (can add a list including ICTC, IL ACE Collaborative and citations). The leadership in Illinois to advocate for trauma awareness and trauma-informed policies and practices have resulted in national recognition and grant investments from SAMSHA ([samhsa.gov](http://samhsa.gov)) and the National Child Traumatic Stress Network (NCTSN.org) The work of this task force is designed to build on this strong foundation to support the children and families in this state by investing resources and building infrastructure to increase adoption of evidence-based policies and practices and to disseminate these best practices equitably so that every child and family regardless of zip code, race or region has access to adults to help them to thrive.

Ultimately through the recommendations proposed by the Whole Child Task Force, we aim to improve student mental health, wellness and school engagement. Specifically, it is imperative that we improve students' physical and emotional safety at school. Findings from the 2019 Youth Risk Behavior Survey conducted by the Centers for Disease Control and Prevention show that 9.1% of Illinois students surveyed reported not going to school at least one day during the past month due to feeling unsafe at school or on the way to school. Twenty percent of students reported experiencing bullying on school property, and 8% of students reported being threatened or injured with a weapon on school

property. Second, by implementing a multi-tiered approach that works to prevent, recognize, and treat symptoms of stress and trauma, we aim to increase student access to preventive, targeted, and indicated mental health supports. Providing these services in schools will reduce stigma and increase access to mental health services for all students across the state, including those in areas with fewer mental health resources. Third, these approaches emphasize collaboration, cultural responsiveness, restorative practices, strong relationships, and emotion regulation have the potential to reduce exclusionary discipline practices and keep students engaged in school. Finally, these strategies will promote educator self-care and well-being, to reduce burnout and improve staff retention and job satisfaction, which benefits staff themselves and ultimately students.

The following recommendations are targeted to our state policy makers and leaders. The members of this task force jointly express our thanks for the opportunity to collaborate and create these recommendations. We hope that through this work and engagement of multiple stakeholders from across the state we have provided a set of recommendations that will provide a solid foundation from which we can enact sustainable statewide systems change. The WCTF was convened via ISBE and the majority of the recommendations below focus on strategies that can be enacted within our state's education system. However, as a task force, we believe that the aims and recommendations included in this report can provide a framework and set of practices that can and should be applied to other child and family-serving sectors. This would allow for targeted and coordinated efforts and reduce fragmented and siloed practices. This cross-systems approach has the potential to make Illinois a national leader in advancing equitable, strength-based and culturally attuned mental health services from a public health approach. We welcome the opportunity to continue to participate in these efforts to insure the well-being of every child and citizen of Illinois.

#### **IV. Summary of Subcommittee Work**

##### **A. Training and Resources**

“For student-teacher relationships to be trauma-informed and equity-centered, teachers need to see relationship building as a skill set to learn and practice ... Teachers can't do this alone or through sheer force of will. School structures need to shift, and leaders need to provide time, training, and resources for teachers to develop these skills and competencies.”

– Alex Shevrin Venet, *Equity-Centered Trauma-Informed Education*, p. 85.

##### *Current Status of Work:*

The Training and Resources Subcommittee was formed to address the second goal of the task force, which is “to outline the training and resources required to create and sustain a system of support for trauma-responsive schools, districts, and communities and to identify this State's role in that work, including recommendations concerning options for redirecting resource from school resource officers to classroom-based support” (105 ILCS 5/22-90(b)(2)).

##### Current Status of Trauma Training for Licensed Educators and School Staff

Trauma training for licensed educators and school staff is available via various delivery methods, at various scales, and at various price points for those who seek it out. However, there is no centralized hub of training for Illinois educators, nor best practices for what such training should involve. Examples of trainings available include, but are not limited to:

- A graduate level [Trauma-Informed Educational Practices for Children and Adolescents Certification](#) program at North Central College in Naperville. Educators certified via this program are able to take what they learn and train colleagues within their local educational settings.
- A microcredential in [Trauma-Informed Pedagogy](#) from the National Education Association.
- Trauma-responsive training offered by the [Illinois Education Association \(IEA\)](#).
- Trauma-Sensitive Schools Professional Development, available [online](#) from the Wisconsin Department of Public Instruction.
- Trauma-Informed Care training, available [online](#) from the Missouri Department of Mental Health.
- A 40-minute Trauma-Informed Approaches tutorial, available [online](#) from the Global Compliance Network (a training platform that many schools contract with to provide staff with required training).

The most promising Illinois trauma training development comes from the Center for Childhood Resilience at Lurie Children’s Hospital, detailed below.

#### Center for Childhood Resilience Online Trauma Training

[CCR](#) launched the [Trauma Responsive Schools Designation \(TRS-D\) pilot](#), “a statewide initiative to support educators and schools in furthering their trauma-responsive and culturally attuned practices” in early 2020. This program includes an online training component that provides a minimum of six hours of ISBE Universal Trauma Training to help schools and their community partners become more trauma responsive. The current training course is quite comprehensive and consists of:

Building Trauma Responsive Schools and Communities: Overview Introduction to Trauma: Increasing Understanding, Support and Response (108 minutes)

- Part 1: Overview of Trauma and Resilience (16 minutes)
- Students and Trauma - Cognitive Behavioral Intervention for Trauma in Schools video (10 minutes)
- Part 2: Introduction to Trauma (22 minutes)
- Part 3: Impact of Trauma on Brain Development (22 minutes)
- Part 4: Becoming a Trauma Sensitive School (13 minutes)
- Part 5: COVID-19 and Trauma (25 minutes)
- Trauma 101 Post-Training Survey
- T101 Certificate of Completion form

Classroom Strategies for Trauma-Responsive Schools (158 minutes)

- Self-Care (33 minutes)
- Culture & Equity, part 1 (30 minutes)
- Culture & Equity, part 2 (self-guided, *approx. 30 minutes*)
- Video: Intersectionality with Dr. Kimberle Crenshaw
- Video: Education Week with 10 Black HS students
- Video: Systemic Racism Explained by act.tv (animated)

Video: The Gardener's Tale TED Talk by Dr. Camara Jones

Video: Discussion from *ColorLines*

Creating Safety (21 minutes)

Video: Edutopia – Morning Meetings: Creating a Safe Space for Learning

Safe Environment Plan document

Mapping Triggers and Opportunities handout

Read: Do Police Officers in Schools Really Make Them Safer? National Public Radio,

May 2018

Healthy Relationships and Connectedness (26 minutes)

Emotion Regulation (18 minutes)

Trauma 201 Post-Training Survey

T201 Certificate of Completion form

Cognitive Behavioral Therapy (CBT) in Schools (83 minutes)

Overview: Cognitive Behavioral Therapy in Schools (20 minutes)

CBT for Anxiety in Schools (21 minutes)

CBT for Depression in Schools (16 minutes)

CBT for Aggression in Schools (26 minutes)

CBT in Schools Post-Training Survey

CBT Certificate of Completion Form

Trauma, Racism, & Equity - RESOURCES

Trauma, Racism, & Equity, Part 1 (10 minutes)

Allegory of the Gardener's Tale (18-minute video)

Trauma, Racism, & Equity, Part 2 (19 minutes)

Video on Intersectionality

Trauma, Racism, & Equity, Part 3 (2 minutes)

Awareness Test (1-minute video)

Trauma, Racism, & Equity, Part 3a (2 minutes)

Trauma, Racism, & Equity, Part 4 (14 minutes)

Kids on Race (4-minute video)

Race, Culture & Equity Post-Training survey

TRE Certificate of Completion form

Psychological First Aid - RESOURCES

Psychological First Aid (PFA) (60-minute video)

PFA Post-Training Survey

PFA Certificate of Completion form

Adult Social and Emotional Learning (SEL) - RESOURCES

Adult SEL, Part 1: Introduction (17 minutes)

Adult SEL, Part 2: the Competencies (30 minutes)

Adult SEL, Part 3: Culture of Care (11 minutes)

Adult SEL Post Training Survey

SEL Certificate of Completion

CCR training is not mandated for Illinois schools and community partners. The training is currently offered free of charge to participants which includes provision Professional Development Credit through ISBE.

### Illinois' Current Educator and School Staff Training Model

Educators are required to engage in professional development activities in each licensure renewal cycle. In general, teachers must complete 124 hours of Professional Development Credit per five-year renewal cycle. An educator who is an administrator or has an administrative endorsement must meet additional requirements. Educator licenses must be renewed every five years, but training requirements do not align as they occur every year or every three years. See [Illinois Mandated School Trainings](#).

Another complication is that even though myriad trainings are required or recommended, they have not necessarily provided Professional Development Credit toward licensure. Statute (105 ILCS 5/21B-45(h)) currently requires approved providers of professional development to make professional development opportunities available that satisfy at least one of the following topics:

1. Increase the knowledge and skills of school and district leaders who guide continuous professional development;
2. Improve the learning of students;
3. Organize adults into learning communities whose goals are aligned with those of the school and district;
4. Deepen educator's content knowledge;
5. Provide educators with research-based instructional strategies to assist students in meeting rigorous academic standards;
6. Prepare educators to appropriately use various types of classroom assessments;
7. Use learning strategies appropriate to the intended goals;
8. Provide educators with the knowledge and skills to collaborate;
9. Prepare educators to apply research to decision-making; or
10. Provide educators with training on inclusive practices in the classroom that examines instructional and behavioral strategies that improve academic and social-emotional outcomes for all students, with or without disabilities, in a general education setting.

Training related to physical and mental health needs, school safety, educator ethics, etc. were previously granted credit under a broad interpretation (105 ILCS 5/21B-45(h)(1) and (2)) to increase educators' knowledge and skills specifically to impact student growth, achievement, and well-being. Training related to student physical and mental health needs, student safety, and educator ethics did not provide Professional Development Credits as of January 1, 2020, even though such training was and is still required for educators. Fortunately, with the passage of PA 102-676, a new subsection -- 21B-45(h)(11) -- provides such Professional Development Credits effective July 1, 2022:

11. Beginning on July 1, 2022, provide educators with training on the physical and mental health needs of students, student safety, educator ethics, professional conduct, and other topics that address the well-being of students and improve the academic and social-emotional outcomes of students.

There are currently three Illinois training mandates related to trauma:

1. Abused and Neglected Child Reporting Act. 325 ILCS 5/4(j), amended by Public Acts 101-564 and 102-604.
  - Required for all mandated reporters within three months of employment and every three years thereafter as of January 1, 2020.
  - May be in-person or web-based.
  - Must include the following topics: (a) indicators for recognizing child abuse and child neglect, as defined under this Act; (b) the process for reporting suspected child abuse and child neglect in Illinois as required by this Act and the required documentation; (c) responding to a child in a trauma-informed manner; (d) understanding the response of child protective services and the role of the reporter after a call has been made; and (e) implicit bias.
  - Must be provided through the Illinois Department of Children and Family Services (DCFS), an entity authorized to provide continuing education for professionals licensed through the Illinois Department of Financial and Professional Regulation, ISBE, the Illinois Law Enforcement Training Standards Board, the Illinois State Police, or an organization approved by DCFS to provide mandated reporter training.
  - See DCFS free [online training](#).
2. In-Service Training Programs. 105 ILCS 5/10-22.39(b), amended by PA 102-638 (eff. 1-1-23).
  - Requires that at least once every two years, school districts train licensed school personnel and administrators who work with students in Grades K-12 to identify the warning signs of mental illness, trauma, and suicidal behavior in youth and on appropriate intervention and referral techniques.
  - Schools may use the Illinois Mental Health First Aid training program to provide the training.
  - Training regarding the implementation of trauma-informed practices satisfies the trauma training requirement.
  - Training may provide information that is relevant to and within the scope of the duties of licensed school personnel or school administrators. Such information may include, but is not limited to:
    - The recognition of and care for trauma in students and staff;
    - The relationship between staff wellness and student learning;
    - The effect of trauma on student behavior and learning;
    - The prevalence of trauma among students, including the prevalence of trauma among student populations at higher risk of experiencing trauma;
    - The effects of implicit or explicit bias on recognizing trauma among various student groups in connection with race, ethnicity, gender identity, sexual orientation, socio-economic status, and other relevant factors; and
    - Effective district and school practices that are shown to (A) prevent and mitigate the negative effect of trauma on student behavior and learning, and (B) support the emotional wellness of staff.
3. School Board Member Training. 105 ILCS 5/10-16a, amended by PA 102-638 (eff. 1-1-23).
  - Beginning in the fall of 2023, the professional development leadership training that school board members are required to receive within their first year of their first term must include training on trauma-informed practices for students and staff.

- Trauma-informed practices training must include information that is relevant to and within the scope of the duties of a school board member. Such information may include, but is not limited to:
  - The recognition of and care for trauma in students and staff;
  - The relationship between staff wellness and student learning;
  - The effect of trauma on student behavior and learning;
  - The prevalence of trauma among students, including the prevalence of trauma among student populations at higher risk of experiencing trauma;
  - The effects of implicit or explicit bias on recognizing trauma among various student groups in connection with race, ethnicity, gender identity, sexual orientation, socio-economic status, and other relevant factors; and
  - Effective district and school practices that are shown to (A) prevent and mitigate the negative effect of trauma on student behavior and learning, and (B) support the emotional wellness of staff.

### Problems With Current Mandated Trainings

There are several problems with Illinois' current educator and school staff training model, including that:

- Trainings have been issued piecemeal and not holistically, resulting in a patchwork of confusing, overlapping, and sometime outdated requirements;
- Trainings aren't prioritized by number of students/personnel affected by an issue or how frequently an issue arises;
- Training requirements do not align with educator licensure requirements; and
- Training requirements keep growing while funding, time, and resources for training are not provided.

Consequently, school staff must complete a significant amount of training on their own time. The fact that there may or may not be incentives tied to training requirements factors into how much time and attention an individual dedicates to it. These problems result in difficulty managing compliance, training that is squeezed into less-than-ideal circumstances, and training that is not meaningful to staff.

New training mandates are not recommended at this time. Instead, Illinois' current educator and school staff training model should be revamped to make training more useful and meaningful to educators and school staff. Once reforms are implemented, then further training mandates can be considered and integrated into the new framework.

### Current Status of Trauma Training for Community-Based Service Providers

Community-based service providers who interact with and/or impact the lives of Illinois students occupy myriad roles, from the health care professionals a student may encounter at a routine wellness check-up, to employees of community-based recreational programs, to individuals working within the justice system (should the student or their family be involved in court). It is essential that service professionals working in communities maintain proficiency in dealing with trauma within their professions so that trauma-responsive communities can be created and maintained for all students in Illinois.



As with educators, trauma training for community-based service providers is available via various delivery methods, at various scales, and at various price points for those who seek it out. However, there is no centralized hub of training for Illinois community-based service providers, nor best practices for what such training should involve. There are no education or training requirements for community-based service providers to demonstrate knowledge in adverse childhood experiences, trauma, secondary traumatic stress, creating trauma-responsive communities, and restorative practices.

*Membership List:*

Sheila Ashby, Avery Bourne, Maryam Brotine, Maria Gandara, Madison Hammett, Ayesha Safdar, Maria Sinkule, Alisa Seo Lee, and Mashana Smith were members of the Training and Resources Subcommittee.

*Number of Meetings:*

Six meetings were held from September through December 2021.

## **B. Process Development**

*Current Status of Work:*

The Process Development Subcommittee was formed to address the third goal of the task force, which is “to identify or develop a process to conduct an analysis of the organizations that provide training in restorative practices, implicit bias, anti-racism, and trauma-responsive systems, mental health services, and social and emotional services to schools” (105 ILCS 5/22-90(b)(3)).

School districts are in different stages of their development with their efforts to educate the whole child and become trauma informed, trauma responsive, and healing centered. School districts in Illinois will benefit from being able to select/utilize resources that have been properly vetted/screened/assessed for quality and characteristics deemed appropriate by those deeply immersed and working collaboratively in the State of Illinois to educate the whole child.

Currently, licensed educators who participate in professional development from ISBE approved providers are required to complete and submit evaluations in order to receive Professional Development Credits to maintain licensure. The feedback gathered from the evaluations does not include information regarding the effectiveness or quality of professional development sessions. Effectively educating the whole child and creating trauma-informed, trauma-sensitive, trauma-responsive, and healing-centered spaces is a lengthy multifaceted process and requires that quality resources and professional development be accessible to school personnel.

*Membership List:*

Kristine Argue-Mason, Kennedi Dixon, Dr. Tiffany Nelson, Bessie Alcantara, Lauren Pett, Chris Bridges were members of the Process Development Subcommittee.

*Number of Meetings:*

Four meetings were held from September 2021 through February 2022.

## C. Data

### *Current Status of Work:*

The Data Subcommittee was formed to address the fourth goal of the task force, which is “to provide recommendations concerning the key data to be collected and reported to ensure that this State has a full and accurate understanding of the progress toward ensuring that all schools, including programs and providers of care to pre-kindergarten children, employ restorative, anti-racist, and trauma-responsive strategies and practices. The data collected must include information relating to the availability of trauma responsive support structures in schools as well as disciplinary practices employed on students in person or through other means, including during remote or blended learning. It should also include information on the use of, and funding for, school resource officers and other similar police personnel in school programs” (105 ILCS 5/22-90(b)(4)).

In developing recommendations, the subgroup outlined the following framework to guide our discussion.

**Need:** Data and information to measure student or community exposure to trauma (as defined by this task force).

**Resources:** Data and information to better understand resources invested to support anti-racist, trauma-responsive supports (as defined by this task force) as well as student resource officers or similar roles

**Progress:** Data and information to measure school and district progress along the trauma-responsive (as defined by this task force), anti-racist continuum.

**Evaluation:** Data and information to measure impact of state, and federal and local investments.

First, in reviewing “need,” the subcommittee went through existing statewide data and information that is used to report or quantify what exposure a student or community has to trauma or adverse childhood experiences. As part of the analysis, the subcommittee reviewed such information as the annual [Illinois Report Card](#), Illinois’ Educator Supply and Demand report, [statewide suspension and expulsion data sets](#), 5Essentials Survey data, position codes collected by ISBE, and available Illinois Department of Human Services (IDHS) data regarding eligibility and participation in several means-tested programs. Furthermore, the group discussed other non-state agency information, such as [Erikson Institute’s Risk and Reach Report](#), [child opportunity index](#), local mental health screeners, and practices used by health providers to collect information on adverse childhood experiences and trauma. We found these data and information useful, but none of them provided comparable statewide data to measure or understand the depth and breadth of community childhood trauma exposure (as defined by this task force). The subcommittee recommended that this was essential to better understand current context and progress, and to inform resources and policies.

In the review of need, the subcommittee discussed the difference between screening for exposure to trauma, screening for trauma-related symptoms, and screening for mental health difficulties more broadly. Furthermore, we unpacked current needs regarding data for surveillance (information about prevalence of exposure to various types of traumatic events for students in that school or community) versus screening

(student-specific screening for trauma exposure and trauma symptoms that would identify which students have been exposed to trauma and symptoms related to their trauma exposure). As part of these discussions, the subcommittee also discussed the burden of current data collections; potential advantages and disadvantages to additional data collections; data sharing across schools and districts to better meet the needs of transferring students; data privacy requirements and laws; data transparency to broader stakeholders (e.g., parents/caregivers, community members, health practitioners); challenges with cross-agency collaboration in leveraging program data; and limitations with the current Illinois Longitudinal Data System (ILDS), as well as the potential of current ILDS planning and improvements that are underway (ILDS 2.0).

Second, to better understand the current state of “resources” and how the state and districts are investing in and supporting trauma-responsive and restorative practices, the group reviewed Illinois’ Evidence-Based Funding (EBF) model and federal stimulus ESSER funding, as well as transparency in how the state is reporting districts’ budget planning, spending, and staffing. As part of this review, the subcommittee discussed that EBF currently does not have a cost factor specifically tied to the number of students who have experienced trauma; therefore, the formula does not account for the additional resources required to be responsive to these greater needs. (It was noted that there are cost factors associated with poverty.) This finding was highlighted in a [2021 Professional Review Panel Essential Elements Report](#). The subcommittee discussed the challenges of this, given that EBF is the major source of stable funding for schools and districts. Additionally, the group reviewed the [current EBF Spending Plan template](#) and found the level of detail insufficient to really understand resource investment in trauma-responsive practices. Furthermore, it was highlighted that districts’ completed EBF Spending Plans are not currently available on ISBE’s website nor does the current school expenditure reporting on the Illinois Report Card capture to what extent schools are using their funding for these purposes. Finally, the subcommittee reviewed publicly available information about staffing ratios at schools and districts. Members of the subcommittee appreciate the transparency pertaining to student-to-teacher and teacher-to-administrator ratios, but noted that additional information on other vital staffing ratios (e.g., counselors, social workers, psychologists) was not on the Report Card.

Third, the subcommittee understands that schools and districts are making “progress” along the trauma-responsive continuum (as defined by this task force) but did not find any statewide effort currently in place to capture this information. The subcommittee acknowledged ISBE’s [Quality Framework for Illinois School Districts/Schools](#) and reviewed CCR’s [Trauma Responsive School-Designation pilot](#) as well as work underway with ISBE as part of the [Resilience Education to Advance Community Healing \(REACH\) pilot](#) (and Trauma Responsive Schools Implementation Assessment tool) and REACH expansion plans. Furthermore, subgroup members did mention similar designation work by Chicago Public Schools and other states, including the [Massachusetts Safe and Supportive School Framework](#).

The subcommittee discussed the high value of having common language, metrics, and understanding of school and district progress along the trauma-responsive and healing-centered continuum. Furthermore, there was a strong emphasis placed on the fact that any designation or measure of progress should be public and should not be punitive. The group found agreement on potential approaches and principles the state should consider in developing a school or district designation tool as part of the REACH expansion investment. (See Recommendation No. 20 on pages 42-43.)

Fourth, ensuring there is a strong and ongoing research base and continuous improvement process to inform ongoing investment and implementation must be part of “evaluation.” As part of the subcommittee’s review, CCR shared the current studies underway to evaluate TRS-D projects and the REACH pilot. The subcommittee also reviewed and discussed data elements and analytic capacity needed to support ongoing continuous improvement efforts at the state and local levels. Two distinct needs were outlined: 1) growing and keeping an up-to-date the research base to inform policy and practice to support trauma-responsive and healing-centered schools and districts, and 2) ensuring that there is capacity to support data analysis and use to inform ongoing implementation and process development.

*Membership List:*

Sandy De Leon, Bridget Gavaghan, Lori James-Gross, Rebecca Hinze-Pifer, Courtney Marks, Barbara Outten, Tali Raviv, Jocelyn Vega, and Ann Whalen were members of the Data Subcommittee.

*Number of Meetings:*

Six meetings were held from October through December 2021.

#### **D. Timeline**

*Current Status of Work:*

The Timeline Subcommittee was developed in response to the fifth goal of the task force’s charge, which is “to recommend an implementation timeline, including the key roles, responsibilities, and resource to advance this State toward a system in which every school, district, and community is progressing toward becoming trauma-responsive” (105 ILCS 5/22-90(b)(5)).

The Timeline Subcommittee agreed that this work as a whole was considered to be ongoing and without an end point (i.e., progress not product). In addition, the members of the subcommittee agreed that this process for educational institutions should be “opt in” rather than “mandated” in order to continue to support the people and progress being made across the state with regard to this work. They also agreed that there should be a variety of achievable “steps” across the proposed timeline rather than deadlines that would allow educational institutions to progress through this work at a self-guided pace.

*Membership List:*

Dr. Colleen Cicchetti, America Gutierrez, Victoria A. Mikos, Krish Mohip, Ann Whalen, Jaime Guzman, Dale Fowler were members of the Timeline Subcommittee.

*Number of Meetings:*

Three meetings were held from October through December 2021.

#### **E. Restorative Justice and Restorative Practices**

*Current Status of Work:*

The Restorative Justice and Restorative Practices Subcommittee was formed to address all charges of the Whole Child Task Force. The subcommittee members discussed and focused on:

- a) Senate Bill 100 to PA 99-0456 was passed in the Illinois Senate January of 2015. The bill seeks to address the causes and consequences of the “school-to-prison pipeline” by legislating disciplinary guidelines for both public and charter schools. SB 100 explicitly requires that schools minimize exclusionary discipline practices, such as suspension and expulsion, while increasing use of alternatives to suspension.
- b) House Bill 1458 amends the Code of Civil Procedure. It defines “communication” and “restorative justice practice.” This provides that communications received by a party in preparation for, during, or after a restorative justice practice are inadmissible in court unless the privilege is waived by the party or parties about whom the communication concerns, subject to certain exemptions, or used in furtherance of a criminal act.

“A Model on Education and Dignity: Presenting a Human Rights Framework for Schools” (revised 2019) articulates a vision for all community stakeholders based on the best practices, research, and personal experiences of students, parents, and educators from around the country. It is also built around a human rights framework for schools that recognizes that the goal of education must be to support all children and young people. Research and best practices for effective education policy from across the country were placed within a human rights framework that identifies the full development of the child, dignity, and participation as key principles necessary for ensuring a quality education, according to the document.

The members of the subcommittee agreed that restorative justice is a necessity that derives from an onset of one or more traumatic experiences that allows a nurturing process of a positive confrontation to occur as a productive way to resolve a harm. All shareholders involved are able to be humanized for their experiences and role in the harm in order to be whole again or as whole as possible.

In addition, the subcommittee agreed that restorative justice is a process in which all the shareholders affected by an injustice have an opportunity to discuss how they have been affected by the injustice and to decide what should be done to repair the harm (Braithwaite, 2004). Members also affirmed that restorative justice involves the utilization of collaborative techniques that are community-based or community-oriented for responding to crimes and offenses (Karp, 2013). Restorative justice will always be reactive; however, educators can employ restorative practices to be proactive by reaffirming relationships, building community, and creating expectations. Therefore, several recommendations were proposed to support the need to adopt restorative justice and restorative practices in all Illinois schools.

*Membership List:*

Karlyn Aguirre, Dr. Shaniqua Jones, Dr. Terri Bresnahan, Dr. Colandra Hamilton, Rep. Rita Mayfield, Jody Lack, Senator Kimberly Lightford were members of the Restorative Justice and Restorative Practices Subcommittee.

*Number of meetings held:*

Six meetings were held from September 2021 through January 2022.

## **V. RECOMMENDATIONS**

The following are specific recommendations of the Whole Child Task Force. It is crucial that they be fully funded so that their effectiveness can be realized.

## A. Task Force Definitions

**Recommendation No. 1:** *By July 30, 2022, the State of Illinois should, at a minimum, adopt common definitions for 1) trauma; 2) trauma-responsive and healing-centered schools, districts, and communities; and 3) whole child. The Whole Child Task Force has proposed a set of definitions for consideration for 1) and 2). The task force further recommends that the state review and update these definitions every five years, as necessary.*

Brief Explanation: Common language is critical for mutual understanding. Adopting common definitions and terms will provide clarity and support the sharing of information, best practices, and resources. Use of common language can also increase efficiency within conversations and plans of action. While the task force recommends that the state adopt these definitions (via amending relevant statutes and/or gubernatorial resolution), we strongly recommend that those agencies directly responsible for administering funding for, and ensuring implementation of, trauma-responsive and healing-centered practices, training, and resources formally adopt them by summer 2022.

For example, School Board Member Training (105 ILCS 5/10-16a, amended by PA 102-638, eff. 1-1-23) requires that, beginning in the fall of 2023, the professional development leadership training that school board members are required to receive within their first year of their first term must include training on trauma-informed practices for students and staff, yet it does not define trauma or related terms.

Another example is training required by the Abused and Neglected Child Reporting Act (ANCRA), which all persons required to report child abuse or child neglect (mandated reporters) must complete within three months of their date of engagement in a professional capacity as a mandated reporter, and at least every three years thereafter (325 ILCS 5/4(j)). Mandated reporters include, but are not limited to education personnel, medical personnel, social services and mental health personnel, crisis intervention personnel, recreation personnel, childcare personnel, law enforcement personnel, and clergy (325 ILCS 5/4(a)). Mandated reporter training must include “responding to a child in a trauma-informed manner” yet it does not define trauma-informed or related terms (325 ILCS 5/4(j)). Having a common definition of trauma-informed practices that has been adopted, at a minimum by ISBE and DCFS, will support consistent and aligned training to meet this requirement.

Stakeholders of Importance: Illinois General Assembly, Governor's Office, Lieutenant Governor's Office, ISBE, Illinois Department of Public Health (IDPH), DCFS, Illinois Department of Juvenile Justice (IDJJ), Illinois Criminal Justice Information Authority (ICJIA), and IDHS all have an interest in this recommendation.

Legislative Changes Needed: At a minimum, we recommend that the state amend 105 ILCS 5/10-16a(b-5) and create a new 105 ILCS 5/10-16a(b-10) to incorporate the task force definitions of trauma, trauma-responsive learning environments (including trauma-aware schools/districts, trauma-responsive schools/districts, and healing-aware schools/districts), and trauma-responsive communities, as follows:

[Legislative change language already in report]

Simultaneously, amend 105 ILCS 5/10-22.39(b) to incorporate these task force definitions by reference to amended 105 ILCS 5/10-16a(b-10) as follows:

[Legislative change language already in report]

In addition, amend 325 ILCS 5/4(j) to incorporate these task force definitions by reference to amended 105 ILCS 5/10-16a(b-10) as follows:

(j) Persons required to report child abuse or child neglect as provided under this Section must complete an initial mandated reporter training, including a section on implicit bias, within 3 months of their date of engagement in a professional or official capacity as a mandated reporter, or within the time frame of any other applicable State law that governs training requirements for a specific profession, and at least every 3 years thereafter. The initial requirement only applies to the first time they engage in their professional or official capacity. In lieu of training every 3 years, medical personnel, as listed in paragraph (1) of subsection (a), must meet the requirements described in subsection (k).

The mandated reporter trainings shall be in-person or web-based, and shall include, at a minimum, information on the following topics: (i) indicators for recognizing child abuse and child neglect, as defined under this Act; (ii) the process for reporting suspected child abuse and child neglect in Illinois as required by this Act and the required documentation; (iii) responding to a child in a trauma-informed manner; and (iv) understanding the response of child protective services and the role of the reporter after a call has been made. Child-serving organizations are encouraged to provide in-person annual trainings.

The trauma-informed section shall include, at a minimum: (i) the definitions of trauma, trauma-responsive learning environments, trauma-responsive community, and whole child set forth in 105 ILCS 5/10-16a(b-10); (ii) the impact of trauma; (iii) recognizing signs and symptoms of trauma; and (vi) and trauma-responsive practices.

The implicit bias section shall be in-person or web-based, and shall include, at a minimum, information on the following topics: (i) implicit bias and (ii) racial and ethnic sensitivity. As used in this subsection, "implicit bias" means the attitudes or internalized stereotypes that affect people's perceptions, actions, and decisions in an unconscious manner and that exist and often contribute to unequal treatment of people based on race, ethnicity, gender identity, sexual orientation, age, disability, and other characteristics. The implicit bias section shall provide tools to adjust automatic patterns of thinking and ultimately eliminate discriminatory behaviors. During these trainings mandated reporters shall complete the following: (1) a pretest to assess baseline implicit bias levels; (2) an implicit bias training task; and (3) a posttest to reevaluate bias levels after training. The implicit bias curriculum for mandated reporters shall be developed within one year after the effective date of this amendatory Act of the 102nd General Assembly and shall be created in consultation with organizations demonstrating expertise and or experience in the areas of implicit bias, youth and adolescent developmental issues, prevention of child abuse, exploitation, and neglect, culturally diverse family systems, and the child welfare system.

The mandated reporter training, including a section on implicit bias, shall be provided through the Department, through an entity authorized to provide continuing education for professionals licensed through the Department of Financial and Professional Regulation, the State Board of Education, the Illinois Law Enforcement Training Standards Board, or the Department of State Police, or through an organization approved by the Department to provide mandated reporter training, including a section on implicit bias. The Department must make available a free web-based training for reporters.

Each mandated reporter shall report to his or her employer and, when applicable, to his or her licensing or certification board that he or she received the mandated reporter training. The mandated reporter shall maintain records of completion.

Beginning January 1, 2021, if a mandated reporter receives licensure from the Department of Financial and Professional Regulation or the State Board of Education, and his or her profession has continuing education requirements, the training mandated under this Section shall count toward meeting the licensee's required continuing education hours.



Additional changes will be determined by stakeholders and incorporated into relevant statutes.

Budget Implications: To be determined by stakeholders.

## **B. Training and Resources**

Training and Resources Recommendations are organized in five categories:

### **1. Training Research**

***Recommendation No. 2:*** *The State of Illinois shall examine literature on best practices and evidence-based methods necessary for effective trauma-responsive, restorative-justice, and restorative-practices training for different audiences (educators, social workers, counselors, psychologists, occupational therapists, physical therapists, medical providers, law enforcement, community-based services providers, parents, community members, etc.) to then inform training program content.*

Brief Explanation: To ensure positive individual and systems-level outcomes, it is essential for trauma-responsive trainings to be evidence-based. Gathering experts to assess and examine existing literature on trauma-responsive education and programming will inform and enrich Illinois' efforts to build trauma-responsive education systems.

Stakeholders of Importance: Representatives from ISBE, the National Child Traumatic Stress Network (NCTSN), the Illinois ACEs Response Collaborative, the Center for Childhood Resilience, the Trauma Responsive Educational Practices (TREP) Project, and the Illinois Childhood Trauma Coalition all have an interest in this recommendation.

Legislative Changes Needed: To be determined by stakeholders.

Budget Implications: To be determined by stakeholders.

### **2. Training for Prospective School- and Community-Based Service Providers**

“Creating an ecosystem of equity-centered trauma-informed practices will require systems change and collaboration across disciplines.”

– Alex Shevrin Venet, *Equity-Centered Trauma-Informed Education*, page 154.

***Recommendation No. 3:*** *Amend Illinois higher education program requirements for the following professional preparation programs to require curriculum in adverse childhood experiences, trauma, secondary traumatic stress, creating trauma-responsive learning environments and communities, restorative justice, and restorative practices: educators (including teaching, school support, and administrative fields), social workers, counselors, psychologists, occupational therapists, physical therapists, medical providers (including nurses, physician assistants, and physicians), and law enforcement.*

Brief Explanation: To create trauma-responsive learning environments and communities, it is essential that service professionals working in schools and communities learn about trauma, restorative justice, and restorative practices in their professional preparation programs. These trainings must be evidence-based and anchored in research. For example, restorative justice and



restorative practices trainings may leverage “A Model on Education and Dignity: Presenting a Human Rights Framework for Schools” (revised 2019) as a guiding tool.

Stakeholders of Importance: Stakeholder groups should be created for each professional preparation area and include representatives from appropriate state agencies (e.g., ISBE, the Illinois Board of Higher Education [IBHE], the Illinois Community College Board [ICCB], the Illinois Law Enforcement Training and Standards Board [ILETSB], etc.), and trauma experts (e.g., from NCTSN, the Illinois ACEs Response Collaborative, CCR, the TREP Project, the Illinois Childhood Trauma Coalition, etc.).

Legislative Changes Needed: To be determined by each professional preparation area’s stakeholder group.

Budget Implications: To be determined by each professional preparation area’s stakeholder group.

***Recommendation No. 4:*** Amend Illinois professional licensure requirements for the following professions to include demonstrated proficiency in adverse childhood experiences, trauma, secondary traumatic stress, creating trauma-responsive learning environments and/or communities, restorative justice, and restorative practices: educators (including teaching, school support, and administrative fields), social workers, counselors, psychologists, occupational therapists, physical therapists, medical providers (including nurses, physician assistants, and physicians), and law enforcement.

Brief Explanation: To create trauma-responsive learning environments and communities, it is essential that service professionals working in schools and communities learn about trauma, restorative justice, and restorative practices in their professional preparation programs so that they will be proficient upon entering their respective professions.

To ensure current staffing shortages in these professions are not exacerbated and that Illinois is receptive to out-of-state professionals, a review of Illinois professional licensure requirements should address how professionals who seek licensure in Illinois but have not taken required trauma and restorative justice and restorative practices training may be provisionally licensed and trained in order to obtain full Illinois licensure.

Stakeholders of Importance: Stakeholder groups should be created for each profession and include representatives from appropriate state agencies (e.g., ISBE, IBHE, ICCB, ILETSB, the Illinois Department of Financial and Professional Regulation, etc.) and trauma experts (e.g., from NCTSN, the Illinois ACEs Response Collaborative, CCR, the TREP Project, the Illinois Childhood Trauma Coalition, etc.).

Legislative Changes Needed: To be determined by each profession’s stakeholder group.

Budget Implications: To be determined by each profession’s stakeholder group.

### **3. Training for Licensed Educators and School Staff**

*NOTE: Recommendation No. 5 must be implemented and completed before Nos. 6 and 7.*

***Recommendation No. 5:*** Engage stakeholders to revamp Illinois’ current educator and school staff training model to make required training more useful and meaningful. Stakeholders should identify specific training topics that 1) need to be completed by current licensed educators and school staff and

*prioritize their completion, and 2) are outdated and should be removed from the Illinois School Code. Align required training with the licensure renewal process so that training follows the educator and does not need to be restarted every time an educator changes employers.*

Brief Explanation: Illinois' current educator and school staff training requirements have been issued piecemeal, resulting in a patchwork of confusing, overlapping, and sometimes outdated requirements. Training requirements are not prioritized by the number of students/personnel affected by an issue or how frequently an issue arises; do not align with educator licensure requirements; and keep increasing while funding, time, and resources for training are not provided. These problems result in difficulty managing compliance, training that is squeezed into less-than-ideal circumstances, and training that is not meaningful to educators and staff. The process of modifying the professional licensing standards for multiple professions will necessitate significant effort across multiple agencies.

What essential training needs to be completed within the first year of licensure? What training needs to be completed at least once during the five-year licensure cycle? What training should be linked to a specific set of circumstances? This recommendation specifies that training should occur in a more regular and predictable way, making compliance easier to track for employer school districts and for ISBE as the licensing entity and making training more meaningful for educators and staff.

Stakeholders of Importance: Representatives from ISBE, the Illinois Association of Regional Superintendents of Schools (IARSS), Illinois Principals Association (IPA), the Illinois Association of School Administrators (IASA), the Illinois Association of School Boards (IASB), the Illinois Association of School Business Officials (IASBO), ED-RED, IEA, the Illinois Federation of Teachers (IFT), the Illinois Association of School Social Workers, the National Association of School Psychologists, and the Illinois Association of School Nurses all have an interest in this recommendation.

Legislative Changes Needed: To be determined by stakeholders.

Budget Implications: None at this time.

***Recommendation No. 6:*** *After Recommendation No. 5 is implemented and completed, require instruction on trauma-responsive learning environments during teacher institute days.*

Brief Explanation: PA 102-638 (eff. 1-1-23) amended 105 ILCS 5/10-16a to require that, beginning with the 2023-24 school year, school board members receive training on trauma-informed practices for students and staff. PA 102-638 also amended 105 ILCS 5/10-22.39(b) to add trauma to the existing in-service training programs that school districts provide to teachers. However, instruction on trauma, trauma-informed practices, trauma-responsive learning environments, or restorative practices is not currently required to be delivered via ROEs, which are essential support offices that partner with ISBE to support local school districts. Requiring instruction on trauma-responsive learning environments to be delivered during ROE teacher institute days will allow resources to be pooled and open additional avenues for meaningful and effective training by providing in-person training opportunities.

Stakeholders of Importance: See Stakeholders of Importance under Recommendation No. 5 above.

Legislative Changes Needed: Supplement the final paragraph of 105 ILCS 5/3-11 as follows:

The teachers institutes shall include teacher training committed to (i) peer counseling programs and other anti-violence and conflict resolution programs, including without limitation programs for preventing at-risk students from committing violent acts, and (ii) educator ethics and teacher-student conduct. Beginning with the 2009-10 school year, the teachers institutes shall include instruction on prevalent student chronic health conditions. Beginning with the 2016-17 school year, the teachers institutes shall include, at least once every two years, instruction on the federal Americans with Disabilities Act as it pertains to the school environment. Starting with the 2023-24 school year, the teacher's institutes shall provide instruction on trauma-responsive learning environments, as defined in 105 ILCS 5/10-16a(b-10), before the first student attendance day of each school year.

Budget Implications: Funding needs to be attached to this law to make it truly effective and successful. Details to be determined by stakeholders.

***Recommendation No. 7:** After Recommendation No. 5 is implemented and completed, amend the Illinois School Code to require that all school staff receive periodic training on adverse childhood experiences, trauma, secondary traumatic stress, creating trauma-responsive learning environments (including training modules on educational equity and inclusion), and restorative practices; ensure proper funding is attached; include a mechanism for ISBE and/or ROEs to monitor and enforce compliance; and integrate it for functionality with other relevant sections of the Illinois School Code. "All school staff" includes anyone who works in a school setting, including, but not limited to, administrative support staff, bus drivers, lunchroom/cafeteria workers, recess monitors, paraprofessional aides, substitute teachers, custodians, and any anyone assigned to a school setting and employed by a third-party contractor. Include a provision to ensure that anyone employed by a school anytime during the school year is certified as trained within 30 days of hire.*

Brief Explanation: To create trauma-responsive learning environments, it is essential that *all* staff working in school settings learn about trauma and restorative practices, and that they receive periodic training updates to ensure their knowledge is current. Multiple training models must be made available to staff in various formats, including online and in-person training, so that schools can select the training that best meets their local needs.

Stakeholders of Importance: See Stakeholders of Importance under Recommendation No. 5 on page 32.

Legislative Changes Needed: To be determined by stakeholders.

Budget Implications: Funding needs to be attached to this law to make it truly effective and successful. Details to be determined by stakeholders.

#### **4. Training for Community-Based Service Providers**

***Recommendation No. 8:** Amend continuing education requirements for the following professions to include demonstrated knowledge in adverse childhood experiences, trauma, secondary traumatic stress, creating trauma-responsive communities, and restorative justice and restorative practices: social workers, counselors, psychologists, occupational therapists, physical therapists, speech-language pathologists, first responders, medical providers (including nurses, physician assistants, and physicians), school security personnel, and law enforcement (including school resource officers, law enforcement officers, the judiciary, and anyone working within the legal system -- especially the juvenile court system, domestic violence court, and family/child court).*

Brief Explanation: To create and maintain trauma-responsive communities for all students in Illinois and support the effective implementation of restorative justice and restorative practices across programs and adults that support youth, it is essential that service professionals working in communities maintain proficiency in dealing with trauma within their professions.

Stakeholders of Importance: Stakeholder groups should be created for each profession.

Legislative Changes Needed: To be determined by each profession's stakeholder group.

Budget Implications: To be determined by each profession's stakeholder group.

***Recommendation No. 9:*** *Require direct-care employees of residential facilities, domestic violence shelters and programs, homeless shelters and programs, and child welfare agencies (including, but not limited to, DCFS) to receive periodic training to utilize universal trauma precautions; develop effective strategies for assisting and interacting with such individuals; and locate programs and services to which such individuals may be referred to help build the individual's resilience.*

Brief Explanation: To create and maintain trauma-responsive communities for all students in Illinois, it is essential that direct-care employees working in the above programs maintain proficiency in trauma within their professional roles.

Stakeholders of Importance: Representatives from the above noted programs and agencies.

Legislative Changes Needed: To be determined by stakeholders.

Budget Implications: To be determined by stakeholders.

## 5. State Agency Resources

***Recommendation No. 10:*** *The State of Illinois shall coordinate to plan and initiate a multi-year, multi-sector campaign to educate the public, policymakers, the media, and key institutions (e.g., education, health, judicial system, community-based organizations, civil organizations, and businesses) on the impacts of trauma and childhood adversity, as well as the strategies for prevention, resilience building, and healing (including, but not limited to, restorative practices). The campaign should utilize the definitions developed by this task force, ensure all sectors are operating using these definitions, ensure proper funding is attached, and implement an equitable and accessible trauma hotline or other direct service system.*

Brief Explanation: In July 2020, the [Illinois ACEs Response Collaborative](#), a program of the Health & Medicine Policy Research Group, launched a Statewide Working Group that “engaged in a 10-month strategic planning process to develop a coordinated statewide response for mitigating trauma’s lasting effects on children’s health and well-being and to promote healing and thriving at every stage of life.” The Statewide Working Group published [Action Plan to Address Childhood Adversity in Illinois](#) (Action Plan) on May 25, 2021. The Action Plan contains five planks: 1) trauma-informed policymaking, 2) improve state-level coordination, 3) educate, build awareness, and advocate, 4) improve data collection and accessibility, and 5) identify trauma-informed practice metrics. This recommendation is based on the first Action Item of Plank 3 and is needed because, as stated on page 12 of the Action Plan:

- The lack of a shared understanding about the impacts of trauma and adversity in childhood and strategies for preventing and addressing its effects throughout life contributes to the implementation and perpetuation of harmful practices and policies.
- The public has not been made widely aware of the types of policies, practices, and programs that can prevent and mitigate the potential effects of trauma and adversity in childhood, limiting engagement in advancing and advocating for solutions.
- Harmful narratives and policies have stigmatized the services and supports that prevent and address childhood adversity, reducing both the public’s willingness to access supports and the political will to make them widely available and accessible.

Stakeholders of Importance: Representatives from appropriate State of Illinois agencies (e.g., ISBE, DCFS, IDHS, IDPH, etc.), representatives from existing organizations that provide direct service and trauma support, subject-matter experts in trauma-responsive schools and communities, parents/guardians and other trusted adults, and students all have an interest in this recommendation.

Legislative Changes Needed: To be determined by stakeholders.

Budget Implications: To be determined by stakeholders.

***Recommendation No. 11:*** *The State of Illinois shall create and maintain a website that is a trauma-responsive resource hub, which includes links to vetted training providers, service providers, self-assessments, best practices for particular professions, and further resources. See [Trauma Informed Oregon](#) for an example.*

Brief Explanation: Comprehensive, vetted, and up-to-date resources are critical to ensuring that all schools and communities have the resources and connections they need to be trauma responsive. Suggested resources to consider include, but are not limited to:

- The Centers for Disease Control and Prevention, [Adverse Childhood Experiences](#)
- [Substance Abuse and Mental Health Services Administration](#)
- [The National Child Traumatic Stress Network](#)
- [Illinois Childhood Trauma Coalition](#) [Illinois ACEs Response Collaborative](#)
- [The Center for Childhood Resilience](#)
- [Resilient Educator](#)
- [Mental Health First Aid](#)
- [Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs](#)
- [The TREP Project](#)

Stakeholders of Importance: See Stakeholders of Importance in Recommendation No. 10 above.

Legislative Changes Needed: To be determined by stakeholders.

Budget Implications: To be determined by stakeholders.

### **C. Process Development**

***Recommendation No. 12:*** *In order to help districts and schools identify potential partners and organizations to provide training in trauma-responsive and healing-centered systems, implicit bias, restorative practices, mental health, and social emotional services, ISBE should convene an ad hoc committee of experts and practitioners (e.g., Center for Childhood Resilience, Partnership for*

*Resilience, Stress and Trauma Treatment Center) to develop a rubric so that districts and schools could evaluate potential partners/organizations. This work should be informed by any additional recommendations that come out of the REACH project expansion implementation. Additionally, ISBE should maintain (and annually update) a list of partners that have met the expectation of this rubric. This rubric should consider such elements as:*

- a. Content alignment to Whole Child Task Force definitions or any definition of “trauma responsive” and “healing centered” that is ultimately adopted by the state.*
- b. Consideration to the ISBE-generated process of approving professional development providers to maximize the potential for school districts to provide Continuing Professional Development Credits for staff.*
- c. Research and evidence base of content and training.*
- d. Alignment to the Trauma Responsive Schools Implementation Assessment (TRS-IA) and/or a similar self-assessment tool used by schools and districts to assess schools’ trauma-responsive practices.*
- e. Alignment to Learning Forward professional development standards, including use of data, focus on learning communities, focus on student outcomes, and leadership.*

**Brief Explanation:** A general process currently exists to provide certain entities with the designation of being an [ISBE-approved provider](#) for professional development. Absent from that process is an assessment of the quality and alignment of content of professional development and resources specifically related to schools that are working toward becoming trauma informed, trauma responsive and healing centered. Tremendous efforts have been made by many practitioners to create quality, evidence-based professional development, and resources to inform and support the work focused solely in the area of educating the whole child. Unfortunately, not all professional development and resources designed for educating the whole child are created based on researched evidence of best practices, including the need to use an equity lens and other necessary components for creating culturally relevant resources. The nuances of garnering the skills to educate the whole child require specific attention to the standards and quality of professional development and resources offered to school districts. School districts are in different stages of their development with their efforts to educate the whole child and becoming trauma informed, trauma responsive and healing centered. School districts in Illinois will benefit from being able to select /utilize resources that have been properly vetted/screened/assessed for quality and characteristics deemed appropriate by those deeply immersed and working collaboratively in the State of Illinois to educate the whole child.

**Stakeholders of Importance:** School staff with special attention given to those holding Professional Educators Licenses in the area of school service personnel all have an interest in this recommendation.

**Legislative Changes Needed:** None.

**Budget Implications:** To be determined by stakeholders.

***Recommendation No. 13:*** *To ensure an equitable process to approve and renew qualified providers and to ensure diversity of providers and expertise, ISBE should convene a group of diverse stakeholders (e.g., ISBE State Education Equity Committee) to review the approval process to eliminate bias and make recommendations pertaining to regulations and legislation to ensure an equity-centered approval process.*

Brief Explanation: ISBE currently has a process in place to approve qualified providers in the area of professional development. Absent from the process of approving professional development providers is a systematic process that includes providers that focus on trauma-informed care. A void exists when identifying providers that are well versed in equity and its impact on communities of color. It would serve as a great benefit for ISBE to convene a committee to look at the standards related to equity in its decision-making process of approving providers of professional development. See [Application for State Professional Development Provider](#).

Stakeholders of Importance: School districts and local providers of professional development have an interest in this recommendation.

Legislative Changes Needed: Ensure ISBE receives communication about the importance of professional development approval that centers on the learning standards related to equity and inclusion.

Budget Implications: ISBE should allocate set funds to assist school districts in the form of grant opportunities.

***Recommendation No. 14:*** ISBE should establish, as a part of the provider application and renewal process, an expectation that all providers allow data collection from participants that will include participant feedback related to satisfaction, knowledge acquisition, and relevance to professional practice. ISBE shall also establish baseline metrics for provider acceptance and renewal.

Brief Explanation: Currently, licensed educators who participate in professional development from ISBE-approved providers are required to complete and submit evaluations in order to receive Professional Development Credits to maintain licensure. The feedback currently gathered from the evaluations does not include information regarding the effectiveness or quality of professional development sessions. (See [Evaluation for Workshop, Conference, Seminar, Etc.](#)) Effectively educating the whole child and creating trauma-informed, trauma-sensitive, trauma-responsive, and healing-centered spaces is a lengthy multi-faceted process and requires that quality resources and professional development be accessible to school personnel. The effectiveness and quality of professional development and resources provided is critical to building sustainable systems. Seeking participant feedback can inform the need for the improvement of content and highlight the necessary adjustments based on evidence-based practices. This feedback increases the possibility of providers consistently delivering relevant, impactful, professional development.

Stakeholders of Importance: School staff, school districts, and providers of professional development all have an interest in this recommendation.

Legislative Changes Needed: None.

Budget Implications: Financial resources would need to be available in order to review the data collected and make a determination regarding the findings from the data.

## **D. Data**

The Data Recommendations are organized into five areas.



**a. Need - Data and information to measure student or community exposure to trauma (as defined by this task force)**

**Recommendation No. 15:** *Prior to the 2022-23 school year, ISBE and IDHS shall jointly develop a research-based list of optional universal screeners (i.e., trauma screeners, mental health screeners, and SEL screeners) for school districts to use. They also shall develop a statewide plan that includes guidance to support the use of such screeners; inform schools about what they will need to have in place, such as referral processes to internal and external resources, before initiating universal screeners; and determine potential training and professional development for educators. (This should include optional communities of practice/professional learning communities.)*

**Brief Explanation:** The research is clear -- not addressing traumatic stress symptoms, trauma-specific disorders, and mental health needs has both short- and long-term impacts on children's academic and life outcomes. Trauma and mental health screenings in schools allow staff to identify conditions early and connect students with help and interventions. Districts and schools can be assisted in this work by having an available list of expert-reviewed screeners to help select an age-appropriate, research-based tool. Furthermore, there is a state role in the use and follow up of these screeners -- this includes supporting school staff to be able to recognize early warning signs, use these screeners, and utilize the results. In the future, it may make sense to consider a more universal expectation of screeners in every district. This recommendation is further supported by a February 2022 Hopeful Futures Campaign report, [America's Schools Mental Health Report Card](#), which conducted a national scan of states' school mental health programming and identified that Illinois could benefit from regular well-being checks or mental health screeners. As part of the review and development of this work, it may be useful to study an existing model. For example, the Illinois Children's Healthcare Foundation's Universal Screening in Schools Learning Collaborative has supported resources in Adams County.

**Stakeholders of Importance:** IDHS, ISBE, and the REACH planning team all have an interest in this recommendation.

**Legislative Changes Needed:** To be determined by the recommended cross-agency team and stakeholders.

**Budget Implications:** To be informed and determined by the cross-agency team.

*Illinois currently lacks comparable statewide data to measure and understand the depth and breadth of community childhood trauma exposure. While pieces of these data are available in different systems and information collections, we do not have a measure that is available on a regular, statewide basis that reflects the variation in the exposure to adverse childhood experiences and trauma (as defined by this task force). This information will allow state leaders and stakeholders to better identify where there is need and determine if there are adequate resources as well as inform policies and practices. Having these data publicly available and transparent on an ongoing basis will also serve to support continuous improvement and stronger support for children and youth. **Recommendations 16a-c identify a path for Illinois to collect, report and use these data.***

**Recommendation No. 16a:** *The state should create a cross-agency task force (Governor's Office, Governor's Office of Early Childhood Development [GOECD], ISBE, IDHS, Illinois Department of Innovation and Technology [DoIT], IDPH, ICJIA, IDJJ) to develop district-level student/childhood adversity index (to measure community childhood trauma exposure) by December 30, 2023. This index should be informed by research and consider children from "high-priority populations." (Note:*



GOECD has already begun to consider what populations this could include.) This includes, but is not limited to:

- *Students who have experienced homelessness*
- *Students who have connection to foster care or DCFS*
- *Students from households below 100% (or 50%) of poverty line (e.g., deep poverty)*
- *Students who have experienced high mobility*
- *Students of long-term unemployed*
- *Students of caregivers of currently incarcerated*
- *Students and or families with refugee or migrant status*
- *Communities that have recently experienced natural disasters*
- *Communities with high rates of violence or suicides*

Brief Explanation: At present, Illinois does not have state-level data that is comparable across school districts that captures students' exposure to adverse experiences and trauma. This makes it difficult to both understand the depth and breadth of need across the state and how to best direct policy and resources to address the needs of students who are likely to have experienced trauma. In order to respond to this need for better data to inform state and regional level understanding and decision-making, the task force recommends a district/community index versus individual symptom level data. The state has most of these data already, but they are not collected by a single program/agency -- nor has the state taken the step to combine them to develop or report an index. This must be informed by research and expertise to be done well, so we recommend establishment of a cross-agency task force that is composed of agencies that both collect these data and will have an ultimate use for the index information. We also suggest formation of a technical advisory council that includes members who have national and local expertise in data reporting, adverse childhood trauma, and trauma-informed practices and supports.

Stakeholders of Importance: Governor's Office, GOECD, IDHS, IDPH, ISBE, IDJJ, ICJIA, DoIT, and ILDS all have an interest in this recommendation.

Legislative Changes Needed: To be determined by a cross-agency taskforce task force and stakeholders.

Budget Implications: To be determined by a cross-agency task force and stakeholders.

***Recommendation No. 16b:*** *The index developed in Recommendation No. 16a should be the basis for the state, by March 2024, to charge the Professional Review Panel (PA 100-0465) to conduct further research and analysis that would inform any additional recommendations and revisions to the Evidence-Based Funding (EBF) formula. This effort should be designed to reflect the true costs of providing students and families with trauma-responsive/healing-centered supports. (Note: This may cause other additional cost factors to be adjusted.)*

Brief Explanation: Current EBF Adequacy Targets do not fully capture costs related to addressing trauma and trauma- responsive/healing-centered practices. (Although to some extent, because of the interplay of trauma and poverty, there are some cost factors that support this work.) Schools currently are able to invest in this work because of the influx of federal stimulus dollars, but these are one-time funds that end in school year 2024. The state reviews the current EBF formula annually and makes any necessary updates to reflect the true costs of schools and districts responding to mental health, social-emotional learning, and trauma needs of their students. Currently, there is limited data available at the state level to help inform the development of a cost

factor to do this. Based on the index developed in Recommendation No. 16a, the state and Professional Review Panel (PRP) should revisit whether and how the EBF formula can more accurately reflect costs related to trauma, knowing that there are cost factors currently included in the formula that begin to address this need in relation to poverty, but that more data is needed to create cost factors related to trauma.

Stakeholders of Importance: ISBE, PRP, and the Illinois General Assembly all have an interest in this recommendation.

Legislative Changes Needed: To be determined by Stakeholders.

Budget Implications: To be determined by Stakeholders.

***Recommendation No. 16c:*** *The cross-agency task force formed under Recommendation No. 16a, should, starting no later than June 2024, produce a public annual/periodic report that includes statewide data, disaggregated by district, to better understand the state’s context for children’s exposure to trauma. This should include a dissemination strategy that makes the index easy to find and navigate, as well as being accessible and understandable in multiple languages and to multiple audiences, including policymakers, researchers, advocates, community members, and disabled residents.*

Brief Explanation: While the state is an important user of an index, there are other stakeholders, including health care providers, parents/caregivers, advocates, etc. who will also benefit from these data and better understand the breadth and depth of adverse experiences in and across Illinois. Additionally, having this information updated on an annual/periodic basis will support ongoing and timely conversations.

Stakeholders of Importance: See Stakeholders of Importance in Recommendation No. 16a on page 39.

Legislative Changes Needed: To be determined by stakeholders.

Budget Implications: To be determined by stakeholders.

***Recommendation No. 17:*** *ISBE should develop and release common, minimum data standards to inform districts about how to collect student information for the ISBE Student Information System and ILDS. This would improve the ability of districts to transfer information and data pertaining to students who move from one district to another in Illinois, as well as reduce the amount of time that they would be without trauma supports and interventions. (These should be aligned with student record transfer timeline requirements in 23 Ill. Admin. Code Section 375.75 Public and Nonpublic Schools: Transmission of Records for Transfer Students.) These data standards should be developed with input and feedback from educators and school leaders and take into consideration the student success plan model.*

Brief Explanation: There currently is minimal data that follows students when they transfer unless they have an Individualized Education Program or 504 Plan. The receiving school/district must have more information to understand and appropriately support a student's immediate needs that may have resulted from exposure to trauma (e.g., what supports the sending school had in place or tried and discovered didn't work, traumatic experiences that the student/family may have experienced). This lack of information often results in delayed or discontinued services, interventions, and support to students and their families; increased staff burden; and inefficiencies

in the system. The constraints imposed by the Family Educational Rights and Privacy Act and the health Insurance Portability and Accountability Act must be considered, but there is a role for the state in helping develop common data standards to assist in the collection and transfer of information to better support students and their families.

Stakeholders of Importance: ISBE and certain practitioners (e.g., district leaders, school leaders, parents, educators, specialized service staff) have an interest in this recommendation.

Legislative Changes Needed: To be determined by Stakeholders.

Budget Implications: To be determined by stakeholders.

**b. Resources - Data and information to better understand resources invested to support anti-racist, trauma-responsive supports (as defined by this task force) as well as student resource officers or similar roles**

***Recommendation No. 18:** Beginning with FY 2023, ISBE should make district EBF Spending Plans (PA 100-0465) public on the ISBE and local district websites. These should include amounts and percentages invested in mental health interventions, personnel, and professional development specific to becoming trauma-informed, responsive, and healing-centered.*

Brief Explanation: PA 100-0465 currently requires each Organizational Unit (school districts, laboratory schools, ROEs, and Intermediate Service Centers) to complete an annual spending plan, regardless of the amount of EBF dollars received. A primary goal of the EBF Spending Plan is “to make resource allocation decisions, especially those in service of identified student groups, more readily accessible to schools and stakeholders.” Currently, these plans are not publicly available, nor do they provide sufficient information to help stakeholders understand what resources will be invested in trauma-responsive and healing-centered practices. Making these plans public in a manner that is useful allows the state to support more informed and transparent conversations on how to better spend limited state and local resources.

Stakeholders of Importance: ISBE has an interest in this recommendation.

Legislative Changes Needed: To be determined by stakeholders.

Budget Implications: To be determined by stakeholders.

***Recommendation No. 19:** ISBE should include additional information on the Illinois Report Card about local resources that impact whole child, trauma-responsive, and restorative-justice practices, including, but not limited to, ratios of students to:*

- *Social workers*
- *Psychologists*
- *Occupational therapists*
- *Physical therapists*
- *Speech-language pathologists*
- *School nurses*
- *School counselors*
- *School resource officers*
- *Violence prevention workers*
- *Family liaisons/community navigators*

*Districts and schools should also be able to add additional information regarding consultants (e.g., mental health consultants) who are available to support this work.*

Brief Explanation: An important aspect of ensuring a full and accurate understanding of the progress toward trauma-responsive and healing-centered schools and districts is greater transparency pertaining to resource investment, including full-time equivalents (FTEs) in roles designed to support this work. ISBE currently reports some FTE information on the Illinois Report Card (including district level data), but more disaggregated data on specific roles and positions would better inform understanding of local supports. ISBE currently collects, but does not report on the Illinois Report Card, some of this level of detail that is being recommended. A next step that would be a relatively low burden would be to report these data while the state seeks to create common definitions and collections for the other recommended reporting elements. Once the REACH program is further along in implementation and data collection, it would be useful to revisit this area to identify additional data that might be useful to include.

Stakeholders of Importance: ISBE has an interest in this recommendation.

Legislative Changes Needed: None, but it is highly recommended to assist with sustainability.

Budget Implications: To be determined by stakeholders.

**c. Progress - Data and information to measure school and district progress along the trauma-responsive (as defined by this task force), anti-racist continuum**

***Recommendation No. 20:*** *The state, in partnership with experts and education stakeholders (e.g., educators, administrators, parents, advocates, community health providers), should design and develop a statewide school and district designation framework. As part of this, the task force recommends the following:*

- a. Include multiple measures (self-assessment [potentially on TRS-IA or other validated tool], student outcomes, staff outcomes).*
- b. Have at least three designation levels.*
- c. Focus on progress.*
- d. Take into consideration community context (exposure to trauma, EBF tier).*
- e. Include in school and across-school racial disparities.*
- f. Incorporate stakeholder perception and input.*
- g. Be public and accessible to staff, parents, and community members.*
- h. Incentivize. (Not be punitive.)*
- i. Align with other school designation (e.g., equity continuum, Illinois Quality Framework).*
- j. Align with Whole Child Task Force definitions.*
- k. Include periodic review (of designation and system to grant designations).*

Brief Explanation: Schools and districts are at various stages with their understanding of, and response to, practices regarding the whole child, adverse childhood experiences, trauma, resilience, restorative practices, etc. Having a common framework to bring clarity, consistency, and transparency to these practices will help strengthen and recognize this vital work. Furthermore, it will encourage and support resource and capacity investment that will better serve and support students, families, staff and communities. The Whole Child Task Force recognizes that this work is in the early stages of development as part of the REACH expansion project and encourages ISBE

and partners to engage a diverse set of stakeholders in the design, development, and piloting of these designations.

Stakeholders of Importance: REACH planning team and ISBE have an interest in this recommendation.

Legislative Changes Needed: To be determined by stakeholders.

Budget Implications: To be determined by stakeholders.

#### **d. Evaluation - Data and information to measure impact of state, federal and local investments**

***Recommendation No. 21a:*** *Given the emerging body of knowledge in these areas, it's important that the state maintain its commitment to research and evaluate the REACH pilot and REACH expansion investments. This information should:*

- a. *Be public.*
- b. *Be specifically shared with participants.*
- c. *Include this investment's actual impact on student and staff outputs and outcomes.*
- d. *Be used to inform ongoing program and support design.*

Brief Explanation: Many schools and districts have been doing work to support the whole child for years, but the depth and breadth of this portfolio is new for the state. As the research base grows and we learn from the REACH expansion project implementation, there is a need to maintain the investment and path in a formal evaluation of the project and to ensure research and evaluation becomes public in a timely manner to participating practitioners as well as the public. The task force also strongly encourages ISBE to use this information to inform ongoing decision-making on state-level policy, resources, supports, and investments.

Stakeholders of Importance: ISBE, REACH planning team, and external evaluators all have an interest in this recommendation.

Legislative Changes Needed: None.

Budget Implications: To be determined by stakeholders. (Funding is already allocated to evaluations.)

***Recommendation No. 21b:*** *Expand and strengthen the state's ongoing research and evaluation capacity in trauma responsive and healing centered practices and interventions by:*

- a. *Building statewide data infrastructure and capacity that captures outcome measures and LEA practices;*
- b. *Increasing investment in statewide data systems and professional development to use data; and*
- c. *Systemically providing Local Education Agencies and ROEs access to expert evaluator/research capacity to support answering local research and data questions.*

Brief Explanation: Part of developing a statewide approach to support the whole child, will be investing in the infrastructure to collect information and support analytics in order to use these data in a thoughtful and meaningful way locally, regionally or statewide. While many schools and districts have been doing work to support the whole child for years, the depth and breadth of this portfolio is new for the State. As more districts implement these strategies and the research base

grows, there is a need to collect data and information on implementation and impact in order to use for continuous improvement at the local and state level.

Stakeholders of Importance: ISBE has an interest in this recommendation.

Legislative Changes Needed: To be determined by stakeholders.

Budget Implications: To be determined by stakeholders.

***Recommendation No. 22:*** ISBE should increase collection of program data to determine the extent to which districts are implementing restorative practices and restorative justice (as defined by the state).

Brief Explanation: Monitoring and evaluating a program/model/mandate is essential to determine if outcomes are being met and what improvements are needed to ensure the continued effectiveness and efficacy of the program/model/mandate.

Stakeholders of Importance: See Stakeholders of Importance in Recommendation No. 26 on page 46 and include any community partners. ISBE may have to create a monitor position, and each district would have to create positions to evaluate and monitor the processes. It is possible on the district level that it can be integrated into already existing positions.

Legislative Changes Needed: To be determined by stakeholders.

Budget Implications: To be determined by stakeholders.

## **E. Timeline**

***Recommendation No. 23:*** By June 2023, ISBE should build off the REACH pilot evaluation and REACH expansion grants, to develop and execute a process to create:

- a. A designations framework that reflects the progress of schools and districts along a trauma-responsive and-healing centered continuum. This framework should include at least three levels (e.g., Emerging, Established, Exemplar) that build upon each other so that schools and districts are able to achieve state acknowledgement based on self-assessment (i.e., [TRS-IA](#)) and other measures (e.g., Staff Wellness Reports, parent engagement, etc.).
- b. An application and renewal process and form a review committee to determine who will be in charge of this process across the state.

Brief Explanation: Schools and districts are at various stages with their understanding of, and response to, practices regarding the whole child, adverse childhood experience, trauma, resilience, restorative practices, etc. Schools and districts are able to self-pace their movement across levels based on their self-assessment and response to these results. Having a common framework to bring clarity, consistency, and transparency to these practices will help strengthen and recognize this vital work. Furthermore, it will encourage and support resource and capacity investment that will better serve and support students, families, staff, and communities. The Whole Child Task Force recognizes that this work is in the early stages of development as part of the REACH expansion project and encourages ISBE and partners to engage a diverse set of stakeholders in the design, development, and piloting of these designations.

Stakeholders of Importance: ISBE has an interest in this recommendation.

Legislative Changes Needed: None.

Budget Implications: To be determined by stakeholders.

***Recommendation No. 24:*** Starting in FY 2024, the state should invest resources to support the sustainability of this work through both:

- a. A grant program that would support schools and districts at different levels to access resources (e.g., professional development, money, grants, etc.) to assist them with advancing to the next level.
- b. Review and adjustments to EBF to build trauma-responsive support into the core elements and/or recognize the depth of need may be greater in communities that have greater exposure to adverse experiences.

Brief Explanation: PA 100-0465 specifies that EBF send more resources to districts in Illinois that require more support to meet the needs of students. While EBF currently reflects needs based on student demographics like poverty and English Learner status, it does not account for increased need based on exposure to adverse experiences. Adjustments to EBF will allow under-resourced schools and districts to acquire and sustain the additional resources needed to support the work of becoming trauma responsive and healing centered. Additionally, a grant dedicated to the work of supporting the whole child is critical to help all districts, which would be eligible based on their designation (see Recommendation No. 2 on page 30 and meet the change management and short-term capacity needs developed in their proposed plan).

Stakeholders of Importance: Illinois General Assembly, ISBE, and the Professional Review Panel all have an interest in this recommendation.

Legislative Changes Needed: Authority (and funding) to run a new grant program and any potential revisions to the EBF formula must be legislated. Details to be determined by stakeholders.

Budget Implications: To be determined by stakeholders.

***Recommendation No. 25:*** ISBE should reconstitute and reconvene the Whole Child Task Force within five years to review progress against recommendations, impact on trauma-responsive and healing-centered practices within schools and districts, and student and staff outcomes (e.g., Staff Wellness Reports, parent engagement, etc.).

Brief Explanation: Many schools and districts have been doing work to support the whole child for years, but the depth and breadth of this portfolio is new for the state. As the research base grows and we learn from the REACH expansion project implementation, there will be a need to pause and reflect on progress, the state's role, and potential areas of improvement. Allowing up to five years prior to reconvening the Whole Child Task Force allows schools and districts the opportunity to assess -- and reassess -- where they are in the process of supporting the whole child. It allows schools and districts ample time to create and implement a progressive plan. It is important for the Whole Child Task Force to reconvene in order to monitor the proposed recommendations and determine if they have been successful for schools and districts or if changes are required in order to fully support the needs of students and families.

Stakeholders of Importance: Members of the Whole Child Task Force and General Assembly (if legislative changes are required) have an interest in this recommendation.



Legislative Changes Needed: None, if ISBE reviews progress utilizing an informal task force; however, legislative changes would be required should the Whole Child Task Force officially be reconstituted and reconvened.

Budget Implications: To be determined by stakeholders.

## F. Restorative Justice and Restorative Practices

***Recommendation No 26.*** *Convene stakeholders to consider the different terms and language being used in regard to restorative justice and restorative practices in schools and, if necessary, develop statewide universal definitions.*

Brief Explanation: In HB 1458 the term “restorative justice practice” is used and defined to mean a convening, such as a victim-offender mediation, a peace circle, or other another type of conflict resolution session, in which parties who have caused harm, parties who have been harmed, or community stakeholders collectively gather to identify harm, repair harm to the extent possible, address trauma, reduce the likelihood of further harm, or strengthen community ties by focusing on the needs and obligations of all parties involved through a participatory process. This definition is geared toward restorative work through a criminal justice lens. In education, the terms “restorative justice” and “restorative practices” are often used interchangeably. For equitable implementation and understanding, the major stakeholders need to come together to consider the development of a statewide universal definition to fit the restorative needs in a school setting.

*Restorative justice is an alternative to using punishment to manage misbehavior and restorative practices in schools are based on restorative justice principles instead of punishment, [Center for Restorative Justice](#).* These two terms are often used interchangeably in literature and the educational system. There is a need to provide a comprehensive and universal definition of “restorative justice” and “restorative practices” that is conducive to meet the individual and collective needs of our students, families, and school leaders and in alignment with the Whole Child Task Force work. This definition should include and provide a comprehensive and universal message that not only addresses the poverty and school-to-prison pipelines; we must ensure this definition incorporates the healing that must take place in the midst of uncertainties due to racial and civil unrest combined with the global COVID-19 pandemic.

Stakeholders of Importance: ISBE, IASB, IPA, IASA, Illinois Balanced and Restorative Justice, IFT, and IEA all have an interest in this recommendation.

Legislative Changes Needed: To be determined by stakeholders.

Budget Implications: To be determined by stakeholders.

***Recommendation No. 27:*** *Educational institutions in Illinois should implement and execute restorative justice and restorative practices using “[A Model on Education and Dignity: Presenting a Human Rights Framework for Schools](#)” as a guiding tool.*

Brief Explanation: Specifically, Chapter 3: Dignity of this documents supports the definitions and discussion pertaining to the importance of establishing an equitable, inclusive, safe, and supportive environment in all schools for every student in this state. Section 3.1 (Key Elements of School Climate and Positive Discipline) speaks to the key elements needed to create a positive school



climate. Section 3.7.b (Model Policy on Restorative Justice Practices) supports the need for school districts to incorporate and implement restorative philosophies in the school missions, curriculum and teaching methods, discipline codes (primary method to respond to behavior and conflict), culture and climate committee mission, and professional developments. This lends to building a community that will “strengthen relationships, promote inclusiveness, enhance communication, and promote culturally affirming social and emotional learning.”

Additional research supports the effectiveness of restorative practices in schools that lead to the following:

- Reductions in disciplinary referrals to principals.
- Reductions in suspensions and expulsions.
- Reductions in amount of instructional time lost to managing student behavior challenges.
- Improved teacher morale.
- Improved teacher retention.
- Improved academic outcomes.
- Reductions in disproportionate referrals of minority students.

Additional relevant data: Maine and Maryland implement restorative justice as a whole-school model. Colorado and Michigan identify restorative justice as the primary response to student behavior and as an alternative to exclusionary school discipline, while Maine, Maryland, California, Nevada, New Jersey, Tennessee, and the District of Columbia require schools to at least consider restorative justice as an alternative to exclusionary school discipline.

Stakeholders of Importance: To be determined.

Legislative Changes Needed: Illinois legislation would be changed to make restorative justice required and not recommended.

Budget Implications: To be determined by stakeholders.

***Recommendation No. 28:*** All educational personnel (school administrators, educators, deans, security, lunchroom staff, custodians, etc.) must participate in ongoing professional development centered on restorative justice/practices with a central theme. All personnel should embody and emulate a restorative mindset/philosophy, which is a key component listed in [“A Model on Education and Dignity: Presenting a Human Rights Framework for Schools”](#)

Brief Explanation: See brief explanation under Recommendation No. 3 on pages 30-31. Additional relevant data: California, Indiana, Louisiana, Pennsylvania, Texas, Washington, Utah, and the District of Columbia have made restorative justice a mandatory component of professional development training for educators/school personnel. () It is an optional component in Illinois, California, Delaware, and Maryland.

Stakeholders of Importance: See Stakeholders of Importance in Recommendation No. 26 on page 46.

Legislative Changes Needed: A legislative change would be required in Illinois to make use of restorative justice required and not recommended. This should be done after Recommendation No. 5 is implemented and completed.

Budget Implications: To be determined by stakeholders.

***Recommendation No. 29:*** *Community partners must have a restorative component that allows alignment and continuity to the importance of restorative justice and practices and the mission and purpose of the Whole Child Task Force.*

Brief Explanation: Each stakeholder involved in the educational system is integral to the development, sustainability, and success of the system, and this includes community partners. Community partners are a key source of resources and supports to students and families within the educational system. Therefore, it is vital the partners embody, emulate, and put into practice a restorative mindset and philosophies. This allows for continuity and collaboration when families are seeking wrap-around services, a further reach that is embedded in the communities where the students live and potentially provides schools with additional professional development opportunities.

Stakeholders of Importance: See Stakeholders of Importance in Recommendation No. 26 on page 46 and include community partners.

Legislative Changes Needed: To be determined by stakeholders.

Budget Implications: To be determined by stakeholders.

***Recommendation No. 30:*** *ISBE-recognized public and nonpublic schools serving students in Grades preK-12 should implement restorative justice and restorative practices when implementing a suspension and/or expulsion. In addition, schools should provide at least 60 minutes of synchronous virtual instruction for each day of suspension or expulsion, allowing for continuity of education, strengthening of academic skills, and continued social-emotional development. The endgame of humanizing all children leads to educational equity.*

Brief Explanation: Research supports the effectiveness of restorative practices in schools as it leads to the following:

- Reductions in disciplinary referrals to principals.
- Reductions in suspensions and expulsions.
- Reductions in amount of instructional time lost to managing student behavior challenges.
- Improved teacher morale.
- Improved teacher retention.
- Improved academic outcomes.
- Reductions in disproportionate referrals of minority students.

Maine and Maryland implement restorative justice as a whole-school model. Colorado and Michigan identify restorative justice as the primary response to student behavior and alternative to exclusionary school discipline, while Maine, Maryland, California, Nevada, New Jersey, Tennessee, and the District of Columbia require schools to at least consider restorative justice as an alternative to exclusionary school discipline.

Stakeholders of Importance: Representatives from ISBE, IARSS, IPA, IASA, IASB, IASBO, ED-RED, IEA, IFT, the Illinois Association of School Social Workers, and Illinois Balanced and Restorative Justice all have an interest in this recommendation.

Legislative Changes Needed: Section 10-22.6 of the Illinois School Code would need to be changed, as determined by stakeholders, to make implementation of restorative justice and

restorative practices required, not recommended. The EBF formula would need to be amended to allocate more funding to schools to successfully implement this initiative.

Budget Implications: To be determined by stakeholders.

## VI. APPENDIX

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[A Scoping Review of School-Based Efforts to Support Students Who Have Experienced Trauma State Policies that Support Healthy Schools IL WSCC profile](#)