

Written Statement of Dr. Ingrida Barker
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Before the Committee on Education and Labor
Early Childhood, Elementary, and Secondary Education Subcommittee
United States House of Representatives

Full Committee Hearing:

***The Importance of Trauma-Informed Practices in Education to Assist Students Impacted by
Gun Violence and Other Adversities***
September 11, 2019

Thank you for the invitation to participate in the hearing aimed at discussing trauma-informed care in rural schools and the importance of supporting children affected by trauma. My name is Ingrida Barker. I hold a position of an associate superintendent of McDowell County Schools. In my line of work, I oversee various aspects of schooling, ranging from direct academic guidance to working with principals, counselors, and other stakeholders to ensure student success. I also work closely with mental health support delivery in our county schools.

Our school system has been the recipient of Now Is The Time (NITT) Project Aware funds geared toward establishing mental health supports in McDowell County Schools. In five years of receiving the grant, we were able to establish partnerships with various mental health providers and bring mental health services to our students in each of our schools. Even though our foremost goal is to provide educational opportunities for our students regardless of their background and socio-economic status, I understand that helping students meet their basic needs before they step into the classroom is vital to achieving any of their learning goals.

Therefore, I am honored to be here today to discuss trauma-informed practices in our rural district and their importance in supporting students affected by trauma in order to help them become productive citizens of tomorrow.

Effect of Adversity and Trauma on students in McDowell County Schools

It is known that students who are born to low socio-economic status tend to lag behind academically, as they are not read to or spoken to at the level that their higher socio-economic status counterparts are. That means that our students come to us having been exposed to millions of words less than their more affluent peers. Besides academic challenges, many students come to us with several Adverse Childhood Experiences (ACE) scores. ACEs are traumatic events that occur in a child's life prior to the age of 18 and can harm the child's brain and development, consequently resulting in long term health issues. It is even more important to discuss ACE scores in this statement because research shows the link between opioid addiction and early childhood adversity. Many of our children witness abuse, parent drug overdose, parent incarceration, or violence early on. According to the Adverse Childhood Experience Coalition of West Virginia, 52 percent of children from low-income families have at least one ACE score. The study performed by the coalition also found that **58 percent** of West Virginia residents reported exposure to ACEs, identifying substance abuse as the most common adverse childhood

experience. Schools can break the cycle of chronic stress and trauma by helping provide protective factors identified by ACE research. School can help strengthen social connections, provide concrete support in the time of need, and help children develop social and emotional competence. These supports are already embedded in trauma-informed practices at schools, the home visiting project in McDowell County Schools, and Handle with Care supports provided in collaboration with local law enforcement.

Many of our students live with their grandparents who frequently struggle with raising today's youth. Many also live in single-parent homes or bounce from a friend's house to a relative's home. Stability and social structures lack in many of the students' lives and that's why our elementary schools face increasingly challenging behaviors and have to use a variety of resources to be able to provide continuous learning opportunities not only for the children who exhibit these behaviors but also to other students in class. Teaching and classroom management strategies are not enough when working with students with various diagnoses, and often schools have to call on special needs specialists to help them troubleshoot issues and come up with needed solutions. It is still important to note that we are not mental health professionals. We are merely educators trying to help our students become ready to learn. However, we have to take so many more steps to get the students to that readiness stage and engage a variety of community partners just to be able to help our students pay attention to the instruction in class.

Taking these steps also means involving community partners and funding resources to help our students' families with job training, healthcare including prevention and treatment (dental, mental, and physical health included), as well as strengthening the social safety net for the families our schools serve. Often, our parents and grandparents do not have a sounding board and continue the cycle of trauma and adverse experiences if not provided with support groups. Our county Title I director does a marvelous job with parent and grandparent support groups as well as home visiting to build positive relationships between school and home. However, those dollars are also used to focus on helping improve reading and mathematics teaching and learning, which is a wise investment considering the gaps that our students face when starting PreK and Kindergarten. When the district is faced with a choice to use funding for academics or social emotional supports, the choice is always a challenging one and one we should not be forced to make.

Relationships with community partners can also help bring professional development resources to teachers in terms of blending classroom management approaches with specific knowledge about various disabilities or trauma informed care. As I have stated before, education professionals do not get provided with training on trauma, ACES, or extreme behavior management in college classes. However, they need this knowledge in order to build compassionate relationships based on understanding trauma and promoting high expectations for student success. The community schools strategy is an effective way to bring those supports by helping establish collaborative leadership to include families and community partners in decision-making, staff and student capacity building through integrated student supports, as well as providing expanded time for learning opportunities.

Trauma-Informed Care in Rural Schools

McDowell County Schools is located in one of the poorest districts in the United States. The district provides meals to all students through the Community Eligibility program, so the percent of low socioeconomic status (SES) students who qualify for free and reduced lunch is calculated by using direct certified data from the WV DHHR instead of using the data from free and reduced lunch applications. According to the WV DHHR percentage of direct certified students receiving benefits through the DHHR, 71% of students in the district are of low SES. However, when applying a USDA approved multiplier of 1.6 for Title I low SES percentages, the district is at 100% low SES. According to the 2019 Kids Count “The State of Our Children” data book, McDowell County has the highest rates of children living in poverty (54.3%), low-birth weight babies (12.9%), and children in kinship care/living with grandparents (13.3%). These numbers alongside mounting drug overdose rates, with McDowell County showing as a county with significantly higher rates of overdose (81.2 per 100,000 according to the WV DHHR data review from 2014-2016), create a perfect storm of issues that impedes student well-being, and, subsequently, their academic achievement.

Besides battling the issues associated with drug misuse, the county schools face the challenges brought in by general poverty, ranging from kinship care issues to generational trauma students’ families face. The schools see adverse impact of these challenges on student attendance, behavior, and academics. For many students whose main focus is on survival and managing the basic needs, all the mental capacity is used up on managing the stress in their lives. Learning to read or multiply is not on the forefront of their attention due to chronic stress and trauma, and their families usually don’t have the knowledge or sufficient academic experiences themselves to be able to alleviate stress in the lives of their children and help them focus on the academic goals. Hence, the importance of trauma-informed practices and health supports in schools. The need to help our students overcome trauma and focus on learning is immediate, overwhelming, and complex.

We as educators have a choice- wait for somebody else to come in and help families and children in our district address issues coming from generational poverty and chronic stress or we can help our students now, while we have them in our schools. In McDowell County Schools, we choose the latter. Of course, the school staff cannot do it alone. We have degrees in education, not in mental health, psychiatry, or social work. Therefore, applying the community schools strategy to leverage and coordinate resources between the school and the community provides access to supports and opportunities for our students beyond what the school system could provide with its limited resources. The Community Schools strategy involves creating collaborative partnerships with various community organizations to meet the unique needs of the whole child, including family and kinship supports. Wraparound services within the framework of community and school partnerships serve as an equity strategy. Most of the students in our school district lack access to the most basic resources. Providing them with mental, dental, and physical health resources as well as helping with clothing or housing ensures that the student readiness levels to experience the world around them are similar to the experiences as their more affluent counterparts.

Living and working in a remote, mountainous district provides additional challenges. School system and other employees in the area struggle with recruiting and retaining employees, which provides additional challenges with providing stable, effective, and knowledgeable staff to already vulnerable student population. Therefore, we have to be creative and explore a variety of approaches to helping provide and sustain trauma-informed care in our schools. The Community schools framework helps put in place collaborative leadership and engage in mutually supportive work with community agencies and other key institutions. We are currently working with four (4) mental health providers to support mental health services in our ten (10) schools, using face to face or telehealth services. Mental health providers, such as Southern Highlands, KVC, Family Options, and Crittenton help provide mental health therapists for our schools. Tug River School-Based health centers at the two of our high schools also alleviate the need for students, staff, and community to travel to medical appointments, which can take students or staff out for a day due to lengthy travel to any other medical establishments. We are currently working with Tug River to secure the services from their mobile unit with a goal to provide preventative and treatment services to all of our schools. Our district also secured grants to provide weekend food backpacks for the students identified by schools as in need for weekend food supplies.

Building and maintaining so many partnerships requires the fulltime position of the community school coordinator, as principals or central office staff struggle to find time to do this in addition to their primary responsibilities. Southside K8 in our district has been employing a community school coordinator for 7 years, and during this time, the school's teacher turnover rate went from 40% on the worst year to very few teachers leaving positions to look for a placement in another school or district. The school is at 87% fully certified teacher rate this year, which is a tremendous improvement from previous years. The student attendance has hovered steadily at 91% for the last few years, and the serious behavior infractions reduced. The school has a more welcoming climate, and the school's administration is finally able to work on addressing academic achievement and establish a laser focus on quality instructional services for their students while maintaining a solid approach to helping students with their basic needs. Implementing the community school strategy with fidelity and having a full-time community school coordinator to facilitate the partnerships has helped us to achieve these improvements at Southside K8

McDowell County Schools district places an emphasis on securing collaborative partnerships at the district level, as the remote nature of the district and the schools within it frequently narrow the schools' opportunities to secure partnerships on their own. Being able to engage local and state resources at the district level allows the schools to implement the processes and structures to provide students with wraparound services without principals and teachers taking great amounts of time from instruction and instructional supervision. The county school system employs a community school coordinator for one of the schools in the district, using Title I funds while the county mental health coordinator is currently supported by Project AWARE funds. With Project AWARE funding ending next month, in October 2019, the county has to search for alternative means to sustain the position, which proves very challenging due to financial constraints the school system is already facing. Funding these positions in addition to social workers or graduation coaches is a challenge for a rural county with a diminishing tax base. Therefore, increases in funding formula for education like Title I and IDEA, as well as funding for Title IV of the Every Student Succeeds Act are needed, so that the schools can direct more

funding to support the social and emotional needs of students and help school staff members build more productive and personal relationships with students. When faced with choices on directing these funds to meet students' needs, the school districts should not have to choose between helping students learn to read and do math and hiring nurses, mental health therapists, and social workers. Both types of services are vital for our students to succeed, as schools become hubs of community and therefore have to meet the needs of the whole child instead of engaging in a piecemeal approach, having to choose between funding academics or social emotional supports.

Conclusion

The challenges and opportunities presented to us in today's society are unprecedented in the whole history of our nation. Technology, changing family structures, childhood poverty, as well as many other parts of our lives contribute to the daily happenings in our schools. The goal of the schools has not changed. We still strive to educate every child to reach his or her full potential and become a productive citizen of tomorrow's society. However, our students come from increasingly more fragile or broken family structures, affected by drug misuse, violence, or living in generational poverty. In order for the schools to continue on their mission to help their students succeed, students' basic and comprehensive health needs must be addressed before teachers can ask thought-provoking questions, analyze literary and informational texts, or solve multi-step word problems in mathematics. This effort cannot be managed by the school systems alone. It requires a multi-faceted approach, using community partnerships and leveraging resources through the community school strategy to ensure the school staff can do their job of teaching and building positive relationships based on trust and high expectations.

The implementation of trauma-informed practices at schools serves as a solid strategy to prevent students from engaging in destructive behaviors of drug misuse, violence, and risky behavior. These practices can also break the cycle of generational poverty and generational trauma our student families face on a daily basis and allow for improvements in overall wellbeing and welfare of our students and their families.