

January 18, 2021

Dear Chairperson Representative Richardson and Members of the House Education Policy Committee:

The Minnesota School Social Workers Association (MSSWA) appreciates the ongoing advocacy to strengthen school mental health services and recovery efforts from the COVID-19 Pandemic. Mental health is an essential component of a child or adolescent's healthy development. A child or adolescent's mental health is critical for the development of self-awareness, self-management, responsible decision-making, relationship skills and social awareness that supports learning and academic success. When a students' mental health needs are unmet this can create significant barriers to academic achievement, social-emotional development, successful transition into adulthood and can even compromise school safety. Thus, MSSWA supports **HF4 Subdivision 3**, **of Article 1**, **Section 5** that outlines a financial investment "of grants to fund trauma-informed and systematic professional development for all staff who work with students, including all principals and administrators, to support students with adverse childhood experiences, and to promote restorative practices and nonexclusionary discipline in schools".

Given the urgency and fluid nature of these times, the increasing and disparaging impacts of the COVID-19 pandemic as well as long standing unaddressed racial inequities being felt across our state and globally; how we think and respond to the overarching economic, psychological and racial disparities is critical. Research has repeatedly shown that students affected by trauma, poverty and mental health issues are unable to access learning and engage in school. Prior to the Coronavirus Pandemic, evidence revealed that one out of four children attending school had been exposed to a traumatic event which may include homelessness, abuse, neglect, school violence, domestic violence, sexual or commercial exploitation, refugee or war experiences, military stressors such as deployment or a returning injured parent, etc. When we add the public health crisis of COVID-19, increased racial tensions and community violence and the economic recession of this past year, these factors further exacerbate the effects of adverse childhood experiences on the overall wellbeing of our children and youth. Traumatic events can illicit intense emotional and physical reactions that may persist for an extensive period long after the initial experience. According to the Treatment and Services Adaptation Center (2016), "access to evidence-based interventions in the school setting as a response to trauma of any kind can reduce or eliminate the need for a student to receive future mental-health services. Students who are exposed to evidence-based interventions and the support of a trauma-informed school can acquire skills that can contribute to stronger resilience." (SSWAA, 2016).

While addressing budgetary challenges is certainly a priority, it must also be balanced with meeting the significant physical, emotional, social and mental health needs that students are currently facing such as food insecurity, death of family members or loved ones, and ongoing uncertainty and instability etc. Best practice to meet increased mental health needs uses a combination and a continuum of school based mental health providers like school social workers, school linked mental

health providers and in collaboration with culturally responsive community mental health supports and providers. School social workers are well-placed in their training and professional roles to address the needs of traumatized youth. Additionally, school social workers are critical points of contact within a school district offering support to teachers and school staff who must address their own needs and distress to be a stabilizing force for their students. "Equipped with knowledge of how systems interact with each other, school social workers utilize resources and supports in the community and across the district to address the needs of children, youth and families in need. School social workers can coordinate the building of collaboration between parents, foster parents, K–12 schools, public health, child welfare, early childhood education, mental health providers, and others involved in serving trauma-affected children" (SSWAA, 2016). These approaches identify school social workers as key professionals in the development of trauma-informed schools designed to create safe and healthy school climates where student experiences are validated and alternative options to resolving challenges are pursued.

Funding to support grants for schools to incorporate a **trauma informed systematic approach** can not only help mitigate the negative effects of adverse childhood experiences but can also help to heal current as well as historical and intergenerational trauma many of our students are enduring. We must prioritize mental health support if we expect our students to truly recover and regain skills from the lost in-class instruction time. School districts and educational personnel throughout this country are facing a challenge unlike anything in our history, but by coming together as school staff and communities and focusing on the whole child we can meet it and potentially create an educational system that is better able to meet the needs of all students. On behalf of MSSWA, we urge you to support HF 4 Subdivision 3, of Article 1, Section 5 as one solution in the recovery process. Thank you again for creating systems and policies to support the social, emotional and physical wellbeing of all students. If you have any questions or would like further information, please feel free to contact Molly Fox MSSWA President at mnorri1@isd77.org, or Christy McCoy MSSWA Legislative Chair and SSWAA President at mnorri1@isd77.org, or Christy McCoy MSSWA

Sincerely,

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References:

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