



BUILDING A TRAUMA- INFORMED PUBLIC SCHOOL

SUMMER 2021

A CASE STUDY FROM
THE JACKSONVILLE
PUBLIC EDUCATION
FUND

BACKGROUND



Social emotional learning has become a top priority for public education. In response to growing understanding of the importance of mental health, educators have implemented significant measures to help children in crisis and explicitly teach skills to manage emotions in the classroom.

Duval County Public Schools (DCPS) began its first mental health initiative in 1991, with Full-Service Schools, a partnership with United Way of Northeast Florida and Kids Hope Alliance that provides free mental health counseling to students in public schools.¹ In 2014, the Jacksonville Community Council released a report, "Unlocking the Pieces," that estimated one in five children in Duval County has a mental health disorder.² In response, then-Superintendent Dr. Nikolai Vitti decided to pilot a model called Full-Service Schools Plus, with therapists embedded in schools instead of visiting only for counseling appointments. The pilot was successful, with a spike in the number of students agreeing to therapy. Funding to expand the pilot district-wide became available after the Marjory Stoneman Douglas High School shooting in 2018.

Today, Duval County Public Schools (DCPS) uses an evidence-based, Multi-Tiered System of Support (MTSS).³ The system encourages schools to:

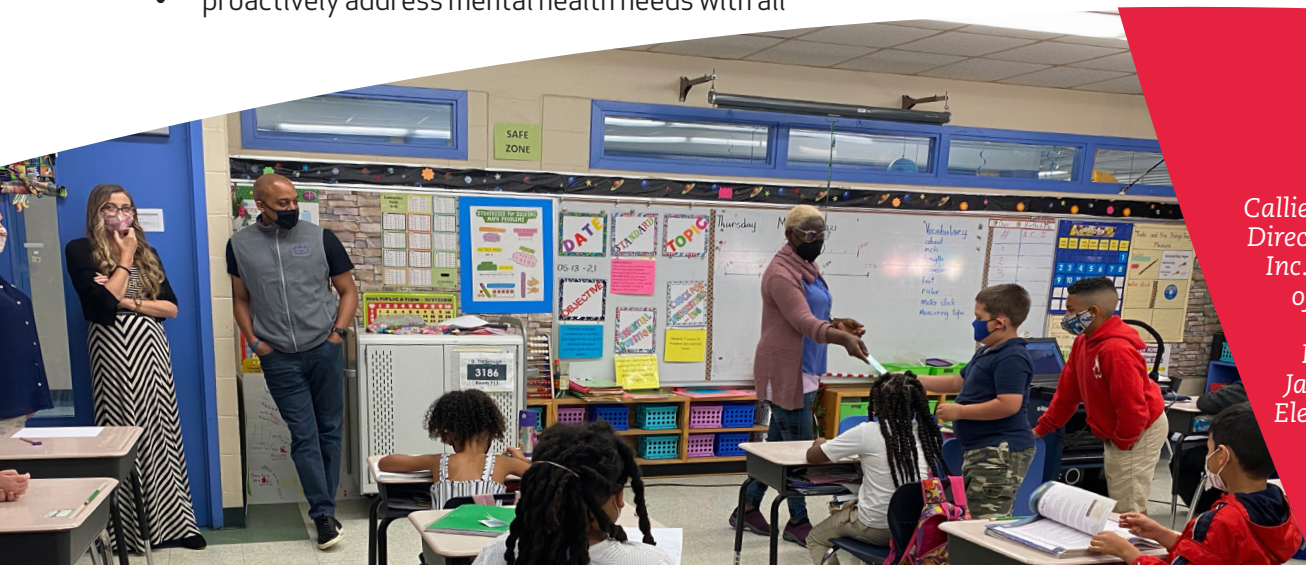
- proactively address mental health needs with all

- students (Tier 1),
- identify students at risk of mental health issues to provide small group support (Tier 2), and
- provide one-on-one counseling to students with mental health needs (Tier 3).⁴

Within this tiered approach, DCPS offers several initiatives to support students - Wellness Wednesdays, Second Step social-emotional curriculum, Calm Classroom, and Youth Mental Health First Aid. In fall 2020, the Luster Learning Institute conducted a survey of DCPS teachers about Calm Classroom, which helps students develop self-awareness, focus, and emotional resilience.⁵ The survey had a 79 percent response rate among the 2,600 teachers surveyed:

- 95 percent of respondents said students seemed calmer after practicing,
- 87 percent said students were more engaged and learning-ready, and
- 80 percent said students were better able to regulate their emotions.

One teacher wrote, in the midst of a pandemic, "This is the ONE GOOD THING that has happened this year." The positive reception of Calm Classroom affirms the demand for social emotional learning tools in public school staff.



Callie Lackey, Executive Director of Hope Street, Inc., and Daren Jones, of the Karyn Purvis Institute for Child Development, visit Jacksonville Heights Elementary School in May 2021.

WHAT IS TRAUMA?

Research has shown that trauma can disrupt cognitive processes that are essential for learning. Instead of allowing students to engage in higher-order, academic thinking, traumatic experiences trap them in their “reptile brain” – the part of the brain that governs basic survival functions like fight or flight.

Traumatic events among children, also known as adverse childhood experiences (ACEs), are sadly common across the United States, and they can have a negative impact on health, education, and earning potential.⁶ According to the Centers for Disease Control and Prevention, adverse childhood experiences can include:

- violence, abuse, or neglect,
- witnessing violence in the home or community,
- having a family member attempt or die by suicide,
- substance use or mental health problems in the home, and
- instability due to parental separation or household members being in jail or prison.

The COVID-19 pandemic has layered on even more trauma. Many students are living in homes where family members lost jobs, became ill or died, or faced eviction. According to the National Child Traumatic Stress Network, the pandemic represents a “crisis on top of a crisis,” exacerbating disparities by race and ethnicity. Communities of color have been disproportionately affected by COVID-19 illness and death, and the closure of schools and businesses has added to existing stress.⁷

TRAUMA IN DUVAL COUNTY

In Duval County, these issues are common. The Florida Prosperity Project estimates that 21.5 percent of children in Duval County live in poverty.⁸ In the five years following the 2014-15 school year, student homelessness rose from 2,166 to 3,770 in Duval County, even before the pandemic.⁹ More than one in four high school students in Duval County has been exposed to a high level of trauma in childhood.¹⁰ The prevalence of trauma, like other social issues, is mediated by race: In 2006, about 33.7 percent of

African-American children lived in poverty, while only 9.5 percent of white children did.¹¹

Katrina Taylor, Director of Behavioral Health for DCPS, said the district’s approach to mental health reflects a disproportionate burden of trauma in Northwest Jacksonville. The district’s mental health support through Full-Service Schools offers the greatest level of resources to the schools that feed into Raines High, Ribault High and A. Philip Randolph Career Academies. Although trauma affects people of all races and socioeconomic statuses, students living in impoverished communities are more likely to experience housing instability, food insecurity, and violence. These issues make a measurable impact on students’ education: low grades, truancy, and behavioral problems in school are the three warning signs that students may need mental health support.

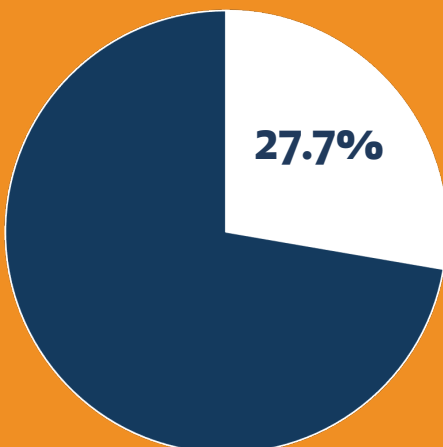
Melissa Marshall, a teacher at KIPP Voice Elementary, said many of her students face housing and food insecurity. Their parents or caretakers may not be home much because they’re working multiple jobs, so older children take responsibility for younger siblings. “My fourth graders end up being the caretakers before and after school,” Marshall said. “A lot of times, our kids have to be the adult when there isn’t another adult present. When they come to school, it’s their only chance to be 10 years old.”

TRAUMA-INFORMED CARE

The field of trauma-informed care offers hope for educators who want to better serve such students. Led by psychologists Dr. Dan Siegel and Dr. Bruce Perry, the field of trauma-informed care has helped to shift the paradigm about student behavior: instead of asking, “what’s wrong with you?” it asks “What happened to you?”¹²

Trust-Based Relational Intervention (TBRI®) is a specific approach to trauma-informed care created by the Karyn Purvis Institute at Texas Christian University. TBRI® is an attachment-based, trauma-informed intervention

TRAUMA IN DUVAL COUNTY YOUTH



More than one in four Duval County high school students has been exposed to a high level of trauma, according to the Florida Department of Children and Families.

Exposure to four or more adverse childhood events (ACEs), such as separation from parents through divorce or incarceration, food insecurity, housing insecurity, abuse, or domestic violence, is considered a high level of trauma.

that is designed to meet the complex needs of vulnerable children.

- **Empowering Principles** include Physiological and Ecological Strategies to meet physical needs.
- **Connecting Principles** include Engagement and Mindfulness Strategies to meet attachment needs.
- **Correcting Principles** include Proactive and Responsive Strategies to shape beliefs and behaviors by disarming fear.¹³

The approach helps educators understand the signs of trauma and provides concrete tools to help students feel safe in the school environment, improving academic outcomes and ultimately, success in career and life. It coaches teachers to understand their own trauma responses and then offer care to students in a way that creates clear boundaries within a warm, nurturing environment. Because trauma has implications for the brain and the body, TBRI® focuses on three key needs of the body: nutrition, hydration, and movement.

Research has shown positive results for students. In one of the first explorations of TBRI® use in schools, a study looked at TBRI® implementation in an elementary school with an at-risk student population in Tulsa, OK. "Ninety-eight percent of the students in this inner-city school lived in poverty, and 75 percent had a parent or caregiver in prison," the authors note. The results included an 18 percent decrease in incident reports and 23 percent decrease in office referrals for the top ten most frequently referred students.¹⁴

Data from a charter school in a residential facility for at-risk youth in Texas suggests even greater improvements in student behavior. After the first year of TBRI® implementation, school data showed a 33 percent decrease in referrals for physical aggression or fighting with peers. After two years of TBRI®, the results were even better. Before implementation, in 2010-2011, there were 902 behavioral referrals, but only 59 referrals two years later, representing a 94 percent decrease in overall incident reports.¹⁵

The approach is complementary to other efforts to

bring social-emotional learning into schools. Taylor said it was especially valuable as a Tier 1 intervention – meaning it benefits all students in a school. It can also help ensure educators ask the right questions about student behavior and support students so that they don't need Tier 2 and Tier 3 support. "It's an approach, and it's a culture," Taylor said. "We're trying to provide that foundational knowledge to all schools and teachers – so that if students experience something traumatic, it would not impact their learning."

Callie Lackey, the Executive Director of Hope Street, Inc., a local nonprofit organization that is leading TBRI® work in Jacksonville, said the need for a mindset shift is especially acute in Title I schools. In high-poverty schools, student needs can be overwhelming, and teachers often adopt a disciplinarian style with a punitive approach.

"Teachers think they have to be this tough, mean person in order to keep their kids under control, or they'll lose control and won't be able to teach," Lackey said. "But scared brains don't learn, so that's wrong thinking. A punitive approach results in an increase in stress chemicals and internal distress."

Hope Street has seen the results locally. At Daniel Academy, a private school on Jacksonville's Southside, physical aggression referrals dropped by 40 percent after two months of TBRI® implementation, and attendance improved by 11 percent, according to Lackey.

Marshall, the KIPP Voice teacher, learned about trauma-informed care from Hope Street during a teacher leadership event hosted by the Jacksonville Public Education Fund in 2020. After that session, she implemented TBRI® practices in her classroom, which made a noticeable difference. In 2021-2022, she's advancing to assistant principal at KIPP Voice, and she is training all the teachers on trauma for next school year.

"It has totally changed the way I approach certain behaviors in my room," Marshall said. For example, Marshall started saving food, so students who missed breakfast don't feel anxious and hungry until lunch. She'll take a moment to check in with a student who seems stressed or distracted. "I didn't feel safe in my own classroom six years ago. Now, kids come to my room when they need help."



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JACKSONVILLE HEIGHTS ELEMENTARY

Andrea Williams-Scott is the principal of Jacksonville Heights Elementary School and a lifelong educator. "I am really about caring for kids. I want my legacy at any school to be that the students can say, 'My principal loved me. She cared about me as a child.' I want to create those types of memories. It takes all of us to be on the same page to do that."

She became the principal of Jacksonville Heights Elementary in 2018. It's a Title I school on the Westside of Jacksonville where the entire student body qualifies for free and reduced lunch based on the high poverty rate there. About 56 percent of students are Black, 17.4 percent are Hispanic/Latino, and 17 percent are White. The school serves about 550 students from kindergarten to fifth grade.

When Principal Williams-Scott started at the school, she noticed room for improvement in the school culture: the team spoke the right values, but behavior didn't always match. Having built great team cultures in other schools, she knew it could be better.

"Because this has been a neighborhood school for so many years, I have teachers who have taught generations of families," Williams-Scott said. Some teachers were dismissive of students based on negative experiences with their family members. "I felt like the academic potential in our children was not being harnessed. We need to say, regardless of what has happened in your family in the past, we're going to help you."

Her perception was validated through the results of the 5 Essentials survey, a University of Chicago tool based on 20 years of research on the factors that lead to school improvement. The 2019-2020 survey at Jacksonville Heights showed neutral scores on the "supportive environment" essential.

In schools with a Supportive Environment, the school is safe, demanding, and supportive. In such schools:

- students feel safe in and around the school,
- they find teachers trust-worthy and responsive to their academic needs,
- all students value hard work, and
- teachers push all students toward high academic performance.

When Principal Williams-Scott was invited to participate in the Jacksonville Public Education Fund's School Leader Residency in the summer before the 2020-2021 school year, she figured it would be a good opportunity to work on the "supportive environment" essential in her school.

THE BRIAN J. DAVIS FELLOWSHIP FOR SCHOOL CLIMATE AND CULTURE

In 2020, Principal Williams-Scott participated in the JPEF School Leader Residency. The Residency helped her learn from leading experts about evidence-based practices to improve her school.

It also opened the door for her to become a Brian J. Davis Fellow for School Climate and Culture. Through the Fellowship, she received ongoing coaching and professional learning alongside other Title I elementary school principals. She also received grant funding to help her pursue her school improvement work.

"Every session I walked away with something," said Williams-Scott. "I would have never known about trauma-informed care, I would have never known about Hope Street, I would have never known about all these things that could really turn the tide in my school, had it not been for JPEF."

When Principal Williams-Scott learned about TBRI® through JPEF, she felt the training could really help her students – and her teachers. In addition to the grant funding from JPEF, the organization leveraged funding from the Consortium of Florida Education Foundations, Florida Blue Foundation, and Mayo Clinic to help pay for

TRAUMA-INFORMED TOOLS



NURTURE GROUPS

Nurture groups are an important component of TBRI®. Children sit in a circle with an adult, check in with each other about how they're feeling, express care for one another, and learn skills to manage their emotions and behavior, such as using life scripts to express what they need.



YES JAR

Kids hear "no" all the time from adults. The "Yes" jar is a simple way to empower them with healthy choices. Teachers can create a class "yes" jar filled with stickers, snacks, coupons for hugs, or an extra five minutes at recess. Students can take an item from the jar any time they want, and it can never be taken away.



LIFE SCRIPTS

According to the Karyn Purvis Institute: "TBRI® Life Values are short scripts designed to guide children toward optimal behavior. They create a language of respect in families, groups, and classrooms. Remember that TBRI Life Values are most effective when they're taught proactively during moments of calm when children are ready to learn."



ENGINE CHECK

The Engine Check is a simple tool for self-regulation from the Alert® program. The engine check signals whether they're feeling blue (sleepy, low-energy), green (ready to learn) or red (angry, anxious, overactive). After the check, the students can do different breathing exercises to calm them down or wake them up.

the training and ongoing support from Hope Street – about \$24,000 in total.

In January 2021, Principal Williams-Scott began the process of becoming a trauma-informed school. The school staff took a survey to develop a baseline measure for their work - the Attitudes Related to Trauma-Informed Care (ARTIC) Scale, created by researchers at Tulane University and the Traumatic Stress Institute. The results were consistent with many schools just beginning their journey – but also showed signs that the school leader had begun to set the tone (See Figure 1).

“There were scores that showed the principal had already begun bringing people into the need for understanding trauma,” Lackey said.

Eighteen teachers signed up to participate in the first training, and word quickly spread about the value of the approach after that. Teachers wrote down their reflections about the training.

“The training has brought into focus challenges that I encounter in my classroom daily and has allowed me to view them through a new lens. The term children from ‘hard places’ has stuck with me. I now understand better why students fight for control in the classroom. They are coming from environments where they are not given choices and where they have no control. I find myself seeking opportunities to share control and feeling less threatened now that I better understand the reasons behind the behavior. I am more mindful about my students’ level of hydration, sleep, and nutrition and the importance of these needs being met in order for the students to focus on learning. The training is very relevant, and I find myself researching to learn even more about the topic.” -- Alethia Wheatle, 2nd Grade Teacher

“My takeaways are that all behavior serves a purpose, and that most behaviors can be deterred by knowing your students and how to intervene with them in a calm manner.” -- Crystal Jefferson, 4th Grade Teacher

“Hope Street training reminds us that love, caring for others, and kindness are not new. Perhaps the greatest takeaway from the training is that there is hope for a brighter future for everyone. If we have the courage to nurture, care for, and teach our students with calm and gentle assertiveness, as a team we will make a profound difference in not only the lives of our students but in ours as well!” -- Beth Adams-Ulmer, Varying Exceptionalities Teacher for 4th and 5th grade

While the school is just getting started implementing trauma-informed care, they’ve already seen some promising results. During the stressful end-of-year testing period, teachers noticed a remarkable difference in how hard students worked on the tests. They used breathing exercises, pick-me-ups like mints, and allowed all students to drink water as they needed it during the exam.

Giving students more control over their emotions and bodies seemed to motivate their young learners. Cynthia Brown, a varying exceptionalities teacher

SCHOOL SNAPSHOT

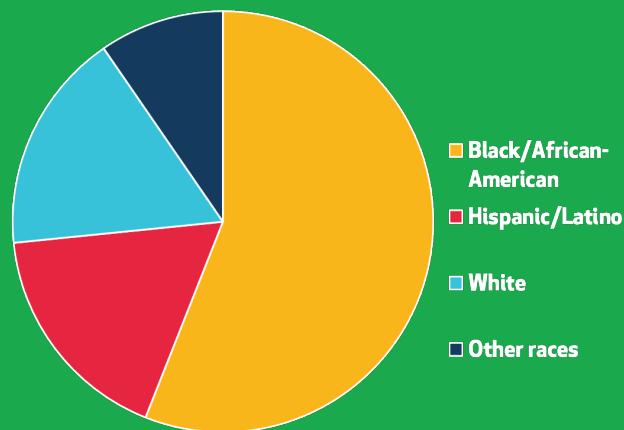
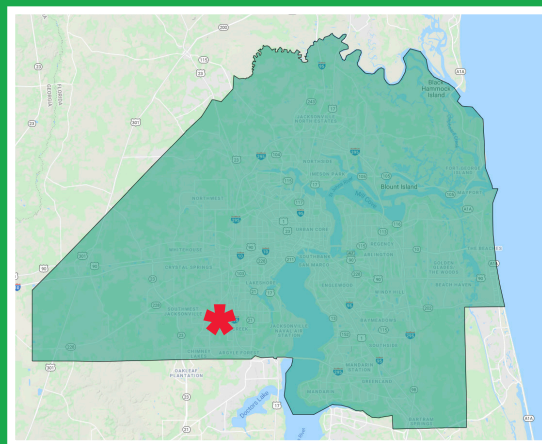
Jacksonville Heights Elementary is a Title I school, meaning many of its students are socioeconomically disadvantaged, on Jacksonville’s Westside. JPEF supports Principal Andrea Williams-Scott through our School Leadership Initiative.



Andrea Williams-Scott
Brian J. Davis Fellow for School Climate & Culture

“I want my legacy at any school to be that the students can say, ‘My principal loved me.’”

- SCHOOL GRADE IN 2018-2019: **C**
- STUDENT BODY: **550 STUDENTS**
- NUMBER OF TEACHERS: **37**
- STUDENTS WHO ARE ECONOMICALLY DISADVANTAGED: **100%**



SOURCE: FLORIDA DEPARTMENT OF EDUCATION



Austin teacher Elizabeth Wilson leads her class in a mindfulness exercise in 2018. Katherine Corley/Reporting Texas

SCALING TBRI IN AUSTIN, TX

The Austin Independent School District (AISD) in Texas has about 130 schools serving about 75,000 students. The district is a national leader in building trauma-informed public schools.

In 2015, two staff members at the Austin school district were trained in TBRI®. Through the work of the district Early Childhood Department and a new policy to ban suspensions for young children, need for and interest in the work picked up pace. Today, most staff, community partners, and many families have learned about TBRI®. The district also offers ongoing learning opportunities for new staff, and school counselors in the Austin school district also use TBRI®. The broad base of knowledge has created consistency in the way adults respond to children and established a common language for staff and families.

According to Wood, the feedback from districtwide staff included:

- 93% agreed that TBRI® helped them gain a better understanding of how trauma affects childhood development,
- 97% said the training would benefit other school professionals and parents, and
- 82% agreed they interact with their students differently as a result of the TBRI® training.

Teri Wood, the TBRI® and Brain Development Coordinator at the AISD, said the training has led to a dramatic change in the way teachers and school staff perceive student behavior. "Now when they see a behavior, they stop and think what's beneath that," Wood said. "[Students] are not just doing it to be a pain."

Wood said they have funded trauma-informed work through a variety of sources: district funding, grants, including federal funding from the Department of Justice, private philanthropy, and school-based fundraisers using tools like GoFundMe. Wood said her team is creative in coming up with resources.

"Every year it seems we get money from a different place," Wood said. "Because I've worked in schools for so long, you can do a lot for nothing."

Funding helps support trainings, family events, and care kits in schools, which include snacks, water, and sensory items, as well as bigger projects like nature walks or sensory paths. AISD's federal grant is helping with data collection to evaluate the impact of TBRI® on student outcomes.

Wood said one key to success has been with principals. She said that effective principals walk a line between setting a clear vision and expectations and offering flexibility to teachers to use their own professional judgment. She said the pandemic has made the need for trauma-informed care even more pressing – and helped open staff's eyes to how common traumatic experiences are.

"This work is good for all students," Wood said. "We talk about it in the context of students who have had experiences of trauma, but if you look at the pieces of TBRI®, it's just good teaching."

who works with fourth and fifth grade, said she expected students to push the boundaries of their new liberties. But the students relished the responsibility and choices to govern themselves, behaved responsibly, and stayed on task. During a normal school year, disruptive behavior would cause Ms. Brown to have to invalidate an entire class's test results. That didn't happen once this year. One student who normally wouldn't sit for the writing portion of the exam wrote three pages.

"I was just floored," Brown said, adding that all the students felt a sense of pride in having done so well. "He was hydrated, he knew that I trusted him, and he knew that we expected him to do his best."

The teachers have also responded well to the training and practices. Teachers who didn't initially participate are now asking to be part of the next training. The ARTIC Scale results showed improvement on almost all sub-scales of attitudes related to trauma, especially on measures related to educators' own attitudes toward trauma-informed care and how well their administration supports trauma-informed care (See Figure 1, Personal Support and System Support).

"The training about trauma and Trust-Based Relational Intervention® really brought to the surface what was already in the hearts and the minds of the teachers," said Daren Jones, Associate Director of Training & Consultation at the Karyn Purvis Institute, who visited Jacksonville Heights Elementary in May. "They want to connect into relationship with their students. They want their kids to be successful. They want to receive care as they're providing care. It's exciting to provide the practical tools that the teachers can utilize, taking the research and the science and connecting the dots in the day-to-day practice."

Katrina Taylor, who also visited the school with Jones, said she was struck by how quickly schools could make progress when the principal led the way.

"I thought it was absolutely amazing to see the impact that a principal could have when they buy into it," Taylor said. "Principals have a lot to deal with – an overwhelming amount of stress each year. The principal's voice is so important to say that social and emotional learning can make an impact in her school."

SCALING UP IN PARTNERSHIP WITH PRINCIPALS

Over the summer, Principal Williams-

Scott and her staff are spending even more time training with Hope Street. Most importantly, she's engaging staff directly in establishing trauma-informed care as the standard at her school. The foundations committee, comprised of a representative of each department and grade level, will determine which trauma-informed practices the school will implement school-wide. She's looking forward to seeing the impact these practices will make at scale. JPEF will continue to monitor progress at the school, both on 5 Essentials Survey results and in student achievement data.

This summer, more public school principals learned about TBRI® from Hope Street and Katrina Taylor. Taylor and four other team members in school behavioral health are signed up for a TBRI® train-the-trainer learning session with the Karyn Purvis Institute. In addition, the JPEF School Leader Summer Residency allows about 30 Title I elementary school principals to hear directly from Hope Street about trauma-informed care.

Lackey and Teri Wood, the trauma-informed care specialist at the Austin Independent School District, believe school leaders are the key to success with creating trauma-informed schools. District leaders and charter providers can help create an authorizing environment that further empowers principals through school-based budgeting, flexibility, and resources. Principals' roles are important because:

Principals direct some school-based resources, and trauma-informed care requires an investment. The approach requires schools to provide protein-based snacks, water bottles for students, and sensory tools like bean bags to help students calm their minds by attending

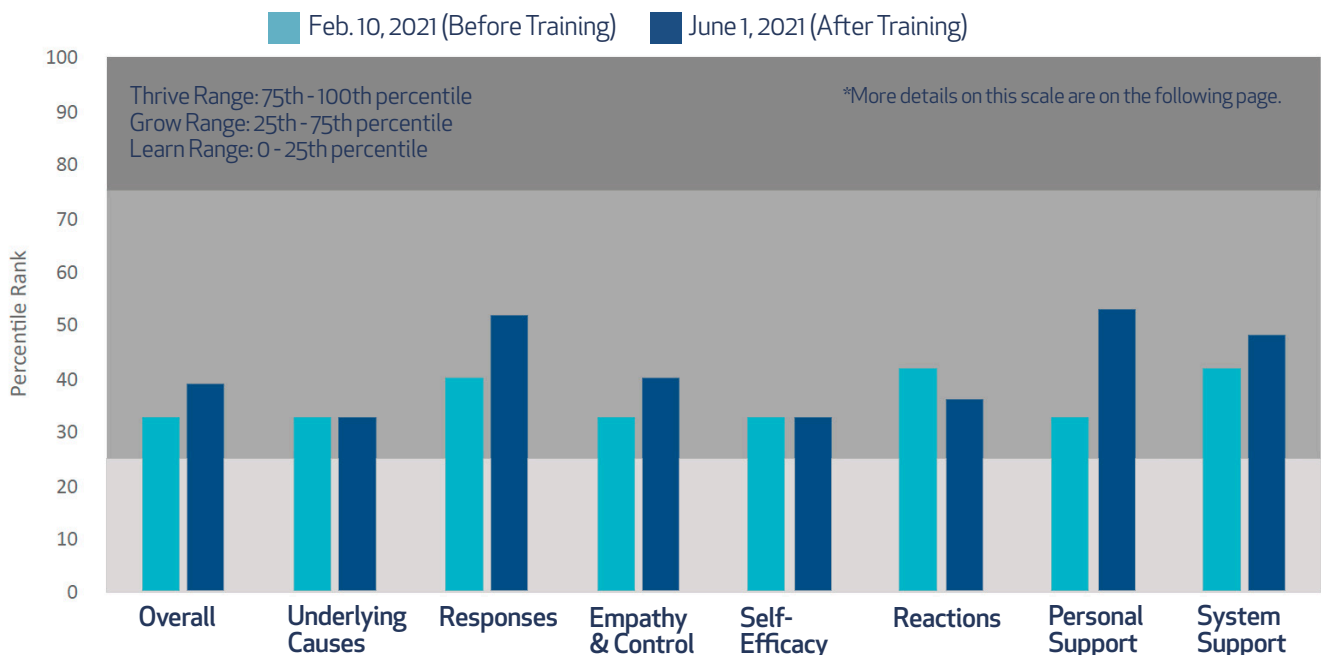
to their bodies. Successful principals dedicate the resources or develop partnerships in the community to get the resources they need.

Principals model caregiving with their teaching staff. TBRI® begins with teachers learning about their own traumatic experiences and learning strategies to self-regulate during stressful times, especially during triggering episodes with students. Teachers need to feel seen and heard by their principals in order to pass on care to their students. It's critical for principals to trust their teachers to use their professional judgment with students, including veering from the day's curriculum plan if the situation requires.

Principals set school policies and procedures, which may need to be adjusted to support TBRI®. For example, TBRI® recommends children use chewing gum as a quick intervention to calm down when angry. But many schools ban gum. Principals must be bought-in to allow flexibility where needed.

Principals set the school vision and climate and culture. One of the biggest barriers to TBRI® is the "we've always done it this way" attitude. Principals set a clear vision and expectation that TBRI® is the way the school staff interact with students and each other. This includes a mindset shift away from punitive discipline for "big behavior," as Wood describes it. "If you can't read, you work on your reading with a tutor or a coach. You don't get put out," Wood said. "Why do we have such a different set of expectations about how we learn to be human versus how we learn one of our subjects in school?"

Figure 1: Attitudes Related to Trauma-Informed Care (ARTIC) Scale*
Jacksonville Heights Elementary



ARTIC SUBSCALE DETAILS

1. Underlying Causes of Problem Behavior and Symptoms. This subscale measures whether professional attitudes endorse the view that client or student behaviors and symptoms are adaptive and malleable versus intentional and fixed.
2. Staff Responses to Problem Behavior and Symptoms. This subscale measures attitudes about whether professional responses to problem behavior should focus on the importance of the relationship, flexibility, kindness, and safety as the agents of change versus focus on accountability, consequences, and rules as the agent of change.
3. Empathy and Control. This subscale measures attitudes about whether professional behavior should be empathy-focused versus control-focused.
4. Self-Efficacy at Work. This subscale measures attitudes about whether professionals feel able and confident to meet the demands of working with a traumatized population versus feel unable to meet the demands.
5. Reactions to the Work. This subscale measures attitudes about whether professionals appreciate the effects of secondary trauma/vicarious trauma and cope by seeking support versus minimize the effects of secondary trauma/vicarious trauma and cope by ignoring or hiding the impact.
6. Personal Support for Trauma-Informed Care. This subscale measures attitudes about whether professionals feel supportive of, and confident about, implementation of TIC versus concerned about implementation of TIC.
7. System-wide Support for Trauma-Informed Care. This subscale measures attitudes about whether the wider system (i.e. administration, supervisors, colleagues) supports TIC versus does not support TIC.

ENDNOTES

- 1 Taylor, K. 2021, June 10. Personal interview.
- 2 Goldhagen, J and Waytowich, V. (2014, October 17) Guest column: Better mental health programs will help our children and our city. *Florida Times-Union*. Retrieved from: <https://www.jacksonville.com/article/20141017/OPINION/801248981>
- 3 Taylor, K. 2021, June 10. Personal interview.
- 4 Tiered Framework. Center on Positive Behavioral Interventions and Supports. Retrieved from: <https://www.pbis.org/pbis/tiered-framework>
- 5 Luster, J and Luster, J. Fall 2020. Calm Classroom Survey. Internal report for Duval County Public Schools: unpublished.
- 6 Preventing adverse childhood experiences. Centers for Disease Control and Prevention. Retrieved from: <https://www.cdc.gov/violenceprevention/aces/fastfact.html>
- 7 The Traumatic Impact of COVID-19 on Children and Families: Current Perspectives from the NCTSN. November 2020; Updated March 2021. National Child Traumatic Stress Network. Retrieved from: <https://www.nctsn.org/sites/default/files/resources/special-resource/traumatic-impact-covid-childrenfamilies.pdf>
- 8 Zip Code Maps. Florida Prosperity Project. Retrieved from: <http://www.flchamber.com/wp-content/uploads/2021/01/DuvalCountyUnder18PovertyusetillDec2021.pdf>
- 9 Adelson, E. 2020, August 15. In person or online? Homelessness complicates back-to-school dilemma. *Florida Times-Union*. Retrieved from: <https://www.jacksonville.com/story/news/education/2020/08/15/homelessness-poses-additional-challenges-school-set-resume/5582575002/>
- 10 2020 Florida Youth Substance Abuse Survey. Florida Department of Children and Families. Retrieved from: <https://www.myflfamilies.com/service-programs/samh/prevention/fysas/2020/docs/county-reports/Duval.pdf>
- 11 2009 State of Jacksonville's Children Report: Racial and Ethnic Disparities. Jacksonville Community Council. Retrieved from: <http://jaxccr.org/wp-content/uploads/2016/08/2009-racial-ethnic-disparities-report.pdf>
- 12 Lackey, C. 2021, May 10. Personal interview.
- 13 Trust-Based Relational Intervention. Karyn Purvis Institute for Child Development. Retrieved from: <https://child.tcu.edu/about-us/tbri/>
- 14 Purvis, K. B., Milton, H. S., Harlow, J. G., Parris, S. R., & Cross, D. R. (2015). The importance of addressing complex trauma in schools: Implementing Trust-Based Relational Intervention in an elementary school. *ENGAGE: An International Journal on Research and Practices in School Engagement*, 1(2), 40-51.
- 15 Parris, S. R., Dozier, M., Purvis, K. B., Whitney, C., Grisham, A., & Cross, D. R. (2015). Implementing Trust-Based Relational Intervention in a charter school at a residential facility for at-risk youth. *Contemporary School Psychology*, 19(3), 157-164.



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The Jacksonville Public Education Fund is an independent think-and-do tank working to close the opportunity gap for low-income students and students of color in Duval County. We publish research, convene educators and partners, and lead strategic initiatives to pilot and scale evidence-based solutions for school quality. Learn more at jaxpef.org or on social media @JaxPEF.

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