

**Testimony to the Committee on Education
For the Performance Oversight Hearing on District of Columbia Public Schools**

**Jinnesse Taylor
Program Associate, Young Women's Project**

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Good morning Councilmember Grosso and other members of the council. Thank you for hearing my testimony today. My name is Jinnesse Taylor. I am a resident of the District and the Program Associate at the Young Women's Project. The Young Women's Project is a multicultural organization that builds the leadership and power of young women and men so that they can shape DC policies and institutions to expand rights and opportunities for DC youth. Since 1994, YWP has been implementing after school and classroom based programming on leadership, civic engagement, and health education, and has implemented programs in most DCPS high schools.

At YWP, I work with the Peer Health and Sexuality Program (PHASE), a youth-adult partnership that works to improve DC teens' reproductive health by expanding comprehensive sexuality education, ensuring access to community based services, and engaging teen women and men as peer educators and decision makers. Through this program, YWP has trained and managed more than 200 youth educators who work in partnership with DC Public Schools and the Department of Health (DOH) to improve sexual health outcomes for DC youth through peer education, condom distribution, and by expanding sexual health education.

In my current role, I have the opportunity to see youth enhance their knowledge, skills, and attitudes surrounding health topics on a daily basis. **Working with youth from eleven different DCPS high schools, a recurrent issue that has been brought up is youth concerns about mental health supportive services in their schools. Our youth have discussed key areas in mental health that they would like to see more support in - trauma, stress, and lack of support in schools around college and career readiness.** Today, I will focus on and expand upon what these youth discussed. Youth experience a great deal of trauma - one in four children in the United States experience at least one potentially traumatic event by age 16¹. Based on the number of at-risk youth enrolled in our public schools (41,000) and youth depression-violence data shared in the Youth Behavioral Risk Survey (YBRS), DC's

youth trauma numbers are probably closer to one in two. Trauma is defined as a severe emotional response to a frightening or threatening event or series of events that leaves a person unable to cope. Traumatic events include witnessing violence, being in the foster care system, being homeless, and experiencing abuse or neglect among many other things². In addition, youth who live in poverty are at greatly increased risk of being exposed to trauma. In fact, one in four children in DC live in poverty - a number that is closer to one in two in wards 7 and 8¹. Couple these staggering statistics with the fact that at least 40 percent of DC high school students reported seeing or hearing violence and abuse in the past 12 months, the importance of understanding trauma and its relationship to education¹ is an understatement.

Stress and lack of support are two other important mental health concerns held by our youth. Youth have discussed how stressed they feel on a daily basis. For our youth, stress can come from a variety of sources such as lack of jobs and money, lack of food, lack of social support, and lack of family support. Stress is at times unavoidable, yet the implications of stress for children and youth can be quite far-reaching. This stress can undermine physical health as well as lead to an increase in anxiety, depression, self-medication and even truancy³. Another issue that is undeniably adding to the stress of many youth is the lack of support students have in schools. Lack of academic support, lack of career readiness support, and lack of college support. Students report having to prepare blindly for college and career. Students seeking college support report that it is hard to continually receive. Students are told they need to apply for financial aid, but assistance in the process is hard to come by. Students report not having enough college support at all, even having to wait weeks to have a short meeting with school counselors.

I am not by any means a trained mental health provider or expert, but I see youth experiencing these issues every day in DCPS schools. These youth desperately need someone to talk to about these issues. Someone who will listen. Concerned about the status of mental health supports in the schools, I began to look into what was available in DCPS. **I noticed that the latest School Behavioral Health Program Evaluation report available online was from not last year, but the 2007-2008 school year⁴. Shocked, the Young Women's Project then inquired more about what reports were available and I was provided with the January 2015 DCPS report on "Building an Infrastructure for School Mental Health". This report detailed the performance of three pilot studies on three different evidence-based practices - Mental Health Consultation, Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), and Cognitive Behavioral Intervention for Trauma in Schools**

(CBITS)⁵. **However, these pilot studies performed over three years, from 2011 to 2014, only targeted 50 DCPS high school students and 45 middle school students. That is only 95 students out of the around 46,000 students in DCPS schools - about 0.2%.** In addition, this reports states that 50 DCPS social workers received additional training to implement these pilot studies; however, only 44% of social workers trained, only 22, were able to implement these interventions at their school⁵. If those trained cannot implement the best practices, how are the best practices supposed to be implemented? **After reading this report and listening to youth concerns I am left wondering how these pilot studies are going to help my youth today.** These pilot studies are not going to help the 14.8% of DC high school students who have seriously considered attempting suicide. Good emotional and mental health enhances a child's sense of well-being, supports satisfying social relationships and facilitates achievement of full academic potential. Research shows that one in every five youth aged 13 to 18 live with a mental health condition⁶. However, only about 20% of those children who need services actually receive them⁷. Not surprisingly, emotional and behavioral health issues present significant barriers to learning, academic achievement, and high standardized test scores⁸.

The lack of School Behavioral Health Program Evaluation reports and the vague details in the January 2015 DCPS report left me confused and with many unanswered questions. I decided to look more into the legislation around this topic and I found that in 2012, DC council approved The South Capitol Street Memorial Amendment Act. This law mandates comprehensive mental health care in all DCPS facilities and charters by the 2016-2017⁹. It has been almost four years since this bill has passed - in these four years the Mayor has had time to create a plan, but yet I could not find anything. Even if this plan is available to the Council or released in the next few months, how do we move towards implementation. It is devastating and unacceptable that 24.9 percent of DCPS high school students felt so sad or hopeless almost every day for 2 weeks in a row that they stopped doing normal activities. If this percentage is applied to today's enrollment of students, this roughly translates to 2,800 students¹⁰. DCPS does not have time on their hands to draft a plan and then take years to implement this plan.¹¹. **There is a great need for a variety of mental health supports in DCPS schools and it needs to be implemented as soon as possible.** It is important for youth to be connected to supportive mental health services and it is crucial that these supportive services are in the schools.

I applaud DCPS's commitment to school-based mental health thus far with the creation of pilot studies, but I encourage the continued commitment to the expansion of its mental health capacity. I am here to outline key areas that I believe DCPS can focus on to improve its mental health services.

- 1) **There is still an overwhelming need for a comprehensive school-based behavioral health program at all schools.** The South Capitol Street Amendment Act of 2012 centers on extending behavioral health services to all public and public charter schools as well as improving the mental health outcomes of D.C. youth. Among its several components, this legislation requires “the Mayor to develop a plan to expand the school-based mental health program to all DCPS and public charter schools by the 2016-2017 school year”⁶. This deadline is in a matter of months and I am uncertain of DCPS's progress. In addition, the South Capital Amendment Act requires DCPS to work with the Department of Behavioral Health to train teachers to identify potential mental health challenges. However, based on the number I detailed above from the January 2015 DCPS Mental Health report (only 44% of social workers trained were able to implement the interventions they were trained on), training staff does not always result in services being provided.
- 2) **With the creation of a comprehensive school-based mental health program there is a need for the compilation of all the data into one place that is accessible to the public.** In order for caregivers, parents, community organizations, and interested public persons to make data-driven decisions about students, DCPS needs to make key information available. I would like for information on the number of interventions as well as the number of exclusive mental health providers at each school to be available online in an accessible location. I want to be able to know how many staff members are on the ground solely dedicated to the mental health of DCPS students. In addition, I would like to see more current versions of the School Behavioral Health Program Evaluation Report, which should contain information on program characteristics, delivery, and utilization of services. In addition, the six DCPS school-based health centers are supposed to provide mental health screenings and referrals for students. Are these screenings and referrals happening? If so, is the resulting data accessible?
- 3) **School counselors and school social workers are required to do a great deal. With the new comprehensive plan, school mental health providers must be given a clear role.** High school counselors are required to provide supportive services in everything from college and career support to the coordination of a comprehensive school-counseling program¹². They are

responsible for “developing, implementing, and managing a comprehensive school counseling program, to serve the academic, social, and career developmental needs of students enrolled in DCPS”¹². They also serve as consultants to educators, families, and community partners¹². In fact, there are numerous school counselors who serve as school point of contacts for the Young Women's Project. They are amazing points of contact for our youth and adult staff who go above and beyond their job duties, but I can see that they have a great deal on their plates. From my conversations with our youth staff, many DCPS students believe their counselors are inaccessible and stretch too thin. In fact, one student reports that she was not able to arrange a meeting with her school counselor even after having her outside therapist take the time to call her school counselor. This is unacceptable. In fact, the At-Risk Funding Report submitted to the committee for 2016, indicates that \$3,199,878 was spent on "social-emotional support" and that this funding was used to hire 42 FTEs. I am left wondering who these individuals are and what mental health interventions they are utilizing.

I strongly support the South Capitol Street Memorial Amendment Act of 2012 and believe DCPS should do everything in its power to make sure it is fully implemented. However, here are my three recommendations for an improved school-based mental health program that not only goes above and beyond this law, but also bridges the gap between the thousands of students in need of mental health services and the promised plan.

- 1) DCPS must take an instrumental role in making sure that the Mayor's comprehensive plan becomes more than just a plan. DCPS should take steps towards full implementation of a comprehensive school based mental health program across all DCPS and public charter schools.** DCPS must take a pivotal role in providing school-based mental health programs to every student that needs them. Research has shown that adolescents with access to school-based mental health services are ten times more likely than students without these services to initiate a visit for a mental health concern¹³. A positive, friendly, and open environment must be created at school to ensure each student that has or will access services feels safe. This is not just having a certain number of trained mental health professionals; this is training the administration, security guards, and teachers as well as implementing a variety of interventions at differing levels. Students and staff need a spectrum of interventions. It is not financially plausible for every school to have a

team of psychologists and psychiatrist on staff for every student - it is just too expensive. Hence, there will be a need for preventative programs that ensure students feel safe and connected at school, peer support groups, targeted programs, and intense health services for the small population that needs a multidisciplinary team of providers. With this system, mental health experts would be utilized, but other trained staff would be helpful for a large majority of students. DCPS must also strive to create a school mental health environment with its own private and comfortable space that does not put students at risk for stigmatization. Be it private waiting areas, strategic scheduling of appointment, etc. this issue must be looked at from both the programmatic level as well as individually with the particular student seeking services¹⁴. I encourage DCPS to continue increasing and investing in its mental health capacity.

- 2) **DCPS needs to take steps towards the creation of a caregiver-friendly information system that would be utilized by individuals looking for more detailed information about the school-based mental health program.** This system would include information about the number of mental health providers at a DCPS schools as well as the evidence-based program(s) they are trained in. The transparency established with this process would not only create accountability for DCPS, but also would provide the tools for parents, guardians, and caregivers to make informed decision. This system would also be a place to track program evaluation reports, which should be published and available to the public on a yearly basis. These reports, including information on program characteristics, delivery and utilization would allow the progress of the school-based mental health program to be transparent to the public.

- 3) **The job description and role of school counselors and mental health providers needs to be clear and specific. In addition, there needs to be staff at every school solely dedicated to mental health.** Roles of all the various mental health professionals need to be understood by students, families, school staff, and outside mental health providers. Thus, the roles need to be defined. A student seeking mental health support should know who and where to go. This person should not be a school counselor stretched too thin providing guidance for AP courses and counseling around college and career support. This person should also not be just one person, but a multidisciplinary team that incorporates trained teachers and staff as well as a trained mental health professional. Trained teachers and staff would be able to provide group support and one-on-

one guidance while the trained mental health professional would be able to provide that additional layer of support and counseling to the students who need it.

- 4) Educating youth and children directly about trauma and mental health as well as its impacts on their lives needs to be a part of health education.** The Young Women's Project is continuing to work with OSSE and SBOE to organize stakeholder input and to strengthen the current draft. Specifically, we would like to see the mental health standards strengthened to include trauma definitions, assessment, and capacity to respond, analysis and resources for mental health issues that disproportionately impact specific communities (LGBTQ+, recent immigrants, etc.), and capacity building standards that were focused on peer support and education. Many of these standards were influenced by the HES Youth Working Group. Mental health also factored prominently among the youth working group and statistically has proven to be a critical need for many DC children and youth who struggle every day to understand and deal with high levels of stress, family instability, and trauma.

Thank you for this opportunity to testify.

¹ Costello, E. J., Erkanli, A., Fairbank, J. A., and Angold, A. (2002). The prevalence of potentially traumatic events in childhood and adolescence.

² Addressing Childhood Trauma in DC Schools. June 2015. Available at:

<http://www.childrenslawcenter.org/sites/default/files/CLC%20--%20Addressing%20Childhood%20Trauma%20in%20DC%20Schools--June%202015.pdf>

³ Tezian, M., Moor, K, Nguyen, Hoan. 2010. Assessing Stress in Children and Youth: Guide for Out-Of-School Time Program Practitioners.

⁴ DCPS School Behavioral Health Program Evaluation Reports, available at: <http://dcps.dc.gov/service/school-behavioral-health-program-evaluation-reports>

⁵ DCPS: Building an Infrastructure for School Mental Health. January 2015.

⁶ Mental Health Facts: Children and Teens. National Alliance of Mental Illness. Data original from the National Institute of Mental Health.

⁷ Mental Health Myths and Facts, available at: <http://www.mentalhealth.gov/basics/myths-facts/>

⁸ Substance Abuse and Mental Health Services Administration. (2009). *Working Together to Help Youth Thrive in Schools and Communities*. Washington, DC: U.S. Department of Health and Human Services.

⁹ Government of the District of Columbia. South Capitol Street Memorial Amendment Act of 2012.

¹⁰ DCPS Enrollment, available at: <http://dcps.dc.gov/page/dcps-glance-enrollment>

¹¹ CDC. (2010). Youth Risk Behavior Surveillance-United States, 2009. *MMWR* , 59 (5), 1-148.

¹² DCPS School Counselor (High School) Position Description, available at: <http://dcps.dc.gov/page/school-counselor-high-school-position-description>

¹³Kaplan DW, Calonge BN, Guernsey BP, Hanrahan MB. Managed care and school-based health centers. Use of health services. *Arch Pediatr Adolesc Med.* 1998;152 :25– 33

¹⁴School-Based Mental Health Services. American Academy of Pediatrics. <http://pediatrics.aappublications.org/content/113/6/1839>