Mental Health Supports and Trauma-Informed Training in All Schools

The Background

Founded in 2016 by an all-parent Board, PAVE has since grown into a network of 3,000 DC parents and caregivers united behind a vision for an education system that is created not just for but by and with families and guided by the following core values:

- Value #1: All families have access to high-quality schools and the information they need to make the best decisions for their children.
- Value #2: All schools have adequate and equitable funding to support the needs of children and families.
- Value #3: All students have a safe, healthy, and welcoming school environment.
- Value #4: All students have access to out-of-school time and summer school programs that allow them to foster their passions and enrich their learning.
- Value #5: All parents have the resources they need to support the success of their children at home and in school.

As an organization, PAVE’s mission is to connect, inform, and empower parent leaders so they have a voice and a choice in the vision for education in our city. In June 2019, over 150 parent leaders from across the District convened at the 3rd Annual PAVE Parent Policy Summit, and for the second year in a row, voted “Mental Health Supports and Trauma-Informed Training” as one of their two top policy issues for SY 2019-2020. This issue area offers a critical opportunity to advance Value #3 by ensuring all students have access to a safe, healthy, and welcoming school environment.

While encouraged by the progress achieved over the last year, parents -- together with a coalition of mental health professionals, community partners, and school leaders -- agree that there is still more work to be done. This year, we are recommitting to working together to address key challenges across the system and to continue to push for the solutions we know our children need to thrive mentally and emotionally.

Our Beliefs

As parent leaders at PAVE, we believe that all students, families, and staff should feel welcome, accepted, supported, and cared for in our schools.

At the core of our beliefs are the following pillars:

1. **EVERYONE SHOULD FEEL SAFE**: The emotional safety of everyone in the school -- students, teachers, school leaders, staff, families, and community members -- is critical to building a culture where students can learn, grow, and explore their passions.

2. **WE SHOULD ALL PROMOTE MENTAL WELLNESS**: Practicing self-care and needing and receiving mental health supports should be the norm for every person in every school building -- regardless of background, socio-economic status, Ward, grade-level, or type of school, including both students and staff. Mental health is equally as important as physical health; therefore, schools and communities should work together to reduce existing stigmas and stereotypes that often prevent families from recognizing and addressing mental health needs, work to normalize it, and develop a culture of caring and support around it.

3. **COMMUNITIES AND FAMILIES ARE CRITICAL PARTNERS**: School staff should partner with the surrounding community and families to gain insight into the specific needs that exist in our schools. We should work together to honor and thoughtfully consider the diversity of our communities: especially students with disabilities, students from different cultures, and those who speak different languages.

4. **WE ARE ALL RESPONSIBLE FOR OUR KIDS**: Each and every adult in our buildings should be responsible for supporting students in their journey to cope, heal, and grow. In order to teach and support our students, we must first teach and support the adults that care for them so that they can strengthen their knowledge and understanding of, and ability to implement, trauma-informed practices - this includes teachers, school leaders, school staff, MPD and school resource officers, and importantly, our families and communities.
The Problem

We are not providing the appropriate mental health supports or services to help students with the challenges they face both inside and outside of school.

- 1 in 5 children have a diagnosable mental health disorder. ¹
- Almost half of children in DC have had at least one Adverse Childhood Experience (ACE) and 22 percent of children have experienced more than one. ²
- If unaddressed, these factors can result in chronic physical health issues and lower academic performance as well as contribute to the school-to-prison pipeline or even lower life expectancy; this is especially true for children with 6 or more ACES. ³

Our Solutions

To fix this problem, we believe we must work with elected officials, policymakers, school leaders, teachers, and community partners to achieve the following as soon as possible:

- All school staff should be trained in the science of how brains develop and function, trauma-informed and restorative practices, and receive ongoing coaching and support to quickly identify needs and implement those practices.
- Students should have access to trained mental health professionals within the school in order to support our students through their continuum of needs. This requires collaboration among adults within the schools as well as across health and social services agencies and organizations.
- Schools need high-quality, evidence-based social-emotional learning programs to meet students where they are and to help them develop the skills they will need to be successful in college, careers, and life.

Ensuring the social and emotional well-being of our students is a critical and complex component of the work that schools must do. We must prioritize this work for all students, not just those with identified mental health issues.

As part of that work, we believe the following components of a school’s culture are critical to ensuring effective implementation:

- **CONSISTENCY**: All adults in the building should consistently model social emotional skills as well as trauma-informed and restorative practices - and be held accountable for that work. While it is important for students to learn and develop those skills, it is equally important that adults reflect those values in all of their interactions with the school community.
- **COMMON LANGUAGE**: School communities should develop a common language and structure to talk about their emotions and resolve conflicts. This language and structure should be grounded in love, empathy, and acceptance, and communicated to families through multiple methods (e.g. newsletters, social media, events, etc.) so it can be reinforced outside of school buildings consistently throughout the school year.
- **POSITIVE MESSAGING**: Positive messages should be commonplace throughout the school. This includes visual messages, like motivational quotes or the displaying of student work, as well as verbal messages, like celebrations, positive reinforcement, and encouragement.
- **REDESIGN THE LEARNING ENVIRONMENT**: Schools should be able to intentionally design their physical space to foster learning and inclusiveness. This includes thoughtfully planning the layout of classrooms, creating space for breakout sessions like therapy or focus groups, and incorporating the outdoors into the learning environment.
- **VOICE**: Schools should create an environment where all voices and perspectives are heard, including those of students, teachers, and families, and an environment where it is okay to be different or disagree and where discussing mental health is accepted and encouraged.

¹ Center for Disease Control and Prevention’s 2013 Children’s Mental Health Report
² based on data from 2016 National Survey of Children’s Health
³ American Journal of Preventive Medicine
Our Priorities
In order to create an education system full of great schools that are supporting the mental health needs of our students, we have identified a set of priorities that we believe our city leaders should make a reality:

The city should take urgent steps to:

1. Invest in Our Kids and Our Schools!
   - **Urgently** ensure schools have access to **mental health professionals** - especially those that support our students with the greatest needs.
     - **Estimated cost to fund the Department of Behavioral Health (DBH) school-based mental health expansion:** $16 million to expand from 119 schools to 179
   - Ensure all schools have the resources they need to provide **high-quality, culturally-affirming and responsive, and evidence-based social emotional learning programs as well as trauma-informed training and restorative practices for all staff at each school.**
     - **Estimated cost:** $10.6 million ($45,000 per school x 236 schools)

We also recognize that in order to provide comprehensive mental health supports and ensure all students are truly taken care of at school, especially students with the greatest needs, we must provide school adequate funding. This includes:

   - **Increasing the base Uniform Per Student Funding Formula (UPSFF) to the recommended adequacy level** based on the 2013 adequacy study (until the forthcoming DME study is available). The 2013 study said the base UPSFF should be $11,840 (when adjusted for inflation). The UPSFF is currently set at $10,980 which is a gap of $80 million. We recommend this gap be closed over two years: minimally 4% in FY21, and 3% in FY22.
   - **Increasing the at-risk weight in the UPSFF to the recommended adequacy level** based on the 2013 adequacy study (until the forthcoming DME study is available). The 2013 study said the at-risk weight should be 0.37, or $4,062 per student. The at-risk weight is currently set at 0.225, or $2,437 per student, which is a gap of $68.8 million.

2. Produce and Share a School Mental Health Landscape Analysis
   - The city should ensure that a comprehensive resource map of what mental health supports currently exist in each school and corresponding gap analysis is put together and made public to help create a comprehensive and long-term plan for the future.
   - These findings should be used to hold our city accountable for providing adequate supports as well as inform the allocation of funding mental health supports across schools and agencies, through a variety of opportunities beyond solely competitive grant application processes for schools.

As we continue to increase and improve school-based mental health supports, we should also:

3. Develop a Standard of Best Practices around Partnering with Families and Communities
   - The DME should direct the appropriate education agency/ies to develop a standard of evidence-based practices on how to consistently and meaningfully engage parents, families, and communities in the development of the school culture and the implementation of mental health supports.
   - Since these best practices should improve the work of schools, rather than cause undue burden or distractions from educating students, it is essential that this work be done in partnership with schools.
   - These evidence-based best practices should include:
     - Working with school leadership, instructional staff, mental health staff, behavioral support staff, and relevant medical staff (i.e. nurse, speech pathologist)
     - Engaging all stakeholders in conversations about mental health supports, services, and staff professional development.
• Providing mental health resources and learning opportunities for both students and their families - including parents, guardians, and caregivers - so that support can continue outside of the school day.

4. Improve Coordination of Services and Care
   • The city should set standards and create effective systems for agencies to collaborate in order to enhance the quality and level of care in schools, including but not limited to DBH, the Office of the State Superintendent (OSSE), District of Columbia Public Schools (DCPS), public charter school Local Education Agencies (LEA), the DC Public Charter School Board (PCSB), Department of Youth Rehabilitation Services (DYRS), Department of Human Services (DHS), Department of Health Care Finance (DHCF), Child and Family Services Agency (CFSA), and the Department of Health (DoH).
     o Coordination should also include practices that focus on:
       ▪ Improving mental health staff retention
       ▪ Appropriate mental health staff-to-student ratios
       ▪ Prioritizing consistent services beyond one-time crisis response
       ▪ Clarity regarding which agencies/institutions are accountable for effective implementation
   • The city also should work together with all stakeholders to improve coordination and communication of services and support at the school level, include providing resources and support for school mental health teams and a school mental health team coordinator.

5. Develop a Clear Accountability System
   • The DME and DMHHS should develop clear, publicly transparent, and robust accountability systems for any agency/organization providing mental health supports in schools. This includes, but is not limited to, groups providing technical assistance for social emotional learning and trauma-informed training as well as those that are providing mental health services in schools.
   • At minimum, these accountability systems should require agencies and community-based organization partners to:
     o Demonstrate the effectiveness and proper use of funds
     o Evaluate how well agencies are coordinating with one another to enhance the quality and level of care in schools and implementing practices for engaging parents, families, and communities in the development of the school culture and the implementation of mental health supports
     o Demonstrate how family and student voices are included in the evaluation of mental health services, staff, and systems
     o How well schools are retaining mental health staff
   • This work must ensure structures and policies are in place to eliminate barriers to supporting students with disabilities.

6. Develop a Pipeline of Mental Health Professionals to Serve in Schools
   • The city should take steps to partner with surrounding colleges and universities to incentivize mental health professionals to serve in our schools.
     o This work should especially prioritize recruitment and retention of mental health professionals that look like and come from the communities they will serve.
     o To ensure these mental health professionals are able to work in our schools, the city should work to ensure qualifications and requirements between partners, city agencies, and schools are aligned in the best interests of kids and families.

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