Good morning/afternoon to the Deputy Mayor of Education and members of the Public Charter School Board. My name is Mary McCane and I am a proud grandparent of a three-year-old who attends Bright Beginnings Early Childhood Development Center in Ward 8. I also serve on the Ward 8 Parent Leaders in Education Board with Parents Amplifying Voices in Education (PAVE). PAVE parent leaders came together this fall to write what WE want to see around mental health supports and trauma-informed training in all schools. I am here today to share my story about the importance of this issue in hopes that you will join us in this work.

This year mental health funding in schools was increased by $13.1 million---a move in the right direction of addressing the needs of the city’s students. However, I am here to talk about why it’s so important for PCSB and the DME to even further in your commitment to mental health, by supporting a landscape analysis and the development of best practices on engaging families and communities in this work.

Advocating for the increase in mental health supports and access to trauma-informed care in schools for the children of our city is my passion. This passion has grown out of my personal experiences as a grandparent to an intelligent and playful three-year-old named Zhion. Never in a million years did I imagine that at this point in my life I would be navigating the education system for a young child, but when I gained primary custody of Zhion and everything changed. Not only did I suddenly have to find a Pre-K 3 program at a school that would develop his academic interests, but I also would have to deal with the added responsibility of finding a school equipped to address Zhion’s social emotional learning needs.

Zhion often acts out in school- shutting down, screaming in class and becoming non-responsive to requests from teachers and administrators. On the surface it can look like Zhion is a disobedient or mischievous three-year-old boy, at the age of three he’s probably endured more trauma than most adults, and that affects his behavior. In his early years, Zhion was abused to the point of having multiple degrees burns; an ordeal from which he is still recovering from. Because he has social emotional issues, sometimes he lashes out and doesn’t take well to being redirected. This often can become a distraction in a classroom to other students or teachers that aren’t trained to identify these types of behaviors.

When it comes to mental health resources, everyone’s always saying that the resources are out there, but for myself and other parents in my community, there is a lack of knowledge about those available resources. How do I begin to access information I didn’t even know existed? Often I don’t even know where to start. In the past year I’ve been referred to a number of different developmental specialists for my grandson, but that is not where his problem is. He doesn’t need developmental help, he’s on target academically---he needs SEL interventions. His school’s approach to mental health feels like a blanket solution--- but what we need are approaches that address these issues on a case by case basis; taking into account specific communities and the traumas facing children. 1 in 5 children in DC have experienced an Adverse Childhood Experience, which drastically affects their ability to learn in school. This is why the appropriate training and creating a pipeline of culturally responsive mental health professionals, sensitive to the specific needs of my community is so important. This is also why staff training for educators to be able to identify trauma-specific and SEL issues versus developmental delays is also important. These approaches as well as increasing community engagement around them are essential so that parents, educators and professionals can work together as partners for our children.
It’s important for me to be involved in the decision-making process not just for my child but for all children because I am a key partner and I can see and identify the connections between my child’s education that happens at school and his education as it happens at home. Increasing support for mental health and trauma-informed training in schools is a key factor in caring for children in our schools who have experienced trauma at a young age and statistically will continue to gain ACES in their time spent as DC students. This is why I am asking you all to support a landscape analysis and develop a set of best practices on engaging communities.

Thank you,

Mary Mccane
Parent Leader
PAVE (Parents Amplifying Voices in Education)