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Testimony of Sarah Grace Kirkendall
Graduate Policy Intern, DC Appleseed Center for Law and Justice

DC Council Committee of the Whole
Office of the State Superintendent of Education Performance
Oversight Hearing

Thank you to the Council and Committee for the opportunity to provide testimony. My name is Sarah Grace Kirkendall. I am a Master of Social Work candidate and currently serve as the Graduate Policy Intern with DC Appleseed Center for Law and Justice (“DC Appleseed”). For the last 30 years, DC Appleseed has been committed to making the District a better place to live and work. This work is done through litigation, advocacy, policy, oversight, and partnership with other local organizations and legal experts. DC Appleseed’s focus has reached most aspects of life, especially issues impacting marginalized communities in the Capital.

We are grateful for the partnership between the Council and the DC Office of the State Superintendent of Education (OSSE), committed to bettering our school systems for the future generations of the District. As a social worker with a focus on children and adolescents, I hold education and behavioral health close to my heart. My work with DC Appleseed reflects this personal commitment through partnership with the Strengthening Families Through Behavioral Health Coalition (SFC) and our work on sexual health education.

Today I will be testifying about the School Based Behavioral Health program, including the need for school based behavioral health clinicians, the importance of School Based Behavioral Health



Coordinators, and the vital importance of data collection. I will also discuss how data collection is crucial for sexual health education.

While DC Appleseed has testified before on these issues, I wanted to use the opportunity to also testify from the perspective of a woman in her reproductive years who hopes to raise a family in the District. While I am not native to DC, I am drawn to the community and culture of the District. Part of my driving force in choosing a place to call home is the opportunities allotted to childhood development and family resources. Through my experiences in the behavioral health field and my advanced studies in social work, I am keenly aware of the importance of education, preventative services, and early intervention in cases of behavioral health on the long-term successes of the individual.

School Based Behavioral Health

The [District's School Based Behavioral Health \(SBBH\) Program](#) is operated by the Department of Behavioral Health (DBH) in District of Columbia Public Schools (DCPS) and District of Columbia Public Charter Schools (DCPCS). This program is designed to offer prevention, early intervention, and clinical services to students and their families. Through the existing program and the recent pilot program, behavioral health clinicians are placed at the school either through direct hire or partnership with Community Based Organizations (CBOs). These clinicians serve students by aiding in existing behavioral health services, shaping a safe and supportive school environment, and providing additional support services to teachers and staff through professional development and educational opportunities. In cases of traumatic events occurring at schools, school based clinicians are available to provide immediate and ongoing support.

During the 2018-2019 school year, the District set out to expand SBBH programs through implementation of the Multi-Tiered System of Support model (MTSS). MTSS is a three-tiered model. The first tier focuses on social-emotional learning for all students. Tier two targets at risk students for advanced social-emotional education or group support methods. Tier three involves one-on-one support for students with the greatest need. While tier three interventions are essential, DC schools should increase use of tier one and tier two methods.



In recent years, the district has seen an increase in suicide, substance use, depression, and anxiety in our youth, especially during Pandemic years. However, the 2023 Youth Risk Behavior Survey shows a decrease in the amount of middle school students reporting frequent mental health challenges, as well as reduction in the rate of truancy and chronic absenteeism. These improvements highlight the District's work to improve youth behavioral health, yet there is more work to be done. Behavioral health services in school are essential to continued community health as students age and become active citizens.

Behavioral Health Coordinator

Currently, the majority of schools in the district have a School-Based Behavioral Health Coordinator. Coordinators are crucial in the tracking and organizing of behavioral health services in schools. This position is essential for multiple reasons.

1. Coordination – As implied by the position title, Behavioral Health Coordinators serve as the point-of-contact for behavioral services in the school. These coordinators organize relations with community partners, refer services for parents seeking care for their children, and track school-specific needs.
2. Data Collection – Behavioral Health Coordinators hold the ideal position for data tracking, needs assessments, and organization regarding behavioral health. These coordinators are aware of what providers, services, and MTSS tiers are being provided in their respective schools. This allows coordinators to identify gaps in behavioral health treatment within their schools.

This is an unpaid position, meaning those in this role fulfill it in addition to their full-time role within the school. While this is an oversight hearing and we will expand on this during the budget hearing, we want to highlight our call for the Council to guarantee a \$1,500 stipend to support the work of these essential school based behavioral health coordinators.

School Based Behavioral Health Data and Landscaping

While it is ideal for every school to have a clinician on site, we understand that budget can often impact this. This is why it is essential to collect accurate data from schools to understand the



behavioral health provider landscape for each school and ensure services are targeted to those with the highest need or gaps. We know data is imperative because it allows for:

1. Evidence-Based Decision Making: Data provides evidence to develop policies addressing real issues rather than relying on assumptions or anecdotal evidence. By analyzing quantitative and qualitative data, policymakers can make well-informed, data-driven policies, programs, and decisions.
2. Identifying Needs and Priorities: Data assists in identifying the particular needs of different populations and communities. Data is also crucial for identifying trends and uncovering areas that need improvement so strategies for intervention and prevention can be developed.
3. Measuring Impact and Effectiveness: Data allows policymakers to evaluate the outcomes of policies and programs. By measuring effectiveness, they can determine what works and does not and how to make necessary adjustments to improve outcomes.
4. Transparency and Accountability: Using data in policymaking promotes transparency and accountability. When data backs decisions, it is easier for the public to understand the policies and hold leaders accountable for outcomes.
5. Future Planning: Data can aid in predicting trends and potential challenges, enabling policymakers to plan proactively. By analyzing historical data and trends, they can make strategic decisions that consider long-term implications.
6. Resource Allocation: Data assists in the efficient allocation of resources by identifying which areas require more attention or funding. This allows for targeted interventions that can lead to better outcomes and stewardship of limited funds.
7. Addressing Inequities: Data can highlight disparities and inequities. By identifying these issues, policymakers can create targeted strategies to address systemic problems and promote equity.



8. Engagement and Advocacy: Reliable, consistent, and transparent data empowers the public to engage in policy discussion in decision-making.

The specific data that would allow the District to make informed budget, staffing, and needs-based decisions includes:

- Which schools have the highest population of at-risk youth?
- What providers are in each school?
 - What are the credentials/licensing of the providers?
 - What types of services are being provided (IEP/504, MTSS, other)?
 - If they are providing MTSS, which tiers are provided?
 - Is the provider placed through DBH, CBOs, or the school?
- What are the service gaps experienced in each school?

Through collaboration between OSSE, DBH, DCPS, DCPCS, and CBOs we believe this information can be successfully gathered to determine effective use of District finances in cases of school-based behavioral health. We strongly encourage OSSE and DBH to increase communications regarding data collection methods, create a more robust annual survey, and conduct an initial and ongoing landscape analysis to ensure District youth are receiving the care they deserve.

Sexual Health Education

Data is also important to understanding and providing education on the sexual health needs of our students. Based on the District's 2024 HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) report, 22% of newly diagnosed HIV cases in the district occurred in persons aged 18-24. Additionally, 16 newly diagnosed HIV cases were adolescents under the age of 18. I can't help but wonder how these numbers would fare if our youth and adolescents received comprehensive health care education, especially focused on sexual health and STIs.

With increased data from schools, we can better understand what students are being taught and retaining in health courses. Through tracking and publicly releasing curriculum and testing scores,



we can determine success rates and needs for curriculum adjustments. This allows schools, families, advocates, and DC government to make informed decisions regarding sexual health education, curriculum, and funding. Our students deserve a safe place to live, and safety begins with education.

Thank you for your time today. We look forward to continuing to work with the Council to make DC a safe place for our children and adolescents to thrive. I am grateful for the opportunity to testify today. Please reach out with any further questions.

Respectfully,

Sarah Grace Kirkendall
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