



Mohammed Choudhury
State Superintendent of Schools

To: Members of the State Board of Education
From: Mohammed Choudhury, State Superintendent of Schools
Date: September 27, 2022
Subject: Coordinated Community Supports in Maryland

Purpose

To provide a briefing to the State Board of Education on community schools in Maryland, Concentration of Poverty Grants, the Maryland Consortium on Coordinated Community Supports, collective impact, and other related programs created or expanded through the Blueprint for Maryland's Future.

Background/Historical Perspective

In Maryland, a community school is a school that is a recipient of The Blueprint for Maryland's Future Concentration of Poverty Grant (CPG). Funds awarded through the CPG must be used to implement community school, a whole school model designed to promote positive, equitable outcomes by providing students, families, and communities with the physical and mental health, academic, and extracurricular supports needed to excel. The Maryland State Department of Education, together with the Maryland Department of Health and other agencies, will serve on and support the mission of the Maryland Consortium on Coordinated Community Supports to expand and assist community partners in providing valuable services to students and their families.

Executive Summary

The presentation will include a discussion on coordinated community supports through the following sections:

1. Maryland Consortium on Coordinated Community Supports
2. Student Mental Health
3. Community Schools in Maryland: Overview and Case Studies
4. School-Based Health Centers
5. Mental Health Response Program
6. Maryland Leads
7. Leveraging Medicaid Funding to Support Students
8. Collective Impact

Action

No action is required; this information is for discussion only.

Attachments

Coordinated Community Supports in Maryland.pdf



Coordinated Community Supports in Maryland

MARYLAND STATE BOARD OF EDUCATION | September 27, 2022

Presented By | Mohammed Choudhury, State
Superintendent of Schools



Presentation Overview

1. Maryland Consortium on Coordinated Community Supports
2. Student Mental Health
3. Community Schools in Maryland: Overview
4. Community Schools in Maryland: Case Studies
5. School-Based Health Centers
6. Mental Health Response Program
7. Maryland Leads
8. Leveraging Medicaid Funding to Support Students
9. Collective Impact



Maryland Consortium on Coordinated Community Supports

1. Maryland Consortium on Coordinated Community Supports
2. Student Mental Health
3. Community Schools in Maryland: Overview
4. Community Schools in Maryland: Case Studies
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9. Collective Impact

Supporting the development of coordinated community supports partnerships to meet student behavioral health needs and other related challenges.

What is the Consortium?

The Maryland Consortium on Coordinated Community Supports is a 24-member group created by Blueprint for Maryland's Future. It is housed in the Maryland Community Health Resources Commission (CHRC).

The Consortium has three purposes:

- (1) Support the development of coordinated community supports **partnerships** to meet student behavioral health needs and other related challenges in a **holistic, nonstigmatized, and coordinated manner**;
- (2) Provide **expertise** for the development of best practices in the delivery of student **behavioral health services, supports, and wraparound services**; and
- (3) Provide technical assistance to local school systems to support **positive classroom environments and the closing of achievement gaps** so that all students can succeed.

MD Code, Education, [§7-447.1](#)

Responsibilities of the Consortium

In order to achieve its three purposes, the Consortium shall:

1. Develop a **statewide framework** for the creation of **coordinated community supports partnerships**.
2. Ensure that the structure of partnerships supports **behavioral health and wraparound needs of students in nonstigmatized, holistic manner**.
3. Develop a **model for expanding available behavioral health services** and supports to all students in each local school system.
4. Provide guidance and support to the Commission in developing and implementing a **grant program that supports coordinated community supports partnerships**.
5. Evaluate how a **reimbursement system could be developed** through the Maryland Department of Health or a private contractor, to reimburse providers.
6. In consultation with MSDE, develop best practices for the implementation of a **positive classroom environment** for all students using evidence-based methods.
7. Develop a geographically diverse plan that ensures **each student in each local school system has access to services within a 1-hour drive** of a student's residence.

Source: MD Code, Education, [§7-447.1](#)

Consortium Membership

The Consortium consists of members of government agencies (or their designees) and representatives of various health, civic, and educational organizations.

MSDE representatives	The State Superintendent of Schools
	The Director of Community Schools

Government Members	The Chair of the Commission
	The Secretary of Health
	The Secretary of Human Services
	The Secretary of Juvenile Services
	One member of the Senate of Maryland
	One member of the House of Delegates

Members of other organizations	CHRC Commissioner
	One member of the Maryland Council on Advancement of School-Based Health Centers
	One County Superintendent
	One member of a County Board of Education
	One Teacher
	One Social Worker
	One Psychologist
	One representative of nonprofit hospitals
	One representative of the Maryland Medical Assistance Program
	Three members representing local health, behavioral health, and social services communities
	Two individuals with expertise in positive classroom environment and equity
	Two members of the public

Source: MD Code, Education, §7-447.1

Consortium Funding

The Maryland Community Health Resources Commission administers the Coordinated Community Supports Partnership Fund to provide grants and reimbursements to providers delivering services and supports. technical assistance. The Blueprint mandates appropriations in the following amounts:

Fiscal Year	Funding Amount
FY 2022	\$25 Million
FY 2023	\$50 Million
FY 2024	\$85 Million
FY 2025	\$110 Million
FY 2026 and each year thereafter	\$130 Million

Source: MD Code, Education, §7-447.1

Consortium Subcommittees

Four subcommittees have been established to support the purposes and duties of the Consortium:





Student Mental Health

1. Maryland Consortium on Coordinated Community Supports
2. **Student Mental Health**
3. Community Schools in Maryland: Overview
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Background, context, and the need for coordinated supports.

Benefits of Student Mental Health

- Mentally healthy students are more likely to:¹
 - Go to school **ready to learn**.
 - **Actively engage** in school activities.
 - Have **supportive and caring connections** with adults and young people.
 - Use appropriate **problem-solving skills**.
 - Have **less aggressive behaviors**.
 - Add to **positive school culture**.
- Students are **six times more likely** to complete mental health treatment through their schools rather than elsewhere.²

Sources:

1. School-based Mental Health. Youth.gov, 2021.

2. US Department of Education, Supporting Child and Student Social, Emotional, Behavioral and Mental Health Needs, 2021

Student Mental Health: Background and Context

Mental health is an overwhelming challenge for school communities. Mental health issues have been on the rise, even prior to the pandemic.

- In Maryland as of 2019, **32% of high school students** and **26% of middle school students** felt sad or hopeless for at least two weeks.¹
 - In 2021, **58% of Maryland youth (ages 14-19)** struggled with mental health during the pandemic.²
- CDC reports that suicide rates have **risen nationwide by an average of 47%**, compared to the decade prior, as of 2018.³
 - Maryland had the **lowest percent increase of all states at 22%**.
- However, **77 percent of Maryland high school** and **81 percent of middle school students** feel **comfortable seeking help** from one or more adults.⁴

Sources:

1. Maryland Department of Health. [2018-2019] Youth Risk Behavior Survey/Youth Tobacco Survey Data.
2. Maryland Department of Health. [2021] Maryland Youth Pandemic Behavior Survey (YPBS-21) Survey Data.
3. CDC. National Vital Statistics Reports. Volume 69, Number 11. September 11, 2020.
4. Maryland Department of Health. [2018-2019] Youth Risk Behavior Survey/Youth Tobacco Survey Data.
5. National Association of Secondary School Principals (NAASP). 2022. National School Survey. <https://survey.nassp.org/2022/#mental-health>



Community Schools in Maryland: Overview

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Supporting school communities in ensuring all Maryland students are successful.

What is a Community School?

- A community school is a **whole school model** designed to promote positive, equitable outcomes by providing students, families, and communities with the **physical health, mental health, academic, and extracurricular supports needed to thrive**.
 - Community schools serve as **hubs that bring families, communities, and partners together** to remove barriers to learning. Using an asset-based approach, community schools strive to strengthen connections between home, school, and communities to generate improved student outcomes.
- Community schools work in **collaboration with community partners**, local governments, and other stakeholders to **identify and address structural and institutional barriers** to achievement.
 - **Leveraging the power of the collective** allows community schools to provide resources to students and families where they need it the most—neighborhoods that have **been historically underfunded and underserved**.
- Community schools provide a wide array of **wraparound services that enhance student’s ability to be successful**.
 - These wraparound services include **safe transportation to and from school, vision and dental services, social workers and mental health counselors, extended learning time, and health and wellness services**.

Background of Community Schools in Maryland

- Community schools have been present in some of Maryland’s local school systems for more than 25 years, including **Baltimore City and Montgomery County**.
 - A 2016 evaluation of Baltimore City’s community schools found that community schools had **higher rates of daily attendance** in elementary and middle schools and **decreased rates of chronic absenteeism** in community schools that had been established for five or more years.¹
 - Additionally, **families of students** attending community schools were more likely to report **being connected to the school**, and students in grades 6, 9, and 10 were **less likely to transfer** to another school compared to students who did not attend community schools.
- Based on the above success, **legislation was passed in 2019** that codified community schools in Maryland.²
- **The Blueprint reinforced Maryland’s commitment** to establishing and sustaining high-quality community schools that meet critical needs.
- In Maryland, a community school is any school that receives **Concentration of Poverty Grants**.

Source:

1. Durham, R. E., & Connolly, F. (2016). Baltimore Community Schools: Promise & Progress. Baltimore Education Research Consortium.

2. [HB733](#) of 2019

What is a Concentration of Poverty Grant?

- **Concentration of Poverty Grants (CPG)** are formula-based grants awarded to schools, established by the Blueprint for Maryland's Future.
- Schools **annually receive grants** based on a calculation of the number of students living in poverty attending the school to establish and support community schools throughout the state.
- There are **two types** of Concentration of Poverty Grants: **personnel grants** and **per-pupil grants**.

Personnel grants: Used to hire a Community School Coordinator and a professional Healthcare Practitioner. After those positions are filled, the community school can use the remaining funds to provide wraparound services.

Per-pupil grants: Calculated based on the number of students living in poverty attending the school. The grants are awarded to the school based on a sliding scale and are used to provide a wide variety of wraparound services.

Wraparound Services Identified by the Blueprint

Extended learning time, including before and after school, weekends, summer school, and an extended school year	Safe transportation to and from school and off-site apprenticeship programs	Vision and dental services	Establishing or expanding school-based health center services	Additional social workers, mentors, counselors, psychologists, and restorative practice coaches
Enhancing physical wellness, including providing healthy food for in-school and out-of-school time and linkages to community providers	Enhancing behavioral health services, including access to mental health practitioners and providing professional development to school staff to provide trauma-informed interventions	Providing family and community engagement and supports, including informing parents of academic course offerings, language classes, workforce development training, opportunities for children; and available social services as well as educating families on how to monitor a child's learning	Establishing and enhancing linkages to Judy Centers and other early education programs that feed into the school	Enhancing student enrichment experiences, including educational field trips, partnerships, and programs with museums, arts organizations, and cultural institutions
	Improving student attendance	Improving the learning environment at the school	Any other professional development for teachers and school staff to quickly identify students who are in need of these resources.	

Source: MD Code, Education §9.9–101.

Concentration of Poverty Grant: Personnel Grant

- **Funding:** \$248,833 (2022 + inflation in each subsequent year) per school
- **Required Uses:**
 - Employment of a community schools coordinator.
 - Full-time coverage by at least one professional health care practitioner during school hours and any extended learning time.
- **Eligibility:** A public school, including a public charter school, with a concentration of poverty level of:
 - For fiscal year 2020, at least 80%;
 - For fiscal year 2021, at least 75%;
 - For fiscal year 2022, at least 70%;
 - For fiscal year 2023, at least 65%;
 - For fiscal year 2024, at least 60%; and
 - For fiscal year 2025, and each fiscal year thereafter, at least 55%.

Concentration of Poverty Grant: Per-Pupil Grant (1 of 2)

- **Concentration of Poverty Level:** The sum of the percentage of eligible students of school’s enrollment for the 4 prior school years minus the 2020–2021 school year percentage of eligible students; divided by three; and rounded to the nearest whole percent.
- **Per-pupil Amount:** Determined by looking at the concentration of poverty level and the year of eligibility:
 - For schools with a concentration of poverty level less than or equal to 55%, the per pupil amount is \$0.
 - For schools with a concentration of poverty level greater than 55% but less than 80%, the per pupil amount is equal to the product of the concentration of poverty level and the sliding scale upper limit (\$13,495.13) minus the sliding scale adjustment factor (\$7,422.33).
 - For schools with a concentration of poverty level equal to or greater than 80% the per pupil amount is the maximum per pupil amount (\$3,374.48).
- **Program Amount:** Multiplying the per pupil amount by the number of eligible students and adjusted based on the proportions below:
 - For the 1st year of eligibility, 16%;
 - For the 2nd year of eligibility, 32%;
 - For the 3rd year of eligibility, 37%;
 - For the 4th year of eligibility, 55%;
 - For the 5th year of eligibility, 66%;
 - For the 6th year of eligibility, 75%; and
 - For the 7th year of eligibility and each year of eligibility thereafter, 100%.
 - Beginning in fiscal year 2030, each eligible school shall receive 100% of the per pupil grant rounded to the nearest whole dollar.

Source: MD Code, Education, §5-223. Note: funding amounts listed on this slide reflect requirements for FY22 – these numbers should be adjusted for inflation for subsequent years

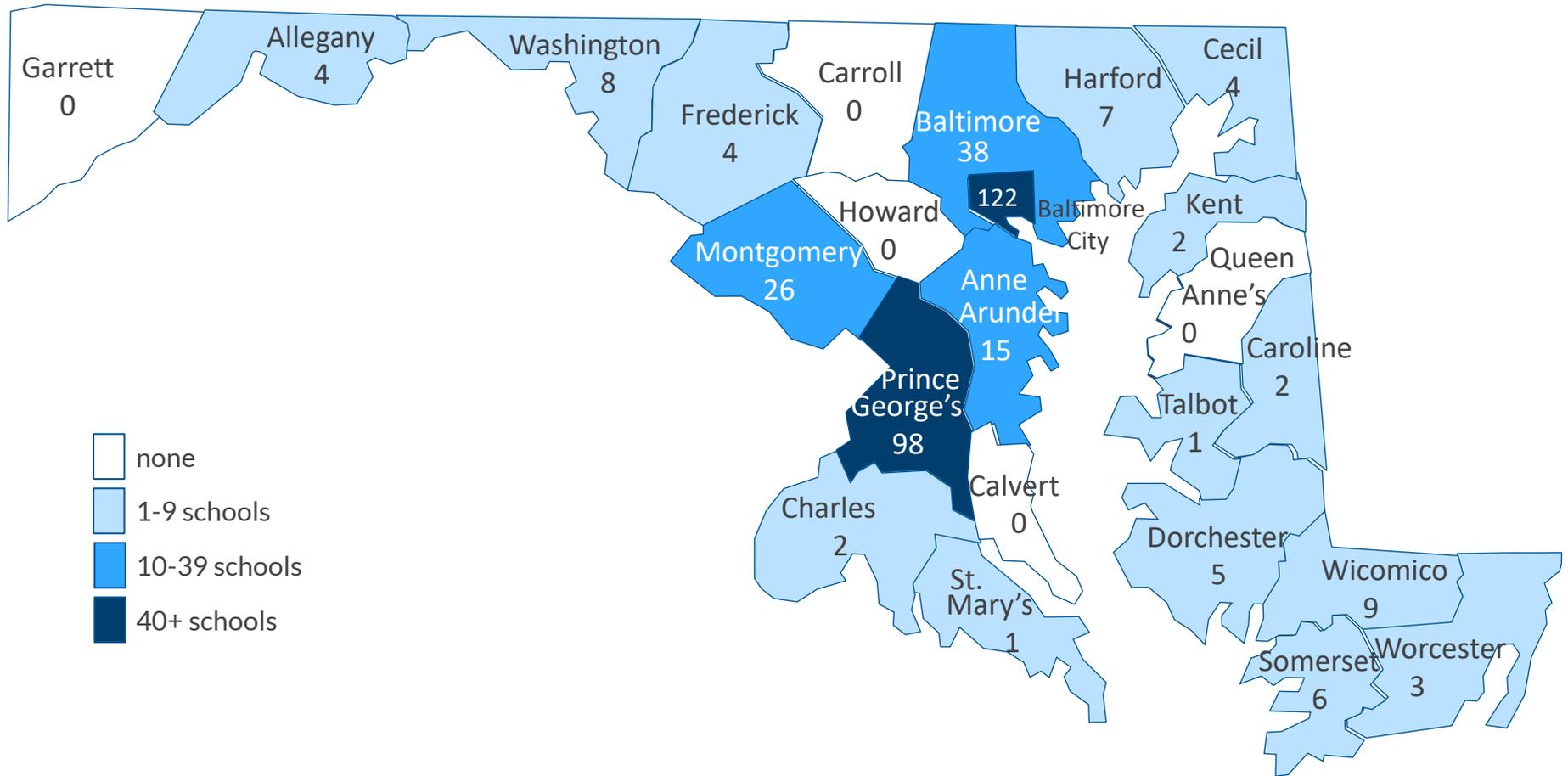
Concentration of Poverty Grant: Per-Pupil Grant (2 of 2)

- Eligible schools with a concentration of poverty level of at least 80% shall receive a per-pupil grant beginning in fiscal year 2022.
 - All other eligible schools shall receive the per-pupil grant one year after becoming eligible and upon completion of the needs assessment.
- **Eligibility:** A public school, including a public charter school, with a concentration of poverty level of:
 - For fiscal year 2022, at least 80%;
 - For fiscal year 2023, at least 75%;
 - For fiscal year 2024, at least 70%;
 - For fiscal year 2025, at least 65%;
 - For fiscal year 2026, at least 60%; and
 - For fiscal year 2027, and each fiscal year thereafter, at least 55%.

Note: funding amounts listed on this slide reflect requirements for FY22 – these numbers should be adjusted for inflation for subsequent years

Distribution of Community Schools

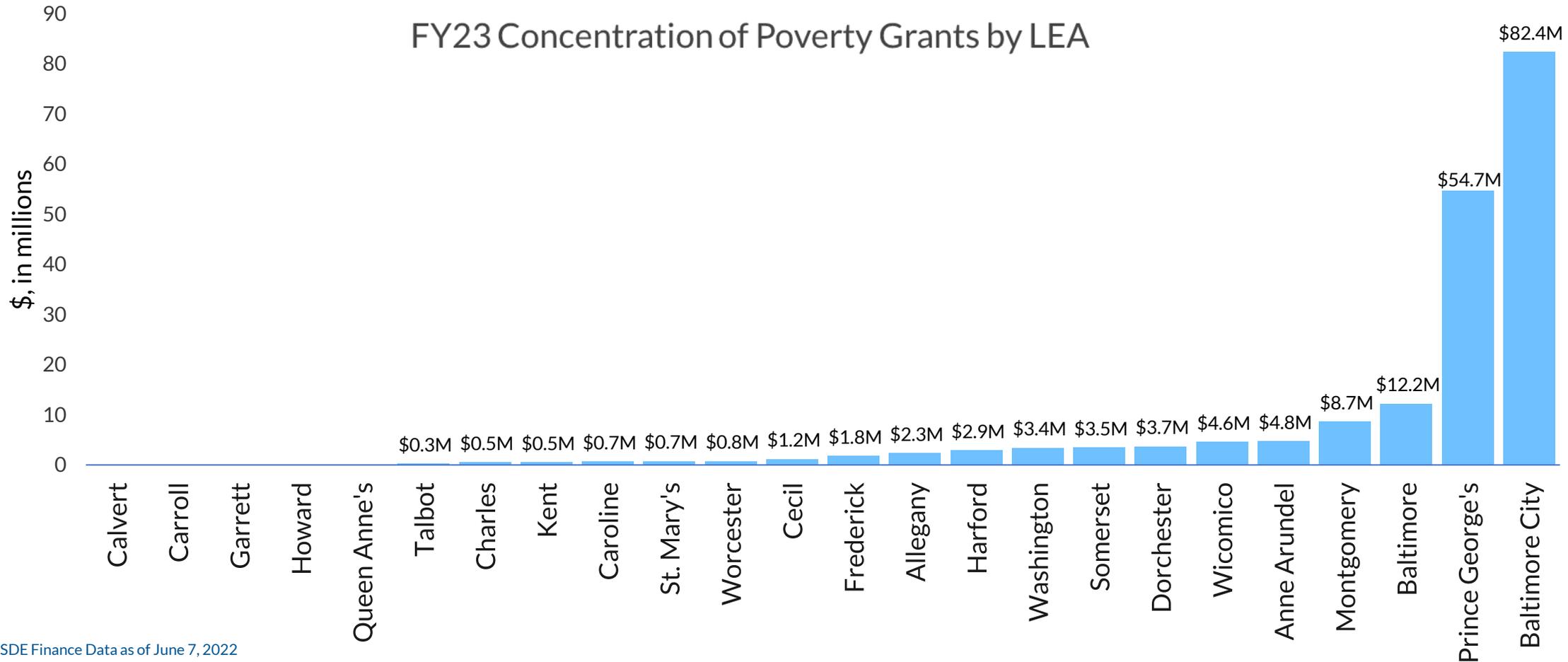
Currently in FY 2023, there are **358** community schools receiving Concentration of Poverty Grants.



Source: MSDE State Aid Formula FY23

Concentration of Poverty Funding: FY 2023

In FY23, 19 out of 24 LEAs received CPG funding, with Baltimore City and Prince George’s County being the largest recipients.



Source: MSDE Finance Data as of June 7, 2022

Districts with 40+ Community Schools

- Districts with 40 or more community schools may pool up to half of the CPG funds and administer them centrally.
- Currently, **Baltimore City and Prince George’s County** qualify for this provision.

“If a local school system has at least 40 eligible schools, the county board may, on behalf of eligible schools, expend no more than 50% of the funds distributed by the State.”

MD Code, Education, [§ 5-223](#)



Community Schools in Maryland: Case Studies

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Creating holistic, community-driven supports for student success.

Bakerfield Elementary, Harford County

Student Demographics:

Total Enrollment: 383 (2021)

- $\geq 95\%$ * Title I, 75% FARMS, 41% Economically Disadvantaged
- 16% Students with disabilities, 8% English Learners
- 4 out of 5 Stars On the MD State Report Card (SY 2018-2019)

Needs Assessment:

- Increased awareness and accessibility of mental health/social-emotional supports
- More before/after school programs including tutoring and enrichment
- Supports for students at-risk of chronic absenteeism

CPG Funds:

- First Year of Community School: SY 2021-2022
- Average CPG level: 68%
- Personnel Grant: \$259,831 (FY23)

Implementation:

- **Staffing:** Community School Specialist (CSS) and full time ELL teacher
- **Professional Development:** Institute for Educational Leadership (IEL) Community School Conference for Principal & CSS
- **Academic Enrichment:** attendance and Positive Behavior Interventions and Supports (PBIS) awards and incentives
- **Parent & Community Engagement:** seven monthly events, community garden, English language classes
- **Resource Management:** holiday food baskets, home supplies, winter coats, care closet, home visits

Maple Elementary, Dorchester County

Student Demographics:

Total Enrollment: 454 (2021)

- $\geq 95\%$ FARMS*, $\geq 95\%$ Title I*, 70% Economically Disadvantaged
- 6% Students with disabilities, 10% English Learners*
- 3 out of 5 Stars On the MD State Report Card (SY 2018-2019)

Needs Assessment:

- Food and clothing for families
- Mental health resources for students and families
- Parent access to assistance with reading and math skills to help their children at home

CPG Funds:

- First Year of Community School: SY 2019-2020
- Average CPG level : 93%
- Personnel Grant: \$259,831 (FY23)
- Per-Pupil Grant: \$515,296 (FY23)

Implementation:

- **Staffing:** social worker facilitates groups and classroom lessons, works individually with students and families, additional mental health supports through two outside behavioral health providers
- **Parent & Community Engagement:** providing informational support to help parents assist students with math
- **Resource Management:** partnership with community food pantry, snacks for students through classroom teachers, cold weather supplies, onsite Maple Hygiene store for students to obtain free hygiene items for themselves and family members

Nicholas Orem Middle, Prince George's County

Student Demographics:

Total Enrollment: 1,139 (2021)

- >=95% Title I*, 88% FARMS, 28% Economically Disadvantaged
- 9% Students with disabilities, 40% English Learners
- 3 out of 5 Stars On the MD State Report Card (SY 2018-2019)

Needs Assessment:

- Emotional problems (feeling sad, worried, angry or scared), seeing a therapist or counselor
- Food insecurity
- Vision problems, help getting eyeglasses

CPG Funds:

- First Year of Community School: SY 2019-2020
- Average CPG level: 86%
- Personnel Grant: \$259,831 (FY23)
- Per-Pupil Grant: \$1,143,348 (FY23)

Implementation:

- **Academic Enrichment:** partner with Boys and Girls Club to provide programs that promote academic and social empowerment of students, provide staff led after school programming, continued partnership with Queen Bees program which provides mentorship to girls
- **Parent & Community Engagement:** expand partnership with PG Parks and Recreation to offer recreational opportunities, interdisciplinary attendance team to work with chronically absent students
- **Professional Development:** staff PD in trauma informed practices

Community Schools Roundtable

“We are trying to combine our resources into making our school a hub for all of the people in our community. It’s kind of like a snowball, it starts off small and it keeps rolling. Our snowball is getting real big this year!”

–Principal in Prince George’s County Public Schools

Community School

Virtual Roundtable



August 11 at 6 p.m. EST

Hosted by: Maryland State Board of Education and Maryland State Department of Education

Facilitated by: State Superintendent of Schools Mohammed Choudhury and Fagan Harris, Accountability and Implementation Board member and President and CEO of Baltimore Corps

Join us on YouTube live for a real-time discussion:
<https://youtu.be/bHy9hRJpjGw>

<https://www.youtube.com/watch?v=bHy9hRJpjGw>



School-Based Health Centers

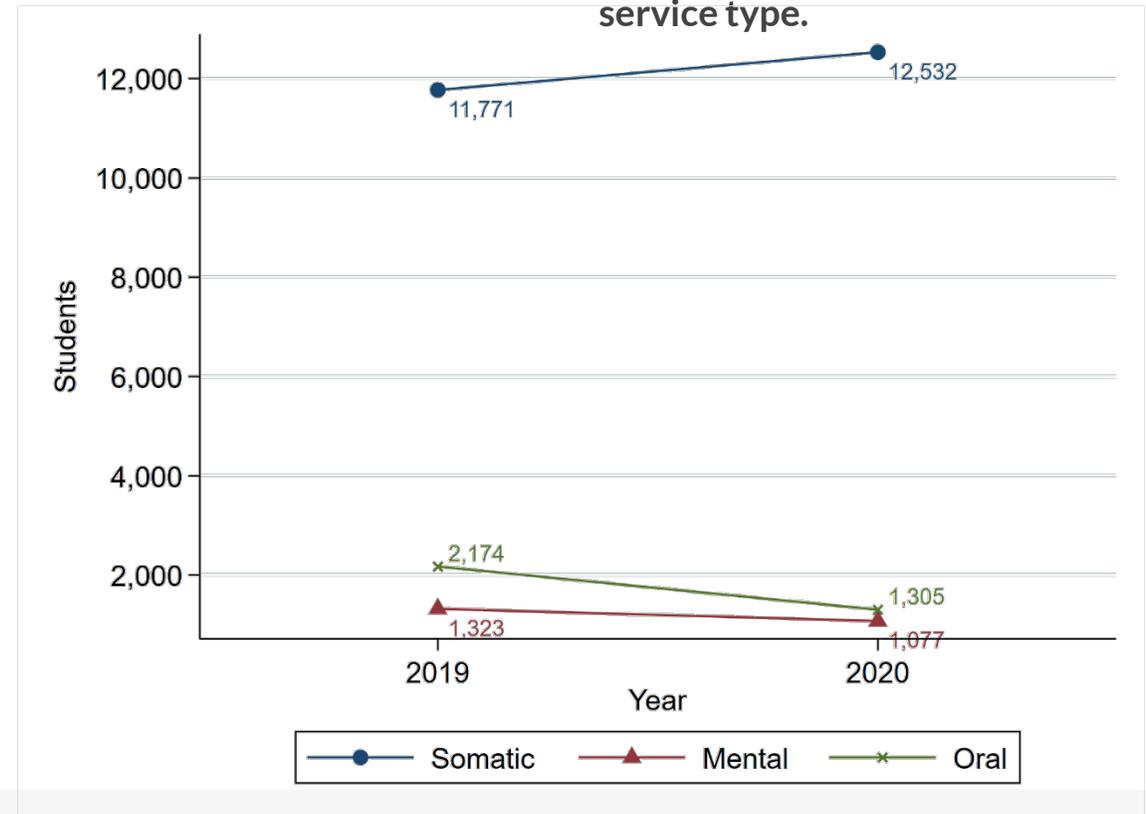
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Supporting students physical and mental health.

What is a School-Based Health Center?

- SBHCs are health centers located in a school or on a school campus, which provide onsite comprehensive **preventive and primary health services**. Services may also include mental health, oral health, ancillary, and supportive services.
- Maryland SBHC Program transitioned to the Maryland Department of Health effective July 1, 2022. **These centers are sponsored and administered primarily by local health departments or community health centers.**
- Starting a SBHC involves an **application process with specific requirements** in the following categories: facilities, sponsors, scope of service, medical records, confidentiality, laboratory, data collection, reporting, and quality assurance.

Number of students served in 2019 and 2020 by service type.



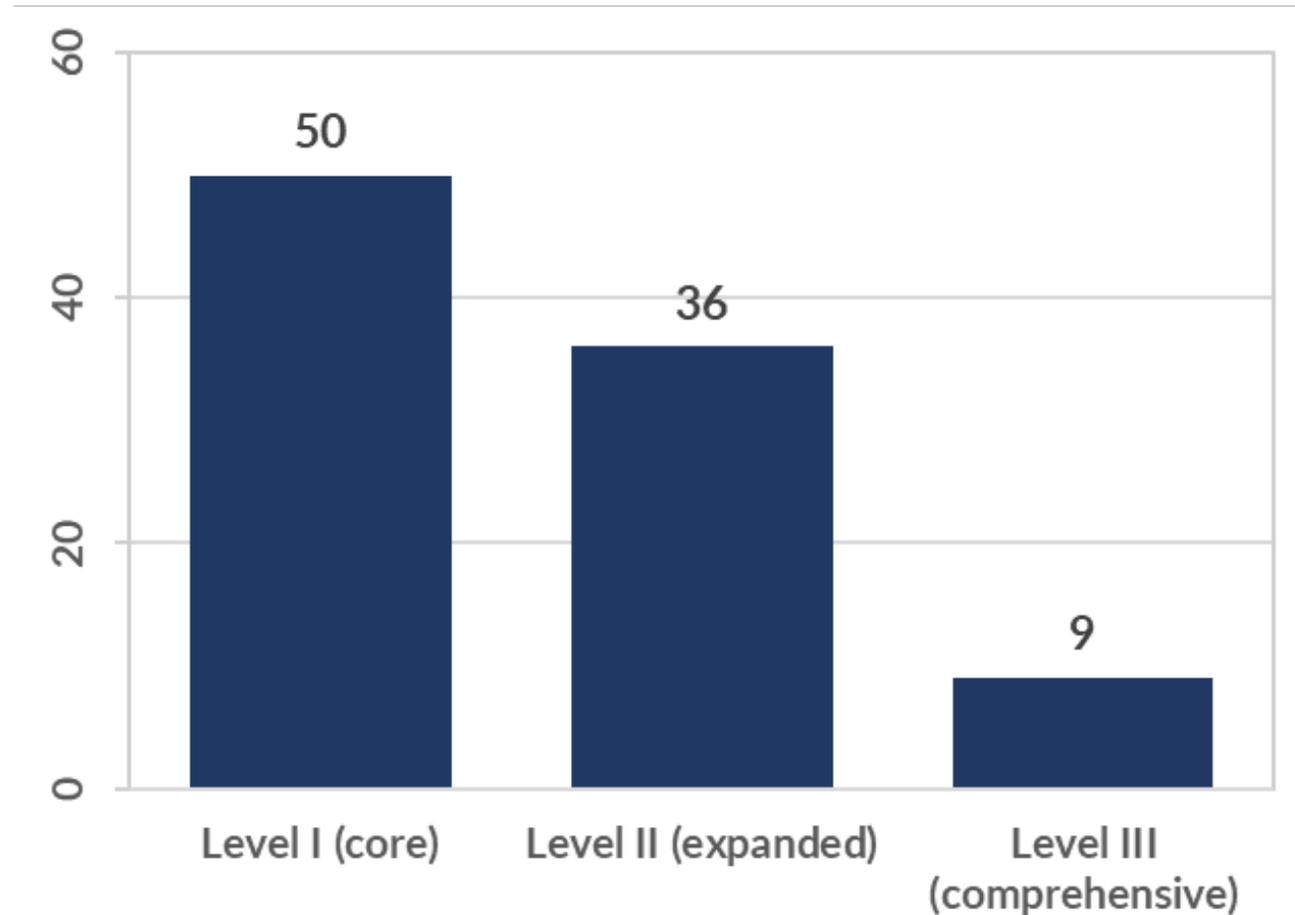
Source: <https://health.maryland.gov/phpa/mch/MD-SBHC-Program/Pages/School-Based-Health-Centers.aspx>

Levels of Service for School-Based Health Centers

Services provided by SBHCs are categorized into three levels. Importantly, these levels are based on intensity of service (hours and types), not quality of services:

- **Level 1 (Core):** deliver acute, urgent care and primary care services by a licensed medical clinician.
- **Level 2 (Expanded):** in addition to level 1, services include mental health and on-site comprehensive preventive healthcare.
- **Level 3 (Comprehensive):** services included in level 2, with additional requirements for staffing and availability of services.

Number of centers by level of service, FY23.

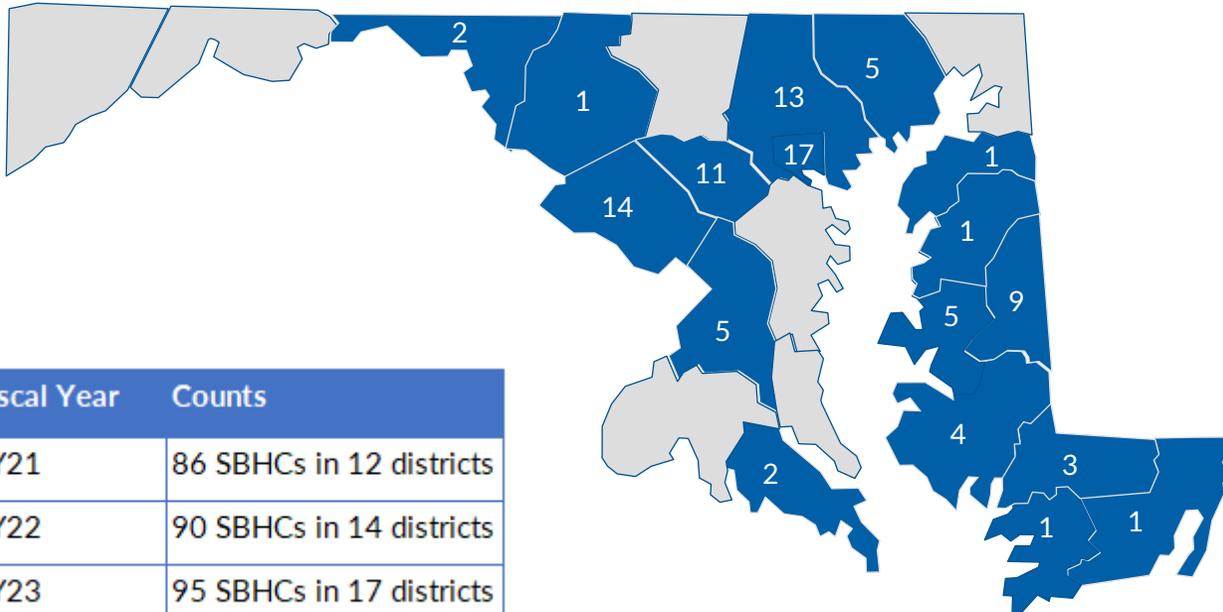


Source: <https://marylandpublicschools.org/about/pages/dsfss/sssp/sbhc/index.aspx>

Locations of School-Based Health Centers

The number of SBHCs have grown steadily in the last two years. Currently, there are **95 centers in 17 school districts**.

District Name	Number of SBHCs in FY23
Baltimore City	17
Baltimore County	13
Caroline County	9
Dorchester County	4
Frederick County	1
Harford County	5
Howard County	11
Kent County	1
Montgomery County	14
Queen Anne's County	1
Prince George's County	5
Somerset County	1
St. Mary's County	2
Talbot County	5
Washington County	2
Wicomico County	3
Worcester County	1
TOTAL	95



Fiscal Year	Counts
FY21	86 SBHCs in 12 districts
FY22	90 SBHCs in 14 districts
FY23	95 SBHCs in 17 districts



Mental Health Response Program

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Increasing districts' capacity to provide student mental health supports.

Maryland School Mental Health Response Program

Maryland State Department of Education (MSDE) has developed the Maryland School Mental Health Response Program (MHRP) to provide timely consultation and support to school systems in addressing student and family mental health concerns. The goal of the program is to **enrich and enhance, not replace**, the work of site-based student support services personnel.

The program uses a **consultancy approach** to achieve its objectives and to generate distributive impact. The effort is coordinated by the MSDE core staff and works in partnership with University of Maryland’s National Center for School Mental Health (NCSMH).

The MHRP and its team of experts work directly with districts to identify specific needs of their school communities. The team draws on its **network of expertise** to provide training and support that allows districts to meet these needs.

MHRP Team

- Behavior Analyst
- School Nurse
- Substance Use Counselor
- 2 School Social Workers
- 2 System Navigators
- Child and Adolescent Psychiatrist



Components of MHRP

The collaborative offers schools and districts **consultation, training, and technical assistance**, along with additional supports and skill development based on specific district needs.

- **Consultancy to address districts' needs**
 - All 24 LEAs completed initial assessments and developed action plans.
- **Trainings for district and school-based staff**
 - Mental health literacy for educators
 - Adverse childhood experiences and trauma
 - Fostering positive teacher-student relationships and school climate
 - Cultural inclusiveness and equity
 - Re-engaging and increasing student motivation
 - Educator well-being including self-care
 - Crisis de-escalation
- **Professional Development provided by the MHRP Child and Adolescent Psychiatrist**
 - Child and adolescent brain development
 - Early Childhood Mental Health
 - Function of behavior
 - Brain based teaching and learning
 - Medicine/effects
- **Additional program offerings**
 - Crisis Response
 - Complex Case Analysis
 - Monthly Webinars

Program Funding and Evaluation

Funding: Mental Health Response Program is funded through the federal **ARP ESSER funds**. Starting with January 2021 approximately \$14 million have been allocated towards the program. Funds are primarily used for three purposes:

- Staffing and salaries
- Training
- Grants through partnership with University of Maryland's National Center for School Mental Health (NCSMH)

Evaluation: Mental Health Response Program is actively working with every district in the state. The MHRP team has conducted initial assessment interviews and delivered action plans identifying strengths, challenges, and needs in all 24 LEAs. **22 of 24 LEAs have begun implementing** portions of their action plan.

Program Highlights: Talbot County

- **Challenges:** community-based mental health providers have decreased over the past several years aiding to an **increase in students and families needing mental services** and resources.
- **Training Needs:** educator well-being training, crisis de-escalation training for staff, building skills for classroom behavior management.
- **Action Steps:**
 - Technical assistance and training planning with Talbot County Public School’s mental health leadership to **prioritize training needs** of educators and caregivers.
 - Development and implementation of a plan to address **complex student emotional and behavioral needs** in conjunction with staff Child and Adolescent Psychiatrist.
 - Review **continuous quality improvement** efforts to identify areas for additional support and coordination.



Program Highlights: Garrett County

- **Challenges**: school social workers and behavioral analysts cover multiple, geographically distant, schools leading to slow response times. **Limited capacity of psychiatric, crisis, and intensive outpatient services**, leading to long waitlists and lack of effective wraparound services.
- **Training Needs**: SHAPE implementation, improving threat assessment processes by **utilizing best practices**, disciplinary alternatives to seclusion and exclusion practices.
- **Action Steps**:
 - Prioritize training topics to be offered for upcoming staff **professional development**.
 - Consultation on staff roles to **assess an effective redistribution of tasks** in meeting demand for services.
 - Identify potential grants or other **funding sources** to address barriers such as lack of transportation and limited availability of services.
 - Scheduled SHAPE evaluation.

The SHAPE System

SHAPE: (School Health Assessment and Performance Evaluation System) is an interactive tool intended to improve school and/or district **mental health accountability**, excellence, and sustainability. It is designed to **assess school mental health systems** and to **prioritize areas for improvement**.¹



SHAPE helps schools and districts improve their school mental health systems! HOW?



Source: 1. <https://www.theshapesystem.com/>

The SHAPE System

Nationwide over 15,000 schools, in all 50 states, are engaged in SHAPE. **18 of 24 Maryland districts are enrolled in SHAPE.**

Schools and Districts can use SHAPE to:

- **Evaluate strengths and identify areas of growth** using the School Mental Health Quality Assessment.
- **Document mental health services** across tiers of support.
- Engage their school mental health team in **meaningful, data-driven, strategic quality improvement.**
- Use a robust resource center and quality guides to **target quality improvement** efforts.

States can use SHAPE to:

- Learn about the quality of school mental health in schools and districts and **to monitor progress across regions.**
- Use the State School Mental Health Profile to **assess school mental health indicators** including infrastructure, technical assistance and training, state policies, financing, staffing, and emerging school mental health issues.

SHAPE Resource Guides

The SHAPE system provides insight along seven quality domains. Each domain is accompanied with quality guides with information on background, **best practices**, **action steps**, examples from the field, and **resources**. The seven quality domains are:

- Teaming
- Needs Assessment & Resource Mapping
- Mental Health Screening
- Mental Health Promotion (Tier 1)
- Early Intervention and Treatment (Tiers 2 & 3)
- Funding and Sustainability
- Impact

MENTAL HEALTH QUALITY DOMAINS

MASTERY

Composite Score

PROGRESSING

Composite Score

- 3.7 Mental Health Promotion Services & Supports
- 3.5 Early Intervention and Treatment Services & Supports
- 3.3 Funding and Sustainability

EMERGING

Composite Score

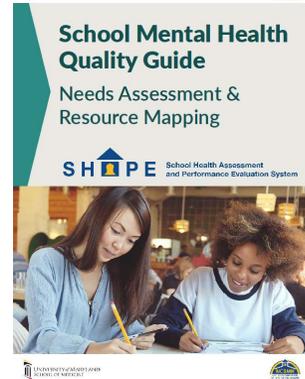
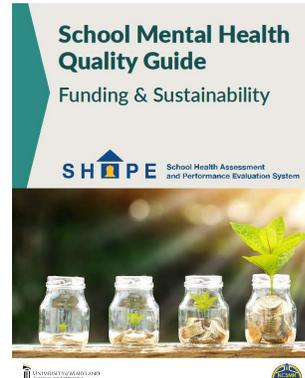
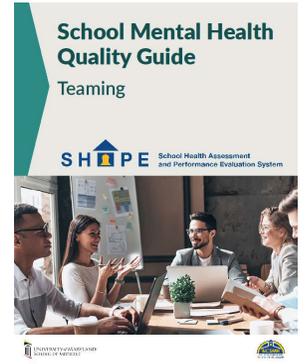
- 2.6 Teaming
- 1 Needs Assessment/ Resource Mapping
- 2.5 Impact
- 2.1 District Implementation Support Quality
- 2.3 Impact District-Level Documenting and Reporting

OTHER PERFORMANCE DOMAINS

Overall Score

- * Screening

** indicates data were not reported*



Source: <https://www.theshapesystem.com/>

Intended Outcomes of Mental Health Response Program

- Provide **mental, behavioral, and physical health support** for schools and districts.
- Provide **school mental health training and professional development** for school and district personnel.
- Enhance capacity for on-site school personnel to **support student and family mental health needs**.
- **Build the capacity** of school and school system comprehensive school mental health systems.
 - **Goal:** *75% of engaged LEAs will report improved quality of comprehensive school mental health in their school or school district.*
- Increase student and family **access to high-quality coordinated mental health services** (prevention, response, and wraparound).
 - **Goal:** *50% of engaged LEAs will report that MHRP helped them connect students and families to local mental health resources.*
- Increase educators' **knowledge in supporting students and families** experiencing distress.
 - **Goal:** *70% of participating educators will report increased knowledge, skills, and confidence in supporting student mental health.*



Maryland Leads

1. Maryland Consortium on Coordinated Community Supports
2. Student Mental Health
3. Community Schools in Maryland: Overview
4. Community Schools in Maryland: Case Studies
5. School-Based Health Centers
6. Mental Health Response Program
7. **Maryland Leads**
8. Leveraging Medicaid Funding to Support Students
9. Collective Impact

Targeted support for historically underserved communities.

Maryland Leads

Maryland Leads is a new grant initiative designed to support Local Education Agencies (LEAs) in utilizing federal funds to overcome the learning loss resulting from the COVID-19 pandemic, accelerate student learning to narrow opportunity and achievement gaps, and provide more targeted support for historically underserved students and their communities.



Grow Your Own Staff



Staff Support & Retention



The Science of Reading



High-Quality School Day Tutoring



Reimagining the Use of Time



Innovative School Models



Transforming Neighborhoods through
Excellent Community Schools

- Each strategy contains focus areas and best practices from the field.
- LEAs will have the opportunity to work with best-in-class partners to execute approved plans.

Awarded \$165M+ ESSER State Set-Aside funds to LEAs through a non-competitive but highly-selective grant process.

Transforming Neighborhoods through Excellent Community Schools

7

Number of LEAs

Total Investment
(including matching)

\$8,177,228

The Blueprint lays out a pathway to increasing the proliferation of community schools in Maryland, but Maryland Leads evolves implementation of LEA community school programs to align with a broader, Collective Impact framework. Seven LEAs have chosen to pursue a more comprehensive approach to community schools by anchoring their work in Collective Impact principles.

Maryland Leads

Transforming Neighborhoods through Excellent Community Schools

Community schools go beyond academics to serve students and their families as a whole. Launch a robust and high-quality community schools initiative that serves a designated community and/or neighborhood and utilizes an asset-based approach to strengthen school-to-home relationships as well as the school's relationship to the community.



Focus Areas

Initiate, develop, and implement a collective impact initiative to align efforts and support for a specific community:

- ❖ Create systems of intensive support that leverage and align community partnerships and resources to aid families in overcoming unemployment trauma, generational poverty, and a number of other challenges that ultimately impact a student's academic success.
- ❖ Introduce strategic staffing and data initiatives to support the launch of foundational structures needed to support high-quality implementation of coordinated case management and care.
- ❖ Connect families with social services, educational and job training opportunities, and health and wellness resources.
- ❖ Design and implement a comprehensive family engagement model that provides families with a variety of ways to engage around their needs and interests, connects with families at home or in the community, communicates in families' preferred language, and establishes opportunities to develop them as leaders and advocates.

Inspiration from the Field

<p>› The Road Map Project: a Collective Impact Initiative in King County, Washington</p> <p style="font-size: x-small; text-align: center;">Road Map Project</p>	<p>› Case Study: Promise Partnership of Salt Lake</p> <p style="font-size: x-small; text-align: center;">Strive Together</p>	<p>› The UCLA Community School</p> <p style="font-size: x-small; text-align: center;">UCLA</p>
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Additional Readings

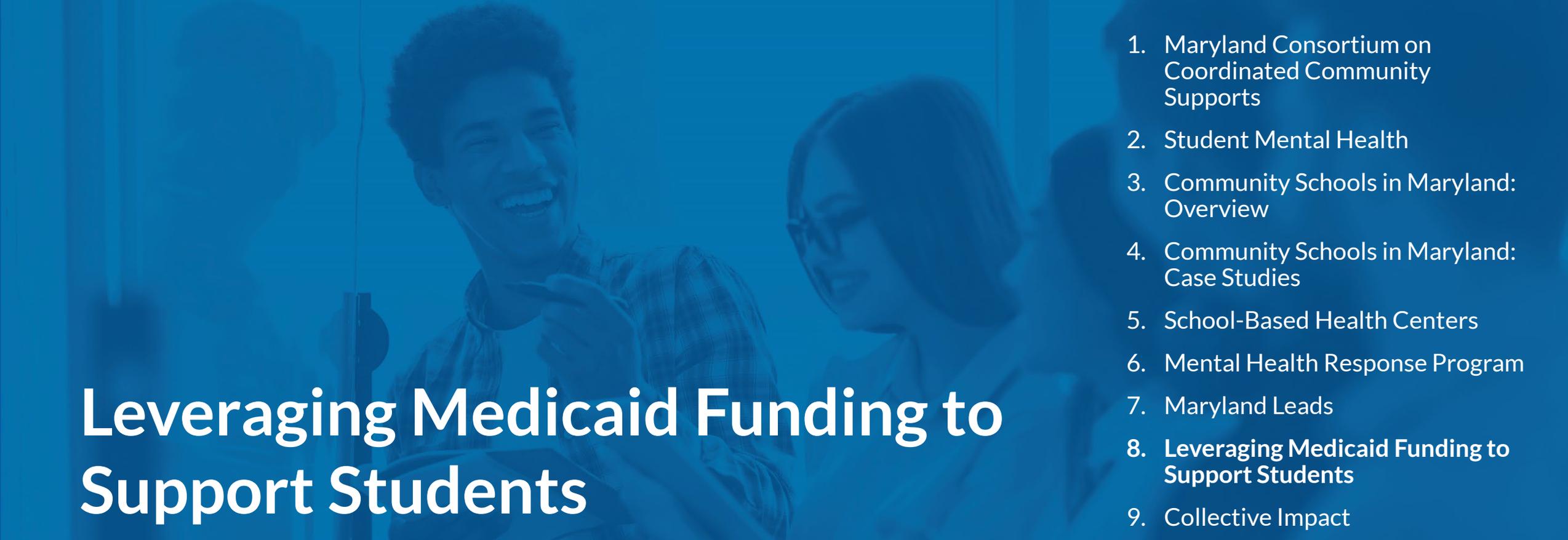
- [Community Schools as an Effective School Improvement Strategy: A Review of the Evidence - Learning Policy Institute](#)
- [Promise Neighborhoods Research - Urban Institute](#)
- [How a Failing Atlanta School Cut Its Student Turnover Rate by Nearly Half - CBS News](#)
- [Collective Impact: Large-Scale Social Change Requires Broad Cross-Sector Coordination - Stanford Social Innovation Review](#)
- [Vision for Baltimore - Johns Hopkins University](#)

[Table of Contents](#)
February 2022 | 17

Maryland Leads: Transforming Neighborhoods through Excellent Community Schools

Launch a robust and high-quality community schools initiative that serves a designated community and/or neighborhood and utilizes an asset-based approach to strengthen school-to-home relationships as well as the school's relationship to the community.

- **Howard County:** The Howard County Public School System (HCPSS) will partner with an MSDE-approved partner organization to assist with planning, developing, and implementing a Collective Impact initiative through a thoughtful community schools program. HCPSS currently has no community schools. They will work to build a strong, engaged, and replicable program in one or more neighborhoods and schools.
 - Chronic absenteeism of students decreased by 5% annually and 75% of Collective Impact partners agreed that the results of collective efforts surpassed their organization's previous, individual efforts.
- **Worcester County:** A consultant will be hired to: analyze the unique needs and challenges of students and families in the Pocomoke and Snow Hill areas; identify existing services and gaps in service directly related to challenges and barriers; and develop a strategic plan for a comprehensive program to coordinate community agencies, non-profits, schools, and relevant stakeholders to address barriers.
 - Comprehensive strategic plans for community schools will be in place for Pocomoke and Snow Hill areas by September 2024.



Leveraging Medicaid Funding to Support Students

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Opening new funding streams to support student health and wellness.

Utilizing Medicaid Funding to Expand Services

Context

- Since 2014, schools have been able to receive reimbursement from Medicaid for services provided to **Medicaid-enrolled students**, even if they provided those same services for free to other students, **ending the restrictions of the “Free Care Rule”**.

Problem

- Receiving these funds **required navigating confusing billing codes and outdated federal guidance**.
- States are also **required to submit a Medicaid State Plan Amendment** to the Centers for Medicare and Medicaid Services (CMS).

Solution

- New federal legislation, **enacted in June 2022**, requires CMS to provide **updated clear guidance** to states and schools on how to benefit from these opportunities, **ongoing technical assistance**, and **\$50 million in grants for states** to implement or expand school-based Medicaid programs.
- **17 states have submitted a Medicaid State Plan Amendment to leverage available funds**.

Case Studies: Expanding Medicaid Coverage in Schools

North Carolina

- Public schools are eligible to receive Medicaid funds for health services provided to students enrolled in Medicaid, in the following services:
 - Evaluation
 - Audiology
 - Nursing Services
 - Psychological/Counseling Services
 - Occupational Therapy
 - Physical Therapy
 - Speech Therapy

Massachusetts

- The School-Based Medicaid Program (SBMP) offers LEAs an opportunity to receive Medicaid funding to offset costs for providing the following services:
 - Psychology and Counseling
 - Applied Behavior Analysis
 - Audiological and Dental Services
 - Occupational, Physical, and Speech Therapy
 - Medical Nutritional Services
 - Health Screenings
- Schools can also create the connections to enroll students in the state Medicaid and Children's Health Insurance Programs.



Collective Impact

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Harnessing the power of the collective to solve large-scale, persistent, social challenges.

The Collective Impact Approach

- The collective impact model creates the opportunity for **sustained large-scale reform**, despite daunting challenges.
- Collective impact is the **organized commitment** of a group of important stakeholders from **different sectors** to a **common agenda for solving a specific social problem at scale**.
- **Lasting, systemic changes are elusive, even when thoughtfully organized and well-funded**, due to the size and complexity of public school systems.
- Schools are the center of a myriad of **complex systems**: health, social, economic, civic, and cultural. Progress requires **all partners working together towards a unified goal**.



“Large-scale social change comes from better cross-sector coordination rather than from the isolated intervention of individual organizations.”

The Five Conditions of Collective Impact

All participants have a **shared vision** for change including a **common understanding of the problem** and a joint approach to solving it through agreed upon actions.

Common Agenda 

Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.

Shared Measurement 

Participant activities must be differentiated while still being coordinated through a **mutually reinforcing plan of action**.

Mutually Reinforcing Activities 

Consistent and open communication is needed across the many players to build trust, assure **mutual objectives**, and appreciate **common motivation**.

Continuous Communication 

Creating and managing collective impact requires a dedicated staff and a specific set of skills to serve as the backbone for the entire initiative and **coordinate participating organizations** and agencies.

Backbone Support 

The Value of Backbone Organizations

- Individual organizations cannot do the work of collective impact without backbone support.
- Backbone organizations support partners by:
 - Define the common agenda
 - **Shift the focus** of the partnerships from building the vision and strategy to **implementing aligned activities**
 - **Provide community-based context** for partners
 - **Share data** and measurement practices
 - **Improve the quality and efficiency** of the collective work
 - **Communicate with stakeholders** to build public will
 - **Mobilize funding**

“To be effective, collective impact must consider who is engaged, how they work together, and how progress happens.”



<https://www.fsg.org/resource/understanding-value-backbone-organizations-collective-impact/>

Case Study: The Roadmap Project (King County, WA) (1 of 2)

- The Problem: In 2010, King County, home to more than **127,000 K-12 students** faced **low student educational achievement rates**, with unacceptable achievement gaps persisting for low-income students and children of color.
- The Goal: By 2030, **eliminate the opportunity and achievement gaps** impacting students of color and low-income children in South King County and South Seattle, and 70 percent of the region’s youth will earn a college degree or career credential.
- The Approach: The **Roadmap Project** brought together individuals from wide range of sectors and communities, including state and local governments, education institutions and programs from early learning to postsecondary, community-based organizations and youth service providers, education advocates, employers, funders, and families and youth.

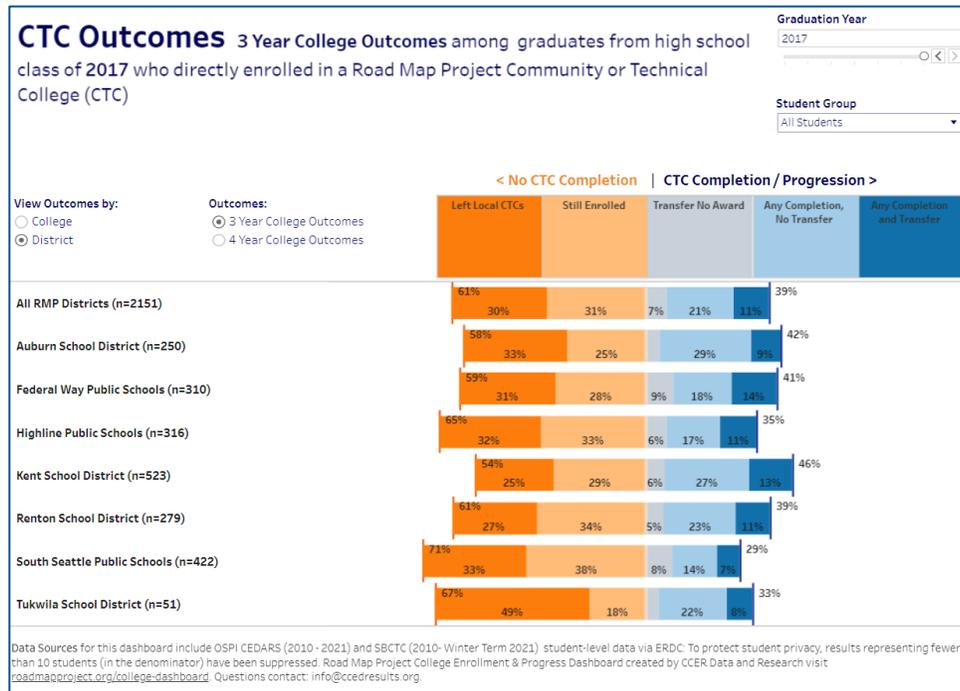


Source: <https://collectiveimpactforum.org/resource/case-study-the-road-map-project/>
<https://roadmapproject.org/>

Case Study: The Roadmap Project (King County, WA) (2 of 2)

Outcomes: despite outstanding challenges, the Project has shown dramatic improvements for students in the region, earning a designation as the proof point for cradle-to-career framework. Since its initiation, the Roadmap Project yielded the following outcomes:

- High school graduation rates have climbed, the number of programs reconnecting youth to education and employment has more than tripled.



- Implemented system-wide racial equity initiatives that serve to dismantle barriers to opportunity, **promote equitable funding**, and strong civil rights policies.
- Creation of a database and dashboards to help stakeholders access data from pre-kindergarten through postsecondary to support improvements and **shared understanding**.
- New state policies have been enacted to encourage the **expansion of dual-language programs** and open doors for immigrants to join the teaching workforce.

Case Study: United Way of Milwaukee, Wisconsin (1 of 2)

- The Problem: in 2002, Milwaukee had **the second highest percentage of total teen births**, compared to the 50 largest cities in the United States; teen births were three times higher in Blacks than Whites.
- The Goal: “**Reduce teen births**, ages 15 to 17, by 46% over a ten-year period (2006–2015).”
- Approach: led by United Way of Milwaukee, in partnership with community leaders and the Public Health Department, the initiative began by assessing funding and program strategies to reduce teen births and to recommend evidenced-based practices showing the greatest promise. This led the **Milwaukee Public Schools** to develop and implement a science-based curriculum rooted in best practices systemwide. Ultimately, along with public schools nearly 60 social service agencies, media groups, businesses, city government, faith communities, and teens worked collaboratively for 10 years. The resultant approach of increasing awareness of the issue, political will, and commitment to achieving a shared goal made it easier to implement the strategies and in turn, **create a systems change**.

Case Study: United Way of Milwaukee, Wisconsin (2 of 2)

- Outcome: In 2013, Milwaukee **exceeded its goal with a 50% decrease in teen births, two years ahead of its targeted goal**. In 2015, the rate decreased by over 65% from that of 2006. Moreover:
 - The **decline of 15% in teen births** as reported in the five-year progress report occurred during the **same time that Milwaukee's poverty level increased**. Customarily increases in poverty levels are accompanied with increases in teen birth rates.
 - The decline in teen birth rates occurred during a period when the violent crime index in the city spiked to its **highest levels**. Violent crime and teen births generally move in the same direction.

Helped by a bold awareness campaign, pregnancy numbers in Milwaukee have dropped in last 3 years



More Case Studies

- **Harlem Children’s Zone** is an example of the power of collective impact. The zone, which includes **parental workshops, a preschool program, charter schools, and child-oriented health programs** for thousands of children and families, has stood out as the success story of effective social capital and communal cohesion.
- **Strive in Cincinnati** brought together local leaders to **tackle the student achievement crisis and improve education** throughout greater Cincinnati and northern Kentucky. This initiative’s success is attributed to its ability to **convince leaders** of over 300 education, business, advocacy, nonprofit organizations to **abandon individual agendas to form a shared agenda** that encompasses all aspects of **cradle-to-career progression** of a student.
- **Shape Up Somerville** is an **evidence-based community obesity prevention model**. Its **multi-level approach to promoting active living and healthy eating** is lauded for its innovative and **sustained cross-sector collaborations**.



Source: 1. Harlem Children’s Zone. <https://hcz.org/>
 2. https://ssir.org/articles/entry/collective_impact#.
 3. Shape Up Somerville: Building and Sustaining a Healthy Community. Reflections over 15 years (1998-2013).

Maryland Public Schools Strategic Planning Survey

This survey is intended to allow everyone in the state to provide information that will be the basis for transformative change.

Please use this survey as an opportunity to share your thoughts.



MarylandPublicSchools.org/Survey

More information is available at: MarylandPublicSchools.org/Blueprint

Connect with the MSDE *Blueprint* implementation team: Blueprint.MSDE@Maryland.gov

Suicide Prevention & Awareness

- Facts about youth suicide:
 - Suicide is the 3rd leading cause of death in people ages 10-34 in Maryland.¹
 - Nationally, 80% of teens who die by suicide show warning signs.² 90% of teens who die by suicide have a mental health condition.
- The newly designated three-digit dialing code 988 has been created to route callers to the National Suicide Prevention Lifeline.



Source: 1. American Foundation for Suicide Prevention. Maryland State Facts. February 4, 2022;
2. 988 Suicide & Crisis Lifeline. www.988lifeline.org

Questions?