Advocates for Children and Youth Testimony _ HB137

Uploaded by: Martin, Shanetta

Position: FAV

ADVOCATES FOR CHILDREN AND YOUTH

To: Chair Pinsky and members of the Education, Health, and Environmental Affairs Committee
From: Shanetta Martin, Education Policy Assistant Director, Advocates for Children and Youth
Re: HB1372/SB965: Blueprint for Maryland's Future - Revisions
Date: March 15, 2021
Position: Favorable Support

Supporting SB 965 will further demonstrate a strong commitment to and investment in Maryland's economic future by ensuring that, regardless of zip code, all children and youth in our state will receive a high-quality public education. By supporting implementation of the Blueprint for Maryland's Future, public education in our state will be grounded in:

1. Greater access for families to early childhood education
2. High-quality and diverse teachers and leaders
3. Accessible college and career readiness pathways
4. Stronger governance and accountability processes
5. A range of resources that will support the social-emotional, physical, and academic success of all students

The opportunity could not have come at a better time. As for people all over the world, life has been disrupted for children in our state by the COVID-19 pandemic. The impact is far-reaching as students, their families, along with the entire academic community within public education have experienced the challenges of adjusting to almost a full year of online learning, food insecurity, economic instability, and for some – the pain of losing loved ones to the deadly disease. The time is now to lay the foundation that will not only strengthen the infrastructure that will develop robust learning and teaching opportunities for all students including those that are most vulnerable, but also to support addressing COVID-related impacts such as learning loss, the need to close the digital divide, additional wrap-around services to support the behavioral and mental health needs of students, along with resources that will ensure the safe return to school buildings.

In alignment with this SB965, we urge equitable distribution of Blueprint funds and careful consideration of the allocation of Concentration of Poverty Grants that will serve communities most in need. Particular populations to note include special education students, English Language Learners, and students from low-income communities. We also urge you to protect and preserve dollars set aside specifically for the Blueprint for Maryland's Future Fund in the future and continue to build the reserve so that the Blueprint will be fully and adequately funded through FY 26 where there is currently a shortfall in that final year.

We urge favorable support for SB965. Thank you.

SB 965.Blueprint Revisions Bill .pdf
Uploaded by: Woolums, John
Position: FAV

MABE
MARYLAND ASSOCIATION OF BOARDS OF EDUCATION

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BILL: **Senate Bill 965**
TITLE: **Blueprint for Maryland's Future - Revisions**
POSITION: **SUPPORT**
DATE: **March 15, 2021**
COMMITTEE: **Education, Health, and Environmental Affairs Committee**
Budget and Taxation Committee
CONTACT: **John R. Woolums, Esq.**

The Maryland Association of Boards of Education (MABE), representing all of the State's local boards of education, strongly supports the immediate passage of this emergency legislation.

MABE committed to the success of the Blueprint for Maryland's Future Act (House Bill 1300 of 2020) passed by veto override earlier this session. Therefore, MABE supports this "Blueprint Revisions" legislation to update the Blueprint law to extend implementation dates, make technical changes, secure local maintenance of effort funding, correct for declining enrollment counts in the fall of 2020, increase funding to close the digital divide, and address the paramount needs for summer school and other supplemental services in response to the COVID pandemic.

MABE believes the provisions of this 'Blueprint Revisions" legislation are clearly aligned with and essential to a successful launch of 13 years of continuous improvement and innovation in the delivery of elementary and secondary education in Maryland's public schools. Our nearly 1 million public school students deserve nothing less.

MABE led the advocacy effort to create the Commission on Innovation and Excellence in Education precisely so that an updated adequacy study and other funding and accountability issues could be debated and transformed into legislation to update and improve Maryland's school finance system. The Blueprint for Maryland's Future Act represents the culmination of these efforts. MABE views the Kirwan Commission's recommendations and the Blueprint for Maryland's Future legislation as a resounding "Call to Action" for the building of a world class education system in Maryland.

This legislation guarantees the fulfillment of the key policy and funding provisions in the following major policy areas, to ensure that each student, in every school, in every community, is provided with:

- High-quality early childhood education programs for 3 and 4 year-olds;
- High-quality and increasingly diverse teachers and principals;
- Access to college and career readiness pathways (including advanced college prep programs and career and technical education that leads to employment); and
- The significant additional state and local resources needed to ensure that each and every student is afforded every opportunity to succeed.

This legislation meaningfully expands the scope of the original Blueprint law by directing local school systems to utilize the wealth of available State and federal funding to fund summer school and tutoring programs across the State to meet the learning needs of students compounded by the challenges to teaching and learning throughout the pandemic.

MABE believes that the significant funding increases and policy reforms in the Blueprint, and enhanced in this legislation, are vital to fulfilling Maryland's constitutional duty to provide equitable access for all students to an excellent education. MABE also continues to believe that local boards must be at the helm, fulfilling the responsibility to govern school systems in accordance with the Blueprint and in the best interests of all students. For these reasons, MABE urges a favorable report on Senate Bill 965.

FAQ-for-Vision-Screening-Considerations-Rev-Novemb

Uploaded by: Carter, Catherine

Position: FWA

National Center for Children's Vision and Eye Health
Prevent Blindness

FAQs for Vision Screening Considerations During the Coronavirus Disease 2019 (COVID-19) Pandemic for Schools, Head Start and Early Care and Education Programs

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November, 2020

Please download and review Vision Screening Considerations During the Coronavirus Disease 2019 (COVID-19) Pandemic for Schools, Head Start and Early Care and Education Programs at prior to conducting a vision screening program.

Q. **Can Head Start programs accept vision screening results from primary health care providers?**

A. Yes. According to the Head Start Performance Standards, within 45 days of when a child first attends the program, the Head Start program can either obtain documentation of a primary health care provider screening or perform evidence-based vision screening.

Q. **How do I conduct vision screening that requires me to be closer than 6 feet from the child, such as near acuity screening, stereoacuity screening, and color vision deficiency screening?**

A. To minimize screening duration, color vision deficiency screening, near visual acuity screening, and stereoacuity screening are not recommended at this time.

Q. **My state mandates color vision deficiency screening. How do I perform mass color vision deficiency screening during the COVID-19 pandemic?**

A. Mass screening for color vision deficiency is not recommended. Consider postponing mandated mass color vision deficiency screening until a later date. Note that stereoacuity and near vision screening are also not recommended during the pandemic.

Q. **Can a plexiglass partition be used to separate the child from the screener and the vision charts?**

A. It is recommended that screeners conduct vision screening according to evidence-based guidelines. There is no published, peer-reviewed evidence that screening can be conducted accurately using a plexiglass partition. Plexiglass partitions are not recommended for vision screening.

Q. How do I clean and disinfect eye charts?

A: For a detailed response to this question, visit the Good-Lite website, select the "More" link on the right side of the navigation bar, and open the PDF called "Cleaning and Disinfecting COVID-19 Considerations for Eye Charts and Near Vision Cards".

Q**. Can vision screening be conducted outdoors?**

A. Vision screening can be conducted outdoors out of direct sunlight. Use of a tent or conducting screening under an outdoor covered picnic area is acceptable. Do a trial run to ensure the lighting is adequate and to verify if vision screening devices will function properly outdoors in young children with small pupils.

The screener should check the outdoor air quality and heat index. If children are recommended to stay inside, the outdoor screening should be moved indoors or rescheduled.

Q. **How can I conduct photoscreening from 6 feet away?**

A. Two instruments approved by the NCCVEH are used at a ~3-foot screening distance. When the instruments are outside the screening distance range, the screener is alerted via a message on the instrument monitor that the screener is too far away from the child and the instrument will neither capture a reading nor provide screening results. For children over age 2 years, both the child and screener should wear masks covering both the nose and mouth. The accuracy of screening results captured through face shields or plexiglass is unknown.

CDC guidelines define "close contact" with someone who has COVID-19 as being within 6 feet of the individual for 15 minutes or longer.

Instruments provide screening results in less than 1 minute. Consider using vision screening instruments with children ages 1, 2, 3, 4, and 5 years. Consider using vision screening instruments for children 6 years and older **ONLY** if children cannot participate in optotype-based screening.

Consider the following precautions when using screening instruments within the 6-foot distance zone:

- The screener should not enter the 6-foot physical distancing zone until the screener is ready to operate the device and is wearing appropriate personal protective gear.
- Once the screening data are collected by the instrument, the screener should move outside the 6-foot physical distancing zone until the next child is ready for screening.
- If a screening instrument cannot be operated according to best practices for use (room conditions, lighting requirements, positioning of the device in alignment with the child's eyes, etc.) while COVID-19 risk management precautions are in place, then the device should not be used for screening.

Q. **If a room with a separate entrance and exit is unavailable, what are my options?**

A. People (both children and adults) cannot pass through doorways simultaneously. A child must wait until the previous child exits and is 6 feet away before entering the door to the room. Build additional time into the schedule.

Q. Our district is on a budget. Can I make my own occluders?

A. Do not make your own occluders. To ensure evidenced based screening, occluders should be purchased from a vision supply source.

Q. When I have special education students who cannot wear masks, what do I do?

A. Masks are effective for special education students who understand and comply with directions for use. Students with sensitivity to touch, smell, or pressure may not tolerate masks. Adapted masks for teachers and staff, such as those with a clear panel to allow for visualization of lip reading and facial expressions, may be useful for some students.

Face shields combined with a mask are recommended for staff when a student cannot wear a mask and cannot control secretions, including sneezes, coughs, forced expiration of breath, or spitting. This combination is also recommended when staff are unable to maintain physical distancing, such as when providing personal hygiene. To fit properly, a face shield should extend

below the chin anteriorly, to the ears laterally, and there should be no gap between the forehead and the device frame (Perencevich, Diekema, & Edmond, 2020).

The NCCVEH recommends a referral for a comprehensive eye examination for students who have certain conditions that place them at high-risk for a vision disorder.

Q. **Do I need to screen a child who had an eye exam in the last 12 months?**

A. A child who has had a comprehensive eye examination within the last 12 months does not need vision screening. However, it is important to have clear documentation of the eye exam in the child's record. If there is no documentation, the child should be screened.

Q. **Screeners in our program travel to different schools, sometimes more than one school daily. The 14-day break between schools is not feasible. What strategies do you suggest?**

A. If the screeners' schedules do not allow 14 days between schools, they can notify the facilities where they will be screening during the planning stage. Consider assigning screeners to specific geographic areas to prevent potential COVID-19 transmission across communities. In communities where the virus is spreading, COVID-19 testing for screeners may be considered.

Find references in **Vision Screening During the Coronavirus Disease 2019 (COVID-19) Pandemic for Schools, Head Start and Early Care and Education Programs**

This is a living document. Submit your questions and lessons learned for the next iteration of the to Donna Fishman at dfishman@preventblindness.org.

For more information visit https://nationalcenter.preventblindness.org/

November, 2020

NASP Returning to School After COVID-19--Strategie

Uploaded by: Carter, Catherine

Position: FWA

NASP
NATIONAL ASSOCIATION OF School Psychologists

Article

COVID-19 CRISIS

By Christina Conolly, Franci Crepeau-Hobson, Cathy Kennedy-Paine, & Scott Woitaszewski

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Returning to School After COVID-19: Strategies for Schools

The COVID-19 pandemic is a public health crisis of proportions not seen in generations. In the spring of 2020, all 50 states were simultaneously under a disaster declaration (U.S. News, 2020) and most communities began to require distancing in order to mitigate virus spread. As a result, schools closed and distance learning and telehealth became the norm for most children. While many school districts had initially intended to resume face-to-face education before summer break, many schools plan to reopen in the fall.

Given the complex and ongoing nature of the COVID-19 crisis, as well as the extensive economic, educational, and personal impacts, the return to educating our children in brick and mortar buildings will present a number of significant challenges to school personnel. As such, it is critical that schools engage in planning and preparedness activities well before resuming face-to-face education and related services.

This article provides guidance for school psychologists and school leaders to plan for the reopening of schools post-COVID-19 using the PREPaRE model (Brock et al., 2016). The PREPaRE framework describes the full range of school crisis-related activities from prevention to recovery. Specifically: P (prevent and prepare for psychological trauma), R (reaffirm physical health and perceptions of security and safety), E (evaluate psychological trauma risk), P and R (provide interventions and respond to psychological needs), and E (examine the effectiveness of crisis prevention and intervention).

Prevent and Prepare for Crises

The first step in the PREPaRE model is to prevent and prepare for crisis situations. This requires the development of an emergency operations plan (EOP) or crisis plan (U.S. Department of Education, [DOE], 2013). The DOE *Guide for Developing High-Quality Emergency Operations Plans* provides information designed to assist districts in the development of their EOP that addresses the five mission areas of prevention, protection, mitigation, response, and recovery. These five areas are all key elements of a school district's crisis plan that must be addressed to fully heal and recover from a crisis such as the COVID-19 pandemic.

The school closures that resulted from the pandemic initiated the execution of the continuity of operations plan (COOP) annex in a district's EOP. This annex describes how essential functions will continue during an emergency and its immediate aftermath. These essential functions include business services (e.g., payroll and purchasing), communication (internal and external), computer and systems support, facilities maintenance, safety and security, and continuity of teaching and learning. This last section of a COOP focuses on how to "reconstruct" and transition back to school once it is safe to do so and triggers the implementation of the recovery annex of the EOP. Schools that do not already have a clear COOP will need to begin considering how this will look in their districts, especially if school does not resume as usual in the fall. For additional guidance, readers are referred to the DOE *Guide for Developing High-Quality Emergency Operations Plans* (2013).

The recovery annex comprises four sections: Academic, Physical, Fiscal, and Psychological and Emotional Recovery. Each of these must be considered in the plan to return to physical school buildings. The following are questions and considerations that may be helpful to assist district crisis teams in this planning.

Academic recovery. While returning students to the structure and routine of the school setting facilitates recovery, having typical or high academic expectations too early may to delay academic recovery. Consequently, academic explanations may initially need to be relaxed for some students. Key questions:

- How will schools handle the loss of instructional time over the 5–6 months of school closures?
- Will academic instruction and content be made up/rescheduled? If so what will this look like?
- How will the potential loss of instruction impact graduation credits? How will this be addressed?
- What will the transition back to 6 hours of daily academic instruction look like?
- How will additional accommodations or services be provided to students who have new academic and behavioral concerns after the extended closure?

Physical recovery. The primary focus will be on ensuring that all facilities and materials are clean and disinfected. Key questions:

- How will schools clean and sanitize the facilities (i.e., desks, chairs, tables, lockers, doorknobs, bathrooms, etc.) and the grounds (i.e., playground equipment, walkways, benches, doors, sports fields and equipment)? What measures will be taken by transportation staff to ensure busses are safe and sanitized? What funding is needed to support this effort?
- How will large group activities be structured (e.g., lunchtime, physical education, recess, assemblies)?
- How will the school ensure daily cleaning and sanitizing of all surfaces to prevent potential transmission of the virus?
- How will schools help students feel physically and psychologically safe in order for optimal recovery to take place? Consider the following strategies: rearrange classrooms so that there is physical distance between student desks/work spaces; provide classrooms with adequate hand sanitizer and disinfecting wipes, and require regular, scheduled use of these; provide masks for staff and students to wear if they choose.

Fiscal recovery. Key questions:

- How will districts manage budgetary concerns due to the crisis response? This includes paying for any unanticipated expenses that arose due to distance learning needs.
- How will districts provide compensatory services if special education services were not provided during the closure?
- How will information be provided to staff about compensation and the return to work? Does this involve negotiations with the union(s)?
- Are there sources of emergency relief funding available?

Psychological and emotional recovery. Additional information regarding this aspect of recovery is addressed in sections below. Key questions:

- How will the district engage in trauma informed practices and provide crisis intervention for students and staff members?
- How will building crisis response teams identify those students and staff members that need intensive support? What district and community resources are available for students and staff members in need?
- How will the school approach memorializing staff or students who died during school closures, especially if there are large numbers? What will be the emotional impact of multiple memorials over a short period of time?

Reaffirm Physical Health and Welfare and Perceptions of Safety and Security

Consistent with physical recovery considerations, the first priority upon the return to school will be to keep students and staff physically healthy and safe. Before any psychological recovery can occur, staff and students will need to be physically safe and to have their basic needs met. If students' physical safety needs are not met, they will not be able to learn. Similarly, the physical needs of staff members must be met to ensure that they are able to care for their students. As such, schools must fully address all issues described in the physical recovery plan prior to schools reopening, as well as once schools are in session. Moreover, schools must clearly demonstrate to students and staff that they are returning to a safe environment. Key questions:

- How will safety and sanitation measures be communicated to staff, students, and parents?
- Should schools begin the school year with partial or shorter school days to acclimate kids and staff members to getting back on the school bus and attending school again?
- How will the school ensure that basic needs of students and staff are met? This may be important considering the negative economic impacts of the pandemic.
- How will students with special needs be supported? Students with disabilities or those with chronic illnesses may require special actions to ensure their physical safety. For example, ensure that students with autism spectrum disorders are provided supports to adapt to any changes in the routine or environment. For students with cognitive delays, clearly communicate that they are safe and what they need to do to remain safe.

Recovery from a crisis such as the COVID-19 pandemic cannot occur solely with the reaffirmation of physical safety; students and staff must also truly believe they are safe. As such, once physical safety is addressed, schools must take steps to promote a sense of psychological safety. This includes strategies such as visibly and concretely demonstrating that the return to the school environment is safe. For example, post videos on the district's and schools' websites showing the school superintendent and other personnel demonstrating the measures the district is taking to clean and sanitize the schools, both prior to opening and ongoing. Or use social media to display signs and video messages reminding people about proper handwashing and how to properly cover a cough or sneeze.

In addition to visibly demonstrating the safety of the school setting, other strategies that promote a sense of safety and security include providing opportunities for action. Encouraging students to participate in efforts aimed at addressing crisis-generated challenges can help reduce feelings of helplessness and uncertainty. For example, tell students what they can do to ensure their physical safety (e.g., wash their hands, do not touch their face); engage them in sanitizing activities (e.g., go to the office for supplies, clean their own desk and materials); and include them in efforts to help the community (e.g., canned food drive).

A final consideration in promoting a sense of psychological safety is the importance of adult reactions in reaffirming not only objective physical health, but also perceived safety and security, especially for young children. Thus, if the adults are calm and positive about returning to school, it is more likely that the students will feel that way as well. This speaks to the need to ensure that staff members' perceptions of psychological safety have also been addressed.

Evaluate Psychological Trauma Risk

According to the PREPaRE model, school-based crisis teams must be ready to actively evaluate the needs of the students and, potentially, staff member colleagues following a crisis event. Psychological triage involves the identification of the highest-concern students first, while being ready to identify and check on moderate-concern and lower-concern students, too, as needed. An emergency room metaphor may be particularly appropriate when widespread psychological trauma is expected, such as what we might expect following a pandemic like COVID-19 (i.e., crisis teams must get to those with the most significant needs first). Others seeking assistance may have moderate or low needs and can "take a seat in the waiting room," to be seen as soon as possible, or perhaps even be evaluated as coping adequately with minimal universal supports in place. Those with the highest needs should receive intervention first and as soon as possible.

Variables to Consider When Doing Triage

Event variables. Event variables involve school-based crisis response teams reflecting on the nature of the event to estimate how much overall trauma or devastation may be expected. For example, generally, events that are human caused and intentional result in the highest levels of psychological trauma. While the COVID-19 virus was neither human caused nor intentional, other related event characteristics must also be considered (e.g., predictability, duration, consequences, intensity). Most people would likely report believing the extreme nature of this COVID-19 pandemic was highly unpredictable, the duration of this event has been and may continue to be long, and the consequences and intensity have been and may continue to be extremely significant for many. Event characteristic outcomes like this are often connected to widespread or significant psychological trauma among many students and staff members in schools.

Individual risk factors. Beyond the event variables just discussed, school-based crisis teams must consider the risk factors individual students and staff members bring with them upon return to the school setting. Of particular concern are individuals who were physically or emotional proximal to problems associated with the pandemic. While to some extent, all of humanity has been exposed to COVID-19, clearly some will have been more exposed to the effects of the virus than others. Examples are numerous, but may include things like being physically near and observing ill or dying loved ones (both physical and emotional proximity) or experiencing an increased level of domestic violence at home due to increased stress levels in the family (both physical and emotional proximity). Individuals who were physically near or emotionally close to individuals involved in a crisis are known to be at the highest risk for psychological trauma, and school-based crisis teams must attempt to identify and respond to those individuals quickly. Other individual risk factors that must be considered include various internal and external vulnerability factors (e.g., previous trauma history, perceptions of aloneness, underdeveloped support systems, living in poverty).

Individual warning signs. When schools reopen and resume traditional functioning, there may not yet be a clear and obvious closure to the COVID-19 pandemic, as it is unlike other crisis events that have clearer beginnings and ends. School-based crisis teams can expect that many students and staff members will still be experiencing this event directly in some ways (e.g., ongoing family illness, financial distress). Many individuals may still feel unsafe, as the threat may not be perceived as having passed. It then follows that many students and staff members may continue to demonstrate initial crisis reactions such as shock, anger, difficulty concentrating, increased anxiety, and emotional numbing. While for some, those initial crisis reactions may begin to remit before school resumes, for others, reactions may endure and have the potential to contribute to psychopathology. As part of the triage process, school-based crisis teams must identify those who are displaying enduring reactions or other indicators for immediate mental health crisis intervention (e.g., hopelessness, panic attacks, signs of significant depression).

Timing of Triage

Given that significant time will have already passed from the start of COVID-19 pandemic to the time students return to school, it will be particularly important to begin the triage process as soon as possible. School-based crisis teams are encouraged to begin preparing to do triage before students return to school, so the process can hit the ground running on Day 1. Crisis teams are highly encouraged to meet, virtually if necessary, several days or even weeks prior to the actual return of students to the school setting.

It is important to remember that triage is not simply a one-time evaluation; rather, it is always an ongoing process. Early crisis response team meetings during a pandemic could be used to review the event variables, risk factors, and warning signs that must inform primary/early triage decisions. Additionally, attempts can be made during early meetings to identify students who have experienced more significant physical proximity or emotional closeness to the direct effects of COVID-19, and students who have been previously identified as having various internal or external vulnerabilities could be identified for potential checking-in. Once interventions begin, ongoing monitoring of students should continue (i.e., secondary triage), as warning signs may come and go and individuals' needs are likely to shift over time. Finally, *referral triage* may occur as school-based interventions wrap-up, for students who are identified as needing longer-term Tier 3 psychotherapy.

High-Quality Triage Strategies

- Reconnect with community-based mental health services to confirm availability and expertise in serving youth with psychological trauma and related needs.
- At a staff meeting shortly after returning to school, engage teachers and other educators to assist with the triage process.

- Communicate frequently with families and other caregivers and share information about crisis reactions and warning signs.
- Utilize a documentation process (e.g., a way to note which students have been seen by a school-based mental health professional). For example, will a cloud-based documentation form be used?

Provide Crisis Intervention and Respond to Mental Health Needs

It is recommended that students return to school and familiar routines as soon as possible following a crisis. Getting kids back to school helps establish stability and continuity and is associated with reduced traumatic stress. It also allows staff to continue triage and monitor the needs of the school community. However, unlike an acute traumatic stressor that has a discrete beginning and end, the ongoing and uncertain nature of the COVID-19 pandemic creates the potential for chronic stress. Chronic stress causes the body to stay in a constant state of alertness, despite being in no immediate danger. Furthermore, the pandemic will result in significant loss for students and their families, as well as staff. In addition to the loss of life, significant financial and economic losses will result. Many individuals will struggle with food and housing insecurities that will contribute to mental health challenges and additional stress. Consequently, it will be critical for districts to use a trauma-informed lens when planning for intervention and responding to mental health needs. A trauma-informed approach to education acknowledges that a crisis such as the pandemic can limit an individual's ability to attend and learn and to regulate their behavior and emotions. This includes both students and adults in the school setting.

Multitiered System of Supports

The PREPaRE model advocates that school mental health crisis interventions be offered on a broad continuum. This includes interventions at the universal, selected, and indicated levels. Using such a multitiered system of supports is an effective means of meeting the varying needs associated with crisis exposure.

Tier 1—Universal interventions and support. Universal interventions are provided to the entire community. These include the previously described strategies of prevention of psychological trauma, reaffirmation of physical health, ensuring perceptions of safety and security, and evaluation of psychological trauma risk.

Reestablishing social supports. The reestablishment of natural social support systems is one of the most powerful of crisis interventions and is often the only crisis intervention needed for many individuals. Positive, nurturing interactions with trustworthy peers, teachers, and other caregivers is regulating and can calm the stress response that may be a consequence of a chronic stressor such as the pandemic.

There are a number of strategies that schools might consider employing to facilitate the reestablishment of social supports upon the return to school. One approach a school might consider is hosting an open house the day before classes resume. The open house is a comfortable and safe way for students to return to their school and allows for students to reconnect with peers as well as teachers and other school staff in a safe, supervised context. For example, in addition to having teachers in their classrooms where students can visit with them, the open house might offer common gathering areas such as the cafeteria for students. Students can be encouraged to draw or make get well or sympathy cards individually or in groups. Designated support rooms for those who might be struggling should also be available. Floating crisis responders should be available to listen, reflect, empathize, and provide coping suggestions or resources. An open house is an excellent place to engage in triage. Observe and take note of any students, parents, or staff who may be in need of follow-up and additional intervention or support.

Information sharing and psychoeducation. The PREPaRE model advocates the sharing of information as a Tier 1 intervention because this can foster a sense of empowerment and facilitate recovery. An understanding of the reality of the incident and the danger can foster a sense of safety. As such, facts and information should be shared with the entire school community, including primary caregivers and families, both before and during the transition back to face-to-face education.

As part of planning and preparedness, school leaders should develop a fact sheet that includes all verified pertinent information about the crisis, including what is known about the nature of the pandemic and the numbers of those who became ill or died (both in the local, district context and more broadly). Additionally, information regarding potential crisis reactions, (including those associated with chronic traumatic stress), the specific steps the school and district are taking to address safety concerns, and available resources should be included. This fact sheet can be used to develop informational documents that can be posted on the school's website, sent home to primary caregivers, and used in the context of other crisis interventions such as classroom meetings and caregiver trainings.

Classroom meeting. An effective way to share factual information with students is via a classroom meeting (Reeves et al., 2010). Ideally, classroom meetings should be led by a familiar classroom teacher and held as soon as possible after the crisis. For example, when students return to school, the first 20 minutes of first period might be dedicated to a pandemic-related classroom meeting. Teachers should be given a script to read so that all students receive the same information at the same time. Schools might consider giving teachers the option of having a “mental health buddy” with them in the classroom during this time. This professional can answer questions and support the teacher and students as needed. As with many PREPaRE crisis interventions, classroom meetings provide an opportunity to engage in triage and identify students who may need additional or more intensive supports.

It is critical that teachers are provided with the same factual information, as well as instruction on how to structure their classes in the immediate days following the resumption of face-to-face schooling. While some teachers may instinctively know that their students need structure and routine to feel safe, some may not and will need guidance regarding how to structure their classes and approach instruction. Additionally, the process for referring students to the school-based crisis response team must be shared with teachers. This information can be disseminated during a caregiver training offered to teachers and other school staff.

Caregiver training. As a Tier 1 crisis intervention, caregiver trainings are an efficient means of sharing the facts about the pandemic. Additionally, caregiver trainings are intended to teach adults how to support their children or students, give information about common and psychopathological reactions, and provide strategies for managing crisis reactions. This should include information related to the impact of the chronic nature of the COVID-19 pandemic and the potential effects of chronic traumatic stress. Caregiver trainings for teachers can be incorporated into the first staff meeting scheduled at the school to plan for the return to face-to-face learning. Ideally, parents and other primary caregivers should have the opportunity to participate in their own caregiver training prior to the reopening of the school.

Tier 2–Selected/targeted interventions. These interventions are provided to students who need additional support beyond universal supports.

Psychoeducational groups. Students who have crisis-generated problems may benefit from a psychoeducational group. As a Tier 2 intervention, psychoeducational groups are intended for those selected students who need more direct intervention, and work well for preexisting groups, such as students whose teacher fell ill with the virus. The PREPaRE model of psychoeducational groups includes four basic tenets that can be helpful in planning: sharing of crisis facts, identifying and normalizing crisis reactions, identifying maladaptive crisis reactions and coping strategies, and development and promotion of healthy forms of coping and stress management.

Psychoeducational groups parallel caregiver trainings in terms of process and goals; however, the focus is shifted from taking care of others to taking care of oneself. Psychoeducational groups can reduce distress and strengthen a sense of self-efficacy and promote adaptive coping. The group can be offered in a natural environment such as a classroom and can be offered as soon as the need has been identified.

Group crisis intervention. More intensive than psychoeducational groups, group crisis intervention is a Tier 2 intervention designed for more traumatized students. These groups are similar to other psychological first aid approaches and are not intended to be an ongoing intervention. Rather, the group is an active and direct attempt by crisis interveners to promote adaptive coping and directly respond to acute distress. This intervention is appropriate for individuals who shared a crisis-related experience and who would like to talk about it. For example, a group crisis intervention might be offered for students whose teacher died from the virus or for students who lived in an apartment building where a number of tenants died. Because this intervention includes the sharing of crisis stories and reactions, the use of triage data in the careful selection of group members is critical. As such, group crisis interventions will likely be offered later than the Tier 1 interventions, perhaps several weeks after school resumes.

Individual crisis intervention. A final Tier 2 intervention is individual crisis intervention. This intervention is intended for students whose crisis reactions have overwhelmed their coping abilities. This intervention is not psychotherapy and is typically offered “on the fly” to anyone who appears to have immediate coping challenges. Students who are acute trauma victims (i.e., those directly impacted by the virus, such as those who had been ill or had family members who were ill) may benefit from the specific coping guidance included in individual crisis intervention.

Tier 3—Tertiary interventions. Tier 3 interventions are designed to address significant crisis-generated problems.

Referral to community mental health intervention. Unfortunately, some students may return to school with challenges that cannot be addressed via school-based crisis interventions. These individuals, who have adverse reactions and develop psychopathology, will need to be referred for psychotherapeutic treatments. Making such referrals requires that crisis team members know when a referral should be made, as well as where to refer the individual. Having knowledge of professionals in the community who can provide therapeutic treatments appropriate for traumatic stress is critical to this process. Additionally, referral procedures must be developed well ahead of time in collaboration with the school administrator.

CBITS. While not officially part of the PREPaRE framework, the cognitive behavioral intervention for trauma in schools (CBITS) program might be considered as a Tier 3 intervention. CBITS is a school-based group and individual intervention (Jaycox, Langley, & Hoover, 2018). It is designed to reduce symptoms of posttraumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills.

CBITS can be used with students 5th through 12th grade who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters. CBITS uses cognitive–behavioral techniques (e.g., psychoeducation, relaxation, social problem solving, cognitive restructuring, and exposure). The CBITS manual and online training can be accessed for free (https://cbitsprogram.org).

Examine the Effectiveness of Crisis Preparedness and Intervention

The fifth and final element of the PREPaRE model refers to the ongoing examination of school safety and crisis response efforts. This allows for the making of adjustments to the EOP and subsequent response and recovery efforts as well as the opportunity to celebrate the work that was accomplished. Part of the examination process should include an after action report. This report, completed by the district team, documents the description of the pandemic event, what went well in the crisis response, what needed improvement/lessons learned, and what are the next steps needed to improve the plan in the future. Additional means of examining effectiveness include analysis of data collected pre- and postcrisis. This might include academic indicators, such as grades and test scores, as well as behavioral indicators such as disciplinary referrals and actions and attendance rates. Parents, students, and staff can also be surveyed regarding their evaluation of the response and recovery.

Conclusion

The return to school and recovery from the COVID-19 pandemic will present a range of challenges to school districts and will require thoughtful and comprehensive planning and preparedness. The information shared in this article can provide guidance to schools as they plan for students and staff to reengage in face-to-face education.

Find more resources in the NASP COVID-19 Resource Center at www.nasponline.org/COVID-19. For information regarding the PREPaRE training curriculum, visit www.nasponline.org/prepare.

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NCCVEH-Vision-Screening-Considerations-August-2020

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Position: FWA

National Center for Children's Vision and Eye Health
Prevent Blindness

Vision Screening Considerations During the Coronavirus Disease 2019 (COVID-19) Pandemic for Schools, Head Start and Early Care and Education Programs

August 20, 2020

Introduction

As schools, Head Start/Early Head Start, and early care and education programs reopen during the COVID-19 pandemic, practices that occurred routinely for decades must be reconsidered and redesigned to prevent the spread of the virus among children and staff, and ultimately, the community. Vision screening is one of many services that meet critical needs of children and is an essential service to eliminate poor vision and eye health problems as a barrier to academic and classroom success. Fortunately, vision screeners can employ strategies to manage the risk of COVID-19 exposure and potential transmission during vision screening.

This document suggests considerations for modifying vision and eye health screening procedures during the COVID-19 pandemic. This document provides a summary of currently available resources that vision screeners and school nurses can consult as they formulate independent judgment. **This document is not intended to provide clinical standards or guidelines. Vision screeners and school nurses are responsible for complying with applicable federal, state, and local laws, regulations, ordinances, executive orders, policies, and any other applicable sources of authority, including any applicable standards of practice.**

The science of COVID-19 is evolving rapidly. This document is dynamic and will be updated with the emergence of new knowledge and practices in risk management and reduction. **It is important to be familiar with and closely follow all school district and local guidelines as well as federal and state infection-control recommendations.** Conducting vision screening in school and community settings while adhering to physical distancing requirements will be challenging**. We stress the importance of adhering to evidence-based vision screening procedures.** Using modified vision screening practices without evidence may result in inappropriate referrals to eye care providers, causing children and parents/guardians unnecessary exposure to medical settings during a pandemic. Conversely, not adhering to evidence-based practices may miss a vision or eye health disorder and a proper referral to eye care. Refer to the FAQ document for more detailed information on vision screening.

Planning

- Some school districts, Head Start, and early education and care programs are barring individuals/volunteers who are not school employees into buildings during the pandemic (CDC). Investigate the program's or school's policy on visitors, contractors, and itinerant employees.
- Verify the screening site has assigned a well-lit room where the ventilation is working properly per guidelines from the CDC.
- Determine if the assigned room enables separate entrance and exit doors.
- Verify the assigned room will be deep-cleaned and sanitized prior to use per CDC guidelines.
- Identify the records that need to be maintained in the event contact tracing is required and request or create a template for managing that documentation.
- Conduct a simulated dry run of the traffic flow, timing, spacing needs, supplies, and screening procedures with adults who are informed of, and participating in, safety procedures.
- Verify availability of assigned monitors for children traveling to and from the screening room.
- Every effort should be made to locate the vision screening room near sinks and running water for handwashing. Handwashing with soap and water is preferred by the CDC over using hand sanitizer. Verify handwashing facilities are fully stocked with hand towels, soap, and no-touch trash receptacles.
- Identify who is responsible for notifying parents, teachers, and administrators of vision screening.

- Schools, Head Start, and early care and education programs may have alternating days of in-person attendance, in which different cohort groups of students attend on set schedules. Screeners need to plan the schedule around cohorts.
- Verify that face coverings will remain on students and adults during the entire screening session.

Hand Hygiene

- Children must wash hands per CDC guidelines for 20 seconds before and after screening.
- Screeners must wash hands per CDC guidelines before screening, after any child contact, and at regular intervals throughout the day.
- If soap and water are unavailable, hand sanitizer that contains at least 60% alcohol can be used.
- Gloves are not necessary (CDC, 2020).
- CDC handwashing guidelines recommend drying hands with paper towels or air drying, and do not include drying hands with motorized hand dryers.

Face Coverings (Masks)

- Screeners and children should wear cloth face coverings per CDC guidelines during screening. The CDC provides instructions on how to properly wear a mask. Screeners should not conduct vision screening if they cannot wear a mask for a medical reason.
- If children do not have a mask or the mask is not secure or does not cover the nose and mouth, disposable masks should be provided and should be put on by the child prior to entering the screening area.
- Consider not performing a vision screening on any child who cannot wear a mask. Children who cannot wear a mask should be referred to their primary health care provider for vision screening. Masks are not required for:
  - children younger than age 2 years
  - children who have trouble breathing
  - children who are unable to comply with wearing a mask due to physical or mental health limitations or developmental delay
- If a well-fitted mask is unavailable for a child, offer the screening later when a mask is available or masks for children are optional or unnecessary.
- Screeners should wear cloth masks that fit snugly and cover the mouth and nose. Screeners may wear goggles that cover the sides of the eyes and/or a face shield with a mask. CDC does not recommend use of face shields as a substitute for cloth face coverings. Johns Hopkins offers additional guidance on face masks.
- Children and screeners should wash their hands before putting on a cloth face covering.
- To put children at ease, screener's may wear a badge or a sign with a smiling photo of their face.

Supplies Needed Specific to COVID-19 Considerations

- Face coverings consistent with CDC guidelines.
- Goggles (if screener chooses—in addition to face covering).
- Face shield (if screener chooses in addition to face covering).
- Soap.
- Sanitizer with at least 60% alcohol (for screener and older children only) and paper towels
- Disinfectant wipes.
- No-touch trash cans – with enough capacity for wipes, occluders, and paper towels.
- Disposable occluders (do not use homemade paper occluders, nor tissues or hands – disposable occluders are available for purchase from vision supply vendors).
- Disposable matching lap cards (for preschool children – make paper copies of the matching lap Card: one per child to be screened, and then discard).
- Tape and or floor markings.
- Entry and exit door signs.

- Measuring tape or 6-foot measure.
- Disposable single-use gloves for cleaning.
- Cleaning supplies that meet EPA Guidelines for COVID-19.
- Supplies for vision screening.

Cleaning and Disinfection

- Verify the room assigned for screening was deep-cleaned and sanitized per CDC guidelines prior to entry.
- Clean and disinfect frequently touched surfaces often (CDC Guidelines).
- Develop and adhere to a schedule for increased routine cleaning and disinfection.
- Cleaning products used by screener must be secured out of reach from children.
- Do not use cleaning products near children.
- Verify that there is adequate ventilation when using cleaning products in the screening space to prevent children or adults from inhaling toxic fumes.
- Standard use of visual acuity charts used at a testing distance of 10 feet should be wiped clean with disinfecting wipes before and after each screening day.
- Vision screening instruments (photoscreeners, autorefractors, etc.) should be cleaned and disinfected at the beginning and end of each screening day per manufacturer's guidelines.
- Do not allow food and beverages in the screening room.

Shared Objects

- Do not allow items (e.g., stuffed animals, books) that are difficult to clean or disinfect.
- Ensure adequate supplies of disposable materials to eliminate sharing of high touch items such as occluders and matching lap cards.
- Mass screening for color vision deficiency is not recommended. Consider postponing color vision deficiency screening if it is mandated in your program or state. If a teacher or parent is concerned about color vision, refer the child to an eye care provider.

Screening Schedule

- Mark floors to provide a visual guide for maintaining 6-foot distancing between the screener, the child, and between adults.
- The CDC recommends one-way traffic with separate entrance and exit doors.
- Sanitize chairs used during vision screening between children's use. Screener should wash hands after sanitizing objects.
- Children should stand 6 feet apart while waiting outside the screening room. Mark floors where children should stand.
- Do not call the entire class to the screening area and limit the number of children waiting - based on the amount of space available for waiting. If possible, screen children one at a time to ensure physical distancing space between children.
- If pods or cohorts are used (AAP, 2020; CDC, 2020), clean and disinfect the screening area before children from another cohort or pod arrive.

Vision Screeners

- Consider limiting screening personnel to three adults:
  - Screener,
  - Facility employee to clean chairs and monitor distancing, and
  - Staff to accompany children traveling to and from classroom and monitor handwashing before and after screening.

- The CDC recommends cohorting of children and staff (CDC, 2020). Consider eliminating conducting screening at multiple schools, Head Start centers, or early care and education programs (CDC, 2020). If screeners are assigned to screen children at multiple schools or programs, allow 14 days to elapse between screenings in different locations. In communities where the virus is spreading, COVID-19 testing for screeners may be considered.
- **More details about screening can be found in the FAQs.**

Training

- Screeners must be trained on all district, school, Head Start, or early care and education facilities' COVID-19- related health and safety protocols ahead of screening.
- The American Academy of Pediatrics (2020) recommends that all training be conducted virtually.
- Screeners should make contact with screening site administrators 2 days in advance of screening to identify any changes in the facility's health and safety protocol.

Vision Screening (Note, this section addresses adaptations to evidence-based vision screening recommendations during the Covid-19 pandemic. For more information on vision screening generally, please visit https://nationalcenter.preventblindness.org/vision-screening-guidelines-by-age/

- Standard use of visual acuity charts, used at a testing distance of 10 feet and that children do not touch, should be wiped clean before and after each screening day (to protect the screeners) but need not be cleaned between each child's screening.
- Distance visual acuity screening can be performed according to safety standards. To minimize screening duration time, near acuity, color vision deficiency, and stereoacuity screening is not recommended at this time.
- **Please see the FAQ document for more detailed information on vision screening methods and tools.**

Parent and Caregiver Education

Vision screening is an important component of pediatric preventative health care and should continue during the COVID-19 pandemic. Prevent Blindness developed the NCCVEH's 12 Components of a Strong Vision Health System of Care**.** These components address parent and caregiver education as well as vision screening, referral to eye care, and more. Whether children attend Head Start, an early care and education program, or school, we encourage parents and guardians to observe and listen to a child for signs of a possible vision disorder. An appointment with an eye care provider should be made if there is ANY concern about a possible vision problem. Close-up work required by online and remote learning can exacerbate a previously unknown vision problem. Therefore, parents and guardians need to be vigilant.

When a comprehensive vision screening program cannot be implemented (such as during virtual learning), a document describing signs of a possible childhood vision disorder can be given to parents and guardians. Programs and schools should stress the importance of having the child examined by an eye care provider if the child shows one or more of the signs or symptoms. An easy-to-use checklist for Head Start and early care and education programs is available through Prevent Blindness. From birth through the first birthday, chart screening is not developmentally possible and there is no evidence to support use of instruments in this age group. The NCCVEH recommends using the *18 Vision Development Milestones From Birth to Baby's First Birthday* in English or Spanish as a vision screening tool for Early Head Start and other early care and education programs.

Conclusion

School and community screenings are safety net programs. If screenings cannot be conducted, families should be instructed to take their children to their primary health care provider for a vision screening or eye care doctor for a comprehensive eye examination. **Vision screening should be conducted as part of a regular well-child visit at the primary health care provider's office.** The American Academy of Pediatrics strongly encourages families to schedule

and keep well-child checks throughout the COVID-19 pandemic. Parents and guardians should receive educational material about the importance of child vision health.

Teachers, administrators, nurses, vision screeners, support professionals, Head Start, Early Head Start, early care and education personnel, and para-professionals are anxious about the difficulties they are facing to meet new educational expectations. The considerations suggested in this document are designed to ensure that vision screening continues to help children have the best vision possible to succeed academically.

Please see the accompanying FAQ document for more detailed information on vision screening.

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Resources

FAQ for Vision Screening During the Coronavirus Disease 2019 (COVID-19) Pandemic for Schools, Head Start and Early Care and Education Programs

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"Think of Vision" fact sheets for teachers of preschool and school-age children from Children's Vision Massachusetts

Acknowledgements

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We acknowledge the Ohio Department of Health vision screening re-start document.

Please contact us for more information: info@preventblindness.org

August 2020

SB965_Let Them See Clearly LTSC Testimony.pdf
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Testimony of Catherine Carter
FAVORABLE WITH AMENDMENTS
SB965: Blueprint for Maryland's Future - Revision
Monday, March 15, 2021

My name is Catherine Carter. I am a vision and student behavioral health advocate who works on policy and legislative change to improve identification of behavioral health needs and access to healthcare. I am also Project Manager of the Howard County "Beyond 20/20" Program, a collaborative public and private partnership that is working to bring awareness and needed eye care services to underserved/uninsured Howard County Public School System ("HCPSS") students. Distinguished members of the Committee, thank you for the opportunity to speak today favorable with amendments SB965 to ensure that the Blueprint fully addresses the behavioral health needs of our students.

Because of COVID, whether due to quarantine, loss of income/healthcare, many students have been disconnected from local health providers. Students have missed well checks, vision/hearing screenings, dental care, mental health. Lack of behavioral health is having a significant impact on our students physical and mental health, which directly impacts their social-emotional and academics. As students return to the classroom, schools should coordinate with local healthcare providers to close these gaps, especially for schools that lack a school-based health center.

For our Howard County vision clinic, we surveyed what barriers parents faced when trying their referred student an eye exam and what resource was most effective. Parents said **knowing both the importance of an eye exam** on their student's academics and well-being through informational campaign by the school nurses greatly encouraged parents to either attend the clinic or go to a local eye doctor. They also said a **list of local eye doctors** with contact information who would take vouchers, Medicaid, had flexible hours for working parents, specialized in pediatric care, and took their private insurance besides the glasses was the best thing they got for follow up vision care. Out of 160+ students a 110+ were prescribed glasses. These children will need a lifetime of follow up healthcare to ensure their prescriptions are up to date to see to learn.

(a) Each county board of education, including Baltimore City, shall use funds 2 provided in fiscal years 2021 and 2022 to address trauma and behavioral health issues due 3 to the effects of the COVID–19 pandemic on students and their families and to identify and 4 provide necessary supports and services for students.

5 (b) To the extent practicable, county boards are encouraged to utilize 6 school–based health centers to coordinate and deliver services to students.

Amendments:

- **Schools should work to help connect and reconnect students to local healthcare providers**
- **Encouraging the importance of a healthy student through a public awareness campaign**
- **Identify students in need of behavioral health services**
- **Part of the funding should be used to do hearing/vision screenings for students who missed upon entry to school, 1st grade, and 8/9th grade**
- **School systems should also use best practices when developing their COVID plans, and the Consortium should be tasked to develop those recommendations to help school districts**
- **The COVID response needs to align with the recommendations of medical professionals**

A Healthy Student means Healthy Mind, Healthy Body, Healthy Smile, Healthy Ears, Healthy Eyes. If we want our students to succeed, then we need to help ensure that their behavioral health needs are addressed.

2021 MASBHC SB 965 Senate Side.pdf
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Position: FWA

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Committee:	**Senate Education, Health, and Environmental Affairs Committee**
Bill Number:	**Senate Bill 965**
Title:	**Blueprint for Maryland's Future – Revisions**
Hearing Date:	**March 15, 2021**
Position:	**Support with Amendment**

The Maryland Assembly on School-Based Health Care (MASBHC) strongly supports *Senate Bill 965 – Blueprint for Maryland's Future – Revisions.* This bill revises implementation dates required in SB 1000 (2020) and alters certain policy provisions in response to the COVID public health pandemic. MASBHC appreciates the legislative intent language under Section 5 to support the use of school-based health centers in providing behavioral health services to students in fiscal years 2021 and 2022.

School-Based Health Centers

MASBHC has had the opportunity to work with members of the Legislature and the Commission on Innovation and Excellence in Education over the past several years in increasing support for school-based health centers (SBHCs). State funding for school-based health centers has been flat at $2.5 million for almost two decades. This limited funding only provides support for a small number of Maryland's SBHCs. We were very pleased with the inclusion in last year's Blueprint legislation of an additional $6.5 million in annual funding to provide grants to school-based health centers throughout the state. This funding fully implements a recommendation from the Commission's January 2019 Interim Report and 2020 Final Report to restore, with an inflationary increase, an original promise made by the State for school-based health centers over 20 years ago. Prior to the Governor's veto last year, this funding was originally scheduled to start July 1, 2020.

There are currently 86 school-based health centers in Maryland, operating in 12 local school systems, with another jurisdiction scheduled to open 2 new school-based health centers this spring. SBHCs are staffed and supported by community health providers, primarily local health departments, and provide primary care, behavioral health, and dental health services. By design, they are located in schools with high concentrations of poverty and act as a safety net provider, particularly for students who experience barriers to accessing health care services in the community. Unfortunately, even though school-based health centers are located in communities most significantly impacted by COVID, most SBHCs were shuttered due to outdated restrictions from the Maryland State Department of Education on the use of telehealth. This means that students have been denied health care services during the most serious health crisis of our lifetime. We anticipate that once the majority of students return to school buildings in the coming months, that there will a great need to address existing health concerns of students, including behavioral health needs. Therefore, there is no greater time to invest in school-based health centers than now.

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School Health Services (School Nurse)

By design, school-based health centers work closely with the on-site "school nurse" to coordinate referrals and care. While some jurisdictions are fortunate enough to have a full-time nurse in each school building, we know that many are still utilizing a cluster-model where a school nurse may be assigned to two or three schools at any given time. There are provisions in the Blueprint statute designed to ensure that schools with high concentrations of poverty have a full-time nurse. Unfortunately, we have not seen this implemented as intended and would **respectfully request an amendment to repeal §5-223C(4) of the Education Article, removing the flexibility in redirecting funds from school health.**

This change would ensure that funding designated for the provision of health care services is spent on this purpose. SB 1030 (2019) allocated $248,833 in FY 2020 and 2021 for schools with a concentration of poverty of at least 80%. Of this, $126,170 was earmarked for a Director of Community Schools position, leaving $122,633 to ensure full-time health services coverage. This is approximately what the Commission determined would be needed to hire one full-time health care practitioner (school nurse). We believe the provision to allow any unspent dollars to be used for wraparound services was important at the time, as the 2019 legislation did not implement per pupil funding to support wraparound services when it was passed. With the inclusion of funds in SB 965 to begin allocating per pupil funding in the upcoming fiscal year for wraparound services, we believe it is no longer necessary for local school systems to redirect health coverage funds as both health services and wraparound services will have their own dedicated funding streams. With the requested amendment, any unspent funds could then be used to offset underfunded items such as additional staffing (nursing aides), health care supplies, and equipment.

Thank you for your consideration of our testimony, and we urge a favorable vote with amendment. If we can provide any further information, please contact Rachael Faulkner, our public policy and governmental affairs consultant. She can be reached at rfaulkner@policypartners.net or (410) 693-4000.

2021 MSPA SB 965 Senate Side.pdf
Uploaded by: Faulkner, Rachael
Position: FWA

Bill: Senate Bill 965 – Blueprint for Maryland's Future - Revisions

Position: Support with Amendment

Dear Committee Chairs, Vice Chairs, and members:

I am writing on behalf of the Maryland School Psychologists' Association (MSPA), a professional organization representing about 500 school psychologists in Maryland. We advocate for the social-emotional, behavioral, and academic wellbeing of students and families across the state.

MSPA strongly supported the Blueprint for Maryland's Future implementation bill from the 2020 legislative session. The landmark legislation infuses much needed funds into Maryland's public schools and provides for many programs that will be beneficial for our students and families. The bill is especially important as we continue to improve mental health supports for our students, who are struggling more than ever through the effects of an isolating pandemic.

However, we remain genuinely concerned about certain provisions in the legislation that are antithetical to the General Assembly's stated goal of improving mental health support. Inexplicably, school psychologists, along with other non-classroom based educators and related services providers, were explicitly excluded from the career ladder and salary incentives included in the Blueprint. About 80% of school psychologists practicing in Maryland bargain under the same contract and salary scales as our teacher colleagues, however as we have our own national certification administrated by our national governing body, we are not eligible for National Board Certification through the National Board for Professional Teaching Standards, on which these incentives are based. Without equitable opportunities for career advancement and salary improvements, similar to what will be offered to our colleagues, school systems across Maryland will continue to struggle to recruit and retain the most highly qualified school psychologists, restricting our students' access to frontline mental health treatment along with other comprehensive services our schools rely on us to provide. This will also increase the reliance on less effective public-private partnerships to the detriment of our students.

School psychologists spend a *minimum* of three years in graduate education; a large percentage of our field holds doctoral degrees. It is extremely hard to sell these programs to qualified applicants, who delay entering the workforce and take on more student debt, when they are not incentivized financially, as teachers will be through this legislation.

MSPA welcomes the opportunity to work with you moving forward to develop a plan to ensure equitable career and salary opportunities for school psychologists. If we can provide any additional information, please contact Kyle Potter at legislative@mspaonline.org or Rachael Faulkner at rfaulkner@policypartners.net or (410)-693-4000.

Respectfully submitted,

Kyle Potter, Ph.D., NCSP
Chair, Legislative Committee
Maryland School Psychologists' Association

SB965_Blueprint Revisions.pdf
Uploaded by: Gardiner, Shamoyia
Position: FWA

March 15, 2021
SB 965: Blueprint for Maryland's Future-Revisions
Position: Favorable with Amendments

Chair Pinsky, Vice Chair Kagan, and members of the Senate Education, Health, and Environmental Affairs Committee:

Strong Schools Maryland has been a critical grassroots advocacy leader in the effort to develop and pass the Blueprint for Maryland's Future into law. As an organization--and statewide movement--founded in response to the Kirwan Commission's work, we are uniquely invested in the successful implementation of the Blueprint. Strong Schools Maryland, therefore, encourages the committee to support Senate Bill 965: Blueprint for Maryland's Future-Revisions, with the following amendments:

- Remove the delay in developing methodology for accurately counting the number of students experiencing poverty in individual schools. This has critical implications for communities with large numbers of undocumented and/or mixed status families, whose schools are already severely underfunded.
- Fully fund the Concentration of Poverty personnel grants at the $257,100 level in 2020's HB1300 (the Blueprint) rather than reducing the grant to students serving communities experiencing high concentrations of poverty to $248,333.
- Remove the standardized testing requirement for students receiving transitional supplemental instruction (TSI) as all students will receive standardized testing in the fall and testing struggling students does not serve them. Diagnostic and growth-focused assessments which are administered as a part of a student's education plan do not meet our definition of standardized testing.
- The fiscal trigger provision outlined on page 30, lines 20-30, must clarify either that this assessment is conducted annually within a specific timeframe, or clarify what conditions will allow per pupil formula increases to resume full administration.
- This bill is an opportunity to clarify reporting mechanisms, formats, and timeframes for either the state department of education or local education agencies' use of federal funds for summer learning and student behavioral health, we encourage the body to consider augmenting this language to include reporting by poverty level, race/ethnicity, years of experience in a school, etc.

Strong Schools Maryland believes the above amendments will strengthen the implementation of the Blueprint for Maryland's Future and urges the committee to report favorably with the above amendments on SB830.

Shamoyia Gardiner, Deputy Director
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786-223-1606

sb965testimony.pdf
Uploaded by: Hettleman, Kalman
Position: FWA

Kalman R. Hettleman

(khettleman@gmail.com, 443-286-0854)

SB 965: Blueprint Revisions: SUPPORT WITH AMENDMENTS

Thank you for the opportunity to provide this testimony. I am an independent education analyst and advocate and was a member of the Kirwan Commission.

These revisions to the Blueprint are helpful in making adjustments to the COVID-19 circumstances. I particularly commend the important provisions of SECTIONS 3 and 4 that seek to strengthen accountability for how the federal and state funds are spent. My amendments are intended to add to those requirements, especially on tutoring. I have been very active as a program developer and analyst pertaining to tutoring, including as a pro bono consultant to the Baltimore City school system in its development of tutoring.

Proposed Amendment #1

p. 31, line 20 after the words "including a description of the amount " add the following words so that the rest of the sentence is ", evidence-based-research, outcomes and effectiveness of funds spent directly on students instruction, including but not limited to the summer school and tutoring and supplemental instruction programs under SECTION 4."

Purpose: Accountability will not be accomplished if the report is limited to a description of only "the amount of funding spent on student instruction." The more basic question is: How was the money spent – on evidence-based programs and with what outcomes and effectiveness? The amendment will require this information to be reported.

Proposed Amendment #2

p. 29, line 21: revise (6) to read: "occurs during the school day and is aligned with frameworks for tiered interventions tor struggling learners, to the extent practicable."

Purpose: Research supports aligning and integrating tutoring and other supplemental instruction within the intervention frameworks – commonly known as Multi-Tiered Systems of Support (MTSS) and Response to Intervention (RTI) – that are already required by the state in some form and are commonly used by local districts.

Proposed Amendments #3

p. 33, lines 26 and 28: Delete (2) and revise (4) to read: "the models of tutoring provided to students, including the general guidelines and practices pertaining to identification and grouping of students; pupil to student ratio (group size); frequency of sessions, the amount of time per session and the number of sessions; and"

Purpose: Accountability (including evaluation of effectiveness) can only be achieved if the basic elements of the tutoring models are reported.

Proposed Amendments #4

p. 33, line 29: revise (5) to read: “data on student outcomes, disaggregated by the model used to provide the tutoring and by the grade of the students and subject areas.”

Purpose: Accountability for, and evaluation of, the outcomes require disaggregation of the data beyond just the tutoring model.

Thank you for your consideration of these amendments.

sb965testimony

Testimony SB965.pdf
Uploaded by: Hornbeck, David
Position: FWA

Testimony in Support of S.B. 965 With Amendments
Submitted by David Hornbeck, Donald Manekin, and Ralph Tyler

We submit this testimony in strong support of S.B. 965, with recommended amendments, because of our shared interest in public education. David Hornbeck served as Maryland State Superintendent of Schools and as Superintendent of the School District of Philadelphia; Donald Manekin, a leading businessman and real estate developer, is the co-founder of Seawall Development and a lifetime supporter of public education; and Ralph Tyler served as Deputy Attorney General of Maryland, as Baltimore City Solicitor, and on the Baltimore City School Board.

We commend the Senate President and the Senate membership for passing the Blueprint for Maryland's Future legislation ("Blueprint") and then overriding the Governor's veto of this historic piece of legislation. These actions have put Maryland on the path to having the educational system it must have for our state and its citizens to be competitive in the 21st century.

We support S.B. 965 as the next step in implementing the Blueprint legislation. As the Blueprint legislation recognized, increased funding for education is necessary, but not sufficient, and educational policy and practice changes are needed in order to achieve the substantial improvements in educational outcomes across the state which all interested parties agree are vitally needed. Our proposed amendments to S.B. 965 are "friendly amendments" designed to strengthen accountability and to improve educational outcomes.

The Blueprint creates a new Accountability and Implementation Board ("AIB"). The AIB is at the center of implementing the legislation, assuring that funds are well spent and necessary practice changes occur. Our proposed amendments are intended to strengthen the AIB and clarify its responsibilities.

Amendment no. 1

A new provision should be added to the statute providing as follows: "The Accountability and Implementation Board shall have plenary authority over all matters relating to the implementation of the Blueprint for Maryland's Future, including its intended outcomes."

Rationale for proposed Amendment no. 1

The Blueprint allocates certain responsibilities to the AIB, to the State Board of Education, to local boards, and to others. The statute does not, however, clearly delineate that, in matters within the AIB's sphere, the AIB's authority is plenary and, therefore, in the event of a conflict between a decision of the AIB and that of another authority, the AIB's decision shall control. The AIB's authority should be clarified, establishing a clear default rule, so that conflicting actions and decisions between the AIB and other authorities do not frustrate the legislatively-desired (and needed) changes in educational practices. At the very least, ambiguity regarding the AIB's authority provides much too fertile ground for disputes, delays, and litigation challenging its authority.

Amendment no. 2

Strike the language in the Blueprint statute that the AIB is "not intended to usurp or abrogate" the authority of various state and local boards and agencies.

Rationale for proposed Amendment no. 2

This "not intended to usurp" language is an invitation for controversies. The AIB will be unable to perform its intended function and do the work it is intended to do without impacting the current and historic roles of, for example, state and local education authorities. Jurisdictional squabbles about the AIB's allegedly "usurping" authority "properly belonging" to another entity will at least delay and may jeopardize achieving the needed and Blueprint-intended educational reforms.

Amendment no. 3

Add a new provision requiring the AIB to "adopt regulations setting forth accountability standards based upon achieving intended outcomes as defined by the Board."

Rationale for proposed Amendment no. 3

Adding this requirement would make explicit that improved educational outcomes is the focus of the AIB's work and, indeed, is the purpose of the Blueprint statutory scheme.

Amendment no. 4

The Blueprint requires the AIB to develop a "Comprehensive Implementation Plan." The statute should be clarified to make explicit that the Comprehensive Implementation Plan shall include a "definition of outcomes to be achieved."

Rationale for proposed Amendment no. 4

Like proposed Amendment no. 3., adding this requirement is consistent with the purpose of the Blueprint statutory scheme to improve educational outcomes.

Thank you for considering our suggestions.

Respectfully submitted,

David Hornbeck Donald Manekin Ralph Tyler

LWVMD Testimony LH SB965 Blueprint for Maryland's

Uploaded by: Hybl, Lois

Position: FWA

LEAGUE OF WOMEN VOTERS® OF MARYLAND

TESTIMONY TO THE SENATE EDUCATION, HEALTH & ENVIRONMENTAL AFFAIRS COMMITTEE

SB 965 Education – Blueprint for Maryland's Future - Revisions

POSITION: Support with Amendments

BY: Lois Hybl and Richard Willson – Co-Presidents

Date: March 15, 2021

The League of Women Voters of Maryland (LWVMD) supported HB 1300/SB 1000 Blueprint for Maryland's Future – Implementation and advocated vigorously for the override of the Governor's veto of this very important legislation. Thus, we also support SB 965, Blueprint for Maryland's Future – Revisions, albeit with some changes.

The proposed legislation makes technical adjustments to the funding phase-in and program implementation timelines that, for the most part, are realistic, equitable, and do not delay funding or implementation further. The bill adds new sections that direct the use of federal Covid relief funds to priorities we support and are targeted on areas to mitigate the learning loss and behavioral, mental health issues caused by the pandemic. It increases the per pupil foundation amount to include funds for technology.

Our priorities for legislation designed to accompany the veto override include ensuring equity, that funding formula increases are maintained, that implementation timelines are maintained and not unnecessarily delayed, and that students who experienced learning loss during the pandemic are supported. To address these priorities, we suggest the following changes.

- The bill decreases the foundation weight for the compensatory education (Sec 5-222), English Learners (Sec 5-224), and special education (Sec 5-244) . These should be restored to the original weights.

- The bill reduces the amount each local education agency (LEA) receives for personnel grants (Sec 5-223 2(c)(1)(1)). This should be restored to the original levels. Teachers are a valuable resource and should be compensated adequately, especially when asked to do more.

Another of our priorities was to clarify the one-year pause that is triggered when revenues drop below a certain amount. The bill adds some clarifying language (Sec 19), but does not specify that this is a one-year pause and not a permanent stoppage of funding. We urge the committee to make this change.

We support the guidance the bill provides on the use of federal Covid relief funds. These funds will help schools address learning loss and the social, emotional, and

behavioral mental health needs of students. There are also provisions to account for enrollment declines, so that LEAs and schools are not penalized by the loss of funding due to enrollment drops. However, we oppose provisions that expand the use of standardized testing. Besides the ambiguity around who will develop these assessments, students needing support do not need more testing. We urge the removal of these requirements.

The League urges the committee to give a favorable report to SB 965, with further revisions articulated above.

MOST_AMMEND_SB0965.pdf
Uploaded by: Mitchell, Ellie
Position: FWA

MOST NETWORK
Leaders in Youth Development

March 15, 2021

SB 965- Blueprint for Maryland's Future - SUPPORT WITH AMENDMENT

Dear Chair Pinsky, Vice-Chair Kagan and Members of the Education, Health and Environmental Affairs Committees,

The Maryland Out of School Time Network (MOST) is a statewide organization dedicated to closing opportunity gaps by expanding both the quantity and quality of afterschool and summer learning opportunities for school-aged young people. MOST is one of the fifty statewide networks supported by the Charles Stewart Mott Foundation and serves as Maryland's affiliate to the National Afterschool Association. MOST serves on the Executive Committee of the Blueprint Coalition and is a longtime active member of the Maryland Education Committee. We also serve as the backbone organization for the Maryland Coalition for Community Schools (MD4CS).

The Blueprint for Maryland's Future will strengthen Maryland's commitment to excellence in education; however, fidelity of implementation and additional funding resources are critical to the bill's success. MOST & MD4CS appreciate the provisions of Senate Bill 965 which provide needed timetable corrections and clarifications to the Blueprint for Maryland's Future. We support the recommendations of the Maryland Education Coalition in their written testimony and would like to emphasize a few areas where Senate Bill 965 could be strengthened.

- We are thrilled that the General Assembly is focused on the importance of summer learning opportunities and strongly support the incorporation of school-community partnerships in providing activities with a "hands-on, minds-on" youth development approach. Though the legislation allows for funds to carry over in the case of under-spending, we would like to see an explicit commitment to apply any unused summer funding to afterschool programs taking place during the school year. The need for expanded learning time year-round was significant before the pandemic began and will continue to be an essential component of recovery moving forward.

- MOST and MD4CS appreciate the addition to the foundation to expand access to digital tools; however, we share other advocates' concern that the funds currently allocated in the foundation may not be sufficient to address all the costs schools require to meet COMAR requirements. Therefore, we strongly discourage amendments regarding the formula for compensatory and ELL programs and oppose decreases for special education, as these parts of the formula are the ways that inequities are addressed. We also support MEC's recommendation to convene a workgroup post-session to continue examining the real costs of requirements under COMAR and the Blueprint programs to ensure implementation fidelity.

- We recommend keeping the Concentration of Poverty grants at their original amount, creating more flexibility around the Health Practitioner role, and implementing a more rapid phase-in of

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MOST NETWORK
Leaders in Youth Development

the Concentration of Poverty per-pupil funding. These dollars are urgently needed to fully implement the Community School strategy at each school based on school needs assessment. Community School Coordinators are a valuable asset in and of themselves, but without resources to put strategic partnerships and services in place, the full impact of this investment will be delayed.

We hope the General Assembly will examine these issues and those raised by the Maryland Education Coalition to amend SB 965 and move it forward toward a successful conclusion before the end of the legislative session.

Sincerely,

Ellie Mitchell
Director, Maryland Out of School Time Network
emitchell@mostnetwork.org
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MSCCA testimony SB 965 fav with amendment.pdf
Uploaded by: Peusch, Christina
Position: FWA

Maryland State Child Care Association

Caring For Maryland's Most Important Natural Resource™

Christina Peusch
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The Maryland State Child Care Association (MSCCA) is a non-profit, statewide, professional association incorporated in 1984 to promote the growth and development of child care and learning centers in Maryland. MSCCA has over 4500 members and our members provide care and education for Maryland children and support working families. We believe children are our most important natural resources and work hard to advocate for children, families and for professionalism within the early childhood community.

Testimony Concerning SB 965-Blueprint for Maryland's Future-Revisions
Submitted to: Budget and Taxation Committee
Education, Health and Environmental Affairs Committee
Favorable with Amendment
March 15, 2021

Dear Chairman Pinksy, Chairman Guzzone, and members of the committees,

The child care provider community is eager to support the State and counties in implementation of quality, affordable prekindergarten to Maryland's most important asset - our children. Diverse delivery among private and public providers is key to the successful implementation of the Blueprint for Maryland's Future and the law requires a runway to an even split between private and public providers. However, as written this would not require an even split among prekindergarten slots and we propose an amendment that clarifies diverse delivery applies to eligible slots.

Public and private providers have significantly different capacities based on the size and staffing of the provider. Under the current law, a private provider that serves 40 slots and a public provider that serves 20 slots is considered diverse delivery despite the private provider serving double the children. We do not believe that was the intent of the law and request an amendment that clarifies diverse delivery applies to eligible slots, not providers.

Amendment No. 1:

On page 20, line 34, after "prekindergarten" strike "~~providers~~" and replace with "**SLOTS**"

On page 21, line 2, after "private" strike "~~providers~~" and replace with "**SLOTS**"

On page 21, line 4, after "private" strike "~~providers~~" and replace with "**SLOTS**"

On page 21, line 4, after "prekindergarten" strike "~~providers~~" and replace with "**SLOTS**"

On page 21, line 7, after "private" strike "~~providers~~" and replace with "**SLOTS**"

On page 21, line 8, after "prekindergarten" strike "~~providers~~" and replace with "**SLOTS**"

Thank you for your consideration of this amendment.

Sincerely,

Christina Peusch, Executive Director
Maryland State Child Care Association

MEC Testimony-SB956-03152021.pdf
Uploaded by: Tyler, Jr.-Chair, Rick
Position: FWA

Maryland Education Coalition

INSPIRES ACTION & POSITIVE CHANGE SO MARYLAND'S STUDENTS SUCCEED

Rick Tyler, Jr., Chair

Web site - www.marylandeducationcoalition.org *** **Email** – md.education.coaliton@gmail.com

DATE: March 15, 2021
BILL: SB0965
POSITION: Support w/amendments

TITLE: Blueprint for Maryland's Future - Revisions
COMMITTEE: Senate Education, Health and Environmental Committee

The Maryland Education Coalition (MEC) is made up of twenty statewide organizations and several individuals and we have been adequate, equitable funding and policies as well as systematic accountability for over 40-years. For decades, we have been one of the major stakeholder groups at the front door of on a wide range of major public education issues including the work of the Thornton, Knott and Kirwan Commissions and the resulting laws, policies, and regulations. At least one Kirwan Commissioner was also affiliated with MEC and four representatives were members of the Adequacy in Education Funding Study.

MEC thanks the GAM leadership and DLS staff who drafted SB965/HB1372 and although MEC understands the urgency to begin hearings for SB965/HB1372 less than a week from its public introduction, we would look forward to the opportunity to submit additional testimony before and reasonably after the hearing, Monday, March 15th. This would allow us additional time to review the document and compare to MEC's 2021 priorities that center on ensuring adequacy and equity for public education funding and policies throughout Maryland.

We also are disillusioned because we were clearly told by multiple GAM leaders that they would not entertain major program and formula changes even though this was a top priority for MEC. Therefore, we are concerned that the proposed changes may not meet MEC's adequacy and equity priorities.

Below you will find a summary of some of our views of the contents in SB956, pending further study, and consideration or revisions of our recommendations. We again ask for more time past the current deadlines.

- MEC supports the increase in the foundation program to support additional cost for digital tools and related needs but remain concerned that the amount allocated for the foundation program may not cover all basic costs to educate all students that is supposed to be funded by the foundation program.
- MEC ask the GAM to table the proposed amendment of formula cost for the compensatory and ELL programs, especially for those low wealth districts with high numbers or percentages of students eligible for compensatory and ELL funding, so they can more rapidly close funding and performance gaps.
- MEC ask the GAM to also table any decreases of funding for Special Education due to evidence that at least some school districts, such as Baltimore City, are significantly underfunded for Special Education services
- MEC strongly supports the more rapid increases in per pupil funding for the Concentration of Poverty Program but urges the GAM to direct MSDE to more rapidly and implement the new forms so counts are more accurate.
- MEC strongly supports the expansion of summer school and tutoring programs provided the instructional programs are evidence-based - and there is the flexibility to allow some wrap around service options. However, we have members who are experts with these programs and want some sort of assurance that they will be allowed to be part of the decision-making process to ensure that the program offerings have evidence that works.
- MEC also supports the small group limitations for the struggling learners and transitional supplemental instruction programs, especially if they are supported by programs that address learning loss program options proven to work for all students. We are unsure the funding allocations will adequately meet the additional staff costs to implement and maintain the program for all qualified students in small groups.
-

- MEC is concern with the restrictions of the Pre-K provider mix, which "requires" at least "30%" of the eligible providers to be private providers limiting flexibility for our diverse LEAs. MEC believes the requirement should ensure there are an adequate number public or private services to meet all eligible student's needs.
- MEC also strongly supports that expansion of social-emotional learning with additional training of more staff, that includes but should not be restricted to students with trauma or behavioral issues. MEC also notes that according to data provided by MSDE all school systems are significantly understaffed with qualified student service personnel (school counselors, school social workers and school psychologists) and urges increased funding over time to support the additional roles and responsibilities of these professionals and to lower the staff to student ratios in all school districts closer to the national standards.
- MEC remains concern with the creation, membership process and authorities of the newly created Accountability and Implementation Board that may create an extra layer of duplication with other bodies or persons with oversight or authorities of public education including MSDE, the State and Local Boards, Joint AELR Committee, other GAM Committees, Board of Public Works, and US Department of Education
- MEC also strongly objects the authority given to the Accountability and Implementation Board that could withhold funds from an LEA accept in a few extreme circumstances. This policy was in the Bridge for Excellence Act (Thornton) and used several times with unnecessary harm to several low wealth, high poverty school districts due to the insufficient funding. We also fear that this authority could be used subjectively before considering and implementing other more positive and productive solutions. If there is evidence that withholding funds should be considered, it should be approved of the actual funders.

In conclusion, MEC in general supports SB 965, but urges the committee and the General Assembly to carefully consider all options that could more rapidly, adequately, and equitable provide sufficient resources to meet the needs of all LEA's, their staff and all 900,000 students, especially those LEAs with low wealth, high poverty, special needs, and ELL students including high numbers of students of color.

MEC also has members that have significant experience or resources that are evidence based, which should be considered during implementation of reading/tutoring, summer programs, after school programs, wrap around services and more. Some of these programs exist and others could be created or expanded.

Finally, we also request the GAM to create a study group to meet during the 2021 Interim to review and update the actual cost for the major funding programs or formulas (i.e., Foundation, Compensatory, CoP, Special Ed, Ell, etc.). In addition to key GAM members, this group should include experienced representatives from the major stakeholder groups (PSSAM, MABE, MSEA, BTU and MEC), LEA Financial Officers with support from relative DLS and MSDE staff.

For these reasons and others not included due to time, MEC supports SB 965 with the recommended amendments or adjustments requested above and look forward to working with the committee members.

Respectfully yours,
Rick Tyler, Jr. Chair

SB0965-EHE_MACo_LOI.pdf
Uploaded by: Sanderson, Michael
Position: INFO

MARYLAND Association of COUNTIES

Senate Bill 965

Blueprint for Maryland's Future - Revisions

MACo Position:
LETTER OF INFORMATION

To: Education, Health, and Environmental Affairs and Budget and Taxation Committees

Date: March 15, 2021

From: Michael Sanderson

The Maryland Association of Counties (MACo) hereby submits comments on SB 965. This bill implements multiple corrections and adjustments to the recently-enacted "Blueprint for Maryland's Future" legislation, HB 1300 of 2020. Overall, counties believe the bill makes appropriate adjustments to ensure a reasonable implementation of the multi-year school plan, and addresses technical matters arising from both its delay in implementation and the immediate effects of enrollment count variability.

Delaying FY 2022 Effects – The bill's approach to effectively delay both funding and programmatic effects is sensible. Because of the timing of the bill's enactment, these mainly technical changes ensure a sensible and coordinated launch of the bill's visions, with time to plan and budget for them at every level.

Remedying FY 2023 Enrollment Effects – The bill proposes a one-time adjustment to county funding requirements, recognizing the aberration arising from unusual September 2020 enrollment counts across many jurisdictions. This provision represents the needed third component (along with the "hold harmless" funding in the Governor's proposed budget, and a comparable county-level requirement in the proposed BRFA) to smoothly navigate these funding effects. With this section of SB 965 in place, county compliance with the FY 2022 "hold harmless" is very likely, which is an outcome sought by all stakeholders.

Highlighting Federal, Unspent Funds in School Budgets – School budgets are at their most opaque. The causes are fully understandable, with 2020-21's unique overlay of multiple rounds of federal support, mid-year shift of service delivery models, and an array of safety and precautionary spending amidst the pandemic. State policy direction on the reporting of fund uses, detailing of unspent balances, and the plans for future use of any such balances, is a matter of even greater interest than usual. Elaboration in SB 965, budget/BRFA language, or other efforts could prove most appropriate to promote this public insight.

Counties are central stakeholders and partners in the success of these educational goals, and by law are called upon to commit local resources toward their fulfillment. As the Committee works on SB 965, MACo and its county leadership are willing to contribute toward that effort, and any parallel General Assembly deliberations.

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