

Baltimore City Public Schools: Remedying Inequity Through a Mental Health Lens

PUBL-699

David Koenigsburg

Executive Summary

Despite being seen as a national leader in school-based mental health programs in the late 1980's, Baltimore City has seen worsening mental and physical health outcomes in the 21st century (Weist et al., 2009). Baltimore City is one of several urban areas around the nation that sees higher rates of trauma exposure and less access to mental health services among youth of color and youth living in economically disadvantaged areas.

Adverse mental health negatively impacts individuals and the community in many ways. The variety of negative impacts include decreased educational achievement, academic death, decreased lifetime earnings, and increased poverty. These are only some of the many negative outcomes that arise from adverse mental health and trauma.

Beyond the negative outcomes associated with adverse mental health, there is the belief that many of the root causes of it stem from negative externalities and information asymmetries. Considering these market failures, it is the government's responsibility to resolve these issues in order to promote a more just and equitable society that allows all to be successful. The policy paper focuses on remedying this through an equity lens, using social theory and scholarly review to identify and address these challenges related to inequity in mental health in Baltimore City. Our recommendation is to create a student-centered, culturally relevant curriculum that seeks to invite students as active learners and co-producers of knowledge in the classroom. The policy recommendation is a clear extension of seminal works in both fields of social equity theory and critical pedagogical studies.

Clear next steps are to ensure productive collaboration between educators and mental health professionals. Actors must pay close attention to teachers, the student body, and other

relevant stakeholders to ensure their buy-in, collaboration, and support. In addition, it is essential to properly train teachers and support them in order to conduct student-centered, culturally relevant pedagogy. Similar training and commitment should be put forward towards mental health professionals participating through the Expanded School Behavioral Health Program.

Overview

In the late 1980's, Baltimore City was a recognized national leader for providing expanded school mental health services through school-based health centers (Weist et al., 2009). Launched in 1989, ESBH brings therapists, counselors, and practitioners into schools to identify and address student needs, offering treatment to students and staff, classroom observations, and group activities (Baltimore City Public Schools, 2022). The program also conducts family outreach and leads professional development. Similar to mental health clinics, the program provides early intervention, individual and group counseling for students, and a screening referral process for students who need medication or intensive mental health care (Baltimore City Public Schools, n.d.).

However, despite the efforts of Baltimore City and educators, inequities persist and faith in the school system is wavering. Changes to meet the evolving needs of Baltimore City Public Schools youth have been insufficient and it appears that the current Expanded School Behavioral Health (ESBH) program is not meeting the needs of students as the city changed (Kyla Liggett-Creel, personal communication, 2022). Even after revisions to its institutional framework, Baltimore City's standards still show a lack of high expectations and a continued commitment to "banking" models of education in place of relevant pedagogy (Baltimore City Public Schools, 2020). All this happens in conjunction with rising rates of chronic absenteeism, particularly among socioeconomically disadvantaged students of color (MSDE, 2022; Gottfried, 2014).

Challenges and Evidence of Problem

Challenge #1: Inequitable and Inadequate Mental Health Services for Trauma

Studies on Baltimore City (Chandran et al., 2020; Estreet et al., 2022; Irani et al., 2018; Weisburd & White, 2019; Weisburd et al., 2018), Baltimore City schools (Arnold et al., 2021; Weist et al., 2009), and the youth they serve (Choudhury, 2020) continue to find mental health issues resulting from a range of social and environmental problems, like neighborhood violence and poverty. Despite the high levels of adverse mental health conditions, Baltimore City youth lack consistent access to high-quality mental health services. Mental health, social ties, and emotional outcomes are closely tied to academic success (Capp, 2015). Without proper care or support, students will continue to have worse academic and life outcomes. Unfortunately, current systems in place by Baltimore City Public Schools are said to be inadequate and unresponsive to the desires of the youth it seeks to serve (Kyla Liggett-Creel, personal communication, 2022).

Childhood trauma is a pervasive public health issue and is associated with adverse academic, emotional, behavioral, social, and health outcomes (Arnold et al., 2021). Pointedly, there are higher rates of trauma exposure and lesser access to mental health services among youth of color and youth living in economically disadvantaged areas (Arnold et al., 2021; Chandran et al., 2020; Damian et al., 2019; Cooper et al., 2018). It should come as no surprise that communities with high levels of crime are also communities with many other related social problems; including disorder, weakened social ties and informal social control, problems in adolescent development, and weak local institutions (Weisburd & White, 2019). These social problems are collectively referred to as "concentrated disadvantage." Baltimore City Public Schools serves many of these types of high crime neighborhoods, characterized by structural

concentrated disadvantage and poverty. These disadvantages have dramatic negative impacts on both the physical and mental health of those inhabitants exposed to it. This may help explain why youth from impoverished families have more social-emotional difficulties and engage in more behavioral risks than youth from middle-income families (Cappella et al., 2008). There is a clear relationship between mental health and place (Weisburd et al., 2018; Weisburd & White, 2019).

Baltimore City youth need mental health that is effective and accessible. Swick & Powers (2018) discusses a common tendency for some mental health programs to refer students out to the community for treatment after being identified in-school for need. While this is well-intended, it is largely unsuccessful due to the issues of lack of transportation, language barriers, lack of health insurance, and time inflexibility. This barrier of lack of access to appropriate and consistent care means that students often miss out on assessment and intervention. The Expanded School Behavioral Health (ESBH) program falls into this fallacy, limiting its effectiveness.

In line with previous literature, there are issues with engaging and retaining minority youth and their families in mental health services due to psychosocial barriers and how they define their own mental health needs. This is especially true for low-income Black adolescents and their families. While it is difficult to pinpoint causal elements for all cases, past mistreatment of Blacks in the United States mental health system has greatly contributed to current mistrust and lack of uptake in professional mental health services in favor of informal help sources instead. Barlow (2018) cites past injustices like Tuskegee and her personal anecdotal experience with predatory dialysis practices to shine light on a fear of potential exploitative profitization of Black mental health when diagnosing students through a collaborative that seeks to refer students out to practices.

This informs the logic of Black adolescents who indicate a fear that mental health professionals will stereotype them, provide a misdiagnosis, and/or not understand their unique challenges. In their study, Lindsey et al. (2012) found that "expectations" and "attitudes" were the most salient constructs in their model to both adolescents and caregivers in terms of intentions to uptake mental health services. Pointedly, there was a consensus among both groups in lauding importance of seeking help (positive attitude towards help-seeking) but retaining negative attitudes about the treatment itself, with adolescents in particular possessing expectations of experiencing emotional difficulties in seeking treatment.

Even when services were rendered, competing responsibilities of clinicians, lack of support from school administration and teachers stemming from buy-in, a lack of family engagement, student absenteeism, and inflexibility of structures to allow for shorter sessions and briefer interventions all contributed to ineffectiveness and discontent (Weist et al., 2013; Kyla Liggett-Creel, personal communication, 2022).

Exploring buy-in further in Baltimore particularly, Weist et al. (2009) studied school mental health programs in Baltimore City during the 2000's and found many of the programs were limited in effectiveness due to from lack of buy-in from both teachers and families of students. One such instance was the PATHS to PAX program, where teachers claimed they did not have time to be able to incorporate mental health promotion and prevention activities. The solution by the program coach was simply to remind teachers of the importance of the program, resulting in implementation issues and ineffectiveness. Teachers reported that competing student and teaching demands, alongside difficulties fitting PATHS lessons into regular curriculum lessons, led to an ongoing struggle to maintain consistently successful implementation of PATHS to PAX. Perhaps, a solution is not universal mental health services in conjunction with an

academic curriculum, but instead an academic curriculum that develops sense of self and others, promotes social relations, and the scholarly pursuit of knowledge. Due to time constraints and buy-in issues surrounding teachers being told to teach programs they had no stake in developing, this may prove to be fruitful. Further discussion on pedagogy will follow in the next challenge of this paper.

Challenge #2: Perpetuation of Ineffective Pedagogy

The era of high stakes standardized testing has placed an emphasis on increasing test scores to the detriment of the social and emotional needs of children, which has caused a neglect of affective education and developmental concerns that impact the growth of the whole student (Haynes, 2002). These concerns are particularly pronounced for students-of-color, who often lack the resources and adequate capital to remedy this, resulting in further inequities. The most visual manifestation of this is in the achievement gap and disparate mental health outcomes.

Differences in education performance are not the result of differences in inherent ability to learn, but rather a culmination of failures of schools to respond to the unique needs of their students; particularly those who are under more social pressure. Low expectations, a heavy reliance on ineffective curricula and teaching methods, weak home-school linkages, lack of accountability systems, insufficient supports, and poor resource allocation all impact the academic outcomes of our students (Haynes, 2002; Ladson-Billings, 1995). While it is wise to note that some of these issues exist on a macro-level, it is even more important to identify areas which schools are responsible for but are failing. Traditional schooling under hegemonic, and often Eurocentric, systems has coupled with deficit models in education to create a culture of low expectations and “banking” methodology (Haynes, 2002; Ladson-Billings, 1995). This banking method promotes the notion that the teacher “deposits” correct and unopposed knowledge into

students, who then reciprocate the information. This approach lacks the student-centered imperative that is now considered essential best practice among education scholars. A combination of disillusionment with nonrelevant pedagogy and the removal of a locus of control results in many students and teachers to succumb to academic death; the phenomenon in which teachers stop trying to reach each and every student and instead adopt rules and regulations that are dehumanizing and result in de-skilling (Ladson-Billings, 1995). Academic death leaves young people, particularly urban youth of color, unemployed, underemployed, unemployable, and vulnerable to the criminal justice system. If not addressed, the cycle continues generation-to-generation. Under traditional “banking” methods of education, this cycle will continue.

Baltimore City Public Schools updated their instructional framework in 2020 to support teachers in designing and delivering effective instruction. Their release of the framework update recognized the importance of understanding each student’s unique needs and the strategies most effective in connecting that student to the content (Baltimore City Public Schools, 2020). Unfortunately, the standards within the framework lack the critical component promised. Currently, the framework designates their only mention of cultural relevance to students within the “High Effective” tier, promoting it as the highest tier of pedagogy rather than an expectation.

There is a need for a curriculum in Baltimore City that gives space for youth to open up and candidly discuss their understanding of their city and the world around them (Estreet, et al., 2022). While data could not be collected on Baltimore City individually, there was a 6.4/10 Maryland statewide rating on the metric that tracks student beliefs that what they are learning is important to them and connected to life outside school (Choudhury, 2022). Currently, Baltimore City Public Schools does not provide equitable “windows” (perspectives on culture outside of one’s own) and “mirrors” (perspectives on one’s own culture). Hegemonic, Eurocentric

education systems that are traditional in schools rely too heavily on ineffective methods that take control out of the hands of students and prevent critical analysis of one's own world. If the education system and curriculum is not built with the unique student in mind, and academic death occurs alongside existing mental health issues, then what incentive is there for the student to attend in the first place?

Challenge #3: Disproportionate Chronic Absenteeism Rates

Student attendance is influenced by a range of student-, school-, and community-level factors, with students more likely to be chronically absent for factors like if they are economically disadvantaged, live in neighborhoods with more crime and residential blight, and go to schools with more economically disadvantaged students and less stable student populations (Singer et al., 2021). Chronic absenteeism (defined as two absences a month or 18 days/year by Baltimore City Public Schools) has a large negative association with both achievement and socioemotional outcomes, being detrimental to success as early as kindergarten. The negative relationship becomes even stronger as family socioeconomic status declines (Gottfried, 2014).

Baltimore City has had significantly high rates of chronic absenteeism when compared to the rest of Maryland and the nation at-large. Worryingly, the chronic absenteeism rate has been getting worse, even prior to the pandemic. In 2016, 33% of all students in Baltimore City were considered chronically absent. This rose to a 42% rate of chronic absenteeism in 2019/2020, and now a 58% rate post-pandemic (MSDE, 2022). This is worrying, as chronic absenteeism has a large negative association with both achievement and socioemotional outcomes. Students who are absent more frequently often exhibit great behavioral issues, including disengagement and alienation, and have less favorable life outcomes (Gottfried, 2014). If left unaddressed, the trend of increasing number of chronically absent students will result in increased poverty, increased

violence, increased trauma, diminished health, and increased involvement in the criminal justice system.

Rationale for Intervention

Given their disproportionate residence in resource-poor, urban environments that negatively impact their mental health, Black adolescents in urban settings have particularly high mental health needs and particularly limited mental health service use (Lindsey et al., 2012). These mental health issues among Baltimore City youth are brought about by market failures characterized under negative externalities and information asymmetry. Therefore, government intervention is necessary to correct these market failures. The traditional economic rationale posits that when society fails to meet pareto-efficiency, the most optimal allocation of resources, the result is market inefficiency and thus market failure. Market failure must then be met by government intervention to correct those problems through policies.

In the realm of negative externalities, disproportionately adverse mental health outcomes see students and educators suffer from policy decisions and market exchanges beyond their control; oftentimes resulting from historical injustices in the case of Baltimore (Nelson et al., 2022). Examples of areas where policy decisions cause negative externalities resulting in increased instances of adverse mental health outcomes include lack of access (Arnold et al., 2021; Cooper et al., 2018; Gardiner, 2020; Irani et al., 2018; Klontz et al., 2015; Lindsey et al., 2012; Swick & Powers, 2018), perpetuation of inadequate modes of education (Ladson-Billings, 1995; Ladson-Billings, 2014; Paris & Alim, 2017), inflexibility of structures to allow for desired interventions (Kyla Liggett-Creel, personal communication, 2022; Weist et al, 2013), homelessness/poverty (Singer, et al., 2021; Childs and Lofton, 2021), traumatic violence

(Weisburd et al., 2018; Cooper et al., 2018; Chandran et al., 2020), and distrust of professional care resulting from current and past exploitation (Weist & Christodulu, 2000; Barlow, 2018; Lindsey et al., 2012).

There are also further negative externalities arising from the negative mental health outcomes itself. Detrimental states of mental health result in violence, poorer social connections, and missed schooling; all of which negatively impact achievement and social-emotional growth. Pointedly, positive socioemotional and academic outcomes have a strong negative association with chronic absenteeism (Gottfried, 2014). Perhaps logically, students not going to school cause problems for both their classmates and society at large. Students suffer academically and emotionally from having chronically absent students in their classes, suggesting an important peer effect (Gottfried, 2014). A “catch-22” presents itself when considering the negative impacts of classroom disruption and academic death on students who do attend classes with students who possess untreated mental health problems. Merely getting students to attend does not resolve the negative externalities associated with mental health and the policy decisions that have detrimental impacts on student socioemotional outcomes. The externalities extend beyond the schoolhouse as well. Institutions often unrelated to education must expend further resources, including the juvenile justice system (Maulik et al., 2010) and hospitals.

There are additional market failures related to information asymmetries surrounding mental health services and mental health itself. These gaps in knowledge of information in turn negatively influence uptake of programming and lead to mental health disorders being unaddressed, even when access to services is provided. When information is not equally known, this creates externalities that harm the outcomes of those without the necessary knowledge. Unequal knowledge means some actors do not “know enough” to make informed decisions for

their own well-being. Mental health programming falls under the concept of “experience goods information asymmetry.” As the information of the benefits are not known to the students until after the “consumption” of the service, uptake is negatively skewed when considering potential benefit. As related to Baltimore City, instances of information asymmetry related to mental health are present in two distinct ways. The first is that of the logic of Black adolescents who indicate a fear that mental health professionals will stereotype them, provide a misdiagnosis, and/or not understand their unique challenges (Lindsey et al., 2012). While students and caregivers have a consensus in lauding the importance of seeking help (positive attitude towards help-seeking), they retained negative attitudes about the treatment itself, with adolescents in particular possessing expectations of experiencing emotional difficulties in seeking treatment (Lindsey et al., 2012). This couples with psychosocial barriers (Cummings et al., 2021) and how low-income Black adolescents and their families define their own mental health needs (Lindsey et al., 2012). There is a need for collaboration to address information asymmetries related to lack of understanding of mental health treatment and resulting peer and self-stigmas (Cummings et al., 2021; Lindsey et al., 2012; Hudson et al., 2020).

The second relevant information asymmetry is related to buy-in from educators and administrators surrounding mental health programming. Even in instances where students and caregivers are receptive to participation in mental health interventions, a lack of buy-in stunts effective implementation and results in unproductive measures and continued mental health woes. There is a key importance of school leadership, relative priority, and knowledge/beliefs about interventions as it relates to how effectively schools implement mental health supports (Hudson et al., 2020; Cummings et al., 2021). Relevant to Baltimore City, the Expanded School Behavioral Health program is an example of the institutions mentioned in Perfect & Morris

(2011) where they discuss the inconsistent efficacy of school-based mental health clinics over the past few decades due to a lack of buy-in from administrators who often perceive such clinics to be too costly to maintain. It is also worth noting that the scholarship cites instances in which competing responsibilities, interests, and beliefs of clinicians will adversely affect mental health service implementation and effectiveness (Weist et al., 2013).

The lack of information, understanding, and buy-in surrounding mental health programming results in significant personal losses for students, even those without mental health disorders themselves. Government intervenes when the lack of information results in these significant personal losses, meaning there is a responsibility to act regarding this continued trend of adverse mental health outcomes. Students who have untreated mental health issues are linked to poorer life outcomes, including poverty, diminished health prospects, and increased involvement in the criminal justice system (Maulik et al., 2010; Swick & Power, 2018; Weisburd & White, 2019). Government intervention is both required and appropriate due to the various externalities and information asymmetries that enable adverse socioemotional outcomes to continue that hinder the academic outcomes of students.

Evaluation Criteria

When considering remedies available for addressing mental youth outcomes among Baltimore City youth, it is necessary to identify evaluation criteria for all the options. Since the effectiveness of adopted policies is not always directly observable, identifying clear and objective criteria will allow effectiveness to be targeted and measured. In order to evaluate the impact of implementing any policy alternatives in comparison to the status quo, the effectiveness

of each option, the costs related to each option, and the feasibility of each option will be considered.

Effectiveness Through Preventing School Failure

The end goal of a policy addressing mental health in Baltimore City Public Schools is to help students who are impacted by stressful life events to deal affectively with their problems in an attempt to reduce school failure and school dropout rates among these students (Haynes, 2002). Kids need to feel safe emotionally and physically to learn properly (Capp, 2015), spotlighting how negatively mental health issues can affect disadvantaged student populations. In order to evaluate the effectiveness of the policy, specific measures must be established, and specific data collection tools and sources must be identified before the policy is implemented. Using data reported annually on the Maryland Report Card can help track school dropout rates, school absenteeism, and student outcomes. The continued use of this state mandated data collection will ensure consistency in the numbers used and the rules and protocols surrounding the collection and reporting of this subset of data. Tracking mental health outcome will be more difficult, but not too arduous. Utilizing student and educator scores from the Maryland School Survey on measures like “Behavioral and Academic Supports” can give insight into the efficacy of the program (Choudhury, 2020). Comparing these data points across year and academic sites can yield additional insights.

Costs and Associated Externalities

Another evaluation criterion that is important to consider is the cost associated with each option. There are costs associated with continuing the status quo including the perpetuation of the cycles of poverty (Irani et al., 2018), traumatic violence (Weisburd et al., 2018; Cooper et al.,

2018; Chandran et al., 2020, joblessness (Nelson et al., 2022; Ladson-Billings, 2014), perpetuation of deficit modes of education (Ladson-Billings, 1995; Ladson-Billings, 2014; Paris & Alim, 2017), juvenile delinquency, and many more. There are also costs associated with taking any sort of action, including political costs from any measure seeking to increase funds, social costs related to what theories are chosen to act upon, and financial costs to create remedies. There are also program implementation and maintenance costs that must be calculated such as a mental health professionals and related staff, communications costs associated with engaging students and families, and several others related to space and access.

Social Feasibility of Action

The third evaluation criteria proposed is the social feasibility of any change through potential policy alternatives. In the current situation, distrust and apathy is observed among students and many communities towards mental health initiatives and professional mental health services. Lindsey et al. (2012) discusses how “Black adolescents with mental health problems are less likely than non-Black adolescents with mental health problems to receive treatment, primarily for non-financial reasons including negative perceptions of services and providers, and self-stigma associated with experiencing mental health problems.” It is important to consider the scholarly research in conjunction with stakeholder engagement that forwarded the claim that interest in services exist, just not the services that are presently being provided (Kyla Liggett-Creel, personal communication, 2022). In order for any policy initiative to be accepted and to succeed, social feasibility must be considered and planned for prior to implementation. To explore this, additional stakeholder meetings need to be conducted at each site, collaborations between government and city groups strengthened, and consistent messaging must be established

throughout the city around mental health systems to garner support for change and adoption of new approaches to addressing this problem and its externalities.

Analysis of Alternatives

The policy paper will bring forward three different policy alternatives, one for each respective challenge discussed. Each alternative will be evaluated on the criteria of effectiveness, costs, and social feasibility, and be legitimized by relevant social theory.

Marx's conception of alienation is a pertinent social theory to consider in relation to these challenges of inequitable mental health services, irrelevant pedagogy, and chronic absenteeism. Marx discusses the need for a settled material life as much as a settled consciousness, taking on a humanist and materialist view. The most pertinent part of Marx's conception of alienation comes with his assertion of four basic aspects of alienation: products, the act of production, the loss of common purpose, and the loss of humanity (Ransome, 2010).

The second social theory that will be referenced is social reproduction theory (SRT). There are several iterations of SRT, but the common nexus of the theory is that the systems reproduce culture in a positive feedback loop that is influenced by mores. This feedback loop serves to preserve accepted ontologies and institutions, reproducing normative customs. In turn, different values are delegitimized and deemed "lesser" as they do not cohere to the dominant culture. Cultural phenomena of the past and present inform this process, with colonialism, racism, sexism, eurocentrism, and others impacting modern societal values. This paper will use the conception of SRT forwarded by Bhattacharya and Vogel (2017), as it looks into a critical interrogation of how education and services received "produces" the individual. The authors argue that children do not begin life under direct control of capital, but instead they must learn

their way into these institutions, and that children participate in their own socio-specific transformations into subjects in society. Each of the challenges previously discussed presents one or more parts of the many mechanisms that create the individual. In some cases, the mechanisms and institutions at play do not value the culture or values of the student.

Finally, Paulo Freire's *Pedagogy of the Oppressed* and Freire's own life will prove insightful in discussing how the education systems need to be reshaped and reformed to better serve marginalized populations. Freire uses a detailed Marxist class analysis to explore the relationship between colonizer and the colonized as it relates to culture and education systems. Freire is the thinker who created the scholarly concept of the "banking model" in education when he critiques traditional pedagogy as treating students as empty vessels to be filled with knowledge. Freire both informs and supports the conceptions of culturally relevant and resilient pedagogy forwarded by Ladson-Billings. Both argue for student-centered learning and for the treatment of students as co-creators of knowledge. Both also advocate for the need to value the prior knowledge of students and elevate their lived experience and culture. Freire's pedagogical ideals sought to instill critical consciousness and critical literacy in students to empower youth and combat oppression.

These three social theories emerge and interplay with one another to spotlight how Baltimore City and its marginalized communities need relevant, equitable, accessible, and student-centered solutions to remedy the negative impacts of trauma and adverse mental health.

Alternative #1: Relevant Mental Health Services for Trauma by Hiring Psychologists

The Expanded School Behavioral Health program has been outdated and does not adequately address student needs or desires. Stakeholders note that students in schools want to be

able to briefly talk with mental health workers, but that they presently must do full sessions under the current system (Kyla Liggett-Creel, personal communication, 2022). Additionally, the present system is vulnerable to negative outcomes resulting from private interests to “refer out” or misdiagnose. While most of the partnering organizations are nonprofit or not-for-profit, public distrust in outside vendors is commonly held, and private interests are not completely eliminated.

Students need to feel empowered and maintain their common purpose and humanity. Often time, saliency over the product of their labor (schoolwork) and the action of producing their labor are removed from students. This can be caused by a variety of reasons, but oftentimes results from banking models and deficit ideologies practiced by teachers. This is compounded by negative out-of-school experiences. By providing students with relevant and accessible mental health services, students can begin to resolve trauma and develop self-advocacy. Through the practice of self-advocacy, students can take back some measure of creative freedom, what Marx asserts is one of the major components of humanity.

Baltimore City Public School and the ESBH can take lessons from, or even emulate, the Mokihana program (Klontz et al, 2015). Created on the island of Kauai, Mokihana is a cooperative child-centered organization that integrates and co-locates resources from the Department of Health’s Child and Adolescent Mental Health Division with the Department of Education (Klontz et al., 2015). The program provides culturally responsive, school-based services that are accessible to students at each respective school. Mokihana goes beyond the placement of therapists at schools, entailing a full-service mental health clinic in each school with access to comprehensive services without the need to refer to separate agencies. This would be incredibly useful for Baltimore City, where out-of-school referrals have limited efficacy due to poor attendance and uptake. While creating a brand-new cooperative child-centered

organization is likely outside the realm of possibilities, useful lessons can be gleaned from this case study. The ESBH program needs to be more culturally responsive and go beyond just placing therapists at schools. To this end, the policy paper suggests hiring full-time psychologists to the school independent of outside influence.

This alternative would provide some additional costs from hiring school-employed psychologists, with the Federal Bureau of Labor Statistics stating that the average salary for the position is \$77,430. Baltimore City Schools would have to consider how many can be placed in each school, but funds from the Kirwin Commission could help offset part of this financial commitment. In terms of effectiveness, stakeholders posit that the ability to have shorter, informal, impromptu sessions would dramatically increase uptake from the student body. The increased relevancy to student desires is forwarded as the likely source of this potential upshoot in effectiveness. Lastly, there is likely to be quite little social opposition to the hiring of school-employed psychologists. While there may exist some distrust of mental health professionals in some communities, most families recognize the importance of mental health services (Weist & Christodulu, 2000; Lindsey et al., 2012; Weist et al., 2013).

Alternative #2: Creating Culturally Relevant and Resilient Pedagogy through Collaboration

When considering how to improve existing programming, it is wise to reflect on how past initiatives went, and where they fell short. The PATHS to PAX program (Weist et al., 2009) from before is a useful example. In this initiative, a lack of buy-in by teachers in PATHS to PAX program resulted in muted success and incomplete implementation. Teachers claimed they did not have the time to be able to incorporate mental health promotion and prevention activities, to which programmatic administrators for the mental health initiative simply told them it was

important to do. The disconnect between the mental health professionals and teachers showed how teacher input and buy-in is essential.

In order to better serve students, mental health professionals working with Baltimore City Public Schools must collaborate with educators in order to create culturally relevant and resilient pedagogy that seeks to mitigate adverse mental health issues and promote trauma-informed practices. Paulo Freire's *Pedagogy of the Oppressed* intrinsically relates to this. In Baltimore City, current mental health programming and present pedagogical models lack relevancy to the youth it seeks to serve. Students need to be co-producers of knowledge in student-centered curriculum. By developing a culturally relevant pedagogy and curriculum through an educator-counselor collaboration, educators can teach in ways that elevate student voices and promote active learning. When students are valued for who they are as people and for the knowledge and experiences they bring to the classroom, then education will be more meaningful and trauma-informed practicing more relevant.

Social reproduction theory also ties into this. By creating a culturally responsive and resilient curriculum that values the lived experiences and individual cultures of the student body it seeks to serve, traditional models of education will be rejected. Eurocentrism, deficit models, and banking models will be cast aside. In its place, students will be co-producers of knowledge and develop critical consciousness.

By correcting implementation issues with the current Expanded School Behavioral Health Program and properly connecting teachers with mental health professionals, pedagogy can be greatly improved. This alternative will take on little cost, as the mental health professionals in the collaborative already do work involving workshops and mental health programming. While effectiveness will have to be measured creatively, there is a high likelihood

of success with students being active learners in a student-centered model. There exist social feasibility concerns related to buy-in by teachers for the collaboration, but this alternative has a higher likelihood of buy-in than existing programming.

Alternative #3: Addressing School-to-Prison Pipeline through Systems of Restorative Justice

Academic death and dissatisfaction with one's material condition and academic experience can lead to negative life outcomes (Ransome, 2010; Ladson-Billings, 2014). Baltimore City students of color are much more likely than their more affluent white peers in other districts to experience neighborhood-level violence and traumatic events that negatively impact mental health and academic outcomes (Weisburd et al., 2018; Damian et al., 2019; Arnold et al., 2021; Nelson et al., 2022). Childhood trauma is a pervasive public health issue, compounded by the trend of students with higher rates of trauma exposure being correlated with less access to mental health services, usually among youth of color and youth living in economically disadvantaged areas (Arnold et al., 2021).

Unfortunately, the reality is that youth are far too often punished for their problems when many emotional and behavioral problems in youth are strongly determined by the environment they are exposed to (Weist & Christodulu, 2000). Freire speaks on his own experience growing up impoverished in a poor area of Brazil, asserting that his academic struggles were not due to a lack of interest or intelligence, but rather due to the circumstances of hunger and poverty he found himself in. These instances of trauma and poverty contribute to negative mental health outcomes, made worse by school systems that devalue student experiences and punish them punitively without addressing root concerns. Punitive measures of punishing students who act out in the face of environmental trauma, academic death, and deficit models of education are both ill-informed and harmful. Baltimore City Public Schools committing to a system of

restorative justice in order to mitigate the “school-to-prison pipeline” would serve to be a step towards equity and fairness. Baltimore City Public Schools already has a chronic absenteeism crisis; there is no need to make students miss more schooling through the punitive punishment of behaviors that result from the conditions students are not culpable for.

This policy alternative is the most difficult to judge. Committing to a system of restorative justice could result in several different externalities, both positive and negative. Creating systems of restorative justice will require some financial commitment to creating these systems, informed by mental health professionals. However, this cost could see reduced juvenile delinquency and lower crime rate among youth as fewer students are siphoned into the pipeline. However, the system of restorative justice requires buy-in across all levels of the school. Thus, the social feasibility of this alternative is lower than that of other initiatives. Further, the policy alternative is likely to be less effective than the former two. The systems of restorative justice may be insufficient alone should there not be adequate supports in place for students to prevent negative behavioral actions and remedy adverse mental health conditions.

Status Quo

The final policy alternative to consider is the “do nothing alternative” that enables the status quo to remain in place. In order to obtain a complete analysis of the existing situation, it is important to understand present events and trends.

The earlier sections of this paper define the problem and showcase the existence of mental health inequities in Baltimore City. The following are key notes regarding Baltimore City’s Fiscal Year 2023 (FY2023) Budget and Baltimore City Public School’s 2022-2023

Operating Budget. When considering totals in these key notes, short script of numbers will be used; for example, “\$28m” denotes \$28,000,000.

- Baltimore City’s FY2023 Budget is \$3.32 billion.
- Service 741 (Community Action Partnership) connects families to resources and supports movement towards financial stability (FY2022, \$28m; FY2023, \$47m). No performance measures noted for mental health.
- Service 446 (Educational Grants) facilitates Community Schools and Out of School Time (OST) programming to support success and health communities. The performance measures record students reached and percentage of participants who are not chronically absent from school, but no performance measures related to mental health.
- Of \$208m budget for the Health Department, \$1.7m dedicated to Service 316 (Youth and Trauma Services). Performance measures related to mental health is the number of students reached, but no success performance measures are recorded.
- Service 307 (Substance Abuse and Mental Health) and Service 310 (School Health Services with SBHCs School-Based Health Centers) mention mental health, but only in conjunction with substance abuse. Neither use performance measures related to mental health.
- Service 109 (Children and Family Success) co-chairs newly formed Trauma-Informed Care Task Force, created in FY2023. However, the force contains no performance measures related to mental health.

- Service 619 (Community Empowerment and Opportunity) includes \$500,000 (15% of its dedicated budget) in funding to support newly formed SideStep youth diversion program (created in the FY2023). The program seeks to employ a trauma-responsive and equity-focused approach to protect young people from the criminal justice system, create youth development opportunities, and promote a safer, more resilient Baltimore. However, the only performance measure related to mental health is “% of survey respondents that indicate feeling safer in Baltimore.”
- In Baltimore City Public Schools Operating Budget, \$4.3 million of the \$1.62 billion total (0.003%) is related to the subjects under Title IV, Part A. Within this, comprehensive school mental health is merely a part of one of the three broad areas that this grant supports, meaning commitment to mental health is lower and only a fraction of the total grant.

We can conclude from this that youth mental health in Baltimore City is not addressed to a considerable extent in the FY2023 budgets and does not appear to be a priority. While it may be recognized as a problem, the status quo currently suffers from insufficient performance measures and limited funding that in turn causes inadequate programming.

Should the status quo remain in place, continued inadequate treatment of the challenges of inequitable mental health services, deficit models in education, and staggering chronic absenteeism will lead to academic death, juvenile delinquency, unemployment (Ladson-Billings, 2014), poverty (Cappella et al., 2008), and a continued proliferation in risky behavior and violence (Lindsey et al., 2012) as Baltimore City youth are left in a cycle on underachievement, despair, and hopelessness (Gottfried, 2014). It cannot be reasonably predicted that current trends

will be curbed through newly created trauma-informed programming without data to justify further inaction. While trauma-informed programming is a necessary step in the right direction, it is not sufficient on its own.

When considering the three evaluation criteria, the “do nothing alternative” cannot be seen as viable. The current measures are ineffective and arguably lack critical relevancy to youth mental health. When considering costs related to preserving the status quo, Baltimore City may save financial capital in the short-run, but continued inadequate treatment can be forecasted to result in increased long-run costs. Therefore, preserving the status quo is economically feasible in the short-run, but not the long-run. Additionally, deciding on inaction in the face of discontent and disillusionment is not politically feasible. The “do nothing alternative” is thus rejected by this paper, falling short in all three criteria.

Recommendation

It is important to begin this recommendations section with the assertion that none of those policy alternatives are mutually exclusive. Should political will, financial backing, and social buy-in all be present, each of these alternatives could be instituted in a system that seeks to promote equity, youth mental health, and the elevation of the whole student. Nevertheless, despite increased funding from the Blueprint for Maryland’s Future (also known as the “Kirwin Commission”), it is likely too large of a bill to reasonably foot. Therefore, the alternative(s) recommended must then maximize impact across the chosen evaluation criteria, account for cost-effectiveness, and provide a sustainable platform so that future measures and policy alternatives can be brought into the fold over time.

Nevertheless, the policy alternative that would result in the most public good with the evaluation criteria in mind would be Alternative #2, building curriculums that forward culturally relevant and resilient pedagogy. By creating an education that treats students as co-producers of knowledge and values their individual home cultures, Baltimore City youth will greatly benefit. Students will be less likely to suffer from alienation or academic death, more likely to attend school and develop an internal locus of control, and achieve greater life and mental health outcomes. Alternative #2 is superior in terms of the cost and feasibility criteria, and still maintains a high likelihood of effectiveness based on social theory and existing literature.

Alternative #1 necessitates larger system-wide and cultural shifts to obtain maximum effectiveness. Distrust of formal health services is deeply rooted, stemming from Tuskegee and other instances of exploitation (Lindsey et al., 2012; Barlow, 2018). Past mistreatment extends to the mental health system as well, resulting in a greater reliance on informal help sources instead. It is difficult to confidently argue that hiring psychologists beholden to private insurance will drastically increase uptake of mental health services. Stakeholders argue that students would prefer this change to the system, but this is feedback from students who often are more interested in receiving counselling. There is a necessity for ESBH mental health services to be more relevant and accessible to students, but Alternative #2 is deemed to be more imperative.

Alternative #3 attempts to address both the school-to-prison pipeline and the negative interactions of adverse mental health, punitive measures of justice, and attendance relating to chronic absenteeism. However, it is quite apparent that chronic absenteeism is a wicked problem (Child & Lofton, 2021) and cannot be solved easily through just one policy measure. The same logic holds true for the school-to-prison pipeline. There is an indisputable need to reform current disciplinary systems for the betterment of student outcomes in academia and life beyond.

Nevertheless, creating a district-wide commitment to systems of restorative justice takes a large undertaking, both institutionally and culturally. Alternative #3 is an important policy to consider but does not maximize equity in mental health and resulting public good.

There are some limitations to this alternative. Standardized testing and the funding attached to it often pressures educators to teach curriculums that promote the core competencies favored by the tests. Culturally relevant and resilient pedagogies favor wholistic student development and relevancy, something that standardized tests do not measure nor value. Test scores will not see immediate improvements, and gains resulting from adoption of culturally relevant and resilient pedagogy will require substantial effort to quantitatively track. In spite of this, positive externalities may occur that provide useful benefits in the future. Students who develop critical consciousness and self-advocacy through the collaborative curriculum may campaign for relevant changes in their own individual schools. Students who see themselves in their curriculum may stave out academic death, attending school more often and creating stronger social bonds and limit instances of neighborhood-level violence and trauma. The paper concludes that in the realm of remedying inequities surrounding adverse mental health in Baltimore City youth, the underserved populations will benefit most from a culturally relevant and resilient education that is built with them as co-producers of knowledge.

Works Cited:

- Arnold, K. T., Pollack Porter, K. M., Frattaroli, S., Durham, R. E., Clary, L. K., & Mendelson, T. (2021). Multilevel Barriers and Facilitators to Sustainability of a Universal Trauma-Informed School-Based Mental Health Intervention Following an Efficacy Trial: A Qualitative Study. *School Mental Health, 13*(1), 174–185.
<https://doi.org/10.1007/s12310-020-09402-w>
- Baltimore City Public Schools. (n.d.-a). *Budget and Finance | Baltimore City Public Schools*. www.baltimorecityschools.org. Retrieved May 19, 2023, from <https://www.baltimorecityschools.org/budget>
- Baltimore City Public Schools. (n.d.-b). *Health Services | Baltimore City Public Schools*. www.baltimorecityschools.org. <https://www.baltimorecityschools.org/health-services>
- Baltimore City Public Schools. (n.d.-c). *Instructional Framework | Baltimore City Public Schools*. www.baltimorecityschools.org. Retrieved March 13, 2023, from <https://www.baltimorecityschools.org/instructional-framework>
- Baltimore City Public Schools. (2022, August 11). *Students access holistic support from top mental health practitioners | Baltimore City Public Schools*. www.baltimorecityschools.org. <https://www.baltimorecityschools.org/progress-expanded-school-behavioral-health-22>
- Barlow, J. N. (2018). Restoring Optimal Black Mental Health and Reversing Intergenerational Trauma in an Era of Black Lives Matter. *Biography, 41*(4), 895–908.
<https://doi.org/10.1353/bio.2018.0084>
- Bhattacharya, T., & Vogel, L. (2017). *Social reproduction theory : remapping class, recentering oppression*. Pluto Press.
- Board of School Commissioners. (2022). *2022-2023 Budget: What Students Need, What Communities Want*. Baltimore City Public Schools.
- Bureau of the Budget and Management Research. (2022). *Fiscal Year 2023 Summary of the Adopted Budget*.
- Capp, G. (2015). Our Community, Our Schools: A Case Study of Program Design for School-Based Mental Health Services: *Children & Schools, 37*(4), 241–248.
<https://doi.org/10.1093/cs/cdv030>
- Cappella, E., Frazier, S. L., Atkins, M. S., Schoenwald, S. K., & Glisson, C. (2008). Enhancing Schools' Capacity to Support Children in Poverty: An Ecological Model of School-Based Mental Health Services. *Administration and Policy in Mental Health and Mental Health Services Research, 35*(5), 395–409. <https://doi.org/10.1007/s10488-008-0182-y>
- Chandran, A., Long, A., Price, A., Murray, J., Fields, E. L., Schumacher, C. M., Greenbaum, A., & Jennings, J. M. (2020). The Association Between Social Support, Violence, and Social Service Needs Among a Select Sample of Urban Adults in Baltimore City. *Journal of Community Health, 45*(5), 987–996. <https://doi.org/10.1007/s10900-020-00817-9>
- Childs, J., & Lofton, R. (2021). Masking Attendance: How Education Policy Distracts from the Wicked Problem(s) of Chronic Absenteeism. *Educational Policy, 35*(2), 213–234.
<https://doi.org/10.1177/0895904820986771>
- Choudhury, M. (2022). *Mental Health in Schools [PowerPoint Slides]*. University of Maryland Board of Education.
<https://marylandpublicschools.org/stateboard/Documents/2022/0222/MentalHealthinSchoolsFebruary2022V2.pdf>

- Cooper, L. A., Purnell, T. S., Showell, N. N., Ibe, C. A., Crews, D. C., Gaskin, D. J., Foti, K., & Thornton, R. L. J. (2018). Progress on Major Public Health Challenges: The Importance of Equity. *Public Health Reports*, *133*(1 Suppl), 15S19S. <https://doi.org/10.1177/0033354918795164>
- Cummings, J. R., Song, M., Gaydos, L. M., & Blake, S. C. (2021). Stakeholder Perspectives on the Advantages and Challenges of Expanded School Mental Health Services for Publically-Insured Youth. *Psychological Services*. <https://doi.org/10.1037/ser0000590>
- Damian, A. J., Mendelson, T., Bowie, J., & Gallo, J. J. (2019). A Mixed Methods Exploratory Assessment of the Usefulness of Baltimore City Health Department's Trauma-Informed Care Training Intervention. *American Journal of Orthopsychiatry*, *89*(2), 228–236. <https://doi.org/10.1037/ort0000357>
- Estreet, A. T., Wells, A. M., Tirmazi, M. T., Sinclair, M., & Nebbit, V. E. (2022). Race and Social Justice in Baltimore: The Youth Perspective. *Reflections*, *21*(3).
- Freire, P. (1970). *Pedagogy of the Oppressed*. (Original work published 1968)
- Gardiner, T. (2020). Supporting Health and Educational Outcomes Through School-Based Health Center. *Pediatric Nursing*, *46*(6), 292–299.
- Gottfried, M. A. (2014). Chronic Absenteeism and Its Effects on Students' Academic and Socioemotional Outcomes. *Journal of Education for Students Placed at Risk (JESPAR)*, *19*(2), 53–75. <https://doi.org/10.1080/10824669.2014.962696>
- Haynes, N. M. (2002). Addressing Students' Social and Emotional Needs. *Journal of Health & Social Policy*, *16*(1-2), 109–123. https://doi.org/10.1300/j045v16n01_10
- Hudson, K. G., Lawton, R., & Hugh-Jones, S. (2020). Factors Affecting the Implementation of a Whole School Mindfulness Program: A qualitative study using the consolidated framework for implementation research. *BMC Health Services Research*, *20*(1). <https://doi.org/10.1186/s12913-020-4942-z>
- Irani, D., Siers, M., Rice, M., & Bast, E. (2018). Human Development Index Disparities in Baltimore City. Towson University
- Klontz, B. T., Bivens, A., Michels, S., DeLeon, P. H., & Tom, L. (2015). The Mokihana Program: The Effectiveness of an Integrated Department of Education and Department of Health School-Based Behavioral Health Approach. *Psychological Services*, *12*(2), 101–111. <https://doi.org/10.1037/a0038015>
- Ladson-Billings, G. (1995). Toward a Theory of Culturally Relevant Pedagogy. *American Educational Research Journal*, *32*(3), 465–491. <https://doi.org/10.3102/00028312032003465>
- Ladson-Billings, G. (2014). Culturally relevant pedagogy 2.0: a.k.a. the remix. *Harvard Educational Review*, *84*(1), 74-84.
- Liggett-Creel, K. (2022, November 2). *Stakeholder Engagement for Trauma-Informed Care* (D. Koenigsburg, Interviewer) [Personal communication].
- Lindsey, M. A., Chambers, K., Pohle, C., Beall, P., & Lucksted, A. (2012). Understanding the Behavioral Determinants of Mental Health Service Use by Urban, Under-Resourced Black Youth: Adolescent and Caregiver Perspectives. *Journal of Child and Family Studies*, *22*(1), 107–121. <https://doi.org/10.1007/s10826-012-9668-z>
- Maryland State Department of Education. (2019). *Maryland Report Card*. Maryland.gov; MD Report Card Data Analysis. <https://reportcard.msde.maryland.gov/>
- Maulik, P. K., Mendelson, T., & Tandon, S. D. (2010). Factors Associated with Mental Health Services Use among Disconnected African-American Young Adult Population. *The*

- Journal of Behavioral Health Services & Research*, 38(2), 205–220.
<https://doi.org/10.1007/s11414-010-9220-0>
- Nelson, S., Carpenter, L., Vivrette, R., & Connors, K. (2022). Reflections from Baltimore: The Role of Early Childhood Mental Health Providers in Responding to Community Unrest. *Reflections*, 21(3).
- Paris, D., & Alim, S. H. (2017). *Culturally sustaining pedagogies : teaching and learning for justice in a changing world* (pp. 261–273). Teachers College Press.
- Perfect, M. M., & Morris, R. J. (2011). Delivering School-Based Mental Health Services by School Psychologists: Education, Training, and Ethical Issues. *Psychology in the Schools*, 48(10), 1049–1063. <https://doi.org/10.1002/pits.20612>
- Pumariega, A. J., & Vance, H. R. (1999). School-based mental health services: The foundation of systems of care for children’s mental health. *Psychology in the Schools*, 36(5), 371–378. [https://doi.org/10.1002/\(sici\)1520-6807\(199909\)36:5%3C371::aid-pits1%3E3.0.co;2-o](https://doi.org/10.1002/(sici)1520-6807(199909)36:5%3C371::aid-pits1%3E3.0.co;2-o)
- Ransome, P. (2010). Karl Marx, Capitalism and Revolution. *Social Theory for Beginners*, 65–98. <https://doi.org/10.2307/j.ctt1t892z5>
- Santelises, S. (2022). *Baltimore City- Behavioral Health Update*. Accountability and Implementation Board.
- Singer, J., Pogodzinski, B., Lenhoff, S. W., & Cook, W. (2021). Advancing an Ecological Approach to Chronic Absenteeism: Evidence from Detroit. *Teachers College Record: The Voice of Scholarship in Education*, 123(4), 1–36. <https://doi.org/10.1177/016146812112300406>
- Swick, D., & Powers, J. D. (2018). Increasing Access to Care by Delivering Mental Health Services in Schools: The School-Based Support Program. *School Community Journal*, 28(1), 129-144.
- Weisburd, D., Cave, B., Nelson, M., White, C., Haviland, A., Ready, J., Lawton, B., & Sikkema, K. (2018). Mean Streets and Mental Health: Depression and Post-Traumatic Stress Disorder at Crime Hot Spots. *American Journal of Community Psychology*, 61(3-4), 285–295. <https://doi.org/10.1002/ajcp.12232>
- Weisburd, D., & White, C. (2019). Hot Spots of Crime Are Not Just Hot Spots of Crime: Examining Health Outcomes at Street Segments. *Journal of Contemporary Criminal Justice*, 35(2), 142–160. <https://doi.org/10.1177/1043986219832132>
- Weist, M. D., & Christodulu, K. V. (2000). Expanded School Mental Health Programs: Advancing Reform and Closing the Gap Between Research and Practice. *Journal of School Health*, 70(5), 195–200. <https://doi.org/10.1111/j.1746-1561.2000.tb06472.x>
- Weist, M. D., Stiegler, K., Stephan, S., Cox, J., & Vaughan, C. (2009). School Mental Health and Prevention Science in the Baltimore City Schools. *Psychology in the Schools*, 47(1), 89–100. <https://doi.org/10.1002/pits.20453>
- Weist, M. D., Youngstrom, E. A., Stephan, S., Lever, N., Fowler, J., Taylor, L., McDaniel, H., Chappelle, L., Pagueot, S., & Hoagwood, K. (2013). Challenges and Ideas from a Research Program on High-Quality, Evidence-Based Practice in School Mental Health. *Journal of Clinical Child & Adolescent Psychology*, 43(2), 244–255. <https://doi.org/10.1080/15374416.2013.833097>
- Williams, D. L. (2022). *Baltimore County- Trauma and Behavioral Health Report*. Accountability and Implementation Board.