MEMORANDUM

October 21, 2021

To: Jennifer Bryant, Director
Office of Management and Budget

From: Tiffany Ward, Director
Office of Racial Equity and Social Justice

Re: Supplemental Appropriation: American Rescue Plan Act (ARPA) Behavior and Mental Health #22-16

I. **FINDING:** The Office of Racial Equity and Social Justice (ORESJ) finds that Supplemental Appropriation #22-16 is likely to advance racial equity and social justice in the County, as many of the strategies and approaches outlined in the information accompanying the request are aligned with research and practices ORESJ identified in its research. Despite this generally positive assessment, there are opportunities to strengthen the supplemental appropriation’s impact by considering recommendations outlined in the background section and using disaggregated data to effectively target resources.

II. **BACKGROUND:** Supplemental Appropriation #22-16 authorizes funding from federal American Rescue Plan (ARPA) Act of 2021 Coronavirus State and Local Fiscal Recovery Funds to implement a program that addresses trauma and behavioral health issues exacerbated by the COVID–19 pandemic on students and their families. The appropriation in the amount of $1,205,690 will support Montgomery County Public Schools (MCPS) in the development of a multifaceted mental health support program and will help build the capacity of staff to carry out a range of counseling and crises response interventions.

As of September 30, 2021, MCPS had a total enrollment of 160,564 students\(^1\), operating 209\(^2\) schools in the 2020-2021 school year. The majority of MCPS students are students of

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\(^2\) “About MCPS”. Available at: [https://www.montgomeryschoolsmd.org/about/](https://www.montgomeryschoolsmd.org/about/)
color with the following distribution by race and ethnicity: 21.8% Black/African American; 14.3% Asian; 32.8% Hispanic/Latino; 25.8% White; 1% American Indian/Alaska Native; 5% two or more races; no students reported being Native Hawaiian/Pacific Islander. Students in MCPS also have diverse socioeconomic characteristics and are represented in the following service groups in 2021: 16.4% were enrolled in English as a Second language (ESOL) programs; 38.7% were in Free and Reduced Meals (FARMS) programs; and 12.5% received special education instruction. Trends in MCPS student enrollment reveal that the school system has become more diverse and is largely a socioeconomic and racially segregated system. 

Prior to the Covid-19 pandemic, students of color experienced disparities in resources, opportunities, and outcomes across educational settings (K-12 and post-secondary). These disparities are explored in a 2019 Montgomery County Office of Legislative Oversight (OLO) report, *MCPS Performance and Opportunity Gaps*. The report notes persistent disparities across a number of achievement performance metrics by race, ethnicity, and service group status. The analysis also explains the inequities underlying many of these disparities, describing how “concentrated poverty and segregation among MCPS schools and the under-funding of compensatory education and English Speakers of Other Languages (ESOL) programs relative to student need” shapes student opportunity.

A growing body of evidence suggests that racial, ethnic, and service group disparities have been exaggerated by the pandemic. The US Department of Education explained in a June 2021 report how the pandemic has impacted students of all ages and backgrounds, noting the following challenges for students of color, students with disabilities, and students experiencing the destabilizing effects of new or persistent financial insecurity:

- Live in households where adults are more likely to experience job losses or covid-19 exposure, creating or exaggerating economic constraints and negative health outcomes.
- Disparities in access to mental health services or the full range of academic and wrap around services that a school provides
- Barriers in access to technology or necessary supports to stay connected to school and educational opportunities.
- Amplification of language barriers for students and households with English-language learners.

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5 Elaine Bonner-Tompkins.

6 Elaine Bonner-Tompkins.
• Disrupted educational opportunities for students with Individualized Education Plans (IEPs) and;
• Overall, the report noted for all groups slow to non-existent recovery in academic achievement due to preexisting resource and opportunity gaps that produce disparate student performance outcomes.

In addition to education disparities affecting K-12 students and disparate health and economic impacts of the pandemic on households of color, there is mounting evidence about the toll the pandemic has taken on children’s mental health. Prior to the pandemic, the mental health needs of school age children were on the rise, and Child Trends reported that Black, Latinx, and Native children experienced Adverse Childhood Experiences (ACEs) at disproportionately higher rates than their White and Asian peers. The National Academy for State Health Policy reported that as many as half of children ages 6-17 who have mental health disorders do not receive the treatment or services they need. This is due to a number of factors including isolation and loneliness related to health and safety measures—social distancing and stay-at-home orders, and financial insecurity and poor mental health of parents and caregivers. KFF reports that children of color and LGBTQ+youth may be particularly vulnerable to negative mental health outcomes during the pandemic. Long-standing inequities in access to health insurance and quality mental health services are largely to blame. A recent study highlights these disparities and their impacts on whole families; Susan Hillis, an epidemiologist at the Centers for Disease Control and Prevention and lead author of the new study explained, “65% of all children experiencing Covid-associated orphan hood or death of their primary caregiver are of racial and ethnic minority”.

The Education Trust explains the importance of expanded mental health support services using ARPA dollars and advocates for targeted approaches to ensure that vulnerable and systemically neglected students are able to access needed services. The Education Trust also adds that staff development focused on trauma and behavioral health should also

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10 Nirmita Pachal, et al.
include culturally responsive, anti-bias instructional practices\(^\text{12}\). A Center for Law and Social Policy Analysis\(^\text{13}\) of 37 state Department of Education school reopening plans identified the following opportunities for addressing youth mental health: promoting a deeper focus on healing-centered care, investing in non-traditional health care providers, disaggregating data to monitor where there may be barriers to access, and creating and collaborating with student advisory councils focused on mental health.

More broadly, states are using a variety of state and federal funding streams to develop strategies for mitigating ACEs and addressing trauma during the pandemic. These strategies include raising awareness of ACEs, strengthening identification and screening tools and techniques, engaging directly with impacted communities, partnering across systems, and delivering trainings to build capacity of providers\(^\text{14}\). Strategies that center equity are more likely to effectively address disproportionate effects of Covid-19 on racially marginalized groups as well as stressors and trauma related to pre-pandemic inequities in education and healthcare and disproportionate involvement in criminal justice and welfare systems. Of note, a proposal in Arkansas would require school district board of directors to conduct ACE screenings before taking disciplinary action\(^\text{15}\). Given existing disparities in suspension rates in Montgomery County Public Schools\(^\text{16}\), this approach may support the supplemental appropriation in advancing racial equity in the County.

III. **DATA ANALYSIS:** A Child Trends Research Brief\(^\text{17}\) from 2018 examined the prevalence of ACEs, nationally, by state, and by race and ethnicity. The following is a table recreated from the brief and illustrates racial and ethnic disparities in the prevalence of different types of ACEs. Overall, Black, Hispanic/Latino, and Other race, non-Hispanic experienced the greatest prevalence of individual ACEs, and for all ACEs had higher prevalence rates than the rates for children overall.

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\(^\text{15}\) Rebecca Cooper.


\(^\text{17}\) Vanessa Sacks, David Murphey.
### Prevalence rates of individual ACEs for children by race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Hard to cover basics like food or housing</th>
<th>Parent or guardian divorced or separated</th>
<th>Parent or guardian died</th>
<th>Parent or guardian served time in jail</th>
<th>Saw or heard parents or other adults slap, hit, kick, or punch in home</th>
<th>Victim of or witness to violence in neighborhood</th>
<th>Lived with anyone mentally ill, suicidal, or severely depressed</th>
<th>Lived with anyone with a problem with alcohol or drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>22</td>
<td>23</td>
<td>3</td>
<td>7</td>
<td>5</td>
<td>3</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>37</td>
<td>35</td>
<td>7</td>
<td>16</td>
<td>9</td>
<td>7</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Asian, non-Hispanic</td>
<td>14</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Other race, non-Hispanic</td>
<td>31</td>
<td>27</td>
<td>4</td>
<td>11</td>
<td>7</td>
<td>6</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Hispanic</td>
<td>29</td>
<td>28</td>
<td>3</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>All children</td>
<td>25</td>
<td>25</td>
<td>3</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

**Data note:** Yellow shading = Percentage is higher than white non-Hispanic children at a statistically significant level. Blue shading = Percentage is lower than white non-Hispanic children at a statistically significant level. Red shading = Estimate should be interpreted with caution, because the relative confidence interval is greater than 120 percent.


cc: Ken Hartman, Director, Strategic Partnerships, Office of the County Executive