

BALTIMORE CAMPAIGN FOR GRADE LEVEL READING 2016 POLICY LANDSCAPE ANALYSIS

Local Advocacy Efforts

Policy Priority	Description	GLR Priority Area	Lead Organization(s)
A- City Funding for Education	<p>In general, this includes adequate funding from Baltimore City for resources for City Schools including community resource schools, summer and afterschool programming. Introduced by City Council President Jack Young, the Youth Investment Act is designed to do the following:</p> <ul style="list-style-type: none"> • Earmark 3 percent of the city's budget to be placed annually in a non-lapsing fund (an amount currently equal to \$31 million); • Establish a framework for assessing the needs of Baltimore's youth population; • And outline the types of programs eligible for funding, spell out the limits on the usage of dollars and collect data on programs that receive awards. 	TBD	MOST, BEC (currently under consideration)
B- Recreation Plan	Baltimore officials hope to raise up to \$60 million by selling off four of the city's downtown parking garages to use for improving recreation centers.	Healthy Children and Families, Literacy Rich Environments	Mayor's Office
C- Community Schools	Advocating to City fully fund 10,000,000 for community schools and to get Community Schools into state education funding formula.	Literacy Rich Environments, Attendance	BEC, ACLU
D- Discipline and Climate	Zero tolerance policies with severe consequences have resulted in high numbers of students—particularly students of color and students with disabilities — being suspended, expelled and even arrested for often minor offenses that were once handled in school. As a result, these students are spending less time in school and are more likely to dropout, experience unemployment and become involved with the juvenile justice system. This advocacy involves working with the school system to decrease rates of suspension.	Attendance	ACY, ACLU
E- School Police	Currently about 90% of school arrests in the state occur in Baltimore City. This effort involves advocacy for: (1) robust data collection on arrests and referrals by school police officers; (2) comprehensive policies delineating the roles and activities of school police and how school police interact with the system of school discipline; and (3) the requirement of additional	Attendance	ACY, ACLU, BEC

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	training for school police. This also involves addressing school police deployment and the carrying of firearms on school premises.		
F- Psychoactive Substances Bill (Synthetic Drugs)	A local bill that will be presented to the City Council to prohibit the distribution of synthetic drugs and implement stiff administrative penalties for distributing. This will be supported by a community education campaign.	Healthy Children and Families	Baltimore City Health Department
G- Sugar Sweetened Beverages Bill (Local)	A local bill requesting a warning label is put in corner stores, restaurants and advertising throughout the City. The warning will state, “Drinking beverages with added sugar can lead to obesity, diabetes and tooth decay. This message is brought to you by the Baltimore City Health Department.”	Healthy Children and Families	Baltimore City Health Department
H- Sugar Free Kids Act	The Sugar Free Kids Act is upcoming Baltimore City legislation. In May 2015, the Sugar Free Kids coalition hosted an informational hearing before the Baltimore City Council to bring awareness to harmful health effects of sugary drinks such as childhood obesity and teen diabetes and urge the Council to seek ways to reduce the number of sugary drinks that Baltimore City children and youth consume.	Healthy Children and Families	Family League

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State Advocacy efforts			
Policy Priority	Description	GLR Priority Area	Lead Organization(s)
I- State Funding for Education	Baltimore City depends on state funding for 70% of their budget. The General Assembly is facing a \$525 million gap in FY16 between state revenue and state spending. The purpose of this advocacy is to ensure the state education operation budget is fully funded, including the inflation factor and Geographic Cost of Education Index (GCEI).	Quality Instruction	BEC, ACLU, ACY, BCF,
J- Monitor and Support the 21st Century Building Initiative	This program, funded by HB860, is estimated to generate approximately \$1 billion in bonds to rebuild and fully renovate up to 28 school buildings in Phase I. Ensuring that this program is well managed and implemented, with robust community engagement, is critical to achieve the best outcomes for students. BEC and ACLU are committed to securing funding for the 100+ school buildings that will not be touched by this first phase of funding.	Literacy Rich Environments, Attendance	BEC, ACLU
K- Adequacy Study	The Maryland General Assembly enacted Chapter 288, Acts of 2002 – the Bridge to Excellence in Public Schools Act, which established new primary State education aid formulas based on adequacy cost studies using the professional judgment and successful schools method and other education finance analyses that were conducted in 2000 and 2001 under the purview of the Commission on Education Finance, Equity and Excellence. State funding to implement the Bridge to Excellence Act was phased-in over six years, reaching full implementation in fiscal 2008. Chapter 288 required a follow up study of the adequacy of education funding in the State to be undertaken approximately 10 years after its enactment. This study creates an opportunity to advocate for a formula that distributes additional funding to schools with high concentrations of poverty, and also adequately funds expansion of Pre-K.	Quality Instruction	ACLU, BEC, ACY, BCF, Family League
L- Pre-K Expansion	<p>In December 2014, Maryland received a \$15 million federal grant to expand early childhood education access. Maryland stands to receive an additional \$15 million per year for the next three years. The grant carries a state matching requirement. The U.S. Department of Education has agreed to waive fulfillment of the matching requirement for the first two years of the grant. These federal grants will help Maryland build on the \$4.3 million in pre-kindergarten expansion funds approved by the General Assembly in 2014.</p> <p>While no pre-kindergarten-related legislation was introduced during the 2015 legislative session, education advocates in the General Assembly are considering measures to ensure that Maryland meets its commitment to meet the federal matching funds requirement in 2017 and</p>	Quality Instruction	ACLU, BCF, MFN, ACY

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	2018.		
M- High Quality Afterschool Programs	Ensure funding levels are appropriate for high quality afterschool programming.	Literacy Rich Environments	BEC, MOST
N- School Based Health Centers (SBCHs)	Advocacy for expansion of SBCHs and increased accessibility of health services provided in a school setting. School-Based Health Centers (SBHCs) are primary care health centers which offer preventive, primary, chronic and mental health care services to students who have a broad range of medical needs. SBHCs are designed to assure that all students who are enrolled in the school have access to convenient, comprehensive health services in a caring, non-judgmental environment located in their school building. SBHCs are designed to overcome barriers to health care such as concerns over confidentiality, lack of transportation, inconvenient appointment times, cost, parental loss of time from work, lack of insurance coverage, and general apprehension about discussing health issues.	Healthy Children and Families	ACY, Family League
O- Immunet	Senate Bill 598 (<i>Public Health – Vaccination Reporting Requirements – ImmuNet</i>) was departmental legislation that would have made it mandatory for every health care provider to report all vaccines administered to ImmuNet. While MDAAP supports a vibrant registry with full participation, they believe mandating participation given remaining technical challenges with Immunet is not justified. MDAAP is however committed to working with DHMH to achieve the objectives of the legislation.	Healthy Children and Families	MDAAP
P- Telemedicine in Schools	Requesting \$1,265,500 in state funding to implement telemedicine services in 10 city schools for a three year pilot program. With telemedicine, students can receive urgent, primary, and mental health care directly from their school buildings. This service will drastically increase access to care for our city’s youth.	Healthy Children and Families	Baltimore City Health Department
Q- Expanding Home Visiting	Requesting \$10,000,000 in state funding to support and expand critical home visiting services for at risk mothers, including at first time teen moms, to reduce infant mortality, child abuse and neglect, and improve developmental/educational outcomes. These funds will enable all those in need to receive home visiting, case management, and care coordination services. Home-visiting for at-risk mothers has reduced child abuse/neglect and improved children’s cognitive and educational outcomes.	Quality Instruction, Healthy Children and Families	Baltimore City Health Department
R- Safe Sleep and Shaken-Baby	Require maternal healthcare providers to conduct Safe Sleep and Shaken Baby Syndrome Post-Partum education prior to discharging patients from the hospital after delivery. This bill will	Healthy Children and	Baltimore City Health

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Education	support Baltimore’s current efforts under B’More for Healthy Babies to reduce infant mortality rates and improve birth outcomes. Ensuring that all patients receive the appropriate information about these incidents and how to avoid them will reduce rates of SIDS and other infant trauma.	Families	Department
S- Local Tobacco Regulation Authority	Legislation to authorize Baltimore City to enact and enforce local regulations against the sale and distribution of tobacco products. Baltimore City has been stepping up its tobacco regulation enforcement recently. Unfortunately, we, and other jurisdictions, are plagued by the tobacco industry and a recent Court of Appeals decision that severely restricts local authority to enact and enforce tobacco regulations. We firmly believe that the opinion is faulty and that the industry’s interpretation is overly broad. To resolve this issue, we propose legislation that will explicitly grant authority to Baltimore City to regulate the sale and distribution of tobacco products.	Healthy Children and Families	Baltimore City Health Department
T- Federal Childcare Funding and Policy	MFN should monitor the funding and regulation of CCDF and TANF, being mindful of their effect on the child care delivery system and the lives of children and families in Maryland. MFN should work with national organizations and Maryland’s Congressional delegation to ensure that funding of child care services and other children's and families' programs continues and increases as appropriate.	Quality Instruction	MFN
U- Federal Child Nutrition Reauthorization	The Federal Child Nutrition Reauthorization (CNR) provides funding for child nutrition programs such as afterschool and summer meals, school lunch and breakfast, the Women, Infants and Children (WIC) Program and the Fresh Fruits and Vegetables Program. These programs help improve the lives of young children and ensure that they reach their full potential.	Healthy Children and Families and Nutrition	Family League

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Federal Advocacy Efforts			
Policy Priority	Description	GLR Priority Area	Organization(s)
V- Local Tobacco Regulation Authority	Legislation to authorize Baltimore City to enact and enforce local regulations against the sale and distribution of tobacco products. Baltimore City has been stepping up its tobacco regulation enforcement recently. Unfortunately, we, and other jurisdictions, are plagued by the tobacco industry and a recent Court of Appeals decision that severely restricts local authority to enact and enforce tobacco regulations. We firmly believe that the opinion is faulty and that the industry's interpretation is overly broad. To resolve this issue, we propose legislation that will explicitly grant authority to Baltimore City to regulate the sale and distribution of tobacco products	Healthy Children and Families	Baltimore City Health Department
W- Federal Childcare Funding and Policy	MFN should monitor the funding and regulation of CCDF and TANF, being mindful of their effect on the child care delivery system and the lives of children and families in Maryland. MFN should work with national organizations and Maryland's Congressional delegation to ensure that funding of child care services and other children's and families' programs continues and increases as appropriate.	Quality Instruction	MFN
X- Federal Child Nutrition Reauthorization	The Federal Child Nutrition Reauthorization (CNR) provides funding for child nutrition programs such as afterschool and summer meals, school lunch and breakfast, the Women, Infants and Children (WIC) and the Fresh Fruits and Vegetables Program. These programs help improve the lives of young children and ensure that they reach their full potential.	Healthy Children and Families and Nutrition	Family League
Y- Federal Education Policy	Advocating for flexibility in Title I spending to advance a community school agenda.	Literacy Rich Environments, Attendance	Family League

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Crosscutting State and Federal Efforts from Maryland Family Network

Policy Priority	Description	GLR Priority Area	Lead Organization(s)
Z- Childcare Provider Compensation	<p>Low wages and lack of benefits for child care professionals are critical problems that have forced many talented providers out of the field. Child care providers are among the lowest earners in the labor force, primarily because salaries are limited by the tuition rates parents can afford to pay. Entry level educational requirements are low, but wages do not increase to the levels earned by educators in public schools as child care providers attain comparable degrees.</p> <p>MFN should continue to educate providers, parents, policy makers, and the public, as well as work to promote federal and state initiatives to improve the compensation of child care professionals. Additionally, MFN should support programmatic recommendations linking compensation to education and experience.</p>	Quality instruction	MFN
AA- Early Childhood Mental Health	MFN should support efforts to put in place more specialized early childhood mental health training for child care providers and to enhance the availability of mental health services for children. Funding for behavioral specialists linked to child care resource and referral centers should be a priority.	Healthy Children	MFN
BB- Maryland Early Childhood Budget	MFN must vigorously defend programs and services for young children and their families in the face of deficits, spending cuts, and other budget challenges. MFN should participate in the research and exploration of innovative early childhood financing mechanisms to reduce the burden on parents and providers and increase the access to high quality programs. The use of higher education as a model for financing early care and education should be further studied and considered as solutions to the child care financing dilemma are explored. MFN should monitor the effectiveness, and encourage evaluation, of the DBED child care loan program, with additional funding supported, as appropriate. The continuation of funding for the Quality Incentive Grant, the Family Child Care Provider Grant, and the Child Care Career and Professional Development Fund programs should be supported, and expansion of these programs should be considered.	Quality Instruction	MFN
CC- Quality Improvement Initiatives for Early	MFN should closely monitor the development and implementation of the QRIS and support the implementation of quality improvement initiatives that will reward child care professionals for achieving higher levels of professional development and delivering higher quality early	Quality Instruction	MFN

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Childhood	learning programs. MFN should also advocate for funding to continue the Quality Improvement initiatives after the Race to the Top Early Learning Challenge-ELC funding expires in December 2015.		
DD- Child Care Subsidy Program	MFN should continue to press for adequate funding of the Child Care Subsidy Program to make high-quality child care accessible for all low-income families. Advocates should urge MSDE to lift the freeze on the remaining two income eligibility levels. In addition to monitoring the child care subsidy rate structure, the administration of child care subsidy, and the effect of federal child care policy on the child care subsidy program in Maryland. MFN should advocate the payment of reimbursement rates at the 75th percentile of current market rates, co-payment rates set at or below 10% of family income and the expansion of eligibility to 50% of current SMI.	Quality Instruction	MFN
EE- Health, Safety and Nutrition	MFN should support efforts to improve children’s health, safety and nutrition. MFN should continue to support efforts to strengthen existing child abuse and neglect laws and should continue to train child care providers and parents on effective, positive discipline strategies. MFN should continue to educate child care providers, parents, and the public about child health and wellness issues, including lead poisoning, childhood immunizations, infectious diseases, emergency preparedness and transportation safety. MFN should monitor the utilization of the CACFP and work with MSDE and national organizations to support federal funding for CACFP and to increase utilization rates, including making the program available to informal providers in the Child Care Subsidy Program. MCHP should continue to be monitored for its effectiveness and efficiency.	Healthy Children	MFN Note: MDAAP is active in child abuse policy and Family League is advocating for child nutrition reauthorization
FF- Childcare for Infants and Toddlers	MFN should explore options that can increase the supply of infant/toddler care and maximize quality. This includes expanding efforts to recruit more family providers, encouraging employers to subsidize infant/toddler care in a variety of ways, and supporting leave policies that give parents the time to choose and monitor safe and appropriate child care for their babies and young children. Advocating additional state investments in comprehensive early childhood education and support is a priority. MFN should continue to monitor the implementation of regulations governing large family child care homes, and the impact this new facility has on the supply of infant/toddler care.	Quality Instruction	MFN
GG- Comprehensive Services for Young	MFN should strongly support funding for programs providing comprehensive services to at-risk families and their children, and especially the three developing hubs for delivering	Quality	MFN

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<p>Children and their Families</p>	<p>comprehensive services. Family Support Centers have developed innovative approaches to working with teen parents and other at-risk families, and MFN should lead efforts to restore funding for the centers to ensure that they are part of the interagency efforts to provide community services to at-risk children and their families. Head Start and Early Head Start programs deliver comprehensive services but need the state Head Start Supplemental grants to provide full-day and full-year services. MFN should support this funding. MFN should also monitor the progress of Judy Center partnerships as a model for providing comprehensive services geared toward school readiness and should support continued funding to identify, promote, and expand high quality research-based home visiting strategies.</p>	<p>Instruction</p>	
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ACLU=American Civil Liberties Union of Maryland
 ACY=Advocates for Children and Youth
 MDAAP=Maryland Chapter, American Academy of Pediatrics
 BCF=Baltimore Community Foundation
 BEC=Baltimore Education Coalition
 MFN=Maryland Family Network

Notes

1. The above is compilation of interviews with MDAAP, ACLU, ACY, BCF, BEC, Family League, MFN, the Baltimore City Health Department and the Mayor’s Office from August 24, 2015 to October 22, 2015. The priorities may not be exhaustive of all of the priorities of the organizations or education priorities in the City.
2. The State legislative process begins the second week in January. The majority of organizations will not finalize their policy agenda until December.
3. Not all organizations listed under each policy priority have the same stance on each of the issues.