Uplifting the Whole Child:

Using Wraparound Services to Overcome Social Barriers to Learning

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ROADMAP TO
Expanding Opportunity
Evidence on What Works in Education

The promise of a high-quality education leading to opportunity and shared prosperity for all children is a deeply held value in Massachusetts. Despite a record of prominent successes, however, our Commonwealth has struggled to provide every child in every community the supports necessary for long-term life success. To confront this challenge, the Massachusetts Budget and Policy Center and the Rennie Center for Education Research & Policy are undertaking this shared research project: the *Roadmap for Expanding Opportunity: Evidence on What Works in Education.*

This series of reports builds on progress initiated with the Education Reform Act of 1993, addressing critical areas in which progress has stalled. Ultimately, this project will provide a roadmap for bringing education reform into the 21st century. Reports will examine promising evidence-based strategies for supporting all children in achieving college, career, and life success. In particular, analyses will be grounded in a recognition that learning must extend beyond traditional school structures and offerings.

Reports will offer strategies for adapting a broad evidence base to local contexts, including cost analyses to assess the level of resources required to support district and statewide innovation. Ultimately, these briefs are designed to provide education leaders and practitioners with building blocks for driving future educational reforms across the Commonwealth.

INTRODUCTION

As the birthplace of public education, Massachusetts has long believed in the promise of schools to advance opportunity and civic engagement for all. However, there is reason to question the level to which education today is delivering on this promise for all children across the state.

Students facing family, health, and economic challenges enter schools with complex barriers to success. These barriers include frequent movement between schools, housing insecurity, hunger, and family stressors such as interaction with the child welfare or criminal justice systems. All of these challenges are linked with poverty and disproportionately affect communities of color.[1] Policy discussions often overlook these barriers, yet they constrain the effectiveness of many educational strategies.

Educators have struggled with the question of whether school structure or external factors, such as poverty, better explain achievement gaps. Rather than taking a narrow approach, a set of promising models has taken both external and school factors into account, intentionally confronting non-academic barriers while also providing strong academics. There are numerous terms for these efforts, including community schools, full-service schools, integrated student supports, and wraparound services. The term wraparound services is how we refer to them throughout this paper.

WHAT ARE WRAPAROUND SERVICES?

Wraparound services are student and family supports integrated with and often delivered directly within schools.[2] Wraparound services help schools address social and non-academic barriers to student learning.

Examples of wraparound services are broad and include:

- Health, dental, and vision care
- Mental health services
- Behavioral health, nutrition, and wellness
- Parent and family targeted services including:

- Adult education, such as classes on child development, GED, English as a second language, and basic vocational skills
- Service referrals and assistance
- Social work and family crisis response

Wraparound services have the potential to help children, families, and teachers alike. The theory behind wraparound services suggests that students whose health and wellness needs are attended to will be healthier, more focused, and better able to learn. Similarly, families engaged with schools and supportive services will have increased capacity to support child learning and health. Finally, for schools, having additional systems for confronting social challenges that impede learning, will allow teachers and administrators to focus on instruction.

Well-designed wraparound programs provide some services directly within schools while providing others through careful coordination with external agencies. This is an important balance to strike. Providing comprehensive services inside schools may be logistically challenging or duplicative of existing programs. However, merely referring students and families to outside providers may not meet immediate or ongoing needs as effectively as offering services in the schools that see kids and families on a daily basis.

The following discussion excludes some services that are also important to child development. For instance, we do not analyze teaching and learning occurring throughout the school day, afterschool, extended learning time, pre-kindergarten, or social services not integrated with schools.

For more information on providing pre-kindergarten to all three- and four-year-olds across the Commonwealth, see MassBudget's Building a Foundation for Success. A future paper in the Roadmap to Expanding Opportunity series will examine options for increasing learning time.

BACKGROUND

Wraparound services have been around for over 30 years. One of the first efforts to provide them was under the umbrella of "community schools." Beginning in the 1980s, groups such as Schools of the 21st Century in New Haven, Connecticut, the Children's Aid Society in New York City, and the West Philadelphia Improvement Corps implemented school-based social services.[3] These schools hosted community centers, provided health services, built family supports, and leveraged partnerships with business and non-profit groups.

Wraparound services gained recent attention with the success of the Harlem Children's Zone. This organization operates in a 97 block area of New York City, providing an integrated set of school and community services for children and families. Services range from pre-natal care and parenting classes, to high-performing K-12 schools and college coaching.[4] Influence of the Harlem Children's Zone is reflected in the United States Department of Education Promise Neighborhood Grants, spanning 20 states, including Massachusetts. These grants support neighborhood based collaborations to deliver "cradle-to-career solutions" centered on high performing schools and family supports.[5]

It is challenging to isolate the effects of wraparound services from the effects of schools themselves. A frequently cited 2011 study of the Harlem Children's Zone, done by Will Dobbie and Roland Fryer, pointed to high performing schools, not wraparound services, as the driver of impressive educational gains. However, Harlem Children's Zone schools feature wraparound services as defined here, including wellness and nutrition programs, mental health, medical, and dental care.[6] It is unclear whether the impressive results of these schools, including closing racial achievement gaps within several years, would be possible without wraparound services.

Current estimates indicate that wraparound services reach 1.5 million students in close to 3,000 schools nationally. Nearly all the service providers target low-income youth, with African American and Hispanic youth comprising 75 percent of the total student population.[7]

NATIONAL CASE STUDIES

With a wide variety of services in operation, it is useful to look at specific initiatives that have achieved strong results. These organizations can inform the development of wraparound services in Massachusetts.

Overall, the research on wraparound services is mixed. The organization Child Trends identified 11 formal evaluations of wraparound services to date and found that only a subset of programs have achieved positive results.[8] Positive effects found among these studies include increased attendance, grade point average, and academic achievement.[9]

The following section explores specific details about three high-performing models, operating from local to state scale, and discusses their outcomes. These case studies span wraparound services provided through a non-profit agency, school district, and a statewide initiative, displaying the diversity of the field.

1. Children's Aid Society of New York City (CAS) – Non-Profit Model

The non-profit Children's Aid Society (CAS) of New York City brought a wide range of services together under an umbrella of supports coordinated with an independent non-profit as the lead agency. CAS has implemented high-quality wraparound services in a community school program since 1992. The project began with two pilot public schools in neighborhoods identified by CAS and city leaders as lacking key social supports and quality education.[10] The initiative has grown to 16 in schools in 2014.[11]

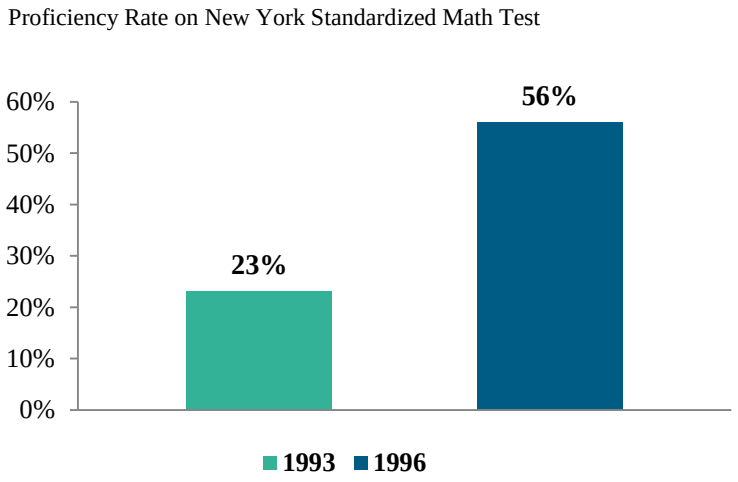
The expansive range of supports includes a wraparound director, family resource center, adult education, job training, medical and dental care, preventative health education, social workers, and mental health counselors.[12] CAS also includes an extended day schedule and early education services through Head Start.

Evaluation results for Children's Aid Society, particularly the original sites, have been encouraging. A Fordham University study indicated that CAS elementary students achieved proficiency growth ranging from 143 to 250 percent in math and reading scores between 1993 and 1996.[13] This study also documented other positive effects including increased attendance, higher parent involvement, and improved access to health services.

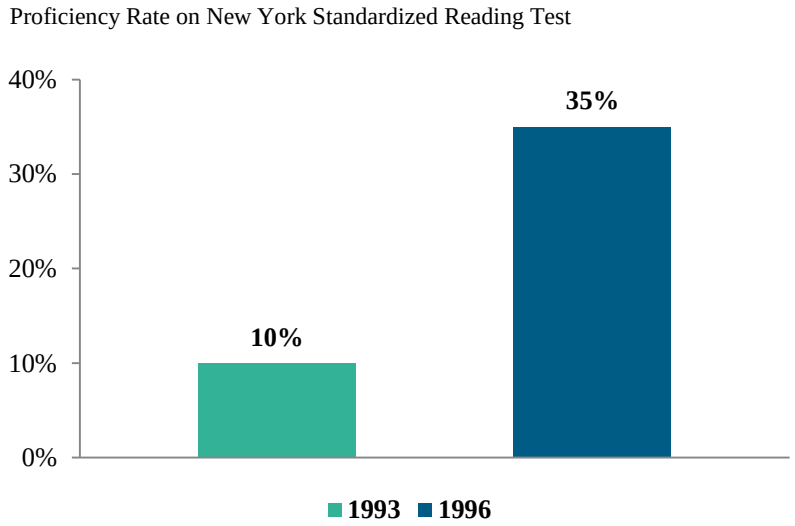
Later evaluations of Children's Aid Society confirmed strong academic performance versus comparison schools. However, there were reported difficulties maintaining the high level of academic growth, measuring all the relevant data, and coordinating the relationship between wraparound services and classroom instruction.[14]

A cost-benefit analysis of Children's Aid Society also showed a strong return on investment. A 2013 study by the research firm The Finance Project showed a 10-to-1 return on each dollar invested in the first CAS elementary school and a 15-to-1 return for the first middle school site.[15] The benefits arose from academic performance, health and wellness improvement, teacher retention, and parent involvement. This analysis included the entirety of Children's Aid Society services including early child care, thus the value of the wraparound services as defined here is likely somewhat lower.

CAS Elementary Math Proficiency Grew By 143% Between 1993 and 1996



CAS Elementary Reading Proficiency Grew By 250% in 3 Years



Source: Dr. Ellen Brickman, Fordham University, 1996

2. Tulsa Area Community School Initiative (TACSI) – District Model

The Tulsa Area Community School Initiative (TACSI) has also demonstrated success with wraparound services. In this case, the lead agency is within a public school district. TACSI has shown the potential to help lower income students perform on par with higher income peers in math, while drastically reducing gaps in reading. However, it has achieved these results only in its developed sites, covering one-third of sites overall.

TACSI began in 2007, reaching over 9,000 students and their families in 18 community schools across the Tulsa and Union public school districts in Oklahoma.[16] As of 2012, TACSI had expanded to 23 schools.[17] TACSI founders convened an array of youth service and child welfare agencies involved with the public schools, aiming to replace fragmentation and limited impact with holistic strategies to enhance academic, family, and health outcomes.

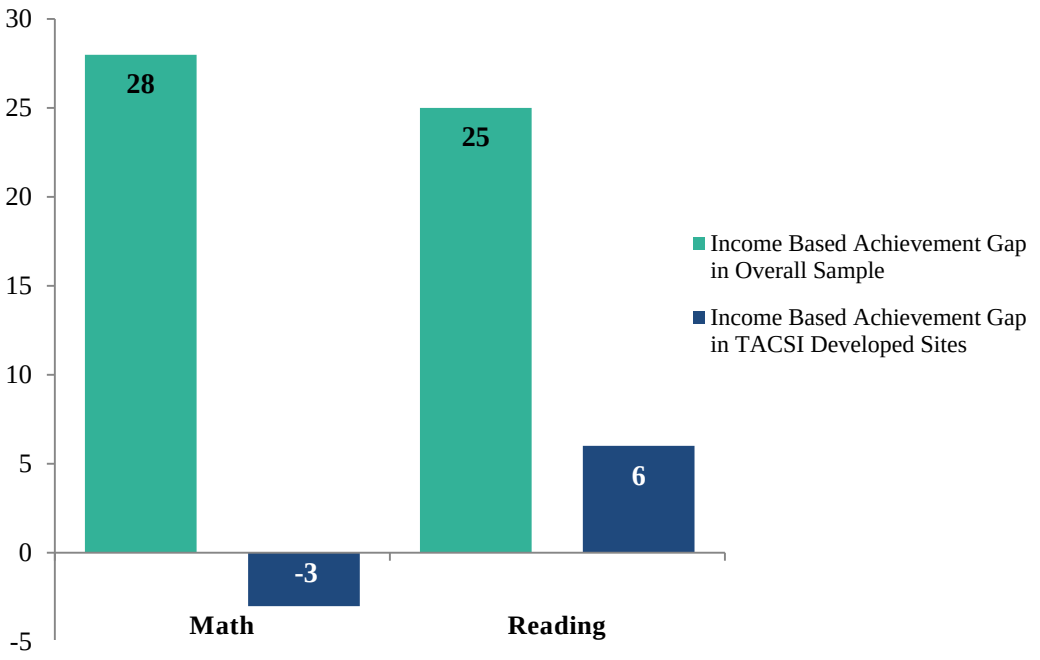
TACSI shares similarities with other wraparound services. Site coordinators work in tandem with a management team including families, community partners, and school staff. The site team collaborates to assess needs and priorities, giving each school site a unique mix of offerings.

Although specific services vary, they include youth development, family support and engagement, and health and wellness supports. TACSI also provides medical services open to students and families in the district. TACSI collaborates with a local Department of Health to provide health classes, prevention programs, and additional social workers.[18] Other partners provide specialized services such as home visiting, job training, adult education, and counseling services for youth with incarcerated parents. [19] TACSI partners supplement the work of existing school social workers and counselors, significantly reducing caseloads for district staff.

An Oklahoma Center for Education Policy study showed that in developed sites, which are a third of all locations, TACSI dramatically increased the performance of low-income students. The study shows developed sites outperformed all other schools, including those with more affluent populations.[20] The chart below shows that TACSI fully closed the achievement gap in standardized math scores between low-income students and higher income peers, while reducing the gap in reading by 76 percent.[21] Low-income students in developed sites actually outperformed higher income peers by 3 points in math (shown below as a negative gap) while achieving scores only 6 points lower in reading.

TACSI Developed Sites Greatly Reduced Achievement Gap of Low-Income Youth

Oklahoma 5th Grade Standardized Test Score Gap



Source: Dr. Curt Adams, Oklahoma Center for Education Policy, 2010

The promising results from TACSI come with some limitations. TACSI developed sites were only a subset. In addition, TACSI faces challenges with obtaining consistent and sustainable funding, as it depends on funds from private foundation grants, Title I, and non-profit partners stretched by the ongoing effects of the Great Recession. Resource shortages have reduced available services. For example, only half of sites have a full-time coordinator and most lack unified family resource centers.[22] There were also significant challenges with principal and teacher turnover, suggesting a need for consistency in building a shared vision for partnerships and services.

3. California Healthy Start – State Model

The previous two cases provide strong evidence for wraparound services delivered at the local or regional level by non-profits or school districts. The California Healthy Start grant provides a useful example of a state level approach with diverse operating structures.

Starting in 1991, Healthy Start provided $88,000 planning grants and $700,000 operating grants to local consortiums creating wraparound services tailored to specific high-poverty communities.[23] Services provided by Healthy Start sites include school based health clinics, mental health services, case management, adult education, and supports for basic needs such as food and clothing.[24]

California's approach provides guidance on how to facilitate cost sharing and develop operational partnerships. Local partnerships consisted of school districts, non-profits, state and local agencies, and private foundations required to raise 25 percent of the state grants. In addition, recipients were limited to 3 years of funding before they were expected to continue independently.[25]

California Healthy Start achieved much larger scale than the other case studies. Between 1991 and 2007, 651 operational grants reached 1,388 schools with over 1 million students.[26] These figures reflect the students served throughout the grant period, sites that continued operating beyond three years likely served additional students. A report from UCLA found that 82 percent of Healthy Start grantees continued to offer services after three years.[27]

Evaluations of Healthy Start demonstrated benefits across many grantees and identified a subset with particularly strong results. An evaluation in 1996 showed that families experienced increased access to food, shelter, transportation, employment, child care, and medical care.[28] Family emotional health increased for recipients in concert with a decrease in the mobility rate, the percentage students leaving schools, suggesting enhanced family stability. The study also showed increases in student grade point averages, standardized test scores, and positive behavior in school.[29] While overall school wide increases in academic performance across Healthy Start were three percentiles on state tests, there was higher growth in the lowest performing elementary schools, which achieved proficiency increases of 25 percent in reading and 50 percent in math.[30]

Healthy Start studies showed that grantees were able to leverage each dollar invested towards additional resources. A profile of six Healthy Start sites found that the grantees were able to leverage between 3 and 17 dollars of additional resources for each state dollar invested. The funding came from private partners, state agencies, and federal grants, suggesting that wraparound service centers can leverage additional resources.[31]

Summary of Wraparound Services Case Studies

Case Study	Elements	Scale	Outcomes
Children's Aid Society of New York City	Comprehensive health clinics, family centers, adult education, afterschool, and child care.	16 schools in low income areas of New York City, in operation since 1992	Math and reading gains, academic growth up to 250%. Over 12:1 benefit to cost ratio for each dollar invested.
Tulsa Area Community Schools Initiative	Community schools, health clinics, wellness programs, parent engagement, site leadership teams.	Over 9,000 students annually in 25 schools in metro Tulsa, Oklahoma, in operation since 2007.	Closed income based achievement gap in math in highest performing sites. Students in exemplar sites had 32 point advantage on standardized tests in math, 19 point advantage in reading.
California Healthy Start	Statewide grants to local entities. Services include health, mental health, wellness, family support, and case management. 25% local matching requirement to receive state funding.	1 million students in 1,388 schools across California between 1991 and 2007.	Statistically significant increases in academic proficiency and GPA, up to 25% increases in reading 50% in math proficiency. Family social outcomes and service access improved. Leverage 9 dollars of additional resources per state dollar invested

MASSACHUSETTS LANDSCAPE

If we were to adopt wraparound services statewide, we could build on existing work already in place across the state. While wraparound services are active in Massachusetts, existing programs have yet to reach the scale or the range of services provided by the evidence-based national case studies.

The Massachusetts Department of Elementary and Secondary Education Wraparound Zone (WAZ) grant is one of these existing programs. Starting in 2011-2012, this grant helped districts address non-academic challenges. The goals are to enhance positive school climate, identify student needs, integrate service resources, and create district level feedback and improvement.[32] The WAZ initiative provided $16,000 grants to 18 schools in Fall River, Holyoke, Lawrence, Springfield, and Worcester in the first year, and operated with up to two years of additional support.[33] Lynn and Wareham were added in the 2012-2013 year. These districts were expected to supplement state funding with $99,000 from various other sources including Race to the Top, school turnaround, and local funds.

The Massachusetts WAZ initiative has limitations. It excludes provision of actual services and was limited in how many staff positions could be funded. The Department of Elementary and Secondary Education (DESE) specifically prohibited grant funds from being used for direct services. The total grant of $99,000 plus $16,000 per-school typically provided support for coordinators at the school and district levels, however there were also cases of staff adding wraparound activities on top of other duties.[34] The staffing covered by the grant is sparse compared to the multiple administrators and direct service providers available under models like the Children's Aid Society. The funding, assuming the average of four schools per district, is 30 percent less than the funding provided to grantees in California Healthy Start. With the expectation that localities will assemble 86 percent of the funding, the expiration of Race to the Top, and the conclusion of the WAZ grant in 2013-2014, continuation of the initiative for the handful of districts is in question.

Overall, there were mixed results with implementation in WAZ schools and the districts that built services in line with case studies in the field used funding and staffing beyond the grant amount. Schools in the WAZ initiative reported successes in improving school culture, discipline, and family involvement. In some areas, the initiative has led to district-wide changes in practice and has received a level of local support that will allow it to be sustained over the long-term. However, frontline staff have expressed concerns about sustainability of the services and local partnerships after the grant funding ends.

In Holyoke, wraparound service practices have taken hold, despite some initial challenges. While one school built on existing strong partnerships with the WAZ grant, another was rated chronically underperforming by DESE and was the subject of a takeover plan.[35] This reflected variation in take-up in Holyoke Public Schools and a leadership transition. The current district leadership has prioritized wraparound services and, with a full-time district administrator, has expanded to three full-service community schools while introducing some wraparound elements district-wide.[36] The full service schools feature a site coordinator, two school based health clinics, family liaisons, and a wide range of partnerships with community, government, and university agencies. This expansion was done with district funding, as WAZ grants only cover a part of the costs. The initiative has created infrastructure that can be sustained and even expanded based on Holyoke's decision to make further investments in wraparound services. Funding and staffing limitations remain an impediment to providing the full range of services district-wide.

Fall River Public Schools leveraged the WAZ initiative to shift practice and priorities across the district. Fall River used partnerships more than direct services to drive the change. Fall River has focused wraparound efforts on creating positive school climates and behavior management systems, under the guidance of a supportive superintendent and a district coordinator who possesses deep experience with local agencies.[37] The district is now increasing its focus on family engagement. It has placed social-emotional learning on par with district academic goals. Each school assigns administrators, school counselors, and partners to wraparound services and sends a representative to meetings of a district taskforce. This helps ensure that practices are consistent and influence district policy. The coordinator from Fall River suggested that with a district administrator, willing partners, leadership buy-in, and structures to train staff, it is possible to create district wide wraparound approaches, after which these systems can become institutionalized.[38]

The WAZ initiative is only one example of active programs in the state. Wraparound service partnerships have broadened to include cross sector collaborations between non-profits, universities, and public agencies. In some cases, medical institutions have partnered with school districts to provide wraparound services. In Boston, the Children's Hospital Neighborhood Partnerships (CHNP) has partnered with Boston Public Schools to provide social workers and psychologists within under-served schools. In 2013, CHNP reached 11 schools and 1,930 students providing comprehensive mental health and wellness services. These include clinical interventions, supports for students displaying warning signs, and health promotion activities aligned with creating safe and supportive schools.[39] CHNP combines delivery of these services with capacity building, including providing consultation and professional development for school staff on mental health awareness and response.

CHNP has achieved positive results both on access and outcomes according to Boston Children's Hospital internal data. CHNP reports indicate that it provides mental health crisis intervention services 30 times faster than alternatives, conducts three times as many therapy sessions with students, and achieves a mental health improvement rate for children of 85 percent.[40] This performance reflects the advantages of school-based services, compared to community health centers or district response teams, which by necessity serve larger populations.

BUILDING A STATEWIDE WRAPAROUND SERVICES MODEL

Based on the successful case studies profiled above, a review of the relevant literature, and discussion with Massachusetts experts and practitioners, the following section describes key features of a high-quality wraparound services model that could be implemented across Massachusetts. For each of these elements, we also estimate what it would cost to provide them. While each of the preceding case studies is different, a number of key features of successful programs emerge. Each of the elements discussed below reflects the most consistent practices from the case studies and the field at large. The five key elements of a strong wraparound services model are:

- Wraparound services coordinators
- Comprehensive health service clinics
- Mental and behavioral health, wellness, & prevention programs
- Family resource centers
- District administration

Wraparound Service Coordinators

The strongest wraparound service models all include a clear point-person tasked with identifying, coordinating, and overseeing services. This ensures that services are sustained and that the social-emotional support responsibilities do not fall unduly on teachers and principals. Site coordinators can develop keen awareness of community needs and specific family challenges, while interfacing with administrators, teachers, and providers. Coordinators must also work closely with external partners to ensure seamless integration.

A full-time coordinator, with a graduate degree costs roughly $526 per-student. This assumes the coordinator would be a public health or social work professional, operating with a caseload near 200 families, and includes funds for salary, professional development, clerical support, and overhead.[41]

Comprehensive Health Service Clinics

Numerous wraparound service models include direct service medical clinics within schools. All high performing models profiled here feature some form of medical, dental, or vision care. Children's Aid Society of New York City specifically provides all of these within a comprehensive health center.

Richard Rothstein and colleagues placed these costs at roughly $549 per student in 2014 dollars. This captures the cost of providing a pediatrician, dentist, optometrist, aides to the medical professionals, administrative support, and clinic startup costs.[42] This figure includes an inflation adjustment and excludes mental health services, which are covered in the following section.

It is preferable to consider the costs of school based clinics within the context of existing health systems, not as new standalone costs. However, there are notable systemic challenges with integrating school-based health services with other coverage in Massachusetts. Structural barriers impede school-based clinics from receiving traditional health insurance reimbursements if they are outside of a child's health care network. Regulatory changes along with cooperation between school districts, medical providers, and managed care organizations would assist the expansion of school-based care.

A strong example of such partnerships taking hold is in Lynn, where a local community health center operates school-based clinics in nearly one-third of district schools, covering over half of the city's middle and high schools.[43] The school based clinics are able to receive insurance reimbursements for services in cases where the Lynn Community Health Center is the primary care provider for a student, or where they have received a referral from a primary provider. However, there is a financial disincentive for outside providers to give referrals to school-based care regardless of the strong medical case for the services.

Mental and Behavioral Health, Wellness, & Prevention Programs

Mental and behavioral health programs support healthy outcomes and behavior for youth while contributing to positive school climates. Such services enhance school capacity for responding to all types of mental health challenges that impede learning. Services include mental health crisis intervention, clinical treatment and therapy, outreach to students at risk of developing mental health concerns, and school-wide trainings on mental health awareness.

Wellness and prevention services also contribute to a school climate of positive culture and behavior. Topics covered include healthy lifestyle choices, nutrition, stress management, anti-bullying, healthy relationships, conflict resolution, and diversity. Similar to mental health services, these may be directed at an entire school, classrooms, small groups, or individual students with distinct needs. Numerous evidence based curricula exist in the field, such as those implemented by the Boston Children's Hospital Neighborhood Partnerships.

These services are well suited to help address school bullying and are aligned with the State's Safe and Supportive School legislation of 2008. This law initiated the creation of a framework for addressing behavioral health, assessed school capacity, and made recommendations for improving related systems statewide.[44]

The Boston Children's Hospital Neighborhood Partnerships reported costs of $111 per student in the 2012-2013 school year. This figure includes a clinical team composed of 14 licensed social workers and psychologists serving 11 school sites with a total population of 6,800 students.[45]

Family Resource Centers

Resource centers designed to support parents and families are a key element of strong wraparound services. Resource centers can offer skill building for parents on topics such as child development, employment, GED, and English. Centers can also provide guardians with assistance in connecting to outside social service agencies. Together these services better equip caregivers with the skills and resources necessary to effectively support their children.

To accomplish these goals, some states have implemented family resource centers, bringing evidence-based practices to statewide scale. Kentucky has operated family resource centers within its Department of Health and Family Services since the 1990s, with the explicit aim of addressing non-academic barriers to student success.[46] These school-based resource centers offer a mix of services and referrals, including child care and afterschool programs, adult education, health services, employment assistance, and family crisis intervention. Parent focused staff with rigorous professional training oversee the services.[47] Centers are located within schools with a low-income population of 20 percent or more

and are accessible to all families.[48] John Kalafat and colleagues (2007) found that the Kentucky centers are associated with higher student achievement on proficiency exams, as well as positive behavior and higher academic ratings from teachers.[49]

Adjusting the Kentucky Family Resource Center model to Massachusetts would cost $97 per student annually. This reflects inflation and regional adjustments from Kentucky appropriations in 2011.[50]

Existing work on family resource centers across Massachusetts could be involved in expanding these services. Seven school liaisons work under the Child and Youth Readiness Cabinet, a collaboration led by the Massachusetts Departments of Education and Health and Human Services. These liaisons act as intermediaries between state agencies, school systems, and families accessing services.[51] Liaisons are based in seven state family resource centers in Boston, Brockton, Holyoke, Lawrence, Springfield, and Worcester. This effort is acting on objectives of the Executive Office of Health and Human Services (EOHHS) aimed at coordinating and improving services across all state agencies that serve youth.[52]

District Administration

For wraparound services to be effective, they have to engage with existing social services and the related state agencies, and measure performance on delivering results for kids. It is critical that program measures are attuned to improving areas of weakness and identifying what works. Towards these ends, district administration is included in this wraparound model. Such administrators would interface with state and local agencies and staff involved in the delivery and coordination of services, such as the interagency school liaisons under EOHHS.

District wraparound administrators manage, support, and evaluate school wraparound coordinators. The role includes setting strategy and performance goals as well as providing school level coordinators with professional development opportunities and support.

Since district wraparound administrators work within an overall district mission of academic success, this model assumes these administrators would serve as assistant superintendents. The cost of regional and district administration is $29 annually per-student. This figure is equal to the average state spending level for assistant superintendents according to a DESE report from 2013.[53]

Five Element Wraparound Services Model

Element	Function	Cost
Wraparound Services Coordinator	Coordinate wraparound services, assess community needs, interface with families, administrators, partners, wraparound providers to ensure services are accessible and effective.	**$526/student** (Rothstein 2011, with inflation and regional adjustments)
Health Service Clinics	Provide on-site medical, dental, and vision care. Includes aides, supplies, and facilities.	**$549/student** (Rothstein 2011, excluding mental health, with inflation and regional adjustments)
Mental and Behavioral Health, Wellness, & Prevention Programs	Promote mental health and positive behaviors and school culture. Includes mental health awareness, early warning, and crisis response services.	**$111/student** (Boston Children's Hospital Neighborhood Partnerships, 2013)

Family Resource Centers	Centralized location for family supports. Direct services and referrals to other available social services e.g. housing, job training, ESL, adult education.	**$97/student** (Kentucky Family Resource Center 2011, with inflation & regional adjustments)
District Administration	District level administrator that oversees wraparound site coordinators, sets strategy and evaluation, interfaces with state agencies.	**$29/Student** (Massachusetts DESE cost of Assistant Superintendents - Fiscal Year 2013)
Total Annual Cost		**$1,312/student**

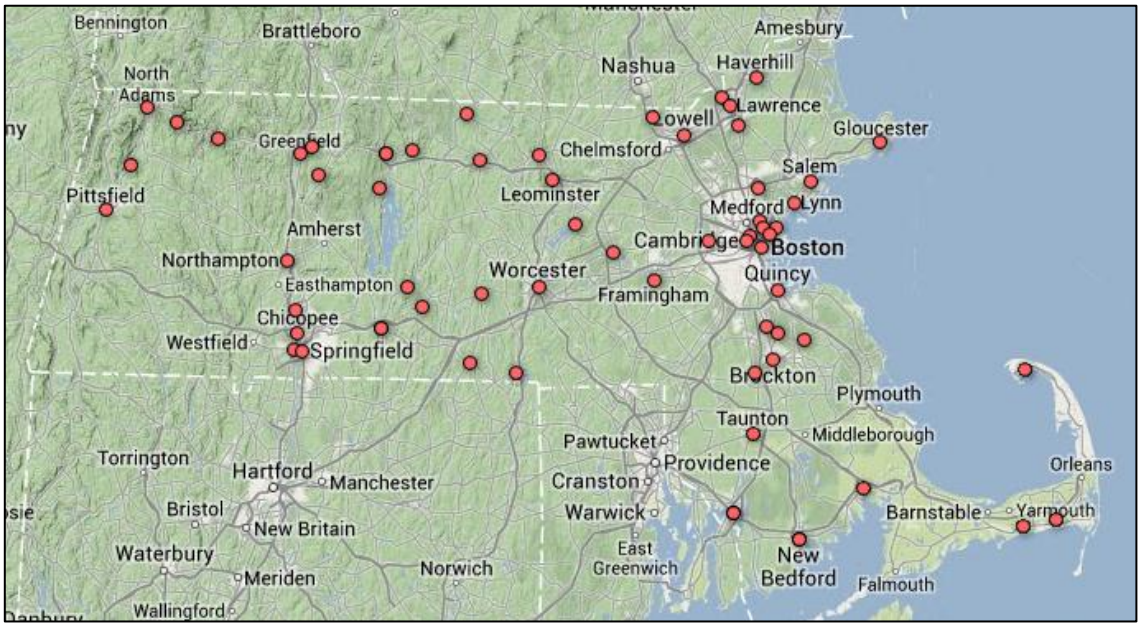
STATEWIDE COST PROJECTION

The total per-student cost of a wraparound services model containing the five elements discussed above is $1,312 annually. Wraparound services of this scope are not equally necessary for all school districts in the Commonwealth. All the case studies profiled here operate in under-resourced areas where many students were not otherwise receiving these important non-academic supports.

For this reason, eligibility criteria should be carefully designed. One approach could be to provide wraparound supports to schools eligible for school-wide services through Title I Elementary and Secondary Education Act grants. In order to qualify for school-wide Title I support, a school must have a low-income population of at least 40 percent.[54] For estimating state-wide costs, we assume that the unit of implementation is the district, since a key element of high-quality services is district support and coordination.

Applying this cutoff point to traditional districts across the state creates a target population in Massachusetts of 65 districts serving 356,000 students. These districts are representative of all regions of the state, including vocational-technical schools, and regional schools, and are of diverse population size and composition. The average number of students in these districts is 5,500, with a maximum of 54,000 students in Boston. There is no exact science to selecting a cutoff point. For example there are several Gateway Cities with populations of between 34 percent and just under 40 percent low-income students (Attleboro, Barnstable, Peabody, and Westfield).

Sixty-Five School Districts Statewide Have Over 40% Low-Income Students



Sample of Districts with 40% or More Low-Income Students
Athol-Royalston – Boston – Brockton – Chelsea – Chicopee
Dennis-Yarmouth – Fitchburg – Gill-Montague – Gloucester – Holyoke
Lawrence – Leominster – New Bedford – North Adams – Northampton-Smith Vocational
Palmer – Pittsfield – Quincy – Revere – Rockland – Somerville – Southbridge
Spencer-East Brookfield – Springfield – Taunton – Ware – Worcester

Under these assumptions, the full cost of statewide wraparound services is roughly $468 million. Utilizing the average student population of 5,500, the average cost of implementation is $7 million per-district. These estimates do not consider existing services that could be coordinated or current partnerships in schools; therefore they do not necessarily represent new spending in these areas. A key example of this is school-based health care. In this case, shifting existing healthcare spending on kids to school-based clinics could greatly reduce any net additional cost.

Five Element Wraparound Services Model Costs $468 Million Statewide

Annual Per-Student Cost of Wraparound Services	Students in Target Districts (2013-2014)	Total Statewide Cost
$1,312/student	**356,563**	**$468 million**

Massachusetts could share the costs between the state and localities to ensure the feasibility of the five element wraparound services model and to facilitate the creation of local partnerships. The matching formula could reflect the Commonwealth's Chapter 70 education formula that takes into account diverse need and ability to pay at the local level. This would create diversity in the amount that cities and towns would contribute. Alternatively, Massachusetts could adopt a system similar to California's Healthy Start grant by requiring that municipalities gather a set percentage of the resources locally. This approach has the downside of not taking into account localities' differing ability to pay.

Either form of matching should include local district or municipal spending, state and federal grant funds, and private sources of funding or in-kind services from partners. All resources dedicated to services under the wraparound umbrella should be eligible towards matching.

Regardless of whether a matching system is used, existing partnerships and services should be included in building comprehensive wraparound supports. Identifying existing services should be included as a condition of eligibility for additional funding. Identification of related services would help ensure that state funds are used to initiate supports that do not currently exist at the local level while integrating what is already working.

CONCLUSION & POLICY CONSIDERATIONS

Confronting students' non-academic or social barriers through wraparound services has been shown to be effective across the country. This approach holds potential for Massachusetts. Wraparound services covering the five elements described above would greatly broaden the range of school-integrated services available to thousands of children and families across the Commonwealth.

While wraparound services assist in creating the conditions for learning, the necessary complement to these supports is highly effective schools with engaging and rigorous academics. When combined, these building blocks can create a foundation for academic and social progress, particularly in under-resourced areas, helping students from all backgrounds receive a quality education.

Sufficient time and planning are necessary to build wraparound services at district or statewide scale. Among the national case studies, numerous examples were created and refined based on experience over multiple decades. Each community has unique strengths and challenges. Community partnerships designed to build on strengths and address challenges must reflect the input of all local stakeholders and incorporate the feedback of diverse community members and professionals, who may be working together in unprecedented ways. All of these tasks require ongoing collaboration, feedback, and improvement. The 3-year timeframe of both the California Healthy Start and the DESE Wraparound Zone grants is a reasonable estimate of adequate time.

Evaluation of results throughout the process will help ensure that progress towards positive outcomes for youth and families – as well as potential impediments to success - are identified. These services have the potential to improve a broad set of family and youth indicators, in addition to improving traditional academic measures such as standardized test scores. Many of the initial effects are on mental health, physical health, family stability, and access to services. Growth in these areas can in turn promote academic success. The means by which this positive cycle can best be initiated are as unique as each community and family.

It is important to consider the interaction of wraparound services with existing state efforts to support youth and families. Particularly, the interaction between school-based medical services and existing health coverage is a critical point of alignment. Services directed at mental health, safe and supportive schools, existing school counseling and nursing, family access centers, and other initiatives should be incorporated into a unified, intentional, and holistic system of support for youth and families.

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