THE MARYLAND
CHILD AND FAMILY SERVICES
INTERAGENCY STRATEGIC PLAN

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The Children's Cabinet would like to acknowledge all of the individuals and organizations that helped contribute to the Maryland Child and Family Services Interagency Strategic Plan. In particular, recognition must go to the tremendous efforts of the members of the Partners Council, who dedicated countless hours attending workgroup meetings and making the recommendations that form the basis of the strategic plan:

State Agency staff members who supported the interagency strategic planning process include:

Table of Contents

Executive Summary

This strategic plan is the culmination of an intensive, collaborative effort by the Maryland Children's Cabinet in partnership with families, communities, and providers to improve the child-family serving delivery system to better anticipate and respond to the needs of youth and families. The goal for this strategic planning process was the implementation of a coordinated interagency effort to develop a youth service system that can better meet the needs of youth and their families and target children who are at-risk.

Throughout the development of this plan, significant efforts were made to solicit community input through Listening Forums and Discussion Groups facilitated throughout Maryland. A survey was circulated to the general public and to youth, and a Partners Council comprised of thirty community stakeholders was formed to generate the recommendations that serve as the foundation for this plan.

Using five indicators of well-being to focus the work, a series of thoughtful and carefully constructed recommendations and strategies were generated under eight different themes:
- Family and Youth Partnership
- Interagency Structures
- Workforce Development and Training
- Information-Sharing
- Improving Access to Opportunities and Care
- Continuum of Opportunities, Supports, and Care
- Financing
- Education

This is an ambitious strategic plan but one that relies heavily on the work that has been done over the past twenty years to improve the well-being of Maryland's children and families. Beginning in FY09, the Children's Cabinet will embark on the implementation phase of this plan, starting first with the creation of a companion implementation plan for the Children's Cabinet and the incorporation of this plan into Agency strategic plans. The Children's Cabinet firmly believes that children and families can be supported effectively in their homes and communities and should be afforded opportunities for healthy development to be successful. This plan serves as a basis for the strengthening of Maryland's systems of care and a renewed commitment to the provision of opportunities, services and supports that are family- and youth-driven, individualized, effective, culturally competent and community-based.

Introduction and Overview

Commitment to Supporting Children, Youth and Families

This strategic plan is the culmination of an intensive, collaborative effort by the Maryland Children's Cabinet in partnership with families, communities, and providers to improve the child-family serving delivery system to better anticipate and respond to the needs of children, youth and families. The Secretaries of the Department of Juvenile Services (DJS), Department of Health and Mental Hygiene (DHMH), and Department of Human Resources (DHR), and the State Superintendent of the Maryland State Department of Education (MSDE), along with the Executive Director of the Governor's Office for Children (GOC), embarked upon an interagency child and family services strategic planning process as part of the O'Malley-Brown Administration's commitment to improving collaboration across organizations and services for children and families. They were joined in this process with the other members of the Children's Cabinet (the Department of Budget and Management [DBM] and the Maryland Department of Disabilities [MDOD]) and the Governor's Office for Crime Control and Prevention (GOCCP).

The goal for this strategic planning process was the implementation of a coordinated interagency effort to develop a child-family serving system[1] that can better meet the needs of children, youth and their families and target children who are at-risk for a range of negative outcomes (e.g. delinquency, child maltreatment, out-of-home placement, and poor school achievement). It is the belief of the Children's Cabinet that each child-family serving agency should prioritize collaborative interagency initiatives through the conscious dedication of resources and supports. Services for children and families must be a collective responsibility across organizations with considerable interagency work occurring on a daily basis through both formal and informal channels.

In particular, the Children's Cabinet has made a commitment to creating and expanding effective community-based services and educational programs and reducing out-of-home placements. In order to accelerate the already decreasing rate of children and youth entering out-of-home placements, ensure effective interventions and positive outcomes for children and families when they are served by the State (regardless of whether they enter out-of-home placement), and reduce the likelihood of children and youth re-entering out-of-home placement, it is critical to understand who the children and youth are who go into out-of-home placement. In 2007, the Children's Cabinet articulated the following in its State Resource Plan for Children in Out-of-Home Placement:

> *While each [Children's Cabinet] Agency has its own particular mandate and function, all of the Agencies provide services to help support children and their families and to improve their well-being. Many of the children have the same needs as one another, regardless of which agency holds their commitment order. Many children in out-of-home placement come from homes with abuse and neglect, domestic violence and/or substance abuse. Others, however, have families with very few, if any risk factors, but may need services and supports that simply exceed the resources available to them without assistance.*
>
> *Regardless of how children enter the system, the Agency through which they enter, or their reasons for coming into placement, once they are under the care and custody of the State, the Children's Cabinet is committed to providing all children with individualized services and supports...* (Governor's Office for Children, 2007b, p.6).

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[1] Throughout this document, the term "child-family serving system" is used to broadly encompass all of the Children's Cabinet Agencies, including child welfare, juvenile justice, education, health and mental health, and disabilities.

Based on the complexity of the challenges facing children and families who are involved with more than one child- or family-serving agency, the population focus for this interagency effort became those children and youth who are involved with or at-risk of involvement with multiple child-family serving agencies. This in turn led to the narrowing of the existing Children's Cabinet vision statement to create the vision statement for this plan: "**All of Maryland's children involved with or at-risk of involvement with multiple child-family serving agencies will be successful in life.**"

At the root of this strategic planning process is the Children's Cabinet's belief that, when afforded equitable opportunities for learning and healthy development, children and youth will grow, thrive and be successful. Families and youth must be supported with positive opportunities to reduce the likelihood of needing future interventions. It has been the intent of the Children's Cabinet for several years to support programs that go beyond "prevention" and instead focus both on problem reduction and fully preparing youth for adult roles and responsibilities (Governor's Office for Children, 2006). In order to achieve this, the range of goals for youth should be **protecting** youth from harm (and providing logical consequences for youth when they harm society); **preventing** a range of negative outcomes, from drug abuse to gang involvement; **promoting** positive outcomes, such as academic success; and ensuring that youth are both fully **prepared** and fully participating in their community in positive ways (Pittman, Irby, Tolman, Yohalem, & Ferber, 2003).

The Opportunities, Interventions, and Protections Workgroup of the Partners Council (discussed below) took this work a step further and proposed three components to a revised prevention paradigm for the entire child-family serving system:

- **Opportunities:** Essential experiences and supports that enable the healthy, safe and positive development of children and youth, including promoting positive outcomes, such as academic success and ensuring that youth are both fully prepared and fully participating in their communities in positive ways.
- **Interventions:** Actions taken when opportunities to succeed cannot be taken advantage of or when the opportunities do not exist for all persons. Includes removing barriers to success or creating resources to support achievement of success where none exist.
- **Protection:** An act or service that removes a child from harms way and provides temporary safety and remedial services.

There is an understanding that these categories are not and should not be mutually exclusive. Instead, there is a belief that positive opportunities should be embedded across the spectrum of interventions. All child-family serving agency programs, policies, and resources should support positive opportunities, interventions and protections, and a strengths-based construct should be the basis for an alignment of policies, programs, and resources that promote healthy development. Children and youth involved with child welfare and juvenile justice historically throughout the nation have been offered interventions and protections but are rarely afforded opportunities for asset development. The Children's Cabinet is working to encourage and enable Marylanders to support all children and youth, with a focus not only on State-provided resources and services. There is a commitment to creating better "access to assets" for all Maryland youth. On balance, however, it is important to note that many of the current programs and initiatives supported by the Children's Cabinet Agencies that provide interventions for families and youth also create opportunities for them.

> "All initiatives should be strengths-based and family focused. [There should be a] family-driven perspective in all respects. Children and youth need to be involved in the planning and implementation process."
> *Community Member, Talbot County Listening Forum*

The Children's Cabinet is clearly committed to working towards affording all children in Maryland access to opportunities, services, and resources. A critical component in expanding access to these opportunities is a true partnership with families, local jurisdictions, community-based providers, businesses and all involved in the lives of

Maryland's children and youth. Although it is not the focus of this plan, the impact that the non-governmental community has on the well-being of children and families is often greater than that of the State. The provision of family-friendly practices in businesses and communities shifts the responsibility and costs of supporting families and youth away from the State and back to the community. The State cannot and should not have sole responsibility for providing children and youth with opportunities for success; instead, it is incumbent upon the entire community to work together to meet identified needs and ensure that children and families have safe and healthy environments in which to live, learn, and grow.

Children and families should have access to necessary services and supports in the least restrictive, most appropriate, and most effective environment possible. The commitment to this philosophy is reinforced with a focus on reducing disparities in access to opportunities through ongoing partnership with Local Management Boards, local departments of social services, local offices of the Department of Juvenile Services, local health departments, Core Service Agencies, local school systems, local jurisdictions, communities, faith- and community-based organizations, and families.

The Children's Cabinet believes that it should serve families and youth in the most effective manner. The Maryland Child and Family Services Interagency Strategic Plan is a tool that has helped to identify what families, youth and community members believe is working well and what issues remain challenges. This strategic plan is an example of how the larger child-family serving community has come together with the Children's Cabinet to improve outcomes for children, youth and families.   It has led to a renewed commitment to providing family- and youth-driven focused care that is individualized, effective, responsive, culturally competent, and community-based across all of the child-family serving systems. This plan is the next step in the Children's Cabinet's collective work to improve services and supports to children and families and will serve as the basis for an implementation plan that reflects both what is already occurring and new initiatives for the next two years.

Overview of the Strategic Planning Process

In November 2007, the Children's Cabinet contracted with The Maryland Child and Adolescent Innovations Institute at the University of Maryland, Baltimore (Innovations Institute) to provide the technical assistance and support for the strategic planning process. Partnering with Innovations Institute on this project were the University of Maryland School of Social Work, the Maryland Coalition of Families for Children's Mental Health, and the Center for Prevention and Early Intervention at Johns Hopkins University School of Hygiene and Public Health, along with a variety of other local, state, and national experts. The planning process occurred from the fall of 2007 through the Spring of 2008, culminating in the Maryland Child and Family Services Interagency Strategic Plan.

The planning process was structured in a format that: (1) solicited opportunities for community input through various Listening Forums, Discussion Groups, and surveys; (2) created a Partners Council of approximately thirty individuals (who broke into three Workgroups) representing a broad spectrum of stakeholders that informed the planning process and made recommendations to the Children's Cabinet; and (3) synthesized the voluminous work already created by various agencies, taskforces, and workgroups over the past two decades.

Community Input

Community input was an essential component of the strategic planning process. As a result, varied stakeholders (e.g., including families, youth, and community members) were reached through a series of Listening Forums and Discussion Groups. The Listening Forums served as a vehicle through which a broad cross-section of members of the community could voice their opinion on what works and what does not, based on their own experiences with the child-family serving systems, as well as offer their own recommendations for how the interagency systems could be improved.

Five Listening Forums were facilitated across Maryland from December 2007 through March 2008 in Anne Arundel County, Baltimore City, Prince George's County, Talbot County, and Washington County. Through the tremendous efforts of the Local Management Boards (LMBs), and advertising through the local offices of the child-family serving agencies, all of the Listening Forums had a strong turnout of community members and families, as well as representatives of the Children's Cabinet. Community members included advocates, public defenders, police, community service providers, and clergy. In all, approximately 350 individuals participated in the Listening Forums.

Attendees at the individual Listening Forums ranged in number from 50 to 90. Each Listening Forum was structured to allow for large and small group facilitated discussions, as well as the opportunity for community members to engage with members of the Children's Cabinet or their representatives. These listening forums were great opportunities to hear from community members about their own experiences with the child-family serving systems. The Children's Cabinet heard success stories as well as failures, but most importantly, State Agency officials heard local perspectives on how best to improve service delivery for Maryland's children and families.

In addition, four smaller Family and Youth Discussion Groups were facilitated where family members and youth voiced their concerns and offered their suggestions based on their personal experiences in a smaller group setting. In order to be most accessible to families and youth, these smaller discussion groups were hosted on the weekends, in Baltimore City, Montgomery County, and Wicomico County. Additionally, a Spanish-Speaking Discussion Group was conducted in Montgomery County.

Approximately 126 family members and 49 youth participated in the Discussion Groups. The attendance at the individual Discussion Groups ranged from 18 to 40 family members; youth participation ranged from seven to 19 individuals. Each of the Family and Youth Discussion Groups was facilitated by a family member or a youth, and all participants were broken into small groups for the actual discussions. The smaller Discussion Groups afforded families and youth the opportunity to share their individual stories and experiences with the various systems.

> "Workers need to be sensitive to the unique issues that arise when working with families from Latino cultures, taking into consideration the difference in cultural values, and the history behind a family's move." *Family Member, Spanish-Speaking Discussion Group*

A Discussion Group of the Leadership of Family-Run Organizations was also facilitated, where input was solicited from the directors of organizations such as the Developmental Disabilities Council, the Autism Society, the National Alliance on Mental Illness (NAMI) Maryland, and the Montgomery County Federation of Families for Children's Mental Health. Finally, in collaboration with Youth M.O.V.E. (Youth Motivating Others through Voices of Experience), a Discussion Group of youth from the Foster Care Advisory Board was convened.

The discussions of each of the Listening Forums and Discussion Groups were synthesized. The syntheses from these events were quite informative and helped shape the direction of the Partners Council Workgroups, as well as the overall strategic plan. Copies of the syntheses for the Listening Forums and Discussion Groups are included in Appendix A.[2]

In order to gather additional input, an online survey was broadly disseminated to all persons who participated in any of the Listening Forums and/or Discussion Groups, the heads of local units of the Children's Cabinet Agencies, and the chairpersons and staff from interagency taskforces, associations, workgroups, and committees. The survey asked respondents what was working at the child-family

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[2] Copies of all appendices are available from the Governor's Office for Children website: www.goc.state.md.us.

serving agencies, what was not working, what recommendations they had to improve the interagency systems, and what strategies could be put into place to implement their recommendations.

Over 500 completed surveys were received from a wide array of participants representing, caregivers, advocates, local agency offices, LMBs, educators, non-profit organizations, local service providers, correctional officers, and coalitions. In addition, to solicit input directly from youth, the survey was modified to target youth respondents. To maximize the response rate, the survey was posted on www.myspace.com through a link on the Youth M.O.V.E website. Over 190 completed surveys were received from youth across Maryland. Links to the questions and responses for both the general survey and the youth survey are included in Appendix B.

Partners Council

The Children's Cabinet had a strong commitment to co-designing the interagency plan with the community. To that end, they established a Partners Council, consisting of a cross-section of Marylanders with deep knowledge of issues relating to the well-being of children and families, including families and youth, advocates, educators, Local Management Board directors, foundation program officers, representatives from the police, health officers, community service providers, and members of the General Assembly. A complete listing of the Partners Council membership can be found in the Acknowledgements Section of this report.

The Partners Council met on a regular, sometimes weekly, basis, and chose three workgroup areas on which to focus: (1) Communication and Collaboration, (2) Opportunities, Interventions, and Protection, and (3) Access and Continuum of Care. The Workgroups chose their area of focus based on community input that was generated early in the planning process, as well on the Children's Cabinet's interagency priorities. The Partners Council worked diligently on issues essential to this strategic plan and played an integral role in the creation of it. There were periodic meetings between the Partners Council and the Children's Cabinet, and staff members of the Children's Cabinet Agencies attended and helped to support the Workgroups. Each of the Workgroups was tasked with making recommendations relevant to their thematic frameworks, which were then provided to the Children's Cabinet to form the basis of the strategic plan. Copies of all of the meeting notes for the full Partners Council Meetings and Workgroup Meetings are included in Appendix C.

Document Synthesis

At the heart of this planning process was recognition of the tremendous work that has already been accomplished in Maryland to improve service coordination and delivery for Maryland's children and families. Accordingly, over fifty existing reports, studies, and other documents and constructs to support and inform the planning process were synthesized. As part of that work, data from these reports were utilized and presented to the various Partners Council Workgroups. Evidence-based practices, promising practices, and Maryland-specific approaches were also researched, and information on these approaches was provided to the Workgroups to help inform and further the Workgroups' efforts. A list of the strategic planning documents that were reviewed and synthesized is included in Appendix D.

Results-Based Decision-Making: How are we doing and where are we headed?

The Children's Cabinet elected to use Results Accountability (RA, sometimes known as Results Based Accountability [RBA]) to guide the planning process. Results Accountability is a process that uses simple language and common sense to guide the decision-making process. The focus throughout the process is squarely on the population identified and the result(s) that are desired to be achieved for that population (Friedman, 2005).

Using RA, the Children's Cabinet identified the population focus for the process and the result (condition of well-being) that they wanted to achieve for that population. Next, they identified the key indicators or measures of well-being that would serve to inform the State on whether the result was being achieved. The Children's Cabinet currently tracks twenty-five indicators under eight result areas in its annual *Maryland's Results for Child Well-Being*. Of the five indicators that were selected, four are among the twenty-five already in use to measure well-being. The fifth indicator is one that the Children's Cabinet has been using in its Ready by 21 Transition-Aged Youth initiative. The indicators selected for the strategic plan were chosen because they have strong relevance to the result area.

Result (a quality of life condition we want to achieve)**:** All of Maryland's children involved with or at-risk for involvement with multiple child-family serving agencies will be successful in life.

Indicators (how we measure this condition)**:**
- Out-of-home placement: Rate of children under 18 entering out-of-home placement
- Education:
  - Percentage of 3rd grade students scoring proficient or advanced in reading on the Maryland School Assessment.
  - Percentage of youth, 18-24, by highest educational attainment (less than a high school diploma or equivalent, high school graduate/equivalent, some college or associate's degree, and bachelor's degree or higher)
- Juvenile Offense Arrests:
  - The rate of arrests of youth ages 15-17 for violent offenses.
  - The rate of arrests of youth ages 15-17 for serious non-violent offenses.

Population of Focus (focus for the strategic planning process): Children and youth involved in or at-risk for involvement with multiple child-family serving systems.

Results Accountability is about starting at the end and working backwards to identify the means. In order to determine "what works" to improve an indicator there must first be an understanding of the current trend and the future projections.

Out-of-Home Placement

Out-of-Home Placements: Rate of Entry into Out-of-Home Placements, per 1,000 children under 18 (Maryland)
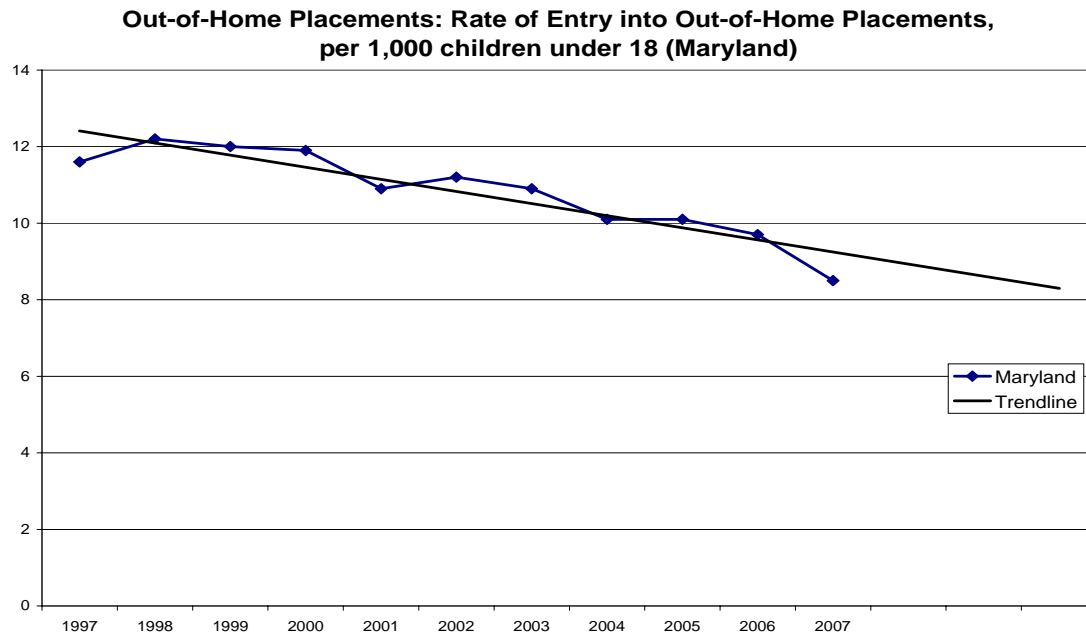
Figure 1: Rate of Entry into Out-of-Home Placements (Source: Governor's Office for Children, 2008b).

As can be seen from this graph, the rate of entry into all out-of-home placements in FY07 was the lowest in ten years, at 8.5 per 1,000 children under 18 years old. FY07 also marked the lowest number of entries into out-of-home placement in at least ten years, with 12,920 entries. Despite the downward trend in the rate of out-of-home placements, the cost for these placements continues to rise; the cost was $765 million in FY07 compared to $720 million in FY06. While the majority of out-of-home placements are from DHR (54%), this percentage has been declining over the past several years. DJS had the second largest percentage of children in out-of-home placements (37%), with DHMH and MSDE-funded placements representing the remainder (Governor's Office for Children, 2008b). The State is working to reduce out-of-home placements, but there is a number of children and youth who require out-of-home placements. In particular, there is a component of the DJS population that continues to require deep-end, restrictive services. Maryland has no hardware secure facility and the only option when a court order is issued for a hardware secure placement is to send the youth out-of-state. A significant commitment has been made in the State budget to modifying state facilities in order to accommodate more youth in Maryland. It is both a federal and state priority to safely maintain children and youth in their own homes whenever possible and appropriate. Therefore, this indicator remains a priority for the Children's Cabinet even as it continues to head in the right direction.

3rd Grade Reading

Academic Performance: Percent of Students Scoring at Basic, Proficient & Advanced Levels on the Maryland School Assessments: 3rd Grade Reading
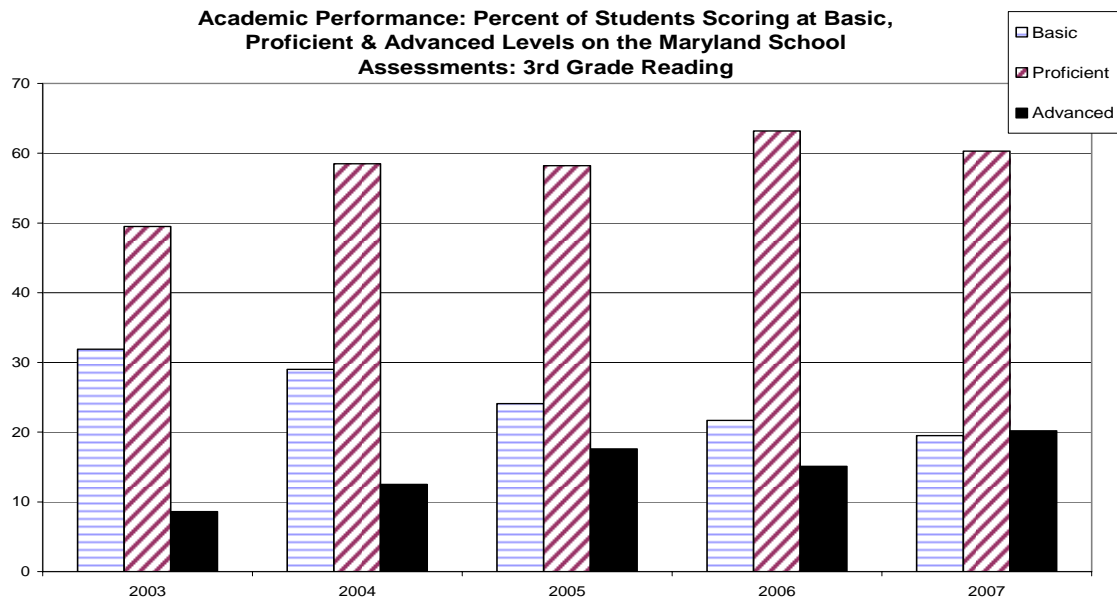
Source: Maryland State Department of Education, 2007.

Figure 2: 3rd Grade Reading

As Figure 2 illustrates, the percentage of third grade students in Maryland who are scoring at basic levels on the reading component of the Maryland State Assessment has been in steady decline over the past four years. The percentage of students who scored at the advanced level was the largest since 2003, which is indicative of the trend heading in the right direction. However, there is a need to accelerate this trend, as almost 20% of third grade students still do not score at least at the proficient level. As the U.S. Department of Education (2002, p.1) observes, "Teaching young children to read is the most critical educational priority facing this country….By teaching all children to read well by the end of third grade, we will ensure that all students advance to later grades well prepared to achieve their full academic potential."

Educational Attainment

Percentage of Youth 18-24 by Highest Educational Attainment, Maryland 2000 - 2005 (Trend through 2010)
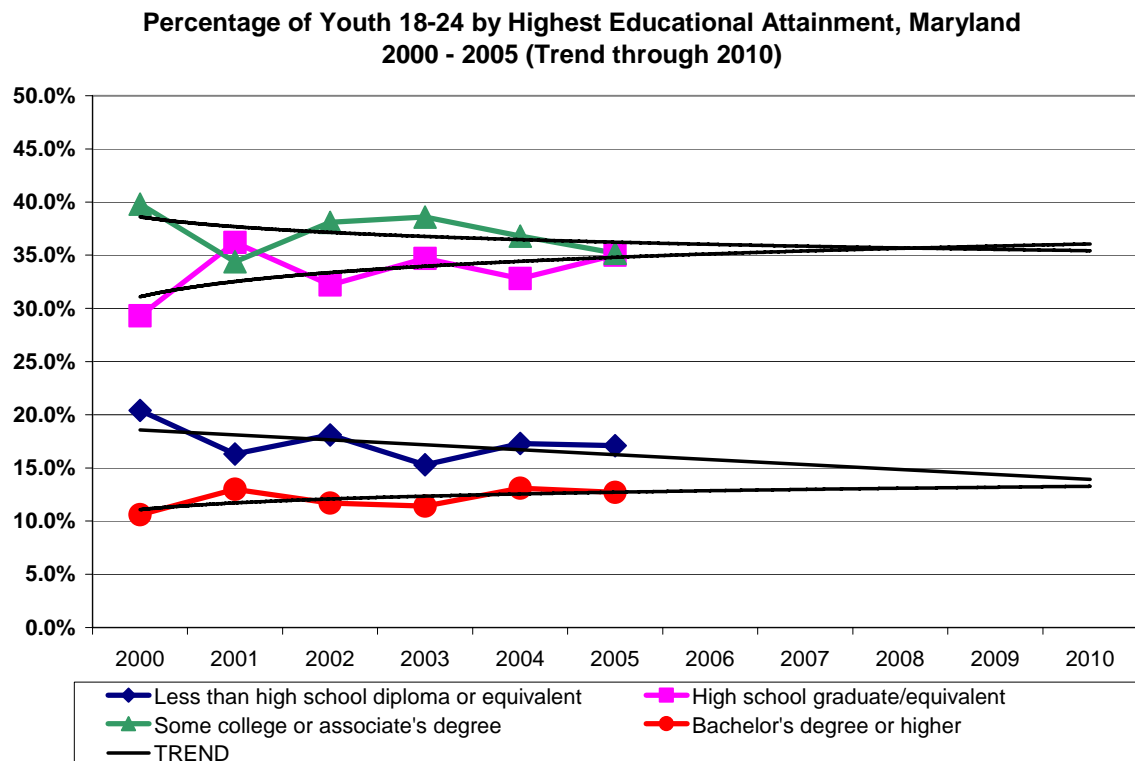
Source: Census 2000 Summary File 3, Table PCT25 (calculated); Supplementary Survey (U.S. Census) 2001, Table PCT033 (calculated); American Community Survey (ACS) 2002, 2003, Table PCT033 (calculated); ACS 2004, 2005, Table S1501

Figure 3: Educational Attainment

In 2005, 17% of Maryland youth ages 18-24 had less than a high school diploma or equivalent and 35% of youth had some college or an associate's degree. As the *Ready by 21: An Action Agenda for Maryland* report notes, this is "not good enough" (Governor's Office for Children, 2007c, p.10). Median earnings for males over 24 with at least a bachelor's degree are $35,802 greater than males without at least a high school diploma. For females, the difference is $25,715 between individuals with at least a bachelor's degree and those without a high school diploma. Even those individuals with a high school diploma have median earnings that are considerably less than their peers with a bachelor's degree (U.S. Census Bureau, 2007). Educational attainment is important not only because of its direct relation to economic independence but also because it serves as a proxy measure for access to opportunities, both during childhood and in the future.

13

Juvenile Offense Arrest Rates
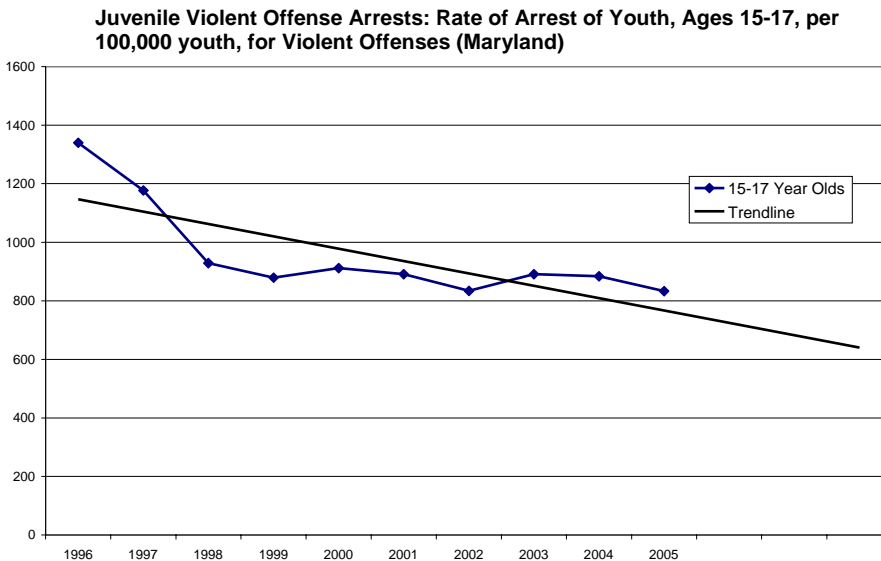
Juvenile Violent Offense Arrests: Rate of Arrest of Youth, Ages 15-17, per 100,000 youth, for Violent Offenses (Maryland)

Source: Maryland State Police Uniform Crime Report, as published in Results for Child Well-Being (Governor's Office for Children, 2007a).

Figure 4

Juvenile Serious Non-Violent Offense Arrests: Rate of Arrests of Youth Ages 15-17, per 100,000 youth, for Serious Non-Violent Offenses (Maryland)
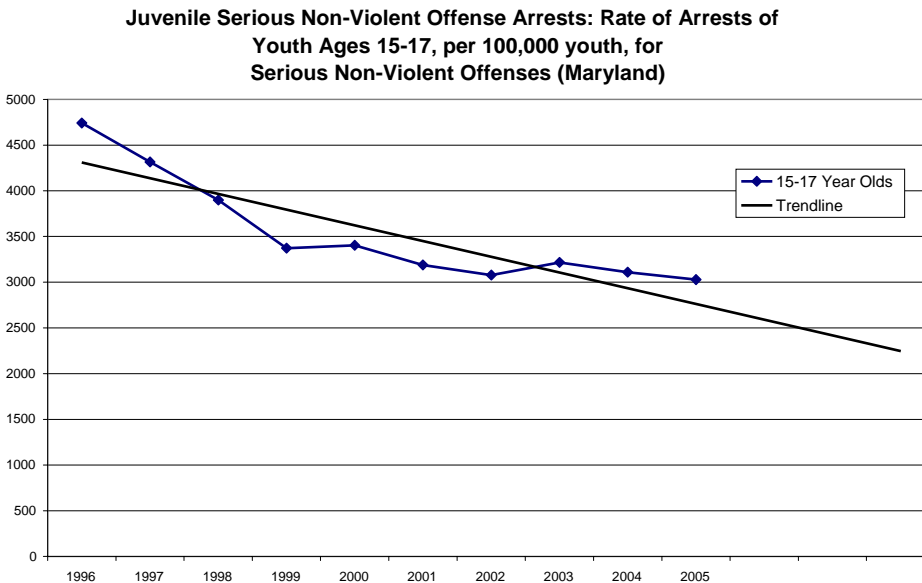
Source: Maryland State Police Uniform Crime Report, as published in Results for Child Well-Being (Governor's Office for Children, 2007a).

Figure 5

The data displayed in figures 4 and 5 are for the offense arrest rates for 15-17 year olds in Maryland for violent offenses (murder, forcible rape, robbery, and aggravated assault) and serious non-violent offenses (breaking and entering, larceny/theft, and motor vehicle theft). Both of these graphs show the trends moving in the right direction, with declines in the rate of arrests. The rate of violent offense arrests has declined by 37.8% since 1995, and the rate of serious non-violent offense arrests has declined by 26.1%

during that same time. It is, however, a priority of the Children's Cabinet to accelerate these declines to both improve public safety and produce better outcomes for children and youth.

Action Plan: Recommendations & Strategies

This strategic plan is categorized into eight themes that emerged throughout the planning process: Family and Youth Partnership; Interagency Structures; Workforce Development and Training; Information-Sharing; Access to Opportunities and Care; Continuum of Opportunities, Supports, and Care; Financing; and, Education.

In the narrative that follows, each theme, recommendation and strategy is explored. Within each theme there is a description of the current environment in Maryland with regard to that particular theme, including current and recent successes and positive trends, as well as challenges facing the Children's Cabinet and entire child-family serving system regarding the particular theme. Building on that information, there is a description of recommendations and possible solutions to address the challenges based on family and youth voices, research, and Maryland history and experience. **Incorporated into each theme is a set of recommendations and corresponding strategies that reflect Maryland's best thinking to address the challenges, tailored to meet the current fiscal, political, social and other environmental realities of Maryland at the start of Fiscal Year 2009.** At the start of Fiscal Year 2009, Maryland continues to face a structural deficit that has resulted in an increased focus on the State's responsibility as a fiscal steward. While there have been reductions in spending and improved fiscal accountability by all Children's Cabinet Agencies, funding priorities for the next two years must be reflective of this fiscal climate.

Each of the recommendations and strategies presented below reflects a commitment to improving the child-family serving delivery system. While the recommendations and strategies themselves are not prioritized, each was crafted with an eye toward feasibility (how difficult is it to implement), leverage (how much of an impact will it have), values (is it consistent with the Children's Cabinet's values) and reach (is it affordable and practical). Every recommendation and strategy reflects the Children's Cabinet's commitment to family- and youth-driven and focused care, and the provision of timely, appropriate, effective, and community-based services to improve outcomes for children, youth, and families. Each strategy that was selected was chosen because of its ability, when implemented effectively and in conjunction with one another, to "turn the curve" on one or more of the indicators — out-of-home placement, education, and juvenile arrests.

At the end of the report, there is a chart containing each of the proposed recommendations and strategies under each theme. The chart delineates the feasibility and reach of the strategies, as indicated by the level of investment required to implement the strategy and the degree of difficulty in implementation.

> **THEME: FAMILY AND YOUTH PARTNERSHIP**
> Families and youth should be well-represented, engaged and empowered in every facet of the child-family serving system—at the state and local policy levels, at the quality assurance levels, and at the service delivery levels.

Over the past twenty years, the child-family serving agencies have made strides to work more collaboratively with one another to support better outcomes for children and families. Many community members, including families and representatives of community-based organizations, applauded recent efforts toward interagency collaboration at the Listening Forums.

> **Recommendation 1:** The Children's Cabinet should affirm its commitment to family and youth partnership throughout the child-family serving system.

> **Strategy 1.1:** The Children's Cabinet should reaffirm a policy of family involvement, engagement and partnership and ensure that all future policies reflect this commitment to family-driven practice.

> **Strategy 1.2:** Families and youth should be participants in monitoring quality assurance for programs and services.

> **Strategy 1.3:** Children's Cabinet Agencies should be mindful of how legislation affects children and families and comment to that effect in position statements issued on legislation that each Department reviews.

> **Strategy 1.4:** Families and youth should be involved in the development and provision of trainings in order to model the partnership in front of the participants and to ensure that family perspective is a dimension of all trainings.

The conditions required to support family and youth partnership must occur across all of the child-family serving agencies in order to establish and ensure sustainable and lasting system improvements. The Children's Cabinet continues to support the development and implementation of integrated Systems of Care, including opportunities, resources, and services, to support children, youth, and families at points throughout all stages of life including in the continuum of need. According to Pires (2002, p.3), "A system of care incorporates a broad array of services and supports that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery and policy levels." Families and youth should be well-represented, engaged, and empowered in every facet of the child-family serving system—at the state and local policy levels, at the quality assurance levels, and at the service delivery levels.

Hodges, Israel, Ferreira, and Mazza (2007, p.1) note that, "family and youth engagement and cultural competence will support and help sustain system implementation, but do not guarantee it." Instead, it is critical that there be a shared stakeholder understanding from which the child-family serving system is enhanced and developed. A cross-system analysis (Hodges, et al, 2007, p.1-2) found that:

1. *Shared stakeholder values and beliefs that align service planning and delivery strategies with system of care principles will result in benefit to children and their families.*
2. *Shared stakeholder values and beliefs that trust, commitment, and shared responsibility across system stakeholders is critical to system functioning.*

3. *Shared stakeholder belief that change is possible and that responsiveness and commitment to change makes it possible to transcend the initial fragmented conditions of service delivery.*

The National Technical Assistance Center for Children's Mental Health at Georgetown University conducted a National Workforce Development Environmental Scan involving thirty-one states. Among the recommendations that emerged was to integrate family involvement into all aspects of education and training, practice and service development, continuous quality monitoring, and program evaluation processes (National Technical Assistance Center for Children's Mental Health, 2006).

Recommendation 2: Families and youth should be full partners in identifying their strengths and needs, and planning the services and supports in which they are participating.

Strategy 2.1: Families and youth should be involved whenever key service decisions are made regarding their own families.

Strategy 2.2: Families and youth should be fully informed and engaged in the completion of their own functional assessments.

Families at Listening Forums cited the use of multi-disciplinary teams when working on their family's plan as an example of collaborative efforts. Families lauded having all of the agencies together at the same table when creating and implementing a family plan as a great step forward. However, while there has been some success with improved collaboration, what became clear from the Listening Forums and Discussion Groups was that these changes are not being implemented uniformly across the state of Maryland.

Similarly, at the various Listening Forums and Discussion Groups, many family members expressed frustration over the treatment plans being too "child-focused" and not adequately addressing the family's needs. A family-focused, strengths-based approach to service provision has become a central component of systems of care programming. While there has been a movement in Maryland toward "family-centered" practice models, it is not occurring in all agencies and at all levels. To successfully capitalize on these new approaches, all of the employees of Maryland child-family serving agencies, from the top down, need to adopt a culture shift that embraces increased interagency collaboration, while using a family-focused, strengths-based approach. Families should be brought into and made part of the process to ensure their concerns are addressed.

> "Everyone comes bringing something and everyone needs to feel affirmed and feel valued in that system."
> *Community Member, Baltimore City Listening Forum*

> **THEME: INTERAGENCY STRUCTURES**
> Interagency structures need to be redesigned to support the culture shift to a more individualized, family-centered service delivery system. Communication needs to flow easily between the state and local levels, as well as between and across agencies, systems, community members and families.

As is evident throughout this strategic plan, the Children's Cabinet is strongly committed to interagency work and linkages with local stakeholders including non-governmental agencies, the business and faith-based communities, families, and local service providers. Children's work is interagency work and requires ongoing communication, collaboration, and partnership. In order to continue to move systems forward with children and families, Maryland needs to create or redesign interagency structures that effectively reshape the delivery of services to be consistent with systems of care values and principles. Maryland has been striving to achieve more collaborative and effective interagency structures for over two decades and has several formalized interagency structures, including the Children's Cabinet, Governor's Office for Children, Local Management Boards, State Coordinating Council, and Local Coordinating Councils.

> **Recommendation 1:** The Children's Cabinet should ensure that there are regular opportunities for direct communication between the Local Management Boards and the Children's Cabinet or the Children's Cabinet Results Team.

> **Strategy 1.1**: Establish a mechanism for regular communication between the Children's Cabinet Results Team and the Local Management Boards to ensure that State policy is being achieved and that local opportunities, needs and resources are understood.

Maryland was one of the first states in the nation to have a children's cabinet, and one of the few that has permanently formalized the structure. The Forum for Youth Investment (n.d.) observed that a number of states are beginning to form children's cabinets and councils: "…The increasing complexity of government systems has slowed the progress states can make on improving child and youth outcomes. As a result, governors are asking the heads of their relevant state agencies to agree to a common vision and set of desired outcomes for children and youth, work together to create a plan for achieving that vision, and hold themselves collectively accountable for the progress"(p.1).

Maryland's Children's Cabinet was established under former Article 49d and was reconstituted through Executive Order in 2005, with the purpose to coordinate the child and family focused service delivery system by emphasizing prevention, early intervention, and community-based services for all children and families. The Children's Cabinet is comprised of the Secretaries from the Departments of Budget and Management, Disabilities, Health and Mental Hygiene, Human Resources, and Juvenile Services, as well as the State Superintendent of Schools for Maryland State Department of Education and is chaired by the Executive Director of the Governor's Office for Children. The Children's Cabinet Results Team (CCRT) is a policy-making body created by the Children's Cabinet to provide a level of oversight and decision-making for interagency efforts and the Interagency Fund. The CCRT is comprised of key staff to the Secretaries of each Children's Cabinet Agency. Members of the CCRT brief members of the Children's Cabinet on policy issues prior to Children's Cabinet meetings.

As the Forum for Youth Investment (n.d.) notes, "The confluence of information, authority and influence held by the individuals, departments and governmental branches represented on state-level cabinets and councils gives these entities enormous potential to effect change. State level children's cabinets and councils, if structured and staffed correctly, have a unique capacity to increase a state's horsepower for

changing the odds for its children and youth" (p.2). The Maryland Children's Cabinet is staffed by the Governor's Office for Children, whose responsibilities include informing and supporting the collective and specific work of the Children's Cabinet; partnering with the Local Management Boards (LMB) to plan, coordinate and monitor the delivery of integrated services along the full continuum of care; and, overseeing the use of the Children's Cabinet Interagency Funds. Expenditures from the Fund are made to each jurisdiction through the LMB to support a locally-driven interagency effort to maximize resources for children and families that are reflective of the priorities, policies, and procedures adopted by the Children's Cabinet.

Local Management Boards function as the local arm of the Children's Cabinet. The LMBs work to design and implement strategies that build local partnerships to coordinate children, youth, and family services within each jurisdiction to reduce and eliminate fragmentation and duplication of services and create an effective system of services, supports, and opportunities to improve outcomes for all children, youth, and families. Included in the membership of each LMB is the local unit of each of the Children's Cabinet Agencies, including Core Service Agencies, Departments of Social Services, local offices of the Department of Juvenile Services, local health departments, and local school systems.

> **Recommendation 2:** There should be a commitment from all child-family serving agencies at the state and local levels to support an improved interagency structure and individualized plans of care for children and families.

> **Strategy 2.1**: The Children's Cabinet Agencies should expand the use of Child and Family Teams, particularly when a child or family presents a challenge that could result in out-of-home placement, more restrictive services and/or in multi-system involvement.

A significant change in how Maryland partners with youth and families to ensure individualized, strengths-based service delivery is the expansion of the use of child and family teams (CFT) for care planning. A CFT is a team of individuals, including both professionals and natural supports, selected by the youth and family to work with them to design and implement a plan of care. The CFT is a component of the Wraparound service delivery model, which is a "team-based planning process intended to provide individualized, coordinated, family-driven care to meet the complex needs of children who are involved with several child-family serving systems…who are at risk of placement in institutional settings, and who experience emotional, behavioral, or mental health difficulties" (Walker & Bruns, 2007, p.1). A number of matched comparison and some randomized control studies of different populations receiving Wraparound services have found fewer placement changes, fewer incarcerations, and improved individual and family functioning (Walker & Bruns, 2007).

"I think there should be a team concept, where representatives from each agency can be identified and work together to provide the many kinds of services and supports that a child and their family need. I think this would work best if there was a main case manager/coordinator who was running the show." *Youth, Online Survey*

Similar models of family team planning are in use throughout the child welfare system, including Family Group Decision Making and Family Team Decision Making. With these models, the key components include a team of individuals involved in the lives of the child and family, including both professionals and natural supports[3], who are committed to the development and implementation of an individualized, strengths-based plan of care. Over time practitioners have

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[3] Natural supports are also referred to as "informal supports" and include those individuals who are non-traditional service providers or resources. Natural supports may include extended relatives, neighbors, coaches, the faith community and other individuals who play an important role in the child and family's life and are engaged in the care planning process. Including natural supports in the child and family team and the care planning is a way to

discovered that the core components have broad application to youth served in the juvenile justice system as well (Edwards & Tinworth, 2005).

In Maryland, there are four jurisdictions that are using a care management entity (CME) as the business and systems structure to support individualized care planning through Child and Family Teams: Baltimore City, Montgomery County, St. Mary's County, and Wicomico County. A CME provides care coordination using High Fidelity Wraparound as the service delivery model. The care coordinators facilitate child and family team meetings and access to services and supports necessary to implement the plan of care. In addition to creating and maintaining a provider network, one of the hallmarks of the CME is the responsibility and accountability that the CME has for a particular population. The CMEs in Maryland rely on a number of funding sources, but all four currently receive Children's Cabinet funds to serve children and youth who meet a residential treatment center (RTC) level of care. Other populations funded through local agencies and governments include children and youth who are at-risk for entering a group home or treatment foster care and youth who are involved with gangs.

Baltimore City and Montgomery County were the first two sites in Maryland with CMEs providing Wraparound services. For the RTC-eligible population of youth, during the first three quarters of FY08, 106 youth were served in Baltimore City and 88 youth were served in Montgomery County using Children's Cabinet Funds. Of those youth, 85-86% had an increase in overall functioning, as measured by the Child and Adolescent Needs and Strengths (CANS) assessment tool 12 months after enrollment. Between 90-94% of those youth remained in a setting with low restrictiveness or moved to a lower level of restrictiveness 12 months after enrollment (Maryland Choices, 2008).

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ensure that the child and family have the necessary resources in their own communities to sustain progress and support once the formal service delivery process has been concluded.

Strategy 2.2: The CCRT should immediately convene a state-local workgroup on interagency structures, including crafting legislation and regulations. The workgroup should include state, local, family, and community representatives, with membership determined by the CCRT.

2.2.1 The workgroup should recommend establishing or reconfiguring a local interagency structure to serve as an open door for families when they begin to recognize unmet, escalating needs in their children, especially when children do not otherwise qualify for services. This structure should:
   a. Be a family-driven process with individualized care planning;
   b. Provide funds for service planning teams to use flexibly in supporting individualized services and supports;
   c. Support locally designed systems that utilize existing resources; and,
   d. Have a locus of accountability for the identified population across agencies and systems.

2.2.2 The workgroup should explore various technologies and systems design models to improve population accountability across systems, including administrative service organizations and care management entities.

2.2.3 The proposed statutory and regulatory changes should address:
   a. The Local Coordinating Council (LCC) structure, including the removal of the requirement to develop plans of care and the requirement for families to have a lead agency in order to access the LCC;
   b. The State Coordinating Council (SCC) structure, to ensure it is consistent with the other interagency structures in Maryland, including any changes to the LCC;
   c. The Community Services Initiative (CSI) to provide for increased flexibility in eligibility criteria and entrance into the program;
   d. Effective communication mechanisms between the Children's Cabinet, CCRT, SCC, LMB, and LCC, or whatever structures are crafted;
   e. Any legislative or regulatory barriers to serving youth 18 years or older in Maryland facilities; and,
   f. Increased local control and flexibility over funding for service delivery, consistent with structural changes being made and balanced with appropriate state oversight.

2.2.4 The workgroup should assess the need for a single statutory "home" for all regulations related to Children's Cabinet interagency teams and structures.

The final key interagency structures in Maryland are the Local Coordinating Councils (LCC), which are in every jurisdiction, and the State Coordinating Council (SCC). The LCC meets on a regular basis to review and approve plans for children and youth in-need of residential placement and to review the progress being made by youth placed in residential settings in-state or out-of-state. LCC approval is required for an out-of-state placement recommended by an LCC member agency, with exceptions for placements required by and funded under the Individuals with Disabilities Education Act or the Medicaid medical necessity criteria. After the LCC approval is provided, the case is referred to the SCC for approval of State funding if the out-of-state placement is appropriate and appropriate in-state funds have been exhausted (Governor's Office for Children, 2008b).

Both the State Coordinating Council and the Local Coordinating Councils were established in the 1980s as a result of the State's long-standing concern for children who are placed out-of-state or in residential treatment. The Joint Chairmen's Report on Out-of-Home Placements and Family Preservation Services (Governor's Office for Children, 2008b, p.46) observes:

> *During the early 1990s, the number of youth served out-of-state in residential placements had reached*

unacceptable levels, peaking at 545 youth on July 1, 1992. The General Assembly set a goal to have all youth returned from out-of-state placement by 1997. This goal has never been met; however, the State made substantial progress in reducing the number of out-of-state placements beginning in the mid-90s. On July 1, 1995, there were 344 youth in out-of-state placements, and by July 1, 2001, the number of youth in out-of-state placements had fallen to 94.

Despite earlier progress made, the number of youth placed out-of-state has risen in recent years. Events such as the partial closure of the Charles Hickey Training School (Hickey), which left no other hardware secure treatment programs in the State, and the closing of a large private group home in FY07, which had also served DJS youth, have increased the numbers of youth in OOS [out-of-state] placements.

In FY07, 352 children and youth were placed out-of-state, a 6.3% increase from FY06. The funding agency for these youth was almost evenly distributed across DJS, DHR, and MSDE (Governor's Office for Children, 2008b). While the SCC and LCC structures in particular have been critical in helping Maryland move to a more family-driven service delivery process and serve children and youth in-state and in their homes and communities, much remains to be done. Families in the Discussion Groups and Listening Forums emphasized the importance of being able to self-refer to receive services and not be required to have a lead agency. There is frustration occurring at both State and local levels about the need for more flexibility with service dollars while also recognizing an increased emphasis on accountability and outcomes.

As the Children's Cabinet and local jurisdictions have moved toward more innovative, individualized team planning models, the existing structures have manifested as barriers to family-driven care. The LCC structure as it is written in statute and regulations requires a redundancy in the development of an individual plan of care by the LCC in those jurisdictions that are using care management entities to develop and implement plans of care for the same population of youth with intensive needs. Agency staff, community members, and families have all articulated throughout the Listening Forums the frustration with having a static group of individuals serving on a local team that is supposed to generate an individualized plan of care based on the strengths and needs of a particular child and family.

Maryland's service delivery system is reliant on the quality and capacity of its frontline workforce. Throughout the strategic planning process it became evident that the majority of workers throughout the state are deeply committed to helping and supporting families and youth. Despite this, a frequent theme resonating throughout the strategic planning process was concern regarding the quantity, quality, and expertise of the child-family serving workforce overall. In many instances, the workforce has never been trained to include positive youth development and opportunity development as part of what they do.

> "Training is the number one recommendation."
> *Community member, online survey*

For those who receive services and supports, a recurring theme at all of the Listening Forums and Discussion Groups was dissatisfaction with the level of services provided by workers, regardless of the agency with which they were associated. Both youth and family members expressed frustration that their workers often (1) did not solicit or value their input, (2) did not follow-through with tasks, and (3) were not qualified to perform their appropriate functions. Persons participating in the Listening Forums and Discussion Groups generated a myriad of recommendations with regard to workforce development. Among them were to (1) hold workers more accountable, (2) provide more and better job specific training, (3) provide cross-training among agencies so workers know what the other agencies are doing for a family, (4) recruit more staff and higher qualified staff to avoid burnout, and (5) provide incentives to encourage workers to stay in order to lower turnover rates.

Recommendation 1: The child-family serving agencies should ensure greater accessibility, consistency and quality in workforce training and practice, particularly around core competencies and standards for mental health and substance abuse care and treatment, safety and risk of maltreatment, child development, education, family-centered practice models, family and youth partnership, systems, and cultural competency.

Strategy 1.1: The Children's Cabinet Results Team (CCRT) should collaboratively identify the workforce core competencies from each of the Agencies to generate a set of core competencies for the child-family serving system. The core competencies should include family and youth engagement and partnership, child development, safety and crisis planning, child maltreatment, systems/laws/mandates, accessing special education, family-centered practice models, and cultural competency.

The Departments of Health and Mental Hygiene, Human Resources, and Juvenile Services and the Maryland State Department of Education all provide initial and ongoing training for their workers in a variety of manners, and are currently developing core competencies for their workforce. Several of the Departments provide training using departmental staff and experts; in addition, many contract with universities to provide training academies both with set core curricula and special focus trainings. Considerable work has been done both nationally and in Maryland in recent years to define and evaluate competency for child welfare practitioners in particular.

In 2005, the National Technical Assistance Center for Children's Mental Health at Georgetown University, in collaboration with the National Association of State Mental Health Program Directors, conducted a National Workforce Development Environmental Scan. From the thirty-one states that

participated, a number of recommendations emerged for how to significantly improve the human services workforce in children's mental health. These included the creation of core competencies based on systems of care values (family-driven, youth-guided, community-based, cultural and linguistic competence) and newer technologies for service delivery; integrating family involvement into all aspects of education and training, practice and service development, continuous quality monitoring, and program evaluation processes; developing comprehensive inter/cross-agency plans addressing workforce issues and enhancing coordination among state agencies such as Juvenile Justice, Mental Health, Child Welfare and Education/Special Education; and, partnering with institutions of higher education (universities, colleges and community colleges) to better prepare individuals to provide community-based services consistent with systems of care values and principles (National Technical Assistance Center for Children's Mental Health, 2006).

The Maryland State Department of Education and the Mental Hygiene Administration within the Department of Health and Mental Hygiene co-chair a subcommittee of the Maryland Child and Adolescent Mental Health Advisory Committee (also referred to as the Blueprint Committee) on Workforce Development. Among their recent initiatives are the development and issuance of a set of core competencies for mental health. The State has initiated contracts with the University of Maryland to develop training modules for each of these competencies. Additional workforce initiatives are underway with leadership from the State and the community and in partnership with several universities and colleges for residential child care providers, child welfare and juvenile justice workers, and early childhood mental health practitioners.

Recommendation 2: The Children's Cabinet should revise and improve case management practices in order to enhance worker retention and child and family outcomes.

Strategy 2.1: DHR and DJS should examine caseload levels in child welfare and juvenile services to see how they correspond with established workforce standards.

Strategy 2.2: The Children's Cabinet should examine and consider using components of a uniform protocol for case management across child-family serving agencies that focuses on data, assessments and outcomes in the development of individual case plans.

The Children's Cabinet has recognized that steps need to be taken to address shortages in the availability of high quality professionals and paraprofessionals to work with and on behalf of children, youth and families. To that end, the Children's Cabinet continues to support and build on existing workforce development initiatives and their subsequent recommendations, including through the Maryland Child and Adolescent Mental Health Advisory Committee's Subcommittee on Workforce Development. Another workforce initiative in Maryland that is specifically addressing workforce shortages and retention in human services is the Advisory Council on Workforce Shortage. One of the Council's recommendations has been to expand eligible service obligation employment fields for those majoring in human services degree programs to include employment by the State or any local government in Maryland.

> "Lack of professional training resulting in difficulties retaining these professionals [is one of the biggest challenges]." *Community member, Talbot County Listening Forum*

Maryland's child-family serving agencies are committed to ensuring that frontline workers have caseloads that are consistent with established standards. DJS is in the process of completing an analysis of caseloads as they relate to national best practice standards. DHR is currently tracking the average caseload volume for both Child Protective Services and child welfare in the local departments of social services and is engaged in a statewide study of recruitment and retention. Additionally, DHR has made a 15-year investment in child welfare workforce development through the

Title IV-E Education for Public Child Welfare Program. The Education for Public Child Welfare Program is a partnership between the University of Maryland School of Social Work and the Maryland Department of Human Resources to prepare BSW/MSW candidates for public child welfare social work practice. Students participating in this program are taught best practice in the delivery of public child welfare services, including a family strengths approach with core child welfare values, knowledge, and skill competencies.

In Maryland, one case management technique that is considered best practice is the use of high quality needs assessments, or functional assessments. Functional assessments (discussed elsewhere under "Family and Youth Partnership" and "Information-Sharing") are tools to support service planning that is strengths-based and needs-driven. Assessments such as the Child and Adolescent Needs and Strengths (CANS) can be used as a decision-support tool during care planning as well as a quality assurance or outcomes monitoring tool. Perhaps most importantly, the use of such a tool creates a common language to communicate what is going on in a family's life and what needs to happen in order to make progress (Lyons, 2007).

> **THEME: INFORMATION-SHARING**
> Maryland should support and promote effective, timely, and appropriate information-sharing across agencies. There should be a joint understanding of children who are at-risk for involvement with multiple child-family serving agencies and the shared responsibility and ability for early identification and intervention with and on behalf of these children and families.

Families, youth, and agency workers in Maryland have all articulated the need for child-family serving agencies to better share information and communicate with one another effectively. This is of particular importance when a child is involved with multiple agencies; family members have expressed their frustration at the need to "repeat their story" to each agency. Family members stressed the need for there to be one agency or place where they can "tell their story" and subsequently receive necessary and appropriate referrals, supports and services. The privacy of family members must be respected at all times, but there are many instances where information can be appropriately shared with the family's consent to facilitate better service delivery.

> **Recommendation 1:** The Children's Cabinet should engage in the development of an information-sharing protocol to enable appropriate information-sharing among families, agencies, and community members to support individualized service planning to achieve better outcomes for children, youth, and families.

> **Strategy 1.1:** The Children's Cabinet should engage in a Maryland Youth and Family Information Sharing Protocol (MYFISP) to bring together all stakeholders to assess the current systems and structures and embark on the creation of an information-sharing protocol. Among the steps in the process, there could be:
> a. An identification of the barriers to information-sharing under the Maryland Code, Human Services Article and determination of the necessary steps to remove those barriers, working in conjunction with the Administrative Office of the Courts and the Human Services Workgroup;
> b. A mapping of the information systems of each agency, including the types of information that are collected and in what format the information is organized;
> c. A review of the recommendations and tools that have been created in Maryland previously to identify and/or create core intake, screening, assessment, and consent components, forms and tools for use by all of the child-family serving agencies;
> d. An effort to ensure that components of the protocol are implemented to the extent possible based on financial, legal and other considerations identified during the process of developing the protocol;
> e. An understanding of the instances in which youth and families may not wish to engage in information-sharing; and,
> f. Creation of a campaign to build public will, engagement, partnership and education with families and youth to ensure the success of the protocol.

Over the years, there has been a national movement in states and local jurisdictions to improve information-sharing among child-family serving agencies. This has been particularly relevant as advanced technologies have enabled systems to move to the electronic capture and storage of information, rather than the more traditional hard paper in files. Improved information-sharing not only streamlines the intake process, but effectuates better service delivery.

Improved information-sharing has been a goal of Maryland's child-family serving agencies for years. During the 2006 Session, the General Assembly passed Senate Bill 294 (SB 294) which, among other

things, reconstituted a provision that permitted public agencies to share confidential information for the purposes of serving families and youth, as well as analyzing and evaluating the service delivery system. Although SB 294 reconstituted a critical statute, the bill did not address the actual manner in which agencies could and should share information, given state and federal confidentiality laws.

> "The systems need to work together to organize information for the same people, for example if social service has your name mental health should have it as well." *Youth, online survey*

Concurrently with the passage of SB 294, several groups were already working on creating a protocol that would improve information-sharing among the child-family serving agencies. To that end, an interagency workgroup was convened to analyze the legal barriers to information sharing among the child-family serving agencies and, in response to a request from a member of the General Assembly, a privileged letter was written delineating the legal barriers to information sharing. Notwithstanding the passage of SB 294, two years later, no substantive changes have been made to confidentiality laws. Recent analysis on behalf of the Children's Cabinet has reaffirmed this opinion.

For many years, the Children's Cabinet and its community partners have been working to streamline the consent, intake, screening, and assessment processes. A uniform consent form was created several years ago by the Children's Cabinet (then called the Subcabinet for Children, Youth and Families) but was never put into practice. Various workgroups and committees, including the Local Access Mechanism Subcommittee of the Systems of Care Initiative Committee, have made recommendations regarding uniform tools for screenings and assessments. However, the recommendations have led to piecemeal implementation dependent upon funding source; forms and tools are used uniformly within a given agency or particular Children's Cabinet-funded programs but not throughout the child-family serving universe in Maryland.

The U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP) has developed and released guidelines for information-sharing. These guidelines take a jurisdiction through a process that enables them to plan and implement cross-agency information-sharing. The guidelines also address privacy concerns and steps necessary so privacy can be protected (Mankey, Baca, Rondenell, Webb, & McHugh, 2006). Although these guidelines are characterized as juvenile information sharing, they serve as an appropriate prototype for information-sharing across all child-family serving agencies. The guidelines are extensive and include the convening of a broad stakeholder body to address each phase, including the effective implementation and dissemination of the established protocol.

Embarking on this process is a time-consuming and detail-oriented endeavor, but it has the capacity to result in a Maryland-specific protocol that will enable families and youth to feel respected while being more efficiently and effectively served. These guidelines are considered to be so promising because they do not offer the answers; rather, they provide a structure through which the stakeholder body can identify the most appropriate solution within the Maryland context. Among the steps contained in the guidelines are conducting an analysis of what information is currently being collected and what information would need to be collected; developing the technical business requirements for information-sharing, including all functions, businesses, processes, and improvements to operations; and, agreeing on a common process for obtaining informed consent for information release that provides adequate verbal and written notice and is linguistically appropriate to the youth and parent(s) and/or legal guardian.

This process would necessitate the incorporation of recommendations made over the past several years. In 2006, after much study, the Local Access Mechanism Subcommittee determined that there is no single reliable and valid screening tool available that fully meets the needs of the Local Access Mechanisms. As such, the Subcommittee recommended to the Systems of Care Initiative Committee and Governor's Office for Children that particular data elements be collected universally. A recommendation was made for the Child and Adolescent Needs and Strengths (CANS) assessment (discussed earlier under "Family

and Youth Partnership" and "Workforce Development")to be used as a universal assessment tool for Local Access Mechanisms. Subsequently, all Children's Cabinet-funded Care Management Entities and some Children's Cabinet-funded Family and Systems Navigators are currently using the CANS. The Children's Cabinet has supported the training of many individuals throughout Maryland on the CANS, and a cadre of trainers has been developed as well. There is an online training and certification process for CANS usage, funded by the Children's Cabinet and available through the University of Maryland, Baltimore.

One of the outcomes of the information-sharing protocol may be a shared information system or some form of middleware, which is a technology used to connect information systems. In May 2005, the District of Columbia (District) implemented the award-winning *Safe Passages Information System (Safe Passages)* to enable and facilitate collaboration among multiple disparate government agencies and private sector partners responsible for providing health and social services to the District's neediest children and families. Safe Passages is an integrated solution that provides real-time, web-based data sharing across organizational boundaries that separate District health and social services agencies and their external partners. Caseworkers are able to access the system to determine whether a client has a history of receiving services (NASCIO, 2006). Like all systems, there are limitations with this particular model. However, by utilizing the OJJDP guidelines, it is possible to build on the successes and lessons learned of others, while configuring a protocol that meets Maryland's specific needs.

"A statewide database so that regardless of where families move, there is a record of the services that have been provided to the families [would improve services]." *Community member, online survey*

Children belong in the most appropriate, least restrictive setting possible, and in their own homes and communities when safely possible. Most children, even those with intensive needs, can thrive in a family setting and in a traditional school, with proper supports. Families may be more likely to regress to the highest levels of need when they do not experience the child-family serving systems as seamless, easy to access, and responsive to their individual strengths and needs. As noted in the Maryland Three Year Children's Plan, "The longer that these children and families go without receiving coordinated services, the more debilitating their problems may become and the cost for providing services rises" (Governor's Office for Children, 2006, p.30).

Recommendation 1: Families and youth should have access to support and assistance and make connections with appropriate opportunities and resources to address identified needs and enhance strengths and assets.

Strategy 1.1: There should be an assessment of all existing Local Access Mechanisms (LAM), including single points of entry/access and systems and family navigators, to determine which specific strategies have been found to be most useful and effective, as well as cost efficient.

> 1.1.1 The assessment should address issues of capacity, cost, and outcomes and should examine the ability of Local Access Mechanisms to meet the needs of Children's Cabinet Agencies, including their frontline workforce.
> 1.1.2 The findings should be used to inform decision-making and budget allocations and to improve access across Maryland.

The Children's Cabinet has been collectively and systematically focused on the issue of improving access to care since 2002. Two State initiatives (HB 1386 (2002) and Executive Order 01.01.2003.02) mandated the review of the status of interagency services and the needs of the children and families. In 2003, the Governor's Council on Parental Relinquishment of Custody to Obtain Health Care Services and the Children's Cabinet's (formerly the Subcabinet for Children, Youth and Families) 1386 Planning Committee worked cooperatively to meet the combined goals of these mandates. The local access mechanisms and structures that have been put into place over the past several years are a direct result of these two initiatives.

Testimony received at a public hearing called by the Council on Parental Relinquishment of Custody to Obtain Health Care Services in Annapolis, MD on June 12, 2004, clearly supported the need for improved structures and supports. One family member observed, "Families need a central point of entry for care. They do not need denials, excuses, or referrals to other agencies" (Governor's Office for Children, 2003, p.38). Another family member informed the Council that, "We have learned to negotiate the necessary evils of bureaucracies on many fronts…and have, through many battles and hours of research and self-education, been able to provide the best possible care for our son up to this point. Incredibly, even though we've been on this road for more than two years, I am only now finding out about some of the support organizations and groups available to families in our situation" (quoted in Governor's Office for Children, 2006, p.35-36).

Since 2006, the Children's Cabinet has been supporting Local Access Mechanisms in local jurisdictions in Maryland. A LAM is an identifiable structure and method that helps families access and coordinate available services and supports, both public and private, to address the full range of needs encountered by

families with children. It improves coordination and utilization of existing resources and supports, and assists in the identification of needed services. The LAM is structured differently in every jurisdiction (Governor's Office for Children, 2008a).[4]

Some jurisdictions have chosen to create a Single Point of Access, which is the single point of entry for families who wish to enter the system, regardless of the intensity of the needs of their children. This may be designed as a hotline, warmline, walk-in center, website, or some combination thereof. Other jurisdictions have moved forward with a "no wrong door" policy, under which families are able to enter the LAM through an array of existing services and agencies. Existing points of access continue to serve children and families, while directing them to the LAM when appropriate. In some jurisdictions, it becomes necessary to develop an additional access point for those families not involved with existing organizations and agencies. Finally, other jurisdictions have moved toward the hybrid model, which is a combination of the two models. With any structure, pathways should be linked both conceptually and through a management information system to ensure adherence to the "one plan, one family" concept (Pires, 2002).

Many jurisdictions in Maryland are also offering family and systems navigation services as a component of their LAM. Navigation services are services for families who need additional assistance beyond a simple referral, including assistance in identifying strengths and needs and obtaining necessary services. Family navigation services are those navigation services provided by a legacy parent or primary caregiver who is caring for or has cared for a child with mental health needs and/or developmental disabilities, including a child with intensive needs. In contrast, systems navigation services are provided by a professional or paraprofessional, not necessarily a legacy parent or primary caregiver (Governor's Office for Children, 2006).

Strategy 1.2: The Children's Cabinet should explore how information regarding services, resources and opportunities are communicated to workers at child-family serving agencies to ensure that those children and families who most need services are provided with the opportunity to access them.

Despite the steps that have been taken over the past six years, access to services remained a significant issue for the stakeholders commenting in the Listening Forums, Discussion Groups, and survey. One family member responded to the online survey by saying, "My child, now an adult had both mental health issues and dd [developmental disability] issues. In order to advocate for my daughter, I had to learn the system, learn the players, strategize how to access, determine the best way to access, etc. Even with my ability to do this, we lost critical time when she was younger to get the appropriate help!"

Strategy 1.3: Children's Cabinet Agencies should maximize access to care by streamlining internal forms, applications and requirements to the extent possible where efficiencies can be identified so families can more readily access services they need in a timely and efficient manner.

In addition to being uncertain of where and how to access services and supports, family members observed that the process for applying for services is too lengthy, complicated, and bureaucratic, and recommended that the intake process be streamlined, centralized, and more prompt. As one community member observed in the online survey, "How many 'single points of access' are there?" In particular, there was a sense that services should be coordinated, so a family does not have to approach multiple agencies for help.

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[4] See the Maryland Local Access Mechanism Directory, available at www.goc.state.md.us for specific information on individual local access mechanisms in each jurisdiction.

THEME: CONTINUUM OF OPPORTUNITIES, SUPPORTS, AND CARE
There is a need for the Children's Cabinet to agree on a continuum of opportunities, supports, and care, including evidence-based and promising practices, and work toward ensuring that appropriate levels of services and supports are available to every jurisdiction and community to meet their specific population needs, with the intent of improving outcomes and reducing out-of-home placements.

The development of a recognizable continuum of care (a range of services, supports, and opportunities at varying levels of intensity) for youth who are either at-risk of or currently involved with multiple child-family serving systems is a critical need in Maryland, as identified by stakeholders in the various listening forums and discussion groups. The Children's Cabinet strongly believes that the majority of children and youth can be safely and effectively served in their homes and communities when provided with the appropriate resources and supports. In order to make this belief a reality, there must be a full continuum of care available.

Recommendation 1: The Children's Cabinet is committed to the creation of a full community-based continuum of opportunities, supports, and care that is developed in partnership with local jurisdictions, families and the provider community to meet the specific, individualized needs of children and families. The Children's Cabinet should prioritize efforts to safely and effectively serve children in their own homes by expanding the continuum of services. These efforts should include increased diversity, quality, and accessibility of in-home services with an emphasis on reunifying children with their families at the earliest possible time. Services should be culturally competent and responsive, and children should receive all supports to which they are entitled.

Strategy 1.1: The Children's Cabinet should support the development of community-based resources that are responsive to the identified needs of youth for whom there have been disparities or uneven availability of services within current budgetary resources.

Strategy 1.2: The State should ensure that the Managed Care Organizations (MCO) provide children who are covered by Medicaid with all of the services to which they are entitled under Early Periodic Screening, Diagnosis and Treatment (EPSDT) and that all of these services and supports are fully maximized. Each Children's Cabinet Agency should study the level of services children receive from the MCO system and how these services could be integrated into an overall service continuum, with support and technical assistance from Maryland Medicaid.

Strategy 1.3: The Children's Cabinet Agencies should support the workgroup convened by DHMH, in partnership with MCOs and substance abuse treatment providers, to review and ensure access to and provision of substance abuse services, including community-based treatment.

Strategy 1.4: The Children's Cabinet should support the use of home visiting programs across Maryland that align with the outcomes that the Children's Cabinet Agencies are seeking to achieve.

Strategy 1.5: The Children's Cabinet should use existing State funds to garner federal funds to support the expansion of Care Management Entities using a High Fidelity Wraparound service delivery model statewide for the population of children entering or at-risk of entering a residential treatment center.

In Maryland, opportunities, services and supports vary in their availability and quality from community to community. Even some services and supports that are mandated are not uniformly provided to children, youth and families. This is due to a number of reasons, including difficulty accessing the services and lack of information about what is available (both discussed in this plan under "Improving Access to

Care"), but also because services and supports have not been strategically developed to meet the needs of the population in each community.

The need for a wide range of services and supports to be available to meet individualized needs throughout the state cannot be overemphasized. Beyond the mental health challenges that are noted throughout this report, youth involved with the child-family serving system may be homeless, victims of abuse or neglect, have histories of substance abuse, or even be parents themselves. These challenges present themselves in addition to the developmental, educational, and social needs that face all children and youth.

In addition, there is an overrepresentation of minority youth involved with the child-family serving system. For example, from December 2007 through March 2008, there was an average of 207 black youth in secure detention per month compared with an average of 51 white youth during the same time period (StateStat, 2008b). Not only does this require a concerted effort to rectify this issue, but it also necessitates the creation of a service delivery system that is culturally and linguistically competent and responsive to the individual needs and preferences of the youth and family. The use of a strengths-based approach to obtain services and resources is a starting point to ensuring that supports build upon the youth and family's greatest assets rather than imposing upon them a preconceived idea of what would be beneficial.

In a brief survey of Local Management Boards (LMB) in February 2008, Directors reported a range of resources that were lacking in their jurisdictions. While the majority of needs focused on mental health and residential resources, the list included the following: respite and crisis care, mental health assessments, child psychiatric services, treatment foster care, care coordination and care management entities, flexible funding, substance abuse treatment, services for children and youth with dual diagnoses (developmental disabilities and mental health challenges or mental health challenges and substance abuse challenges), and housing and homelessness resources. Families and agencies report a lack of transportation as a significant barrier to obtaining services, particularly in rural areas. Home visiting programs are also not uniformly available across the state.

> "There are not enough resources available for young people."
> *Community Member, Washington County Listening Forum*

In Maryland, some of the service gaps could be addressed by the Medicaid Managed Care Organizations. Many services could be made available through EPSDT, which identifies health services needed by children that are then provided by the MCO. In addition, MCOs are the primary funder of substance abuse services to the Medicaid population. In partnership with the MCOs, the Children's Cabinet work with Maryland Medicaid to assure that service providers under their purview bill MCOs for covered services.

Mental health and substance abuse are two of the challenges that span the needs of many of the children, youth and families in all of the child-family serving systems. Cocozza & Skowyra (2000) observe that it is "safe to estimate that at least one out of every five youth in the juvenile justice system has serious mental health problems" (p.6). The Child Welfare League of America (2008) observes that "more than 80% of children in foster care have developmental, emotional, or behavioral problems"(n.p.).

Finally, for those children and families involved with the child-family serving systems, the services and supports that are available are not always tailored to meet the individualized needs of the child or family. There is a need for gender-specific programming as well as culturally-appropriate services and supports. Children, youth and families need effective supports and interventions in order to reduce the likelihood of out-of-home placement, the length of stay in out-of-home placement for those for whom it is unavoidable, and the likelihood of re-entry into out-of-home placement. For children and families with intensive needs, receiving individualized services and supports from a care management entity that uses Wraparound can be extremely effective (see discussion above under Interagency Structures).

There are several initiatives in Maryland working to reduce out-of-home placements and improve the availability of effective services and supports to children, youth and families. Among these initiatives are:

- The expansion of care management entities using High Fidelity Wraparound to provide community-based services to children and youth who are at-risk for entering a residential treatment center (discussed above);
- Collaboration between DHR and the Mental Hygiene Administration to expand the availability of mental health crisis response and stabilization services throughout the state, with a focus on child welfare needs;
- A partnership between DJS and the Core Service Agencies (the local mental health agency) to hire community-based mental health providers for DJS detention centers and mental health clinicians to provide assessments and referrals for treatment after discharge from DJS;
- Partnerships between DHR, DJS, and local school systems concerning the assessment of educational needs of children and youth and the creation of safe and supportive learning environments; and,
- Implementation of *Ready by 21: An Action Agenda for Maryland* to provide better opportunities, interventions, and supports to transition-aged youth.

Finally, it is critical that one does not overlook the important role of caregivers and families in the early development of children in assuring healthy development and preparing them to enter school ready to learn. The Family Strengthening Policy Center observes: "Childhood success begins with parenting at its best. Home visiting is an early childhood intervention that can enhance parenting and promote the growth and development of young children. In high-quality programs, home visiting increases the odds that children from at-risk families will enter kindergarten ready to learn." (Family Strengthening Policy Center, 2007, p.1).

Recommendation 2: The Children's Cabinet should work collaboratively to serve children who are in an out-of-home placement in their home schools and communities more effectively with fewer placement disruptions resulting in better permanency outcomes for children and families.

Strategy 2.1: The State should increase the number of high quality foster homes to keep children close to their families and home schools.

Strategy 2.2: The State should expand and improve supports for foster homes and children in foster homes to minimize disruptions and re-placements.

Strategy 2.3: For children removed from parental custody, there should be an increase in efforts to locate, engage and support relatives as caregivers (kinship care).

The service and support needs in Maryland are particularly challenging given the number of children and youth who are currently receiving formal services from just the Department of Human Resources and the Department of Juvenile Services. During the first nine months of FY08, there was an average of just over 10,000 children and youth in out-of-home placements per month under the custody of the Department of Human Resources; approximately 68% of those children were in family foster placements and the rest were in group homes (17%), independent living programs (3%), residential treatment centers (3%), trial home visits (4%), or other placements (4%) (StateStat, 2008a).

During the first 4-5 months of FY08, the Department of Juvenile Services had an average of 3,697 youth referred each month, 13% of whom had greater than five prior referrals. During the first five months of

FY08, there was an average of 393 new probation cases per month and 163 committed new admissions per month (StateStat, 2008b). These numbers do not capture the number of children, youth and families served informally by these agencies and their sister child-family serving agencies, nor the number of children and youth already committed to or on probation from the Department of Juvenile Services.

Maryland is not alone in its focus on reducing out-of-home placements. Many communities throughout the nation rely on out-of-home or institutional placements to address juvenile crime and other individual and familial issues: "Mounting evidence suggests, however, that removing youth from their homes and families is costly and ineffective. Youth's behavioral problems are deeply embedded in their psychosocial systems (e.g., family and community); to be effective…interventions should treat youth while addressing their complex multidimensional problems"(Mihalic, Irwin, Elliot, Fagan, & Hansen, 2001, p. 9).

When out-of-home placement cannot be avoided, the goal should be to place children as close to their home community as possible and in the least restrictive placement necessary. DHR, which has responsibility for the greatest number of children in out-of-home care, has been implementing a Place Matters initiative, which aims to keep children in their communities, place children in family settings rather than group homes, minimize the length of stay in out-of-home care, reallocate DHR resources to provide more family preservation services, and manage with data to improve decision-making, oversight, and accountability. In addition, the Children's Cabinet Agencies have been working together to reduce the number of children and youth placed out-of-state, particularly in residential treatment centers.

Recommendation 3: There should be a commitment to diverting youth from detention and commitment within the juvenile justice system. Subject to the availability of funding, consideration should be given to an expansion of the availability and use of delinquency prevention and diversion services with a focus on creating a range of community service and education options while increasing empathy and caring in youth.

Strategy 3.1: The Children's Cabinet should review the outcomes of the CINS Diversion Pilot Projects and consider supporting the replication of the pilot projects statewide, based on those results.

Strategy 3.2: The State should review and consider increasing the capacity, diversity and quality of alternatives to detention to reduce inappropriate or unnecessary confinement.
3.2.1   Alternatives to detention should be designed to accomplish secure detention's purposes, which are primarily to ensure court appearance and to minimize risks of serious re-offending.
3.2.2   Alternatives to secure confinement should provide alternative sanctions, effective community supervision and youth development opportunities, including educational, employment and treatment options.
3.2.3   Criteria and procedures should be designed and implemented by the Department of Juvenile Services in consultation and partnership with community providers and families to ensure that genuinely confinement-bound youth are placed in programs funded as alternatives to secure confinement. Program performance should be routinely monitored to demonstrate that youth are actually being displaced from secure confinement and to ensure positive youth outcomes.
3.2.4   Local school systems should continue to be supported in their efforts to provide an adequate and appropriate education to all children, including those involved with the juvenile justice system.
3.2.5   Youth in diversion programs should be provided access to opportunities for asset development.

Strategy 3.3: The Department of Juvenile Services should improve the quality of community supervision for children placed on probation with an emphasis on family-focused interventions. Community supervision services should be adapted to effectively meet the needs of youth on probation and aftercare status.

Strategy 3.4: The Children's Cabinet Agencies should be informed of the recommendations from the Kaizen Project, be involved in the ongoing planning, and provide technical assistance to Local Management Boards to support the implementation of the statewide gang intervention/prevention plan where possible.

Maryland has been committed, where possible, to serving youth at home and in their communities, rather than placing them in secure confinement. To that end, in the 2006 Legislative Session, the General Assembly passed Senate Bill 882, At-Risk Youth Prevention and Diversion Programs, which among other things, defined what an at-risk prevention and diversion program could be, and directed that funds be set aside for the creation and expansion of such programs. LMBs throughout Maryland used these definitions as the focus of innovative programming during FY07.

Additionally, Maryland has embarked on the Kaizen Project to curb gang violence in Maryland. The focus of this project is to develop tailored statewide strategies specific to Maryland for both criminal justice and non-criminal justice organizations to proactively curb the influence of gangs. The focus areas for this work have been the consistent sharing of information between criminal justice and non-criminal justice stakeholders; coordinated statewide gang investigation and enforcement plan; statewide certified training for criminal justice professionals; and, statewide gang intervention/prevention plan (Kaizen Project, 2008).

In recent years the Department of Juvenile Services has stepped up its efforts to keep youth at home and in their communities. In 2001, DJS implemented the Juvenile Detention Alternatives Initiative (JDAI) in Baltimore City, in partnership with the Annie E. Casey Foundation, with a goal to reduce overcrowding in juvenile detention centers by safely maintaining the youth in the community in detention alternatives. DJS is in the process of expanding and implementing the best practices of JDAI in all twenty-four jurisdiction (DJS, 2007a). Similarly, in an effort to finding alternatives to detention, DJS has also been contracting with a care management entity to provide structured and comprehensive community-based programs for youth and families instead of placement in group homes. Other DJS detention alternative efforts include: evening reporting centers, structured shelter care, community detention/electronic monitoring, Operation Safe Kids, and the Youth Advocate Program (DJS, 2007a). Efforts to divert youth from the juvenile justice system must build on improvements in and partnership with existing education programs and improved linkage of these programs with those that meet their needs for an education and positive social-emotional development.

Finally, House Bill 1339 (effective July 1, 2006), required the Department of Juvenile Services to establish a Children in Need of Supervision (CINS) Diversion Pilot Program in Baltimore County and Baltimore City. Services were to focus on the youth's: (1) school performance, (2) family interactions, (3) relationships with peers, and (4) emotional and physical health, including drug and alcohol use; and treatment plans were to include: family counseling; educational advocacy; drug and alcohol counseling; sex education; afterschool programs; truancy and dropout prevention; transitional living services; mediation services; employment and job training services; alternative school placement; and drug and alcohol counseling for the parents, guardians, and/or other family members of the youth (DJS, 2007b).

Both pilot programs have shown great results. For example, the Baltimore County Program reports that it far exceeded its goal of having no greater than 30% of youth completing the Program with further contact with DJS. The Program reported that only19.4% had further contact. Similarly, the goal at the twelve month tracking was to have no greater than 50% of youth completing the program having a further contact with DJS, which was also met (DJS, 2007b).

Recommendation 4: The Children's Cabinet should continue to make a commitment to utilizing evidence-based and promising practices to ensure that effective community education, opportunities, support, and treatment options are available to the children, youth and families for whom they are appropriate.

Strategy 4.1: The Children's Cabinet should develop a prioritization and implementation plan for evidence-based and promising practices in Maryland.

Strategy 4.2: Consideration should be given, subject to the availability of funding, to the development and implementation of promising practices with clear and measurable goals and a process for accumulating practice-based evidence to validate the effectiveness of the practice.

In 2003, the Maryland Committee for Children's Mental Health (also known as the Blueprint Committee and currently referred to as the Maryland Child and Adolescent Mental Health Advisory Committee) issued a report titled *Maryland's Blueprint for Children's Mental Health.* One of the three main recommendations from this report was to increase service delivery, support, and treatment to improve the child and adolescent mental health system. A Subcommittee not only established detailed service definitions for the continuum of care for children's mental health but further recommended the State investigate best and promising practices to retool and train clinicians in the field on implementing evidence-based practices (EBP Subcommittee, 2007).

Evidence-Based Practices (EBPs) for children and adolescents are not being implemented in most settings that serve young children and adolescents. Currently proven EBPs utilize various modalities of care: medications, psychotherapies, and service "packages" or "enhancements." Now, in 2008, the call for widespread practice improvement and implementation of EBPs across the State has been insistent throughout the Maryland Child and Family Services Interagency Strategic Planning Process.

Maryland, through the innovative efforts of MHA, has been a leader in moving EBPs into practice settings for adults. The child and adolescent field is now sufficiently "mature," with sufficient depth and breadth of pediatric EBPs to support a similar effort in Maryland for children and adolescents.

> **Sample Evidence-Based Practices:**
> - Midwestern Prevention Project
> - Big Brothers Big Sisters of America
> - Functional Family Therapy
> - Life Skills Training
> - Nurse-Family Partnership
> - Multidimensional Treatment Foster Care
> - Olweus Bullying Prevention Program
> - The Incredible Years
> - Multi-Systemic Therapy
> - Promoting Alternative Thinking Strategies (PATHS)
> - Brief Strategic Family Therapy
> - Project Towards No Drug Abuse
> - Healthy Families America

In 2007, the EBP Subcommittee of the Child and Adolescent Mental Health Advisory Committee identified a series of EBPs that should be prioritized for implementation, using the following criteria:

- **Need**: Number of youth; High risk population; Family perception; Community/Provider perception
- **Resources**: Program cost; Funding mechanisms; Grants; Demonstration projects; Community support; Shared departments; Existing providers
- **Evidence:** Effect sizes (strength of the relationship between two variables); Number of studies; Efficacy; Effectiveness; Cost effectiveness; Generalizability; Fidelity instruments
- **Mental Health Focus:** Sole focus; Primary – but shared focus; Combined focus; Secondary focus
- **Ease of Implementation:** Buy in; Training Requirements; Cost of implementation

> **Sample Promising Practices and Interventions with Practice-Based Evidence:**
> - CASAStart
> - Parents as Teachers
> - Family Connections
> - Project Keep

There is a need to design and implement a process which "sizes" needs and capacity for effective EBP implementation across the state, based on population characteristics and current utilization of available service array.

The entire continuum of care cannot be comprised entirely of evidence-based practices because some children and youth have problems and challenges for which no "evidence-based" program exists. The designation of an intervention as "evidence-based" requires rigorous scientific study that is assessed as being valid, reliable, and having fidelity to the intervention model. Additionally, the EBPs need to have a readiness to disseminate the model with sufficient implementation materials, training, and quality assurance resources (SAMHSA, 2008). As such, there are a number of promising practices, interventions with practice-based evidence, and promising service delivery frameworks that can be incorporated into the continuum of care.

Sample Promising Service Delivery Frameworks:
- Early Childhood Mental Health
- High Fidelity Wraparound
- School-Based Mental Health
- Trauma-Informed Care

The minimum continuum of care needs to be defined and articulated to include both promising practices and evidence-based practices that should be available in every community, jurisdiction, or region. Flexibly designed continuums of care in every community, jurisdiction, or region throughout the State of Maryland would eliminate duplication while improving service delivery and outcomes to children and their families. While not every jurisdiction or community can have every type of service or program within its continuum, it was articulated throughout the Listening Forums and Discussion Groups that each continuum of care should incorporate as "core services" those interventions that are best practice approaches with proven demonstrable evidence to establish a minimum floor of services and supports available to every child, youth and family.

Recommendation 5: All families in Maryland should have access to affordable healthcare, which includes services for mental health, substance abuse, and family counseling services.

Strategy 5.1: The Children's Cabinet should continue to support Maryland's initiative to expand health care coverage to uninsured Marylanders by expanding Medicaid to cover parents of children who are up to 116% of the Federal Poverty Level for Medicaid services and by providing insurance premium assistance to small businesses with low income workers.

In Maryland in 2005-2006, 14% of the population did not have any form of health insurance, translating to approximately 761,000 Marylanders. Forty-one percent of these individuals live below 200% of the Federal Poverty Level, and in many rural counties, residents often have limited or no access to primary care physicians and dentists (Colmers, 2008). For one of the wealthiest states in the Nation, these figures are unacceptable. According to an analysis by DHMH, in 2004-2005, 40% of the non-elderly uninsured persons were parents or caregivers with at least one child (Colmers, 2008).

During a Special Session in November 2007, the General Assembly passed Senate Bill 6, the Working Families and Small Business Health Coverage Act , which expanded health insurance coverage to low income working families and small businesses. Under Maryland's current initiative, Maryland will extend coverage to over 100,000 uninsured Marylanders – working families and small businesses with low income workers (parents with at least one dependent living at or below 116% of the Federal Poverty Level and small businesses with 2-9 full time employees, meeting certain criteria).

In a June 18, 2008 letter to The Baltimore Sun, Secretary John Colmers (DHMH) and Baltimore City Health Commissioner Joshua Sharfstein wrote,
> *Despite being one of the wealthiest states in the nation, Maryland is one of the states where it is most difficult for parents to qualify for Medicaid benefits. But this is about to change. Thanks to the efforts of*

Gov. Martin O'Malley and the legislature, on July 1, the Working Families and Small Business Health Care Act becomes effective….Providing critical prenatal help and services between pregnancies to promote both maternal and infant health will give Maryland babies a healthier start on life (n.p.).

It is widely recognized that much of the funding available for providing services to children, youth and their families comes in "silos." This is particularly true with federal funding such as Medicaid and Title IV-E Foster Care. While breaking down silos presents huge challenges, especially at the federal level, de-categorizing and blending funding streams should remain a goal for the Children's Cabinet Agencies whenever possible. Funding that can be used flexibly to meet the individualized needs of children and families usually achieves better outcomes than categorical funding. The Children's Cabinet should continue the ongoing efforts to work collaboratively at the individual child-family level to bring diverse resources to meet diverse needs.

At the start of fiscal year 2009, Maryland continues to face a structural deficit that has resulted in an increased focus on the State's responsibility as a fiscal steward. While there have been reductions in spending and improved fiscal accountability by all Children's Cabinet Agencies, funding priorities for the next two years must be reflective of this fiscal climate.

Recommendation 1: The Children's Cabinet should support the realignment of the Children's Cabinet Interagency Fund with the goals and priorities of the Children's Cabinet to meet identified needs. Any increase in local control and flexibility over funding for service delivery dollars and supports must be tied to outcomes, priorities and standards of care as identified by the Children's Cabinet, in addition to meeting any requirements imposed by outside funding sources. Local jurisdictions, families, and communities should partner with the Children's Cabinet to develop services and supports that meet identified local needs and are in alignment with local priorities, in addition to Children's Cabinet goals.

Strategy 1.1: The Children's Cabinet should align the distribution of monies from the Children's Cabinet Interagency Fund with its priorities and goals.

Strategy 1.2: The Children's Cabinet should require that any funds distributed from the Children's Cabinet Interagency Fund be clearly tied to articulated performance expectations and standards for accountability.

Strategy 1.3: The Children's Cabinet should develop expertise on performance-based contracts to support the provision of effective services.

The families, youth and community members who participated in discussion groups and listening forums were articulate in their belief that progress cannot be achieved for children and families until the current financing system changes to become more results-focused with both greater flexibility and accountability. There is a tendency for government to allow inertia to develop around its funding priorities. In contracting and renewing contracts for services, Children's Cabinet Agencies should use child and family well-being outcomes and cost-effectiveness analyses to guide decision-making by proposal reviewers and procurement officers.

Programs should be able to justify themselves through true functional outcomes, not just how many clients were served, and be able to say how their target population is "better off" as a result of their

services. True cost effectiveness looks at the cost for a successful outcome for a client or participant. If a program costs $10,000 per client to provide but has only a 50% success rate, then the cost per successful outcome is really $20,000. Applying this concept to funding renewal decisions can result in money moving toward the most effective programs. Performance based contracts can hold programs accountable for cost effective service delivery. Funding evidence-based practices can achieve the same goal.

Strategy 1.4: The Children's Cabinet should prioritize financial support for family-centered and culturally-competent evidence-based and promising practices, including family and youth peer support structures and organizations and gender-specific interventions.

Strategy 1.5: The Children's Cabinet should develop a financing plan to correspond with the evidence-based and promising practices prioritization and implementation plan. One future component of the financing plan could include an exploration of federal fund maximization.

Strategy 1.6: The Children's Cabinet should encourage the local units of their agencies to develop home- and community-based resources that are based on local needs assessments in addition to the Children's Cabinet's priorities.

Community-based interventions and supports should be prioritized not only for their effectiveness and high degree of individualization but also for the possibility that it may cost less than a residential or out-of-home placement. Placement too often means an expensive facility or congregate care setting far from the youth's home community. Residential treatment centers, detention and commitment facilities, and group homes are all examples of costly services that may not produce outcomes superior to those that can be achieved in the community with the appropriate services and supports. There is a strong movement toward caring for youth closer to or in their home communities (Armstrong, Pires, McCarthy, Stroul, Wood, and Pizzigati, 2006). Interventions including evidence-based and promising practices and care management entities using Wraparound (all discussed in the Continuum of Care section) are examples of cost effective interventions that serve children and youth in their homes and communities with a strengths-based, individualized approach.

Strategy 1.7: The Children's Cabinet should develop an annual briefing that articulates the programs and initiatives under way in each Agency on behalf of children and families. The briefing should clearly articulate measurements for success and highlight proposals for expansion to help eliminate redundancies and move toward a more comprehensive understanding of Agency efforts and priorities.

Much work to support these goals is already under way. Local Management Boards routinely conduct needs assessments to help them direct Children's Cabinet funding to where it can have the greatest impact. The Children's Cabinet Agencies constantly strive to fund initiatives that will better meet the needs of the children, youth and families they serve. The Children's Cabinet and Children's Cabinet Agencies must continue work to review the outcomes and sustainability of these programs, paying equal attention to where successes should be sustained and expanded, whether the efforts were sustained and expanded, and whether and how frequently the efforts do not produce the desired results.

Recommendation 2: The Children's Cabinet should pursue and support innovative financing structures that have the ability to infuse additional resources into the child-family serving system. These structures may result in the redirection of funds from deep-end costs to effective front-end opportunities, services and initiatives.

Strategy 2.1: The Children's Cabinet should explore various innovative financing structures that that will provide an infusion of resources to address identified priorities. This could include identification of opportunities for federal fund maximization, with an understanding of the limitations on these funds and the risks involved, as well as an emphasis on obtaining private funding to support community initiatives.

Strategy 2.2: The Children's Cabinet should explore opportunities to engage in reinvestment strategies to enhance programs in the child-family serving systems without requiring additional funds.

Strategy 2.3: The State should study Medicaid payment rates for therapeutic behavioral services and children's psychiatric rehabilitation program (PRP) services.

In the current fiscal environment, opportunities for new funding are rare and unlikely. Instead, Maryland should consider various innovative financing structures that can shift resources through efficiencies, federal fund maximization, or improved practice resulting in cost savings. One of the most important financing tools in Maryland in recent years is the Opportunity Compact. In developing a compact, an expensive negative outcome for youth is identified, such as lengthy or potentially avoidable out-of-home placements. A best practice is then identified that, if offered early and effectively enough, can prevent the negative outcome. Under this model, foundations and businesses are solicited to contribute funds to implement the best practice for an initial group of youth or families. If the best practice is found to be effective in terms of both cost and functional outcomes, then there will be a resulting decreased need for the expensive intervention and fewer numbers of youth or families experiencing the negative outcome. The money saved as a result of the early and effective intervention can then sustain the effort over time.

Two Compacts have been implemented in Maryland to-date, in Baltimore City and Baltimore County, and others are currently being explored for possible implementation. In Baltimore City, the target population is children under the age of five years who are entering foster care for the first time whose parent has substance abuse problems. The target population for the Baltimore County Compact is juvenile offenders who are diverted from group homes and served instead in the community with Multi-Systemic Therapy. For both Compacts, there is a focus on improving safety, permanency, and well-being while shortening lengths of stay in out-of-home placement. The Opportunity Compact is particularly unique in its partnership between the public and private sectors and the commitment by all parties to intervening earlier for better outcomes and fewer costs (Holleman & Grimm, 2006).

> "Taking the labels off state dollars wherever possible would be the single most effective strategy to improve outcomes for children." *Community member, Online survey*

Beyond entering into compact agreements, another strategy that allows for the freeing up of funds for other uses is known as refinancing. This strategy involves securing a new source of funding to replace state or local monies, thus freeing those funds up for other uses, such as opportunities and early intervention. The most common source of State refinancing funds is from the federal entitlement programs, specifically Medicaid and Title IV-E Foster Care (Armstrong, et.al., 2006). Maximizing eligibility for entitlements is the first step because, once someone is eligible, the federal government pays for a percentage of the cost of the program (in Maryland usually 50%). However, there are other opportunities to maximize federal matching dollars that other states are using. An example is using the Title IV-E Administrative Claim to fund services designed to prevent the need to place children in foster care. Maryland is not currently taking advantage of such opportunities. Refinancing is a strategy that can be utilized effectively to shift costs when done with care and precision. Financing strategies, whether reinvestment strategies, re-financing or other creative approaches, often are predicated upon freeing up existing state spending, leaving dollars available for alternative uses.

Compacts save money on expensive bad outcomes and re-financing saves state funds by replacing them with federal match dollars.

> **Recommendation 3**: Maryland should serve children and youth eligible for residential treatment centers efficiently and effectively through a Care Management Entity using High Fidelity Wraparound while maximizing state funds by drawing down federal match dollars wherever possible under the Residential Treatment Center Waiver (1915(c) Psychiatric Residential Treatment Facility Waiver).

> **Strategy 3.1:** The Children's Cabinet should support the implementation and utilization of the RTC Waiver (1915(c) Psychiatric Residential Treatment Facility Waiver) across the state, within the constraints of the State budget.

> **Strategy 3.2:** The Children's Cabinet should consider creating and using case rates for high utilization populations to allow greater local flexibility and individual service planning and delivery, within the constraints of the budget and federal and state laws, regulations and requirements.

A Residential Treatment Center (RTC) Waiver is scheduled to be implemented in four jurisdictions during FY09. This waiver will permit, in its first year, over 100 youth who meet medical necessity criteria for an RTC placement and other eligibility criteria to receive community-based services through a care management entity using a Wraparound service delivery model. Participation in the waiver will entitle these youth to receive eight new services that are being funded by Medicaid through the Waiver. By making these new services Medicaid reimbursable, the state is able to draw down matching funds from the federal government. It is estimated that eighty percent of the new funds being spent on this population can be doubled with the federal match, allowing more youth to be served with this commitment of state funds.. Other jurisdictions are interested in participating in the Waiver as state match funds become available.

Case rates have become a popular funding approach for health services over a number of years (Armstrong, et.al., 2006) A case rate is a fixed amount of funding that is made available to meet the particular needs of a youth. The funds in a case rate can be spent on a team-developed plan of care and can typically be used creatively and flexibly to meet the needs of the youth and family, paying for things that entitlement services and monies cannot fund. Case rates usually represent blended funding from multiple sources, often combining Medicaid funds with custodial agency spending. Maryland is experimenting with case rates but it remains an infrequently and underutilized tool because of the difficulty of getting the Centers for Medicare & Medicaid Services to approve bundled and blended funding methodologies when using federal funds. In addition, because of the financial risk incurred by providers, implementing this tool can only be effective with careful planning and adequate case loads. Throughout the strategic planning process, families articulated the need for flexible pots of blended and braided funding that follows the child and family, not the agency.

> "For multi-system involved youth, I would like to see the State find a way to pool dollars and develop a capitated rate to serve families of youth at risk of out-of-home placements." *Community member, Online survey*

Education is one of the themes that ties together interagency efforts, improved access to care and services, an enhanced continuum of care, and better communication and information-sharing. The education system is at the heart of Maryland's systems of care and plays an integral role in any change that occurs.

Recommendation 1: The State should continue to invest in high quality early education and pre-kindergarten programs for all children.

Strategy 1.1: The State should continue to build on its early care and education initiatives, with priority for early education programs given to children who are at-risk due to poverty, disability, or other circumstance.

Strategy 1.2: The State should continue to support and encourage local school systems to implement core reading programs for children in kindergarten through grade 3 that meet the criteria for scientifically based reading research.

Early childhood education, in particular through child care, pre-school programs, and HeadStart, are crucial to a child's intellectual, social, and emotional development. The Institute of Medicine (2000, p.5) observed:

> *From birth to age 5, children rapidly develop foundational capabilities on which subsequent development builds. Striking disparities in what children know and can do are evident well before they enter kindergarten. These differences are strongly associated with social and economic circumstances, and they are predictive of subsequent academic performance. Redressing these disparities is critical, both for the children whose life opportunities are at stake and for a society whose goals demand that children be prepared to begin school, achieve academic success, and ultimately sustain economic independence and engage constructively with others as adult citizens.*

In December 2001, Maryland formalized its commitment to high-quality early education by establishing the Early Care and Education Committee. The Committee's five-year action agenda, *Achieving School Readiness*, identifies six goals for providing incoming kindergarteners essential school readiness skills. The agenda emphasizes universal access to high-quality early care and education; family literacy and support services; sound child health; and well-trained early childhood staff, and it relies on the close coordination of programs and services available to young children and their families (MSDE, 2008). The Action Agenda stated, "The result that we desire to achieve is that all kindergartners enter school ready to learn, as evidenced by the WSS [Work Sampling System™]."

The WSS (Work Sampling System™) is an important component of Maryland's Model for School Readiness. Since the implementation of the WSS in 2001 and the subsequent adoption of the Action Agenda, Maryland's kindergarteners have been increasingly considered by their teachers to be entering school "fully ready" to learn. There was a one percent (1%) increase from school year 2006-2007 to

2007-2008 (from 67% to 68%) and a 19% increase from the baseline year of 2001-2002 (MSDE, 2008). Although this increase is promising, this figure indicates that almost one-third of all kindergarteners did not enter school ready to learn. The WSS presents a great opportunity to identify the programs and types of programs best at increasing performance as well as opportunities in Maryland to help local providers understand which programs work best in which settings and with which children and families.

> "Children who succeed in school do well in life. It is a shared responsibility of parents and providers to furnish optimal care for children so they will grow to be happy and healthy adults. The care and nurturing given children before they enter elementary school is critical to their development" (Maryland State Department of Education, 2007).

Maryland is already a leader in the provision of early education services. Legislation not only requires that there be an Infants and Toddlers program in every jurisdiction, to provide services for any child suspected of having a disability, but also requires programming for all four-year old economically disadvantaged children. Moreover, beginning in academic year 2008-2009, Maryland will have full day kindergarten in all of its public elementary schools.

In 2004, the Maryland State Department of Education (MSDE) issued a report analyzing the relationship between school readiness results and prior care experiences. This report found that enrollment in early care and education programs before kindergarten is more beneficial in terms of school readiness than being in home or informal care and that pre-kindergarten and Head Start children who are also enrolled at child care centers are improving their school readiness skills significantly, presumably, due to the additional hours of regulated early care.

In a recent study, "participation in preschool programs was found to have relatively large and enduring effects on school achievement and child well-being. High-quality programs for children at risk produce strong economic returns ranging from about $4 per dollar invested to over $10 per dollar invested" (Reynolds & Temple, 2008, abstract). MSDE has found that children who were enrolled in early care and education programs have continued to improve in their composite scores since the 2001-2002 school year. Composite scores for pre-kindergarten children improved by 23%, Head Start children by 17%, children attending child care centers by 27% and children attending family child care facilities by 19% (MSDE, 2007a). The Early Care and Education Committee reviews the Maryland Model of School Readiness data annually and explores the causes and forces that affect children's abilities to be fully ready for school. The Committee reports to the Children's Cabinet on at least a yearly basis regarding progress and recommendations for new strategies, programs, and services (Governor's Office for Children, 2008b).

Recommendation 2: Schools in Maryland should be supported to engage in family and youth-centered practices to reduce disciplinary actions and improve outcomes by building on a number of successful practice-shifts and interventions that have been implemented in schools across the state.

Strategy 2.1: The Maryland State Department of Education should continue to collaborate with the Department of Health and Mental Hygiene to create linkages between Positive Behavior Interventions and Supports (PBIS) and school-based mental health services with a goal of expanding to all Maryland public schools.

Since 1999, Maryland has become a national exemplar for the successful implementation of Positive Behavioral Interventions and Supports (PBIS). PBIS is a process for creating safer and more effective schools. PBIS is a systems approach to enhancing the capacity of schools to educate all children by developing research-based, school wide, and classroom discipline systems. The process focuses on improving a school's ability to teach and support positive behavior for all students (PBIS Maryland, n.d., n.p.). To date, 561 schools have been trained in school wide PBIS and 494 schools are currently implementing school-wide PBIS. MSDE has made it a priority to expand PBIS beyond the universal focus to encompass more targeted and service aspects.

School-based mental health services are available in many schools in Maryland. School-based mental health programs encompass a range of prevention and intervention services, many of which are routinely provided in a school setting by school system personnel (MSDE, n.d.). Expanded school mental health builds upon this foundation and expands the level of services delivered in schools to provide a continuum of mental health services for children and adolescents in both general and special education, developed through strong school-family-community partnerships. These services may involve school-employed and collaborating community mental health professionals working together in schools to implement a full array of prevention, mental health promotion, early intervention and treatment programs and/or result in the delivery of mental health services provided outside of the school setting by providers who are linked to the school (MSDE, n.d.). The Maryland Child and Adolescent Mental Health Advisory Committee, School Mental Health Workgroup is currently engaged in a survey to determine the extent to which children and youth throughout Maryland have access to school mental health and/or expanded school mental health services.

Maryland continues to build on existing partnerships to enhance services and supports to children and youth. The Maryland School Mental Health Alliance is a partnership between the Maryland State Department of Education (MSDE), the University of Maryland's Center for School Mental Health Analysis and Action (CSMHA), the Johns Hopkins University's Center for Prevention and Early Intervention, Mental Health Association of Maryland, the Mental Hygiene Administration/Department of Health and Mental Hygiene, Maryland's Department of Juvenile Services, the Maryland Coalition of Families for Children's Mental Health, and the Maryland Assembly on School-Based Health Care.

Strategy 2.2: For children in out-of-home care, the State should ensure that placements allow children to remain in their home school whenever possible and when consistent with their educational needs. Workers should be oriented to the State's handbook on foster care children, particularly the chapter on the education of foster children. This handbook should be broadly available on DHR and MSDE's websites and statewide dissemination should be incorporated into workforce training, particularly for those workers involved with placement decisions.

Children in out-of-home placement are another population of students that often need additional supports to ensure success. Christian (2003, p.1) observes that "Numerous studies have confirmed that foster children perform significantly worse in school than do children in the general population. The educational deficits of foster children are reflected in higher rates of grade retention; lower scores on standardized tests; and higher absenteeism, tardiness, truancy and dropout rates." Christian (2003) goes on to note that children who are in out-of-home placement often lack a consistent and knowledgeable adult who can advocate on their behalf when there is a need for special education or supplemental services due to frequent placement changes.

The Maryland Departments of Human Resources and Education have partnered to create a handbook called *Access to Education for Children in Foster Care*. Still in-progress, the handbook is designed as a resource for professionals in child welfare and the educational systems. Topics covered by the handbook include "Child Protective Services and the School," "Student Records," "504 Plan and Special Assistance Available to Foster Children," and many other sections specifically designed to improve the educational experience for foster care youth by cross-informing the child welfare and educational systems on requirements, policies, rights, and procedures (DHR, n.d.).

Strategy 2.3: The Maryland State Department of Education should continue to work with local school systems to improve uniformity and consistency in definitions, consequences, and implementation of existing federal and state rules and policies regarding suspensions, expulsions, and other disciplinary methods for students across systems and schools.

When children have behavioral challenges inside of the classroom and school, the response from teachers and school administrators is likely to vary considerably across the state. It is important to recognize that many problems considered to be student problems actually are precipitated by poor school or classroom management practices. It also is important to recognize that while there are federal mandates and policies in place, particularly through No Child Left Behind and the Individuals with Disabilities Education Act (IDEA), each local school system has its own set of policies and procedures. Family members in the discussion groups voiced concerns that their children were being suspended multiple times, many upwards of 10 or 20 times. In 2006-2007, statewide, about 43% of suspended students were suspended more than once, equaling 37,906 of the 88,519 students suspended (in-school and out-of-school). Twenty-three percent (23%) were suspended three or more times (Maryland State Department of Education, 2007b). In 2006-2007, the most frequent category listed as a cause of suspensions (in-school and out-of-school) – affecting over 72,000 students statewide – was disrespect, insubordination, or disruption (MSDE, 2007b).

> "Attendance rates, suspension rates, [and] expulsion rates are a significant problem."
> *Community Member, Prince George's County Listening Forum*

More than 77% of out-of-school suspended students received no instruction (Maryland State Department of Education, 2007b, p. 36). This is significant because multiple short-term suspensions have the potential to significantly impact a student's educational trajectory. African-American students represent about 57% of those suspended (in-school and out-of-school), although they make up only 38 % of the student body; boys are more than 68% of suspended students (Maryland State Department of Education, 2007). Similarly, both Baltimore City and Baltimore County have greater rates of out-of-school suspensions than in-school suspensions than other jurisdictions in the state (Maryland State Department of Education, 2007).

Finally, many schools throughout the nation are moving away from punitive disciplinary practices: "Driven by an increasing belief that zero-tolerance disciplinary policies are ineffective, more educators are embracing strategies that do not exclude misbehaving students from school for offenses such as insubordination, disrespect, cutting class, tardiness, and bringing cellphones to campus"(Maxwell, 2007, n.p.). One study found that schools that have been successful in terms of academic achievement, safety, and low numbers of disciplinary referrals have supported teachers with training on positive classroom management techniques and understanding of the root causes of negative behavior, ensured wide promotion and understanding of a school-wide code of conduct, and addressed student sanctions on a case-by-case basis with children and families (Civil Rights Project, Harvard University, 2000).

Strategy 2.4: Local school systems should be encouraged to implement evidence-based practices, programs, supports and services to create opportunities for youth to remain in school and reduce suspensions, expulsions, and violence.

Youth completing the online youth survey voiced their concern about violence – violence both in their schools and in their community. Maryland has already taken numerous steps to address the problem of violence in the schools. On June 3, 2008, a Summit on School Safety Solutions was convened by Dr.

> "I think schools are no longer safe, so schools should be taught over the computer." *Youth, Online Survey*

Nancy S. Grasmick and Congressman Elijah Cummings. This summit was an invitational event designed to assist educators in developing strategies to allow their schools to be safe havens for learning. Elected officials, law enforcement, parents and caregivers, and students participated in the presentations, discussion, and problem-solving sessions. The follow-up to the summit, scheduled for the Fall of 2008, will include additional activities to support safe schools. In addition, MSDE convened a task force on School Safety that issued a report on December 1, 2007. In the report, which is available on the MSDE website, the task force made recommendations for improving school safety.

The Safe and Drug-Free Schools and Communities Act Program supports programs that prevent violence in and around schools; prevent the illegal use of alcohol, tobacco, and drugs; involve parents and communities; and are coordinated with related Federal, State, school, and community efforts and resources to foster a safe and drug-free learning environment that promotes student academic achievement. The program provides funds to the State for the development, training, technical assistance, and coordination of activities and to local school systems and communities to establish, operate, and improve local programs of school and community drug and violence prevention and early intervention. Finally, PBIS (discussed above) is used throughout Maryland schools to create safer and healthier environments for learning. In a recent Maryland group randomized effectiveness trial, school-wide PBIS was found to have positive effects on student outcomes. These effects included fewer students with office disciplinary referrals, fewer suspensions, and a trend of an increasing percentage of students scoring at the proficient or advanced levels on the state achievement test (Bradshaw & Leaf, 2008).

Recommendation 3: Children and youth should have access to comprehensive community- and school-based youth programs whose purpose is to improve academic achievement, create a sense of belonging and promote youth leadership, self-esteem and character-building through the principles of positive youth development and other established standards for intra-curricular and afterschool programming.

Strategy 3.1: Provide greater access to affordable community- and school-based intra- and extra-curricular activities that promote character building and enhance self esteem, building on the many innovative partnerships already in place in jurisdictions throughout Maryland.

"I recommend that they get more afterschool programs because I believe that's the reasons why there is so many gangs and violence." *Youth, Online Survey*

A common theme that arose at many of the listening forums and discussion groups was the need for increased afterschool programming for children. Parents expressed frustration that their children sat at home idle every day and, without programming, often got into trouble. Although some schools offered some afterschool programming, for many the cost of participating was too high. As a result, parents and children requested the creation of more afterschool and weekend programming, in a range of areas including: sports, tutoring, mentoring, music and the arts, and community volunteerism.

"I think there should be more afterschool programs for the older kids who attend public high schools and maybe that can get most of them off of the streets and focused on school." *Youth, Online Survey*

Notwithstanding the perceptions of families, Maryland is already doing a lot to create opportunities for afterschool programming. Nationally, approximately 19% of all students participate in afterschool programming, whereas in Maryland that figure is closer to 80%. All children and youth can benefit from comprehensive community- and school-based youth programs whose purpose is to improve academic achievement, create a sense of belonging and promote youth leadership, self-esteem and character-building through the principles of positive youth development and other established standards for afterschool programming. Afterschool programming is currently provided through a variety of funding sources in Maryland, including local management boards, local school systems, and non-profit and faith-based agencies.

Recommendation 4: Schools across Maryland should be equipped with the resources and materials, as recommended by Maryland State Department of Education, to provide extensive school-based alternative education programs, Career and Technology Education (CTE) programs, apprentice training, and post-secondary education, as well as opportunities for dual enrollment to support students (including returning students up to the age of 21 and special education students), with academic and/or behavioral needs.

Strategy 4.1: Schools across Maryland should continue to work collaboratively with organizations with a focus on workforce development initiatives to provide students with a high school diploma and workforce skills.

In 2006, there were 103,476 students with disabilities in Maryland, 8,848 of whom had an emotional disturbance. Students with emotional disturbances need educational programs that will assist them in developing social skills and increasing self-awareness, self-esteem, and self-control, in addition to assisting them to master academics (MSDE, 2008). Children with emotional disturbances are less likely to graduate from or complete high school; in 2006, only 50.7% of students with disabilities diagnosed with emotional disturbance graduated from or completed high school (Governor's Office for Children, 2007). Recent research has found that "over half the adolescents in the United States who fail to complete their secondary education have a diagnosable psychiatric disorder. The proportion of failure to complete school that is attributable to psychiatric disorder is estimated to be 46%" (Stoep, Weiss, Kuo, Cheney & Cohen, 2003, abstract).

At the discussion group of the leadership of the family-run organizations, many observed that some schools do not try to re-engage those youth who reach the age of 15 or 16 and stop attending school; instead, there was a feeling that the trend is to "push out" these children. Also, it was felt that there are too few available slots for workforce development and General Educational Development (GED) Test activities for youth who have left school. Similarly, families and youth in the listening forums and discussion groups also expressed frustration, finding it difficult to access appropriate services and supports. They reflected on the difficulty they experienced in obtaining an Individual Education Program (IEP) and other services. In particular, there was a sense that many middle and high schools are not as thorough in following the IEP requirements as elementary schools, and that it is more difficult to get an initial IEP for a child in middle or high school. The participants also observed that 504 plans (plans that spell out modifications or accommodations that need to be made for an individual with a disability) are not implemented with fidelity on a consistent basis because faculty do not always believe that they have the same "weight" as an IEP. Finally, there was concern about the lack of services for undocumented children and youth.

There are a number of research-based interventions in Maryland to improve outcomes for students with emotional disturbances and other challenges. These include:

1) Partnering with the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) to build a consistent, evidence-based professional development framework for the early care and education workforce;
2) Expanding the Maryland Early Childhood Mental Health Consultation Project to provide prevention and early intervention services and identification and referrals for children with developmental, socio-emotional, or behavioral concerns; and,
3) Providing grants to local school systems to fund research and best practices to connect students of adoption and their families to support systems and to provide research-based interventions to improve outcomes for students with emotional disturbances (Baglin, 2008).

In addition to these initiatives and simultaneously with this strategic planning process, MSDE's Division of Special Education/Early Intervention Services is collaborating with the Mental Hygiene Administration (MHA), the Maryland Coalition of Families for Children's Mental Health, and the University of Maryland Center for School Mental Health to convene a steering committee to study issues and concerns around meeting the needs of students with emotional disturbance. This steering committee is the outgrowth of two one-day summits held in April and May 2008 in which over 300 family members, advocates, mental health professionals, educators, and State personnel came together to address the needs of students with emotional disturbance in the school setting. This effort will be supported by the Maryland Mental Health Transformation Initiative and will be using data and information gathered at the forums to develop a plan to improve outcomes for children with emotional disturbance and their families.

Youth across Maryland, including those with emotional disturbance and other disabilities, want very much to be successful in school and adulthood. Youth who completed the online youth survey overwhelmingly indicated that their number one goal was to graduate from high school and attend college or find gainful employment. Maryland measures the dropout rate as "[t]he percent of students in grades nine through twelve who drop out of school in a single year." In 2004, the national drop-out rate was 4.7% while Maryland's rate for the same year was 3.9%. In 2006, the Maryland drop-out rate had fallen to 3.6%, which represents a steady improvement from the 1993 rate of 5.4% (Governor's Office for Children, 2007a).[5]

Maryland currently has approximately 120,000 students in its Career and Technology Education (CTE) programs which are aligned with industries. Maryland does not offer a differentiated diploma but instead has a single diploma. As a state, Maryland is continuing to ratchet up an already robust program to support youth through the Career and Technology Education Programs.

Recognizing that all youth do not go to college, it is important that the Children's Cabinet and community partners provide these youth with the skills and training to go into the workforce and secure employment upon graduation from high school. With a two-fold goal of accelerating the rate at which Maryland's youth are ready for continued learning, work and life by age 21, and increasing the leadership capacity of the people who are accountable for this result, the Children's Cabinet sponsored a planning process that resulted in an action agenda titled *Ready by 21: A Five-Year Action Agenda for Maryland.*

> "We need more alternatives for high school students who aren't finding success in traditional settings."
> *Community Member, Anne Arundel County Listening Forum*

Goal #5 in the *Ready by 21: An Action Agenda for Maryland (*Governor's Office for Children, 2007, p. 26) is that "All Maryland's youth, with an emphasis on vulnerable youth, will be prepared to successfully transition into post-secondary education, advanced training and the workforce." The strategy that was given highest priority was to "provide all youth the support services necessary for the successful transition to further education, training and employment"(p.27). An additional strategy was to "provide all youth with a career plan that articulates their goals and documents the pathways to the necessary education, training and employment to achieve those goals" (p.26).

In an analysis of effective programs to reconnect youth who have dropped out of school, Martin & Halperin (2006, p.2) observed that "effective dropout reconnection efforts are comprehensive, youth-centered, flexible, intentional, pragmatic, and inclusive of extensive post-graduation follow-up." They go on to state that, when youth who are successfully completing a second-chance recovery program are asked why the recovery program worked where their former high school did not, the response is that they no longer feel like a failure and feel that they are part of a family that genuinely looks out for them and is dedicated to their success:

> *They describe satisfying relationships with caring teachers and counselors who treat them like responsible adults and expect the best of them...Students also emphasize their preference for hands-on, contextualized learning, or experiential education—internships, apprenticeships, field work—that demonstrate the relevance of classroom learning to their present lives and future careers. They appreciate demanding teachers, clear rules, and the flexibility to recover lost credits or accelerate their learning—elements often lacking in their previous schools (Martin & Halperin, 2006, p.3).*

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[5] Note: Maryland records the dropout rate for grades 9-12, but the national rate is computed for grades 10-12, so the rates are not completely comparable.

Conclusion and Next Steps

During the start of FY09, the Children's Cabinet will be developing a companion implementation plan for the Children's Cabinet and incorporating this plan into Agency strategic plans. The Children's Cabinet will continue to work on ongoing initiatives and embark on new strategies to support a more family- and youth-driven and focused, individualized, community-based, and culturally competent child-family serving delivery system

Maryland's Departments of Juvenile Services and Human Resources were selected out of a national pool of applicants to participate in the first-ever *Breakthrough Collaborative on Juvenile Justice and Child Welfare Reform*, hosted by the Georgetown University Center on Juvenile Justice Reform and Casey Family Programs. This year-long national leadership initiative will include participation from a Judge and a State Senator, and DHMH, MSDE, families, youth, and community members will also be actively involved. This Collaborative is designed to identify and test innovative system change strategies to improve outcomes for youth who are involved with both child welfare and juvenile justice agencies. Participating in the Breakthrough Collaborative is an indication of the Children's Cabinet's individual and collective commitment to improving outcomes for children, youth and families, particularly those with or at-risk for multi-system involvement.

Recommendation and Strategy Chart

During the start of FY09, the Children's Cabinet will be developing an implementation plan for the recommendations and strategies contained in this strategic plan. In preparation for the development of the implementation plan, the level of investment required and degree of difficulty anticipated to implement each strategy was assessed. The following chart contains those initial estimates; in those instances where there are subparts to a strategy, the ranking is assigned to the entire strategy. As part of the development of the implementation plan there will need to be a detailed analysis of the cost and difficulty of each strategy.

Recommendation and Strategy Chart Legend:

Level of Investment: The amount of funds required to implement the strategy, either through redirection of funds or identification of new funds. (Note: In some instances, additional investments of time or resources may be required after the initial strategy has been implemented. This chart does not capture any future or ongoing investment; that will be a part of any implementation plan that follows.)

$ **Low**: Would require reallocation of existing resources or staff at no additional cost or a cost of up to $250,000 needed in new funding.

$$ **Medium**: Moderate amounts of new funding would be needed, including staff time to implement the strategy. $250,000 to $1 million cost to implement.

$$$ **High**: A large investment of new funds would be necessary, including implementation costs and staff time. $1 million or above.

Degree of Difficulty: The complexity, volume of work required and degree to which the strategy requires changes in how people work together in Maryland.

    Low: Somewhat or not difficult to begin implementation due to the complexity of the issue, degree to which people need to change how they work together, and/or volume of work needed prior to implementation.

    Medium: Moderately to somewhat difficult to begin implementation due to the complexity of the issue, degree to which people need to change how they work together, and/or volume of work needed prior to implementation.

    High: Very to moderately difficult to begin implementation due to the complexity of the issue, degree to which people need to change how they work together, and/or volume of work needed prior to implementation.

THEME: FAMILY AND YOUTH PARTNERSHIP			
Families and youth should be well-represented, engaged and empowered in every facet of the child-family serving system—at the state and local policy levels, at the quality assurance levels, and at the service delivery levels.			
Recommendation	**Strategies**	**Level of Investment**	**Degree of Difficulty**
Recommendation 1: The Children's Cabinet should affirm its commitment to family and youth partnership throughout the child-family serving system.	1.1 The Children's Cabinet should reaffirm a policy of family involvement, engagement and partnership and ensure that all future policies reflect this commitment to family-driven practice.	$	(one dumbbell icon)
	1.2 Families and youth should be participants in monitoring quality assurance for programs and services.	$	(one dumbbell icon)
	1.3 Children's Cabinet Agencies should be mindful of how legislation affects children and families and comment to that effect in position statements issued on legislation that each Department reviews.	$	(one dumbbell icon)
	1.4 Families and youth should be involved in the development and provision of trainings in order to model the partnership in front of the participants and to ensure that family perspective is a dimension of all trainings.	$	(two dumbbell icons)
Recommendation 2: Families and youth should be full partners in identifying their strengths and needs and planning the services and supports in which they are participating.	2.1 Families and youth should be involved whenever key service decisions are made regarding their own families.	$	(one dumbbell icon)
	2.2 Families and youth should be fully informed and engaged in the completion of their own functional assessments.	$	(one dumbbell icon)

THEME: INTERAGENCY STRUCTURES			
Interagency structures need to be redesigned to support the culture shift to a more individualized, family-centered service delivery system. Communication needs to flow easily between the state and local levels, as well as between and across agencies, systems, community members and families.			
Recommendation	**Strategies**	**Level of Investment**	**Degree of Difficulty**
Recommendation 1: The Children's Cabinet should ensure that there are regular opportunities for direct communication between the Local Management Boards and Children's Cabinet or Children's Cabinet Results Team.	1.1 Establish a mechanism for regular communication between the Children's Cabinet Results Team and the Local Management Boards to ensure that State policy is being achieved and that local opportunities, needs and resources are understood.	$	⚫
Recommendation 2: There should be a commitment from all child-family serving agencies at the state and local levels to support an improved interagency structure and individualized plans of care for children and families.	2.1 Children's Cabinet Agencies should expand the use of Child and Family Teams, particularly when a child or family presents a challenge that could result in out-of-home placement, more restrictive services and/or in multi-system involvement.	$$	⚫⚫

	2.2 The CCRT should immediately convene a state-local workgroup on interagency structures, including crafting legislation and regulations. The workgroup should include state, local, family and community representatives, with membership determined by the CCRT.
	
	    2.2.1 The workgroup should recommend establishing or reconfiguring a local interagency structure to serve as an open door for families when they begin to recognize unmet, escalating needs in their children, especially when children do not otherwise qualify for services. This structure should:
	    a. Be a family-driven process with individualized care planning;
	    b. Provide funds for service planning teams to use flexibly in supporting individualized services and supports;
	    c. Support locally designed systems that utilize existing resources; and,
	    d. Have a locus of accountability for the identified population across agencies and systems
	
	    2.2.2 The workgroup should explore various technologies and systems design models to improve population accountability across systems, including administrative service organizations and care management entities.
	    2.2.3 The proposed statutory and regulatory changes should address:
	    b. The Local Coordinating Council (LCC) structure, including the removal of the requirement to develop plans of care and the requirement for families to have a lead agency in order to access the LCC;
	    c. The State Coordinating Council (SCC) structure, to ensure it is consistent with the other interagency structures in Maryland, including any changes to the LCC;
	    d. The Community Services Initiative (CSI), to provide for increased flexibility in eligibility criteria and entrance into the
		$	⚫⚫

	program; e. Effective communication mechanisms between the Children's Cabinet, CCRT, SCC, LMB, and LCC, or whatever structures are crafted; f. Any legislative or regulatory barriers to serving youth 18 years or older in Maryland facilities; and, g. Increased local control and flexibility over funding for service delivery, consistent with structural changes being made and balanced with appropriate State oversight. 2.2.4 The workgroup should assess the need for a single statutory "home" for all regulations related to Children's Cabinet interagency teams and structures.		

THEME: WORKFORCE DEVELOPMENT AND TRAINING			
A concerted effort must be made to improve the overall quality of the workforce in child welfare, juvenile services, education, children's mental health, developmental disabilities and substance abuse. Child-family serving agencies must share responsibility for improving the quality and accessibility of training and the use of strategies to improve worker recruitment and retention.			
Recommendation	**Strategies**	**Level of Investment**	**Degree of Difficulty**
Recommendation 1: The child-family serving agencies should ensure greater accessibility, consistency and quality in workforce training and practice, particularly around core competencies and standards for mental health and substance abuse care and treatment, safety and risk of maltreatment, child development, education, family-centered practice models, family and youth partnership, systems, and cultural competency.	1.1 The Children's Cabinet Results Team (CCRT) should collaboratively identify the workforce core competencies from each of the Agencies to generate a set of core competencies for the child-family serving system. The core competencies should include family and youth engagement and partnership, child development, safety and crisis planning, systems/laws/mandates, child maltreatment, accessing special education, family-centered practice models, and cultural competency.	$	
Recommendation 2: The Children's Cabinet should revise and improve case management practices in order to enhance worker retention and child and family outcomes.	2.1 DHR and DJS should examine caseload levels in child welfare and juvenile services to see how they correspond with established workforce standards.	$	
	2.2 The Children's Cabinet should examine and consider using components of a uniform protocol for case management across child-family serving agencies that focuses on data, assessments and outcomes in the development of individual case plans.	$	

| THEME: INFORMATION-SHARING			
Maryland should support and promote effective, timely, and appropriate information-sharing across agencies. There should be a joint understanding of children who are at-risk for involvement with multiple child-family serving agencies and the shared responsibility and ability for early identification and intervention with and on behalf of these children and families.			
Recommendation	**Strategies**	**Level of Investment**	**Degree of Difficulty**
Recommendation 1: The Children's Cabinet should engage in the development of an information-sharing protocol to enable appropriate information-sharing among families, agencies and community providers to support individualized service planning to achieve better outcomes for children, youth and families.	1.1 The Children's Cabinet should engage in a Maryland Youth and Family Information Sharing Protocol (MYFISP) to bring together all stakeholders to assess the current systems and structures and embark on the creation of an information-sharing protocol. Among the steps in the process, there could be: a. An identification of the barriers to information-sharing under the Maryland Code, Human Services Article and determination of the necessary steps to remove those barriers, working in conjunction with the Administrative Office of the Courts and the Human Services Workgroup; b. A mapping of the information systems of each agency, including the types of information that are collected and in what format the information is organized; c. A review of the recommendations and tools that have been created in Maryland previously to identify and/or create core intake, screening, assessment, and consent components, forms and tools for use by all of the child-family serving agencies; d. An effort to ensure that components of the protocol are implemented to the extent possible based on financial, legal and other considerations identified during the process of developing the protocol; e. An understanding of the instances in which youth and families may not wish to engage in information-sharing; and, f. Creation of a campaign to build public will, engagement, partnership and education with families and youth to ensure the success of the protocol.	$	

THEME: ACCESS TO OPPORTUNITIES AND CARE

Prompt access to opportunities and appropriate resources empowers families and youth to address identified needs, build on strengths, and participate in individualized services and supports. Families and youth should receive timely and respectful support to navigate systems.

| Recommendation	Strategies	Level of Investment	Degree of Difficulty
Recommendation 1: Families and youth should have access to support and assistance and make connections with appropriate opportunities and resources to address identified needs and enhance strengths and assets.	1.1 There should be an assessment of all existing Local Access Mechanisms (LAM), including single points of entry/access and systems and family navigators, to determine which specific strategies have been found to be most useful and effective, as well as cost efficient. 1.1.1 The assessment should address issues of capacity, cost, and outcomes and should examine the ability of Local Access Mechanisms to meet the needs of Children's Cabinet Agencies, including their frontline workforce. 1.1.2 The findings should be used to inform decision-making and budget allocations and to improve access across Maryland.	$	🏋🏋
	1.2 The Children's Cabinet should explore how information regarding services, resources and opportunities are communicated to workers at child-family serving agencies to ensure that those children and families who most need services are provided with the opportunity to access them.	$	🏋🏋
	1.3 Children's Cabinet Agencies should maximize access to care by streamlining internal forms, applications and requirements to the extent possible where efficiencies can be identified so families can more readily access services they need in a timely and efficient manner.	$	🏋🏋

THEME: CONTINUUM OF OPPORTUNITIES, SUPPORTS, AND CARE
There is a need for the Children's Cabinet to agree on a continuum of opportunities, supports, and care, including evidence-based and promising practices, and work toward ensuring that appropriate levels of services and supports are available to every jurisdiction and community to meet their specific population needs, with the intent of improving outcomes and reducing out-of-home placements.

| Recommendation	Strategies	Level of Investment	Degree of Difficulty
Recommendation 1: The Children's Cabinet is committed to the creation of a full community-based continuum of opportunities, supports, and care that is developed in partnership with local jurisdictions, families and the provider community to meet the specific, individualized needs of children and families. The Children's Cabinet should prioritize efforts to safely and effectively serve children in their own homes by expanding the continuum of services. These efforts should include increased diversity, quality, and accessibility of in-home services with an emphasis on reunifying children with their families at the earliest possible time. Services should be culturally competent and responsive, and children should receive all supports to which they are entitled.	1.1 The Children's Cabinet should support the development of community-based resources that are responsive to the identified needs of youth for whom there have been disparities or uneven availability of services within current budgetary resources.	$	(difficulty: 2)
	1.2 The State should ensure that the Managed Care Organizations (MCO) provide children who are covered by Medicaid with all of the services to which they are entitled under Early Periodic Screening, Diagnosis and Treatment (EPSDT) and that all of these services and supports are fully maximized. Each Children's Cabinet Agency should study the level of services children receive from the MCO system and how these services could be integrated into an overall service continuum, with support and technical assistance from Maryland Medicaid.	$	(difficulty: 2)
	1.3 The Children's Cabinet Agencies should support the workgroup convened by DHMH, in partnership with MCOs and substance abuse treatment providers, to review and ensure access to and provision of substance abuse services, including community-based treatment.	$	(difficulty: 1)
	1.4 The Children's Cabinet should support the use of home visiting programs across Maryland that align with the outcomes that the Children's Cabinet Agencies are seeking to achieve.	$$	(difficulty: 1)
	1.5 The Children's Cabinet should use existing State funds to garner federal funds to support the expansion of Care Management Entities using a High Fidelity Wraparound service delivery model statewide for the population of children entering or at-risk of entering a residential treatment center.	$	(difficulty: 2)
Recommendation 2: The Children's Cabinet should work collaboratively to serve children who are in an out-of-home placement in their home schools and communities more effectively with fewer placement disruptions resulting in better permanency outcomes for children and families.	2.1 The State should increase the number of high quality foster homes to keep children close to their families and home schools.	$	(difficulty: 2)
	2.2 The State should expand and improve supports for foster homes and children in foster homes to minimize disruptions and re-placements.	$	(difficulty: 2)
	2.3 For children removed from parental custody, there should be an increase in efforts to locate, engage and support relatives as caregivers (kinship care).	$	(difficulty: 1)
Recommendation 3: There should be a commitment to diverting youth from	3.1 The Children's Cabinet should review the outcomes of the CINS Diversion Pilot Projects and consider supporting the replication of the pilot projects statewide, based on those results.	$	(difficulty: 1)

detention and commitment within the juvenile justice system. Subject to the availability of funding, consideration should be given to an expansion of the availability and use of delinquency prevention and diversion services with a focus on creating a range of community service and education options while increasing empathy and caring in youth.	3.2 The State should review and consider increasing the capacity, diversity and quality of alternatives to detention to reduce inappropriate or unnecessary confinement. 3.2.1 Alternatives to detention should be designed to accomplish secure detention's purposes, which are primarily to ensure court appearance and to minimize risks of serious re-offending. 3.2.2 Alternatives to secure confinement should provide alternative sanctions, effective community supervision and youth development opportunities, including educational, employment and treatment options. 3.2.3 Criteria and procedures should be designed and implemented by the Department of Juvenile Services in consultation and partnership with community providers and families to ensure that genuinely confinement-bound youth are placed in programs funded as alternatives to secure confinement. Program performance should be routinely monitored to demonstrate that youth are actually being displaced from secure confinement and to ensure positive youth outcomes. 3.2.4 Local school systems should continue to be supported in their efforts to provide an adequate and appropriate education to all children, including those involved with the juvenile justice system. 3.2.5 Youth in diversion programs should be provided access to opportunities for asset development.	$$$	
	3.3 The Department of Juvenile Services should improve the quality of community supervision for children placed on probation with an emphasis on family-focused interventions. Community supervision services should be adapted to effectively meet the needs of youth on probation and aftercare status.	$	
	3.4 The Children's Cabinet Agencies should be informed of the recommendations from the Kaizen Project, be involved in the ongoing planning, and provide technical assistance to Local Management Boards to support the implementation of the statewide gang intervention/prevention plan where possible.	$	
Recommendation 4: The Children's Cabinet should continue to make a commitment to utilizing evidence-based and promising practices to ensure that effective community education, opportunities, support, and treatment options are available to the children, youth and families for whom they are appropriate.	4.1 The Children's Cabinet should develop a prioritization and implementation plan for evidence-based and promising practices in Maryland.	$	
	4.2 Consideration should be given, subject to the availability of funding, to the development and implementation of promising practices with clear and measurable goals and a process for accumulating practice-based evidence to validate the effectiveness of the practice.	$	
Recommendation 5: All families in Maryland should have access to affordable healthcare, which includes services for mental health, substance abuse and family counseling services.	5.1 The Children's Cabinet should continue to support Maryland's initiative to expand health care coverage to uninsured Marylanders by expanding Medicaid to cover parents of children who are up to 116% of the Federal Poverty Level for Medicaid services and by providing insurance premium assistance to small businesses with low income workers.	$$$	

THEME: FINANCING
The Children's Cabinet should identify and prioritize the results that it collectively wants to achieve and should align funding accordingly, with a balance of flexibility, accountability, and commitment to outcomes

Recommendation	Strategies	Level of Investment	Degree of Difficulty
Recommendation 1: The Children's Cabinet should support the realignment of the Children's Cabinet Interagency Fund with the goals and priorities of the Children's Cabinet to meet identified needs. Any increase in local control and flexibility over funding for service delivery dollars and supports must be tied to outcomes, priorities and standards of care as identified by the Children's Cabinet, in addition to meeting any requirements imposed by outside funding sources. Local jurisdictions, families and communities should partner with the Children's Cabinet to develop services and supports that meet identified local needs and are in alignment with local priorities, in addition to Children's Cabinet goals.	1.1: The Children's Cabinet should align the distribution of monies from the Children's Cabinet Interagency Fund with its priorities and goals.	$	(difficulty icons)
	1.2 The Children's Cabinet should require that any funds distributed from the Children's Cabinet Interagency Fund be clearly tied to articulated performance expectations and standards for accountability.	$	(difficulty icons)
	1.3 The Children's Cabinet should develop expertise on performance-based contracts to support the provision of effective services.	$	(difficulty icons)
	1.4 The Children's Cabinet should prioritize financial support for family-centered and culturally-competent evidence-based and promising practices, including family and youth peer support structures and organizations and gender-specific interventions.	$$	(difficulty icons)
	1.5 The Children's Cabinet should develop a financing plan to correspond with the evidence-based and promising practices prioritization and implementation plan. One future component of the financing plan could include an exploration of federal fund maximization.	$	(difficulty icons)
	1.6 The Children's Cabinet should encourage the local units of their agencies to develop home- and community-based resources that are based on local needs assessments in addition to the Children's Cabinet's priorities.	$$	(difficulty icon)
	1.7 The Children's Cabinet should develop an annual briefing that articulates the programs and initiatives under way in each Agency on behalf of children and families. The briefing should clearly articulate measurements for success and highlight proposals for expansion to help eliminate redundancies and move toward a more comprehensive understanding of Agency efforts and priorities.	$	(difficulty icons)
Recommendation 2: The Children's Cabinet should pursue and support innovative financing structures that have the ability to infuse additional resources into the child-family serving system. These structures may result in the redirection of funds from deep-end costs to effective front-end opportunities, services and initiatives.	2.1 The Children's Cabinet should explore various innovative financing structures that that will provide an infusion of resources to address identified priorities. This could include identification of opportunities for federal fund maximization, with an understanding of the limitations on these funds and the risks involved, as well as an emphasis on obtaining private funding to support community initiatives.	$	(difficulty icons)
	2.2 The Children's Cabinet should explore opportunities to engage in reinvestment strategies that enhance programs in the child-family serving systems without requiring additional funds.	$	(difficulty icons)
	2.3 The State should study Medicaid payment rates for therapeutic behavioral services and children's psychiatric rehabilitation program (PRP) services.	$	(difficulty icon)

Recommendation 3: Maryland should serve children and youth eligible for residential treatment centers efficiently and effectively through a Care Management Entity using High Fidelity Wraparound while maximizing state funds by drawing down federal match dollars wherever possible under the 1915(c) Psychiatric Residential Treatment Facility (Residential Treatment Center) Waiver.	3.1 The Children's Cabinet should support the implementation and utilization of the Residential Treatment Center Waiver (1915(c) Psychiatric Residential Treatment Facility Waiver) across the state, within the constraints of the State budget.	$	
	3.2 The Children's Cabinet should consider creating and using case rates for high utilization populations to allow greater local flexibility and individual service planning and delivery, within the constraints of the budget and federal and state laws, regulations and requirements.	$$	

THEME: EDUCATION

The education system is the one child-family serving system that touches nearly every child in Maryland. Increasingly, these programs include pre-school programs and programs related to the transition of youth to employment. Services and supports within the education system need to address the diverse needs of children and youth to enable them to be successful in life. Children and youth should be able to access traditional and non-traditional services and pathways, child- and family-centered resources, and opportunities for growth and learning in their own communities to reduce the likelihood of out-of-home placements and other poor outcomes. Local education programs need to focus greater attention on creating safe and supportive learning environments and workforce development strategies.

Recommendation	Strategies	Level of Investment	Degree of Difficulty
Recommendation 1: The State should continue to invest in high quality early education and pre-kindergarten programs for all children.	1.1 The State should continue to build on its early care and education initiatives, with priority for early education programs given to children who are at-risk due to poverty, disability, or other circumstance.	$	(1 difficulty icon)
	1.2 The State should continue to support and encourage local school systems to implement core reading programs for children in kindergarten through grade 3 that meet the criteria for scientifically based reading research.	$	(1 difficulty icon)
Recommendation 2: Schools in Maryland should be supported to engage in family and youth-centered practices to reduce disciplinary actions and improve outcomes by building on a number of successful practice-shifts and interventions that have been implemented in schools across the state.	2.1 The Maryland State Department of Education should continue to collaborate with the Department of Health and Mental Hygiene to create linkages between Positive Behavior Interventions and Supports (PBIS) and school-based mental health services with a goal of expanding to all Maryland public schools.	$$	(1 difficulty icon)
	2.2 For children in out-of-home care, the State should ensure that placements allow children to remain in their home school whenever possible and when consistent with their educational needs. Workers should be oriented to the State's handbook on foster care children, particularly the chapter on the education of foster children. This handbook should be broadly available on DHR and MSDE's websites and statewide dissemination should be incorporated into workforce training, particularly for those workers involved with placement decisions.	$	(2 difficulty icons)
	2.3 The Maryland State Department of Education should continue to work with local school systems to improve uniformity and consistency in definitions, consequences, and implementation of existing federal and state rules and policies regarding suspensions, expulsions, and other disciplinary methods for students across systems and schools.	$	(3 difficulty icons)
	2.4 Local school systems should be encouraged to implement evidence-based practices, programs, supports and services to create opportunities for youth to remain in school and reduce suspensions, expulsions, and violence.	$$	(2 difficulty icons)
Recommendation 3: Children and youth should have access to comprehensive community- and school-based youth programs whose purpose is to improve academic achievement, create a sense of belonging and promote youth leadership, self-esteem and character-building through the principles of positive youth development and other established standards for intra-curricular and afterschool	3.1 Provide greater access to affordable community- and school-based intra- and extra-curricular activities that promote character building and enhance self esteem, building on the many innovative partnerships already in place in jurisdictions throughout Maryland.	$$	(1 difficulty icon)

programming.			
Recommendation 4: Schools across Maryland should be equipped with the resources and materials, as recommended by Maryland State Department of Education (MSDE), to provide extensive school-based alternative education programs, career and technology education programs, apprentice training, and post-secondary education, as well as opportunities for dual enrollment to support students (including returning students up to the age of 21 and special education students), with academic and/or behavioral needs.	4.1 Schools across Maryland should continue to work collaboratively with organizations with a focus on workforce development initiatives to provide students with a high school diploma and workforce skills.	$$	

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List of Appendices

NOTE: All appendices are available from the Governor's Office for Children website (www.goc.state.md.us) and are not attached to this document.

Appendix A: Syntheses from the Listening Forums and Discussion Groups
- Listening Forums
    - Baltimore City, December 13, 2007
    - Talbot County, February 5, 2008
    - Washington County, February 25, 2008
    - Anne Arundel County, February 28, 2008
    - Prince Georges County, March 6, 2008

- Family and Youth Discussion Groups
    - Montgomery County,　November 17, 2007
    - Baltimore City, February 9, 2008
    - Wicomico County, February 23, 2008
    - Spanish Speaking (Montgomery County), April 19, 2008

- Leadership of Family Run Organizations Discussion Group (Baltimore City, December 18, 2007)

- Foster Care Advisory Board Discussion Group (Baltimore City, March 26, 2008)

Appendix B: Surveys
- General survey
    - Introduction Letter
    - Survey
    - Survey Responses

- Youth Survey
    - Survey
    - Survey Responses

Appendix C: Partners Council Meeting Notes (Full Council & Workgroups)

Partners Council Meetings
January 7, 2008
March 3, 2008
May 12, 2008
June 2, 2008

Workgroup Meetings
Access and Continuum of Care Workgroup
January 25, 2008　　　April 7, 2008
February 4, 2008　　　April 21, 2008
February 12, 2008　　May 5, 2008
March 3, 2008　　　　May 19, 2008

Communication and Collaboration Workgroup

January 25, 2008	March 18, 2008
February 7, 2008	April 7, 2008
February 14, 2008	April 21, 2008
March 4, 2008	May 5, 2008
	May 19, 2008 (No notes—discussion only)

Opportunity, Intervention and Protection Workgroup

January 25, 2008	April 9, 2008
February 4, 2008	April 22, 2008
February 11, 2008	May 5, 2008
March 3, 2008	May 19, 2008
March 17, 2008	

Appendix D: List of Synthesized Strategic Planning Documents