SUMMARY

On Thursday, December 13, 2007, the Innovations Institute at the University of Maryland, Baltimore (with the School of Social Work at the University of Maryland, Baltimore and Johns Hopkins University) and the Maryland Coalition of Families for Children’s Mental Health facilitated four listening groups. The purpose of these listening groups was to learn about stakeholders’ experiences with one or more of the public child-serving systems: the Department of Health and Mental Hygiene (DHMH), including the Alcohol and Drug Abuse Administration (ADAA), the Developmental Disabilities Administration (DDA), and the Mental Hygiene Administration (MHA); the Department of Human Resources (DHR); the Department of Juvenile Services (DJS); and/or the Maryland State Department of Education (MSDE). The goal was to discern from these participants what had worked for them, what had not, and what recommendations they had for improving the systems.

The number of pre-registered participants for the listening forum totaled 120. The actual number of people present for the listening forum was approximately 80. This decrease was attributable to, in large part, forecasts of icy weather on the day and into the evening of this listening forum. This represents a 67% “show rate.” Although attendance was a bit lower than we had expected, the people who did attend represented a good cross section of our targeted audience. In addition to senior staff from all four agencies and the Governor’s Office for Children, present were: educators, family members, youth, advocates, agency personnel, community service providers and public defenders.

After a brief introduction by Michelle Zabel and Secretary John Colmers (Department of Health and Mental Hygiene), attendees were divided into four smaller groups. The four smaller break-out listening groups were organized from those in attendance. The total number of participants in each group ranged from twelve up to twenty-five people. Each break-out listening group was staffed with a facilitator, co-facilitator, and a recorder.

From these groups, interagency and agency specific common themes emerged. The interagency common themes described below are those that resonated with stakeholders, regardless of which system(s) they were involved.

INTERAGENCY COMMON THEMES

- Stakeholders cited the lack of emphasis on prevention. Stakeholders indicated that the systems are constantly in a reactive crisis mode. Stakeholders desired the development of proactive strategies that provide support and assistance to children and families to avoid their formal entry into these systems.

- Stakeholders identified the need for a “better flow” of effective, timely and accurate collection and sharing of relevant data concerning children and families across systems. Stakeholders were very vocal in expressing frustration in how the lack of access to such information on youth/families involved in other systems can result in service delays,
duplication, and incomplete planning efforts. Participants expressed a need to understand the limits and opportunities for the type of information that can be shared. For example, schools need access to the immunization records of youth involved in child welfare who are enrolling in another school.

- Stakeholders highlighted funding (includes insurance coverage issues) for services as a common theme. The funding discussions focused on the inadequacy of funding for specific services i.e. substance abuse treatment; and/or eligibility requirements to access funded services; and/or the absence of funding for other services; funding to adequately compensate providers. Participants expressed the concern that funding remains “siloed” within each child serving public agency. This “siloing” was both costly and ineffective. Funding should follow the youth/family.

- Stakeholders expressed the need for strong workforce development. The specific areas that were discussed under the general workforce development framework included staff training, support, and retention. Listening group participants cited the supply/availability of certain trained professional as being inadequate and that those professionals currently on the job required more training.

- Stakeholders voiced the need for greater coordination, collaboration, and communication between and among the principle child serving agencies. Participants felt that current resources and community programs could be better utilized and maximized if cross-system coordination, collaboration, and communication was practiced.

- Stakeholders noted transition issues frequently in their comments. Transition themes related to youth aging out of one or more systems, youth moving from one program/service to another with the same system, and youth moving between the four primary child serving agencies.

The agency-specific common themes that were captured across each of the four break-out groups are described below by agency.

**AGENCY-SPECIFIC COMMON THEMES**

**Education**

*Agency Strengths (What’s Working Well)*

- Baltimore City (and some counties) has been successful in providing school-based mental health services in their schools. (Approximately 88 schools have mental health services on-site.) Expanded school based mental health services. Also the expansion of pre-K classes across the State.
- In some regions of the state graduation rates are as high as 90%; we need to recognize students who are doing well academically.
- Positive Behavior Interventions and Supports (PBIS) programs have been successful in reducing suspensions and expulsions, and they have been expanded throughout the state.
- **Maryland waives tuition for post-secondary education for children in foster care.** If this covers former foster care children, which we believe it does, better outreach is needed so former foster care children are made of this benefit available to them.
- **Expansion of after school opportunities such as ROOTS.**
- **Stakeholders stated that the uniform assessment process for all children in every public school throughout the State is working well.**
- **There is a community school with a relationship with the School of Social Work.** Teachers or principals can refer children who have issues the teachers cannot handle. They have family interventions and meet with families outside of the school as well. Services are available, and there does not seem to be a stigma attached to going to this group.
- **In-school suspension.** Takes kids off the street and puts them in an educational setting. They receive some level of discipline while remaining in an educational setting and off of the street. This is an innovative idea being implemented by the new superintendent in Baltimore City.
- **Movement toward choice in schools i.e. charter and specialized schools.**
- **Community Conferencing Center.** Trained conference leaders have been going into schools at the request of the schools to resolve conflict, often between individuals outside of the school and individuals inside the school.
- **Parent Community Involvement Office.** This office is doing an excellent job providing outreach to parent liaisons. They have been providing information to schools and back to parents.
- **Partnerships between universities and public schools and mental health.**

**Agency Challenges (What’s Not Working)**

- **Suspension and/or Expulsions:** Schools are too focused on behavior and discipline at the expense of academics. Unaddressed behavior and disciplinary issues result in students who are often suspended or expelled going home without any supports (not given assignments or anything to do, not referred to services, etc.). Truancy, suspensions and/or expulsions are a major cause of students dropping out and becoming involved with other systems (i.e. DJS). Schools make it clear they do not want these students back.
- **Transition issues:** Education is not tied to practical experience; youth transitioning out are not academically prepared for college or life on their own. Need more vocational skills/opportunities for students who are not headed to college. Meeting the educational needs of foster care children who move out of the area and need to change schools.
- **Outreach and Transportation issues:** Schools need to conduct greater outreach; they need to be more involved in their community, and they need to provide transportation to help parents stay involved.
- **Parental involvement:** Need to teach parents how to advocate for their child’s IEP. Need to retain and involve more parents in their children’s education.
- **Policy Issues:** Need to re-evaluate the policy that allows youth to dis-enroll from school at age 16 years.
- **Staff Resources:** Not enough professional developmental childcare statewide. Need more specialized and certified teachers. Need to improve qualifications for teachers.
- **Communication:** Information is not being disseminated well enough through the school system, especially if it goes home through the kids.
IEP and special education services. Information is not being given to DJS on-time or to other agencies on time regarding IEPs and special education services. There are children in high school who are in institutions who are not receiving what they would be receiving if they were in a regular school. They come out of the institutions and are very far behind where they would be.

No process to identify a child who is misplaced in a class.

Special Education: Overcoming the perception that children in special education are not intelligent. Schools need to understand that special education has bright children in it, and that children might not require special education services throughout their entire academic career. Special education services are poor unless you are wealthy and can pay out of pocket.

Processing Traumatic Events: Working with youth who experience violence, the successful suicide of a classmate, and those who have attempted suicide.

Recommendations for Improvement

- Truancy/violence prevention programs. Several programs were cited as models to decrease truancy and violence, they included: Wombworks (a theatre group that addresses relevant issues in the community through drama), mentoring, and after school programs.
- Teach parents how to “parent.”
- More support systems for teachers. Specifically, educators need to be trained to understand mental health and behavioral health issues and developmental disabilities or they need to have access to mental health professionals who are on-site to assist with managing the behaviors of youth.
- School-based health services to address physical fitness, nutrition, family planning/sex education, and obesity.
- Increase and improve methods (phone calls and mail) of maintaining communication between parents and the schools.
- Assessments and other services need to be the same inside institutions.

BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES

Agency Strengths (What’s Working Well)

- Presence of mental health and substance abuse counselors in schools.
- There are new, innovative systems that can get families/parents into drug treatment within 48 hours. Baltimore has been successful with its Family Recovery program. It has been reducing parental substance abuse and has been a means to help bring families back together.
- Good early childhood mental health in pre-school. We applaud the state’s adoption of the early childhood prevention model (evidence-based practice). Early childhood / mental health is using an outcomes management system.
- There has been some effort to start with evidence-based treatment practices.
- There has been some recognition of expertise outside the agency.
- Wraparound is limited in size but it organizes services around the needs of the families.
  o Willingness entrenched in the system to be flexible to meet the individualized needs of kids particularly by CSA to keep kids at home (Specific to Wraparound)
- Very good providers, strong training programs and schools.
- Capacity to provide special support for families in need such as utility services, food services, etc for families receiving mental health services.

Agency Challenges (What’s Not Working)

- **Transition:** How youth are transitioned from residential treatment centers back to the community. These youth need supports and appropriate placements. For children leaving the system with mental health issues, we need better access to structured care. We cannot utilize a wraparound model when the child has no family.

- **Shared Responsibility:** DHMH / DDA and DHR / DSS often battle on who takes care of the children. Who should be serving these youth? DDA fights against co-commitment. No one is taking responsibility for these children.

- **Collaboration:** While the Secretaries are working well together, this spirit of collaboration is not trickling down to the worker level.

- **Assessment:** Inability to accurately assess youth in hospitals / emergency rooms.

- **Payment/Compensation:** Behavioral health needs to reassess case rates for psychiatric rehabilitation programs to allow for a more family-centered vs. client/medical-centered model. Billing through a fee for service method compartmentalizes system for families. Can’t afford to work as a Medicaid provider because of low reimbursement rates.

- **Funding:** Need to move funding from deep end to preventative end with in-home services.

- **Including parents.** A family member stated that “…parent needs to be involved in the meeting to help the child transition.” “… how can you possibly create a plan for my son if I’m not at the table?” The son will tell them what he wants them to hear, but the mom will tell them the truth. They didn’t intentionally leave out the parents, but forget about them, and they are key.

- **Partnering with families.** The behavioral health system/mental health system is a voluntary system. The system should be better equipped to partner with families to provide support and assist to resolve the presenting issue. A referral to DSS by the behavioral health system should not occur when the therapist or the agency believes a parent isn’t doing what he or she should be doing. Behavioral health staff often believe that DSS has the tools to make the parent do what he or she is supposed to do, but in reality, DSS doesn’t have those tools.

- **Diagnosis:** Frequency of ADHD diagnosis, kids on psychotropic medications, understanding other factors that may contribute to child behavior as well as opportunities for meeting these kids needs without a diagnosis and medication.

- **Services:** Crisis response program that are proactive versus reactive. More evidence based practices (EBPs) to work with kids and families to address the above. Need for therapeutic foster care, and co-occurring mental health and substance abuse conditions.

- **Youth with Developmental Disabilities (DD):** DDA should focus on keeping kids home--youth typically go out of State. “…as a tax payer I watch how much it costs to put a kid out of state when for the same costs you can provide in home aids and a day program--call for fiscal responsibility.” Other States such as New York have been successful in drawing Medicaid match for waivers for kids with DD using federal dollars to decrease waiting lists.

- **Minority Contractors:** In contracting out services, there is a lack of participation for minority organizations because the organizations don’t fit the qualifications of the RFPs
Recommendations for Improvement

- Trauma informed services and supports for youth who have been physically or sexually abuse (victims and actors).
- Need to treat co-occurring disorders: substance abuse and mental health. They should be treated together, not one and then the other.
- We need therapeutic placement options for youth in State care and custody who transition out of residential care.
- Need to make a way to get the parents’ input. They are doing this better now and trying to make sure to get the parents involved.
- Need to reorient mental health professionals to view parents as partners in the care and treatment of their children, not as problems.
- The creation of more youth-worker certification programs.
- Facilities committed to children and adults with special needs.
- A system or mechanism that would increase the awareness and understanding among staff, families, and other stakeholders on how to navigate and utilize the system in order to access services, etc.
- Get Medicaid to pay for substance abuse treatment.

**CHILD WELFARE**

Agency Strengths (What’s Working Well)

- “The child welfare system doesn’t give up. It’s the last resort. That’s who everyone calls when it’s a problem no one knows what to do with. And they accept that role. I’m here when nothing else has worked. And I’m here at the bottom line to keep your kids safe.” Whatever the multitude of issues are that families bring when everything else is going wrong, DSS is the place where they go.
- In the City, Strong Families Strong Communities is a step in the right direction. The idea is to work with families to establish a reasonable plan when there’s been an issue in the family.
- The City has a strong unit that works with substance abusing moms who have substance affected-babies. They are strong in how they carry out their work and the accomplishments they achieve. There are pieces that are coming together.
- Baltimore County has the family team decision-making model that seems to be going well.
- Intensive family strengthening model is very effective in working with families. Astounded at what gets done by having a positive, strengths-based model and working in the homes. Start to see what is behind the negative behavior. When you are in that home you see so much in terms of the dynamics. (Interagency)
- Family preservation services: Focus on placement with relatives rather than non-relative foster homes. Child abuse report goes through a formal process that tries to get kids and families services without court involvement.
- Ann Arundel is experiencing sharply declining case loads.
- Seeing results from some of the statewide initiatives.

Agency Challenges (What’s Not Working)

- **Information Systems:** Problems with the CHESSIE system.
- **Disproportionate Minority Representation**: Minority youth and families are disproportionately represented in the foster care and juvenile justice systems.

- **Staff Issues**: Better training and supervision of Social Workers. Social Workers are not responsive and not informed. Social Worker caseloads are too high.

- **Transition Issues**: There is a need for services for youth aging out of the foster care system. Appropriate services for children with behavioral needs who are transitioning out of the system are needed. Children who age out the system are cut from the rolls without a transition plan or medical coverage.

- **Family Involvement**: Need for greater inclusion of the biological families in the planning process. A strong ombudsman system to assist youth and parents is needed.

- **Foster Family Issues**: Need recruitment / retention for foster / adoptive parents and child care payments (which were previously provided and then cut). Financial support for relative placements. Need consistent implementation of laws. For example, foster parents must be informed of all medications that foster children are taking (including birth control). Non foster children do not need to disclose that they are taking birth control.

- **Family Contact**: Lack of sibling contact (frequency and quality).

- **Empowering Families**: A lot of time, social services helps individuals stay complacent. There are no consequences or accountability in place when people don’t do what they are supposed to do.

- **Coordination of resources**: There is a wealth of resources, but somehow getting them to come together seems to be a challenge. Access to resources. Development of a tailored therapeutic plan for kids. Coordination and communication between different social worker serving related siblings.

- **Stigma**: We cannot assume that people receiving services are not doing better because they don’t want to do better. Many people need a hand that is not just giving money but that is a mentoring, affirming, teaching hand. People don’t get all that they need but we need to go in with a mindset realizing that these people need and want the exact same things that I need and want. Their reach may not be as wide as mine, but that doesn’t mean they don’t want it. Workers in these agencies need this refresher regularly.

- **Services**: More family preservation services. Heavy reliance on out-of-home placement and not on EBPs. Difficulty in getting services to parents with mental health conditions.

**Recommendations for Improvement**

- Social worker not case managers should have case responsibilities for children and their families.

- Increase cultural competencies among professionals who come in contact with families who represent minority constituencies.

- Need intensive crisis intervention with a team of people who will create the plan and follow through and make sure that they are doing things. Help them create a spending plan for food stamps. Things that are going to ensure that they are doing what needs to be done. “New Beginnings had people who can still be called and they will help out. They will see me through it. They were not looking down on me. They weren’t telling me what I couldn’t do, they were telling me what I could do. They helped me change my mindset. We’re not changing peoples’ mindsets so we’re not doing anything.”
Meet with the family when they can meet with you—evenings and weekends. It’s a burden for families to take off from work. You can just call them non-compliant, but when you go into their homes, you can address the issues.

**JUVENILE JUSTICE**

**Agency Strengths (What’s Working Well)**
- **FIT** Unit has worked well.
- Having one court stay with the child.
- Diversion is happening, but we need to increase the funding for this. Diverting kids from system, particularly at Gay Street.
- DJS staff are being trained on reproductive health, planned parenting, sexual health, youth related issues, etc. (statewide).
- Focus on therapeutic approach to working with kids.
- DJS has shown a great commitment at the leadership level to work on inter-agency coordination and communication.
- DJS has exhibited a willingness to look at outcomes to support and make decisions.
- The new Supreme Court decision changing the minimum sentencing guidelines for crack and cocaine.
- DJS realized that they were leaving parents out, they changed the system, and now parents are brought in to be part of committees and other opportunities.

**Agency Challenges (What’s Not Working)**
- **Coordination:** Many services are not or are under-utilized and services are not coordinated. Youth are stuck in pending placement status. There is a lack of coordination between community, law enforcement and DJS.
- **Reduce Rate of Recidivism:** Must address services, life skills and support issues as follows:
  - **Services:** Lack of detention alternatives, community-based prevention and family centered programs. Specialized services to address the 50% of the youth in detention with mental health issues. Better mental health assessments before and during a detention episode need to be implemented. Need a functional system for CINS (Children in Need of Supervision). Providers lack the capacity to service juveniles throughout the state.
  - **Life Skills and Supports:** Youth who leave the system are not being prepared with life skills (i.e., jobs, education, housing).
- **Disproportionate Minority Representation:** Need to address the problem with disproportionate minority confinement / contact. Minorities are overrepresented in every area of the juvenile justice system.
- **Timely Resolution of Cases:** Case resolution can take many months and more problems develop with the youth. Need a more efficient process with no postponements and the PDs convenience.
- **Communication and Data Sharing:** Everyone does not always share information with each other. “I believe they had all the pieces to the puzzle but sometimes have a hard time connecting them together.” The PO might have certain information, but is not invited to the table because the people at the table don’t want the issue brought up in court. Lack of
information and communication with families regarding charges and assistance in navigating the system.

- **Transition Issues:** Sometimes there is not enough follow through when transitioning youth, especially from community detention monitoring. The people who are supposed to be watching them aren’t. Sometimes the child is referred to services, but they don’t receive the services for a few weeks. The child then has to go through intake all over again. In the weeks between transition and receiving services, the child may end up back in the system or just leave.

- **Working with Children with Disabilities:** One parent tried to call DJS to say that her son had a disability, but the parent was hung up on. When the parent called back, she was told that there was nothing that could be done. Her child was restrained at Hickey but the staff may not have understood there was a disability involved.

- **Inappropriate placement in juvenile system:** Seems like kids are put into the juvenile justice system without assessing what the cause is. It is not clear if they don’t have the resources or don’t take the time to find out. Ability to determine what is a mental health need versus criminal behaviors. Focus on prevention versus punishment.

**Recommendations for Improvement**

- Expansion of the drug court.
- More Aftercare planning to help youth and families, when youth return home.
- Create gender specific services.
- Break up the systems so there are smaller communities where people actually know each other.
- Need to connect the dots within DJS. It’s important for everyone to talk together.
- Parent needs to be able to call and tell people that his or her child has a disability in order to help staff to understand the child’s behavior and to try to avoid the use of restraints.