

Baltimore County Local Management Board

Determining Priorities: 2012 - 2015

In November of 2010, a sub-committee of the Local Management Board reviewed the Governor's Office for Children's result areas and associated indicator data* for Baltimore County. Their mission was to identify indicators of concern, and determine Board priorities for the next three years. From this review, the sub-committee identified three result areas and five indicator priorities for the Board's consideration. The recommended priorities included:

RESULT AREA	INDICATOR
Babies Born Healthy	Infant Mortality
Children Enter School Ready to Learn	Kindergarten Assessment
Children Safe In Their Families Communities	Juvenile Violent Offense Arrests Juvenile Serious Non-Violent Offense Arrests Out-of-Home Placements

The Board reviewed and voted to accept the recommended priorities in December of 2010. Board staff then began enlisting the assistance of collaborating agencies, including the Departments of Health, Juvenile Services and Social Services, the Baltimore County Police Department, and Baltimore County Public Schools, to determine the strategies that would address the identified priorities.

The following Strategic Plan provides a brief description of each of the indicators of concern prioritized by the Local Management Board, and the strategies that are currently in place, or in planning, to address them. The identified indicators are multi-faceted and large in scale. The strategies created by the LMB are just one piece of a County multi-agency effort.

Each of the strategies chosen for this plan is an evidence-based practice or uses a best practice approach. For example, Healthy Families was chosen to address the Kindergarten Assessment indicator because research demonstrated that it achieved significant outcomes in the area of child development and school readiness. The LMB has established performance measures to evaluate the effectiveness of each strategy and to assess its' contribution to the County's overall effort to move the prioritized indicators in a positive direction. This strategic plan will be reviewed annually and revised as necessary to ensure that the LMB continues to maximize the efficient and effective delivery of government and private resources to the County's children and families so that they may lead self-sufficient, healthy and safe lives.

*A full description of the Governor's Office for Children's Results and Indicators can be found at <http://goc.maryland.gov/ResultsIndicators.html>.

BABIES BORN HEALTHY

INDICATOR

Infant Mortality

The rate of deaths occurring to infants under one year of age.

TARGET POPULATION

Pregnant women and parents/guardians/caregivers of children birth to one year of age

PARTNERS

- Baltimore County Department of Health
- Abilities Network, Inc.
- United Health Care
- Baltimore County Public Schools – HIPPIY Program
- Baltimore County Library
- Baltimore County Head Start
- The Family Tree

STRATEGY IN PLACE	FUNDING
<ul style="list-style-type: none"> • Healthy Families Home Visiting Program 	<ul style="list-style-type: none"> • Maryland State Department of Education Grant • Governor’s Office for Children Community Partnership Agreement (CPA) Funding • Abilities Network, Inc.

The Story Behind the Data

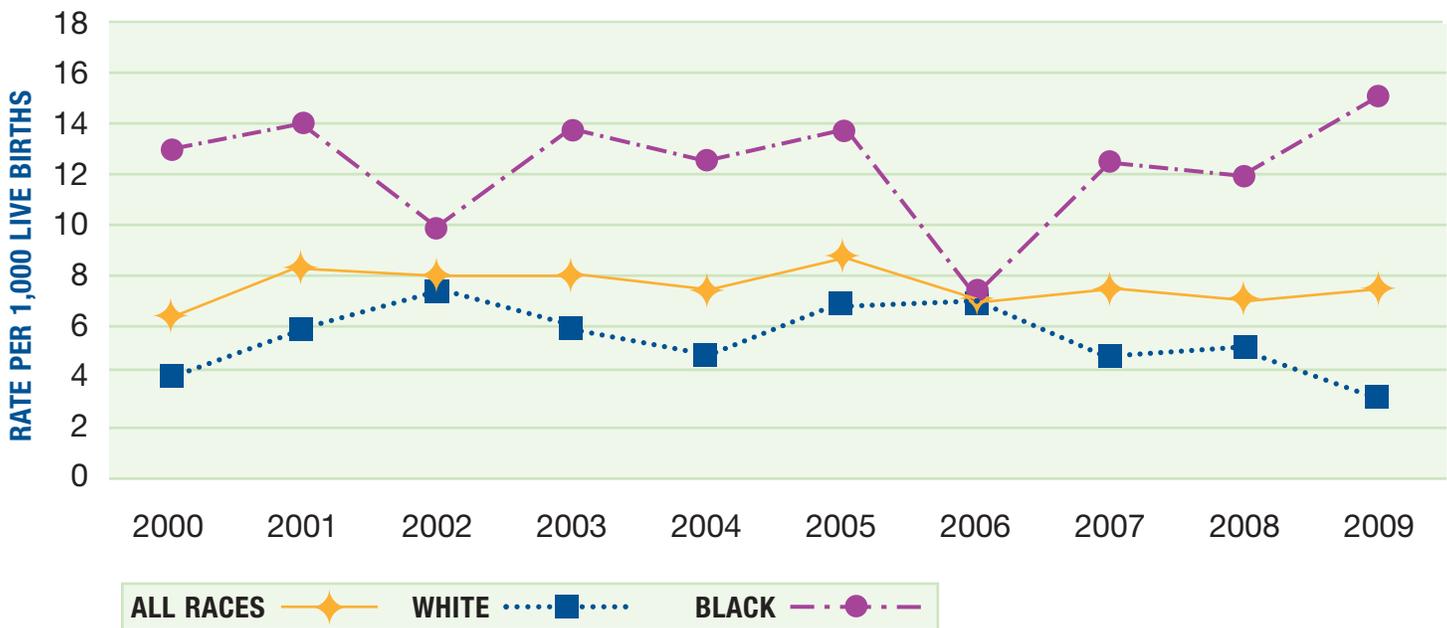
The Maryland infant mortality rate for all races decreased slightly from 7.9 during the period 2000-2004, to 7.7 during the period 2005-2009. During the same periods, the Baltimore County rate increased slightly from 7.5 to 7.6.

JURISDICTION	NUMBER OF INFANT DEATHS		AVERAGE INFANT MORTALITY RATE*		PERCENT CHANGE**
	2000-2004	2005-2009	2000-2004	2005-2009	
MARYLAND	2935	2940	7.9	7.7	-3.7
BALTIMORE CO.	347	378	7.5	7.6	+0.9

Source: Md Department of Health and Mental Hygiene – Vital Statistics Administration
 *Per 1000 live births
 **Percent change is based on the exact rates and not the rounded rates presented here.

While the Baltimore County infant mortality rate for all races is still below the Maryland rate, there is cause for concern regarding the continuing disparity between mortality rates for black and white infants. The chart below details the Baltimore County infant mortality rate by race from 2000 through 2009. In 2009, the white infant mortality rate reached the lowest point since 2000 at 3.6, while the black infant mortality rate reached the highest point at 15.3.

BALTIMORE COUNTY INFANT MORTALITY RATES BY RACE 2000 - 2009



In March of 2010, the Maryland Department of Health and Mental Hygiene published the *Plan for Reducing Infant Mortality in Maryland by 10% by 2012*. The Plan identified the leading causes of infant death in Maryland as disorders relating to short gestation and unspecified low birth weight (low birth weight), congenital abnormalities, and sudden infant death syndrome (SIDS). Factors contributing to Maryland’s infant mortality rate include:

- High percentage of unintended pregnancies including teen births
- Declining prenatal care rate
- Mother's chronic health condition (e.g., hypertension, pre-existing or gestational diabetes, asthma, etc.).

To address these factors, the State proposed interventions before and during pregnancy and after delivery that would result in “healthier women at time of conception, earlier entry into prenatal care, and comprehensive follow up services leading to healthier infants and fewer infant deaths in Maryland.”

What Works to “Turn the Curve”

Healthy Families is an evidence-based, nationally recognized home visiting program that provides services to women from the prenatal stage to 3 to 5 years after the birth of the baby, and can affect infant mortality through the following efforts:

1. Refers pregnant women for and supports early prenatal care;
2. Refers mothers for and supports ongoing family health care;
3. Prevents and reduces risk of injuries to infants, both intentional and unintentional, through parent education and support in such areas as safe sleeping practices and maintaining a safe home environment;
4. Supports and educates teen parents to improve parenting skills, and to delay repeat pregnancies;
5. Reduces unintended pregnancies through education on the benefits of child spacing, and refers for family planning services; and,
6. Promotes the health of mothers before and between pregnancies by encouraging women to address chronic conditions related to health.

Annual evaluations of the current Healthy Families Baltimore County program, which has been serving the County for over a decade, have produced very positive outcomes regarding maternal and child health. For example, 92% of all mothers enrolled in Healthy Families before the 3rd trimester have given birth to babies of a healthy birth weight (at least 5.5 pounds), and there have been no infant/child fatalities.

The program is targeted to specific communities that are selected based on a review of child welfare data.

CHILDREN ENTER SCHOOL READY TO LEARN

INDICATOR

Kindergarten Assessment

Percent of kindergarten students who have reached one of three levels of readiness on the Maryland Model for School Readiness (MMSR) Kindergarten Assessment: full readiness, approaching readiness, or developing readiness.

TARGET POPULATION

Children birth to age 5 and their parents/guardians/caregivers

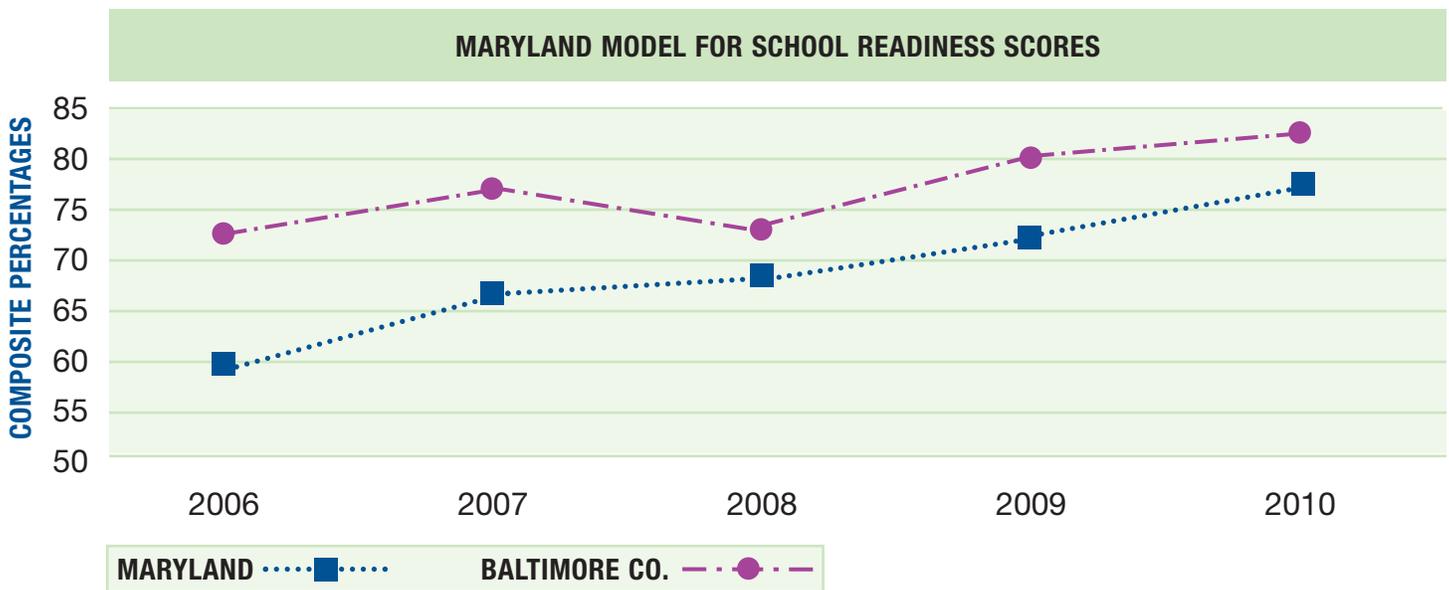
PARTNERS

- Baltimore County Public Schools
- Baltimore County Department of Health
- Abilities Network

STRATEGY IN PLACE	FUNDING
<ul style="list-style-type: none"> • Healthy Families Home Visiting Program 	<ul style="list-style-type: none"> • Maryland State Department of Education Grant • Governor’s Office for Children Community Partnership Agreement (CPA) Funding • Abilities Network, Inc.

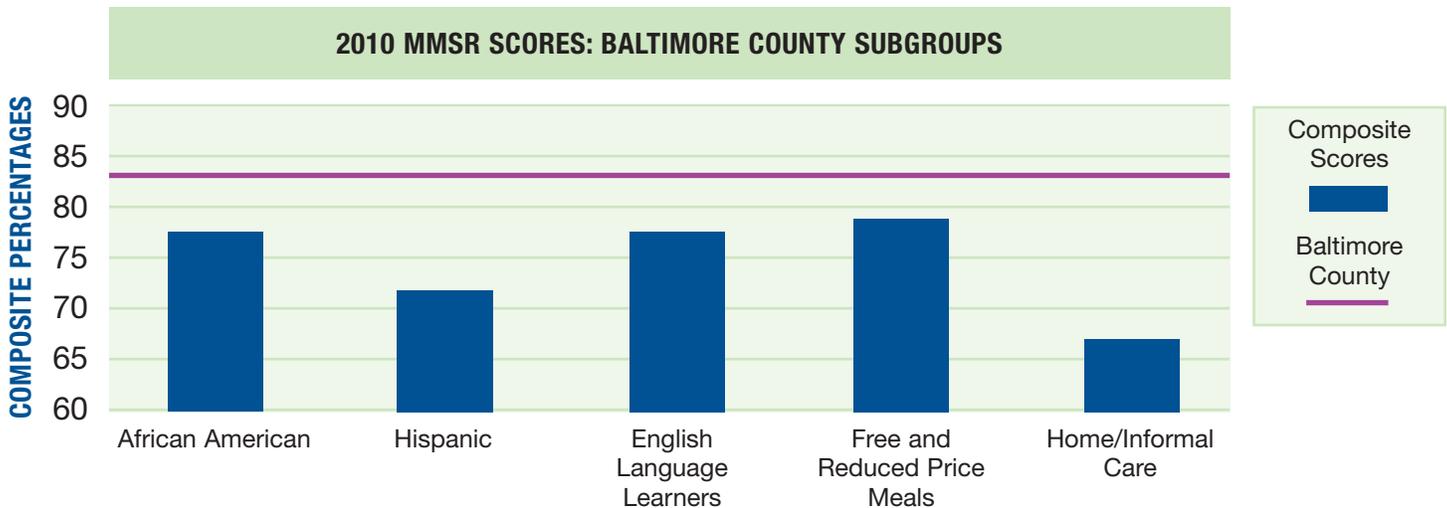
The Story Behind the Data

School readiness, as measured by the MMSR, has been steadily increasing in Baltimore County for the past five years, with the exception of a slight decrease in 2007-2008. That decrease was attributed to the retraining of teachers that perform the assessment. Similar decreases have occurred in other jurisdictions where teachers were retrained.



Baltimore County ranked 10th overall when comparing “fully ready” composite scores with all Maryland jurisdictions and had a higher composite score (83) than Maryland overall (78). These scores translate to 1,119 kindergarten students not entering school fully ready to learn.

While Baltimore County is moving in a positive direction, there is cause for concern among subgroups and at the individual school level. African Americans, Hispanic, students receiving free or reduced price meals, English language learners and students coming from Home or Informal Care settings all scored below the County composite score. Forty-three of 105 schools had composite scores below that of the County, with 40 of 43 of those under-performing schools having composite scores below the overall state composite score.



A recent report prepared by the Anne Arundel County Early Childhood Coalition identified factors that are believed to contribute to the differences in readiness levels among students:

- Lack of high-quality early childcare and early childhood education programs for all children.
- Lack of knowledge of resources and supports to families with young children.
- Lack of transportation to access available resources and services.
- Lack of training opportunities and incentives offered to childcare providers to maintain a quality childcare labor force and reduce high rates of staff turnover.
- Lack of culturally and linguistically competent services to meet the needs of ... (a) diverse population.
- Lack of knowledge and understanding of what school readiness means.
- An underlying “turf battle” among service providers when delivering services.
- Lack of support to parents who require additional assistance and support in parenting.

According to the Maryland State Department of Education publication, *Children Entering School Ready to Learn: 2009-2010 Maryland Model for School Readiness*, the State has identified a number of strategies to improve school readiness:

- Quality of teaching personnel;
- Quality of early care and education programs, including learning environment, curriculum, and early intervention services; and
- Increased awareness and involvement of families in the early education of their children.

The details of these strategies can be found in the full report.

What Works to “Turn the Curve”

In concert with the MSDE strategy of increased awareness and involvement of families in the early education of their children, Baltimore County funds a Healthy Families program. Healthy Families is a home visiting program based on a national program model with two decades of research and best practices from numerous communities and prevention models. The program promotes positive parenting and child health and development, thereby preventing child abuse, neglect and other poor childhood outcomes.

Current program evaluations have produced positive outcomes in reducing child maltreatment, ensuring healthy child development and positive parenting, building a foundation for school readiness, and promoting family self-sufficiency. For example, 100% of children that have participated in the program have been screened for developmental delay and referred for early intervention services if a delay was suspected.

Healthy Families Baltimore County is targeted to specific communities that are selected based on a review of child welfare data.

CHILDREN SAFE IN THEIR FAMILIES AND COMMUNITIES

INDICATOR

Juvenile Violent Offense Arrests

Arrests of youth aged 10-17 for Part I offenses, as defined by BCPD (criminal homicide, forcible rape, robbery, aggravated assault, burglary, larceny-theft, motor vehicle theft, arson).

Juvenile Serious Non-Violent Offense Arrests

Arrests of youth aged 10-17 for all other reportable classifications outside those defined as Part I.

TARGET POPULATION

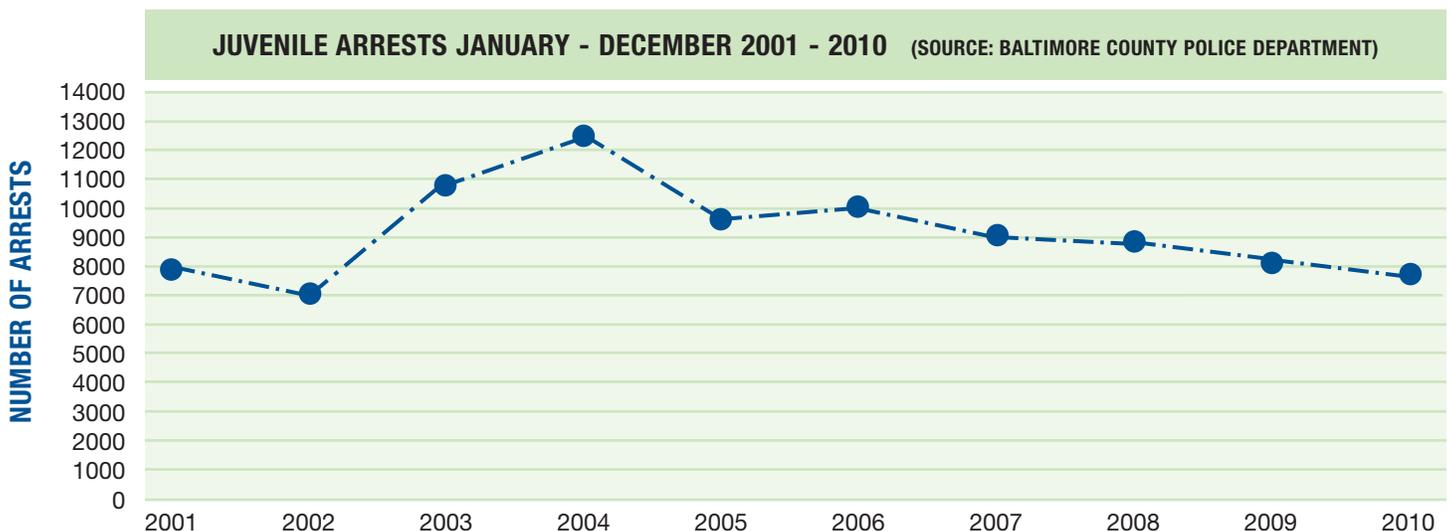
Youth aged 10-17 and their parents/guardians

PARTNERS

- Baltimore County Police Department
- Maryland Department of Juvenile Services
- Baltimore County Department of Social Services
- Baltimore County Department of Health, Bureau of Behavioral Health
- Baltimore County State’s Attorney’s Office
- Baltimore County Office of the Public Defender
- Circuit Court for Baltimore County
- Baltimore County Public Schools

STRATEGY IN PLACE	FUNDING
<ul style="list-style-type: none"> • Brief Strategic Family Therapy (BSFT) • Functional Family Therapy (FFT) • Multisystemic Therapy (MST) • Multidimensional Treatment Foster Care (MTFC) • Youth Service Bureaus • Children In Need of Supervision (CINS) 	<ul style="list-style-type: none"> • Governor’s Office for Children • Department of Juvenile Services • Department of Human Resources • Baltimore County Department of Social Services • Medicaid • Alcohol and Drug Abuse Administration • Department of Health and Mental Hygiene

The Story Behind the Data



Data from the Baltimore County Police Department's Crime Analysis Section shows that juvenile arrests for all crimes have steadily decreased since peaking in 2004 and, in 2010, are at their lowest since 2002. Further:

- Part I Crimes (Violent and Property) peaked in 2004, remained relatively stable through 2009, and then dropped in 2010.
 - Part I Violent Crimes (homicide, rape, robbery, aggravated assault) peaked in 2004. Since then, they have generally decreased despite fluctuating slightly year to year, predominantly driven by aggravated assaults and robbery.
 - Part I Property Crimes peaked in 2004 and remained relatively stable through 2009 before declining in 2010.
- Part II Crimes also peaked in 2004. Since then, they have been decreasing steadily.
- In 2010, 49.2% of juvenile arrests occurred from 1:00pm to 8:00pm
- In 2010, juvenile arrests per day increase from Saturday through Friday, with the highest number of arrests on Thursdays and Fridays.

Baltimore County's data is mirroring nationwide juvenile crime data. While there are a number of theories as to why juvenile crime is dropping, even during a severe recession, most jurisdictions point to the reform of the juvenile system over the past decade as a key reason for this trend. Diversion, restorative justice and evidence- and community-based treatment programs are believed to be having a positive impact on why juvenile crime is decreasing in Baltimore County.

What Works to “Turn the Curve”

Since 2002, the LMB has been developing a continuum of evidence-based and best practice programs that have documented success in improving outcomes for pre-delinquent to seriously, chronically delinquent youth. In order to maintain the downward trend of juvenile crime that we have seen in recent years, continued support of these evidence-based programs is imperative.

Brief Strategic Family Therapy (BSFT) is a short-term, problem-focused therapeutic intervention that targets children and adolescents 6 to 17 years old. BSFT improves youth behavior by eliminating or reducing drug use and its associated behavior problems which, in turn, changes the family members' behaviors that are linked to both risk and protective factors related to substance abuse. The therapeutic process uses techniques of "joining" - forming a therapeutic alliance with all family members; "diagnosis" - identifying interactional patterns that allow or encourage problematic youth behavior; and "restructuring" - the process of changing the family interactions that are directly related to problem behaviors.

In Baltimore County, BSFT is being implemented as the earliest intervention on this continuum of evidence-based practices targeting juvenile delinquency with the goal of preventing involvement in the juvenile justice system. As such, the program will focus on elementary and middle school aged youth who are just beginning to demonstrate problem behaviors.

Functional Family Therapy (FFT) is an evidence-based, highly successful family-based intervention program for youth ages 10 to 17 whose problems range from acting out to conduct disorder to alcohol/substance abuse. FFT has demonstrated positive program outcomes across a wide range of youth and communities, including

- Significant and long-term reductions in youth re-offending and violent behavior;
- Significant effectiveness in reducing sibling entry into high-risk behaviors;

- Low treatment drop-out and high treatment completion rates; and
- Positive impacts on family conflict, family communication, parenting and youth problem behavior.

In Baltimore County, FFT is implemented as an early intervention program for use prior to or just at the beginning of system involvement. In FY 2010, 95.5% of parents reported a reduction in the level of family conflict and 91.5% reported improvement in their child's behavior post therapy.

Multisystemic Therapy (MST) is an evidence-based practice for youth ages 12 to 17 who exhibit a broad array of emotional and behavioral problems, including delinquency. MST focuses on changing the individual, family, peer, school, and neighborhood factors that place youth at increased risk for offending and re-offending, while also building protective factors. Great care is taken to ensure that providers deliver MST according to the model. Fidelity (adherence) to the MST model is critical, as it is associated with positive outcomes for youth and families. There is substantial evidence that delivering MST with high fidelity reduces the percentage of out-of-home placements, increases the percentage of youth in school or working, and reduces the percentage of youth with new arrests.

In Baltimore County, MST is utilized by the Department of Juvenile Services as a diversion from group home placement. In FY 2010, the Baltimore County MST team had an overall adherence score of 0.85 (0.61 is the threshold for model fidelity), and 91.8% of youth had no new arrests post-therapy.

Multidimensional Treatment Foster Care (MTFC) is an evidence-based, cost-effective alternative to regular foster care, group or residential treatment, and incarceration for youth who have problems with chronic disruptive behavior. The goal of MTFC is to decrease problem behavior, to increase developmentally appropriate normative and pro-social behavior in adolescents who are in need of out-of-home placement and to reunify them with their family. MTFC treatment goals are accomplished by providing close supervision, fair and consistent limits, predictable consequences for rule breaking, a supportive relationship with at least one mentoring adult and reduced exposure to peers with similar problems.

MTFC began serving youth in early 2010 and since then, two Department of Juvenile Services - involved youth have successfully completed the program.

Youth Service Bureaus are a prevention-early intervention program that provides community-based individual, family, and group counseling services at low cost or no cost for children, youth and their families. The Bureaus use a number of therapeutic approaches, such as Trauma Focused Cognitive Behavioral Therapy (TCBT), to address such issues as chronic family conflict, domestic violence, substance abuse, and school-related behavior issues. Bureau services are outcome-based, and the Child and Adolescent Functional Assessment Scale (CAFAS) is used to measure the level of progress achieved throughout the counseling process. In FY 2010, 88% of youth completing counseling services demonstrated improvement as measured by the CAFAS. The three Youth Service Bureaus in Baltimore County are Lighthouse, First Step, and the Dundalk Youth Services Center.

Children In Need of Supervision (CINS) is a prevention-early intervention program designed to divert youth from entering the juvenile justice system for status offenses such as truancy or running away from home. When youth are brought to the attention of the Department of Juvenile Services intake staff, a referral is made to the Baltimore County Police Counseling Team. The Counseling Team tries to engage the youth/family and identify and address the issues underlying the youth's behavior. Of the 111 youth participating in the program that are currently eligible for post-service evaluation, 95 or 85.5% had no further contact with the Department of Juvenile Services within one year of completing service.

CHILDREN SAFE IN THEIR FAMILIES AND COMMUNITIES

INDICATOR

Out-of-Home Placements

Rate per 1,000 children placed into out-of-home placements by Maryland's public agencies** for:

Family Foster Care – Kinship Care, Foster Care, Treatment Foster Care, Adoptive Care;

Community Based Residential Placement – Independent Living and Residential Child Care Programs;

Non-Community Based Residential Placement – Residential Treatment Centers, Psychiatric Respite Programs, Juvenile Detention/Commitment Centers, Correctional Centers (adult), Substance Abuse Treatment Programs, Residential Educational Facilities, and Diagnostic Evaluation Treatment Programs; and,

Hospitalization – General Hospitalization, Psychiatric Hospitalization and In-Patient Private.

**Maryland agencies which either place or fund children in out-of-home placements include the Department of Human Resources, the Department of Juvenile Services, the Department of Health and Mental Hygiene, and the Maryland State Department of Education.

TARGET POPULATION

Youth aged 5-21 and their parents/guardians and families

PARTNERS

- Maryland Department of Juvenile Services
- Baltimore County Department of Social Services
- Baltimore County Department of Health, Bureau of Behavioral Health

STRATEGY IN PLACE	FUNDING
<ul style="list-style-type: none"> • Voluntary Placement Agreement (VPA) Diversion • Functional Family Therapy (FFT) • Multisystemic Therapy (MST) • Multidimensional Treatment Foster Care (MTFC) • School Based Health Center Program • Youth Service Bureaus 	<ul style="list-style-type: none"> • Governor's Office for Children • Department of Juvenile Services • Department of Human Resources • Baltimore County Department of Social Services

The Story Behind the Data

A rising out-of-home placement rate for Baltimore County (6.3 in 1997 to 8.2 in 2009) demonstrates a greater need for evidence-based and best practice services to support families with children with intensive needs related to mental health and/or developmental disabilities.

- DSS data shows that the number of Voluntary Placement Agreement (VPA) requests have been steadily rising since FY2008, from 75 to 116 in FY2010. Further, the number of VPAs accepted has doubled from FY08 (24) to FY10 (48).

- In FY10, the majority of children were placed via a VPA due to psychiatric reasons (36).
- A disproportionate number of youth are placed in group homes upon entry into care. Research shows that over time, group home placement on entry is likely to lead to continued group care.
- 73% of youth entering into group care were placed due to behavior and/or special needs, and 50% were placed voluntarily specifically because their needs could not be met in a family setting with existing services.

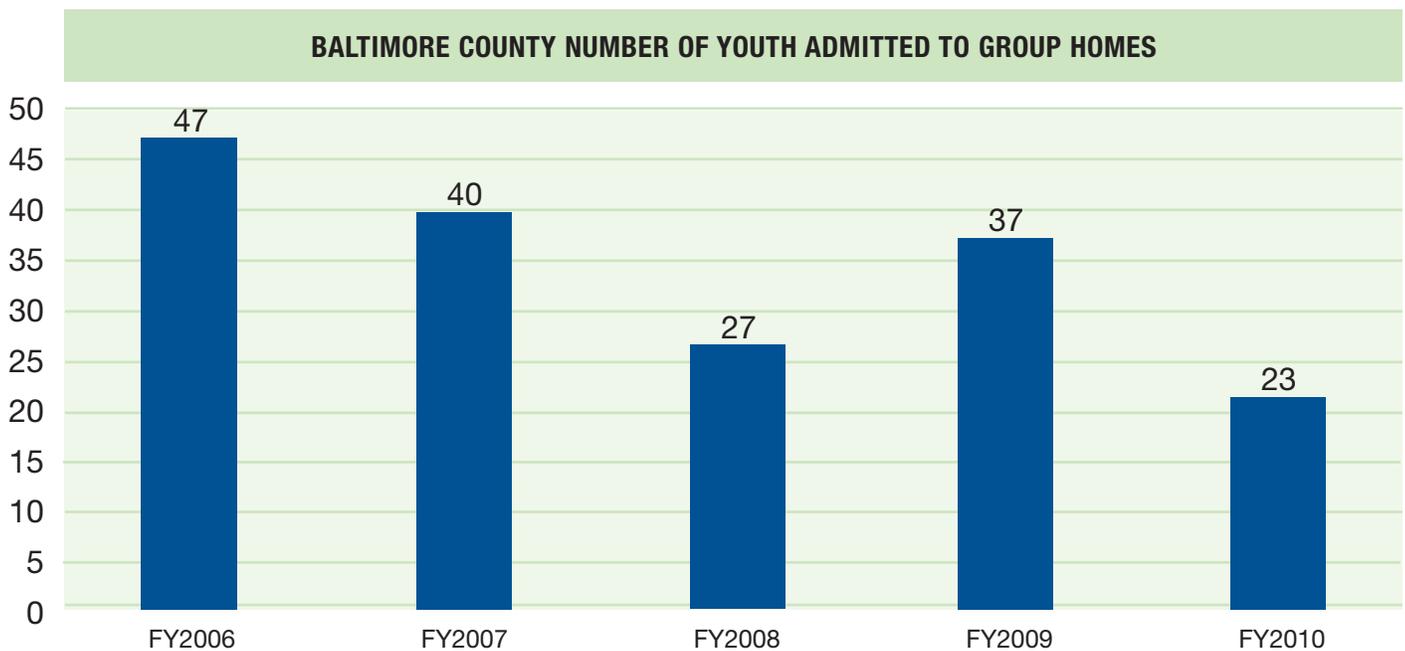
What Works to “Turn the Curve”

The [VPA Diversion Program](#) diverts parents/caregivers from requesting a Voluntary Placement Agreement and out-of-home placement for their child. The program uses the wraparound process to provide individualized, comprehensive, community-based services and supports to children and adolescents with serious emotional and/or behavioral issues so they can remain with their families. Care coordinators work with each family to develop an individualized plan focusing on family strengths and needs. The goal is to develop a support network that will assist the family to acquire new skills for managing the special needs of their child in their home.

[Functional Family Therapy](#) is also being used as an intervention program for youth who are at risk of entering or remaining in the child welfare system due to their disruptive behaviors. Therapists work with families to help them safely maintain their children at home or to facilitate and stabilize reunification with the youth’s family or legal guardians.

When a youth must be placed via a VPA for behavioral issues, [Multidimensional Treatment Foster Care \(MTFC\)](#) is an evidence-based, time-limited alternative to group care, the goal of which is reunification with the parents/guardians. MTFC is also used by the Department of Juvenile Services for youth who are committed by the Juvenile Court for out-of-home placement. Youth who complete MTFC have fewer subsequent arrests and out-of-home placements.

Implementation of [Multisystemic Therapy](#) (a diversion from group home placement) has reduced Department of Juvenile Services placements of Baltimore County youth in group homes by 50% since FY2008.



[The School-Based Health Center](#) program is a prevention-early intervention service designed to identify and secure assistance for young children with mental health needs. Three social workers provide services in four southeastern Baltimore County elementary schools. The social workers provide concrete assistance to families (e.g., eviction prevention and energy assistance), school-based individual and group counseling services, and linkage to community-based counseling services. The school-based services provided by the social workers are outcome-based, and the Child and Adolescent Functional Assessment Scale (CAFAS) is used to measure the level of progress achieved throughout the counseling process.

[Youth Service Bureaus](#) are a prevention-early intervention program that provides community-based individual, family, and group counseling services at low cost or no cost for children, youth and their families. The Bureaus use a number of therapeutic approaches, such as Trauma Focused Cognitive Behavioral Therapy (TCBT), to address such issues as chronic family conflict, domestic violence, substance abuse, and school-related behavior issues. Bureau services are outcome-based, and the Child and Adolescent Functional Assessment Scale (CAFAS) is used to measure the level of progress achieved throughout the counseling process. In FY 2010, 88% of youth completing counseling services demonstrated improvement as measured by the CAFAS. The three Youth Service Bureaus in Baltimore County are Lighthouse, First Step, and the Dundalk Youth Services Center.

IDENTIFIED STRATEGIES FOR FUTURE IMPLEMENTATION

Triple P (Positive Parenting Program) is an evidence-based, multi-level system designed to create a family friendly environment that supports parents in the task of raising their children. The program goal is to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. Skills training is available at multiple intensity levels to meet the varying needs of parents. At the lower intensity levels, Triple P is available to the entire community. At the higher intensity levels, the program is targeted to specific populations such as parents at risk of child maltreatment and parents of children with disabilities. Research has demonstrated that Triple P can significantly reduce out-of-home placements, substantiated cases of child maltreatment, and child maltreatment injuries.

Over the past decade, the Local Management Board, in collaboration with the Governor's Office for Children, Maryland Departments of Juvenile Services and Human Resources, and such County agencies as Health, Social Services, Police and Schools has been developing a continuum of evidence-based and best practice programs. These services are specifically focused on families of children with intensive needs, or families of children at high risk of developing intensive needs, and evaluation has demonstrated that these services have achieved significant outcomes for the targeted populations. Triple P will be the first evidence-based practice to be implemented at a population-wide level with the intention of preventing families from ever reaching the continuum levels of higher need.

Multisystemic Therapy – Psychiatric is an adaptation of MST that was developed specifically to treat children with serious behavior and psychiatric problems such as, thought disorder, bipolar affective disorder, depression, anxiety and destructive impulsive behavior.

The goal of MST-Psychiatric is to improve mental-health symptoms, suicidal behaviors and family relations while allowing youth to spend more time in school and their home. MST-Psychiatric goes to the root of the child's problems, finding the factors that contribute to them while keeping the young person with their family. In the long run, this is far better for the child, their caregivers, and siblings and costs considerably less than hospitalization. In a four-year clinical trial, MST-Psychiatric was proven to be more effective than sending youth to psychiatric hospitals. Other outcomes include a reduction in anti-social behavior, improved family relations, more days spent in school and more time spent in the community versus an out-of-home placement.

An analysis of the gaps in services in Baltimore County indicates a lack of evidence- and community-based options for children with intensive mental health needs. According to analysis completed by the County's Department of Social Services, 88% of children placed under a Voluntary Placement Agreement in FY 2010 were placed due to the child's mental illness/disability. One finding from community focus groups convened by the LMB in February 2011 reflected that "early intervention is THE key to success," but that there was a "lack of community services to give the intensive treatment their child needed to remain safe." All 22 children represented at the focus groups had been hospitalized at some point in their lives, 75% more than once. Further, it was noted that "family members felt the treatment was too brief to impact a change." Because MST Psychiatric intervenes primarily at the family level, it empowers parents and caregivers with the skills and resources to effectively communicate with, monitor, and discipline their children with intensive needs. It can be used to stabilize home-placement after acute hospitalization or to avert residential placement.