THE COMMUNITY PLAN

FOR

CHILD, YOUTH & FAMILY WELL-BEING

JUNE 2017

Calvert County Family Network

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VISION STATEMENT

CALVERT COUNTY FAMILY NETWORK IS COMMITTED TO ACHIEVING A COMMUNITY WHERE ALL CHILDREN, YOUTH, AND FAMILIES THRIVE.

MISSION STATEMENT

CALVERT COUNTY FAMILY NETWORK WILL PURSUE OUR VISION THROUGH INTERAGENCY COLLABORATION AND COORDINATION THAT PROVIDES SUPPORT FOR COMPREHENSIVE SERVICES TO ADDRESS THE NEEDS OF CHILDREN, YOUTH, AND FAMILIES.

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PART I: GUIDING PRINCIPLES

CALVERT COUNTY FAMILY NETWORK

Legislation to create Local Management Boards (LMBs) was enacted in 1990 and renewed in 2006. This legislation created a partnership between state and local jurisdictions with the goal of improving service delivery to children, youth, and families (Human Services Article §8-301-305). LMBs receive funding and oversight from the Children's Cabinet through the Governor's Office for Children (GOC) and employ it to coordinate programs, services, and initiatives. **Calvert County Family Network (CCFN) is Calvert County's Local Management Board.**

In 1999, Calvert County's LMB officially became an instrumentality of local government (Resolution 38- 99). In that capacity CCFN is charged to advise the Board of County Commissioners on matters concerning the promotion of a stable, safe and healthy environment for youth and families within Calvert County. CCFN does not provide direct services, but focuses on assessing critical needs, planning and implementing strategies, and monitoring services to children and families. **CCFN brings together community partners to facilitate local decision making and action to build caring communities and ensure that services are coordinated, locally driven, and of high quality.**

GUIDING PRINCIPLES OF COMMUNITY PLANNING

The Community Plan will require the participation and collaboration of multiple Calvert County agencies and organizations to solve complex social problems.   To that end, certain tools and approaches will be used to facilitate communication and buy-in during Plan development and execution.   These proven best practices include Collective Impact, Two-Generation Approaches, Evidence-Based Practices, and the Results-Based Accountability Framework. Additionally, to ensure selected strategies produce results across our entire community, emphasis will be placed on understanding and addressing racial disparities.

Collective Impact

Collective impact brings people together, in a structured way, to achieve social change.   Since the 2011 Stanford Social Innovation Review article introduced the concept, collective impact has been widely adopted as an effective form of cross-sector collaboration to address complex social and environmental challenges. The approach brings members of the community together to collectively define the problem and create a shared vision of the solution. Partners agree to track progress in the same way, which allows for continuous improvement. Efforts are coordinated to maximize the end result, and continuous communication is encouraged which

builds trust and relationships among all participants. The approach requires a strong backbone to orchestrate the work of the group.[1]

The 5 Conditions of Collective Impact

1 Common Agenda
- **Common understanding** of the problem
- **Shared vision** for change

2 Shared Measurement
- **Collecting data** and **measuring results**
- Focus on **performance management**
- **Shared accountability**

3 Mutually Reinforcing Activities
- **Differentiated approaches**
- **Coordination** through joint plan of action

4 Continuous Communication
- **Consistent** and **open communication**
- Focus on **building trust**

5 Backbone Support
- Separate organization(s) with **staff**
- Resources and skills to **convene** and **coordinate** participating organizations

The 5 Conditions of Collective Impact[2]

[1] F., & A. (n.d.). What is Collective Impact. Retrieved March 27, 2017, from http://collectiveimpactforum.org/what-collective-impact

[2] U. (n.d.). The 5 Conditions of Collective Impact [Digital image]. Retrieved March 27, 2017, from http://www.norcalunitedway.org/collective-impact

Two-Generation Approaches

Two-generation approaches that focus on creating opportunities for, and addressing the needs of both vulnerable children/youth and their parents together, is a unique opportunity to advance child and family well-being. As the Aspen Institute's Ascend graphic below shows, whole-family approaches focus equally and intentionally on services and opportunities for the parent and the child. Additionally, true two-generation approaches track outcomes for both the parent and the child/youth. Strategies need to break through the silos of fragmented policies in order to harness a family's full potential and put the entire family on a path to economic security.[3]
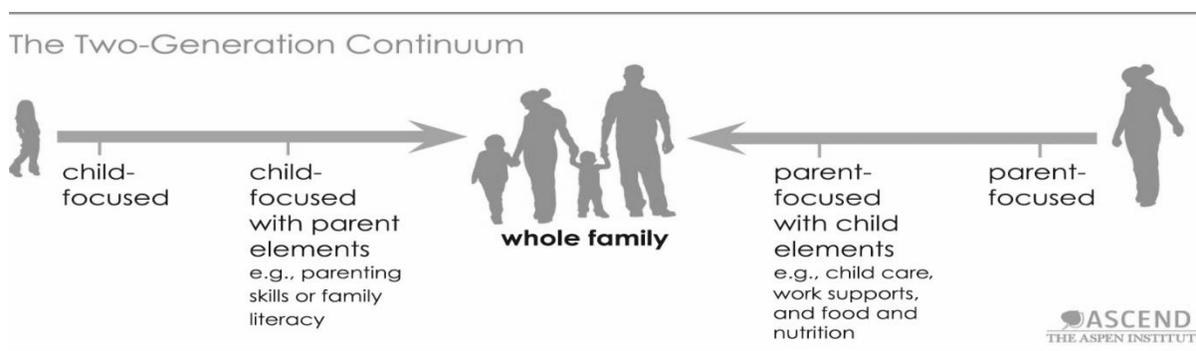
The Two-Generation Continuum

Implementation of Evidence-Based Practices

Evidence-Based Practices (EBPs) integrate clinical expertise; expert opinion; external scientific evidence; and client, patient, and caregiver perspectives so that providers can offer high-quality services that reflect the interests, values, needs, and choices of the individuals served.[4] EBPs that have been selected for implementation in Calvert County are identified in Part III of this Community Plan.

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[3] Annie E. Casey Foundation. Creating Opportunities for Families. Retrieved from http://www.aecf.org/resources/creating-opportunity-for-families/ and Aspen Institute's Ascend Network. Retrieved from http://ascend.aspeninstitute.org/pages/the-two-generation-approach.

[4] S. (2016, January 7). A Guide to Evidence-Based Practices (EBP). Retrieved March 26, 2017, from http://samhsa.gov

Results-Based Accountability Framework

The Results-Based Accountability (RBA) framework[5] provides a *disciplined way of thinking and taking action* used by communities to improve the lives of children, families and the community as a whole. RBA is also used by agencies to improve the performance of their programs. RBA *starts with ends and works backward, step by step, towards means*. For communities, the ends are conditions of well-being for children, families and the community as a whole.

Steps for the Results Based Accountability (RBA) framework:

1. **Identify Results** – three to four priority results areas for targeted focus.
2. **Select Indicators** – one to five primary indicators that are easily accessible, reliable, and closely linked to the identified result areas to use to measure results for the selected priority result area.
3. **Analyze the Story Behind the Data** – identify indicators that are headed in the wrong direction and analyze the causes for that movement.
4. **Identify Key Partners** – promote effective collaboration among community partners.
5. **Identify Strategies** – that have the potential to improve ("turn the curve on") the primary indicators, possibly programs or services that are already in place. If strategies need to be explored, identifying effective programs may be the best strategy.
6. **Prioritize Strategies** – programs and practices by examining their:
   - Specificity – Is the strategy specific enough to be implemented?
   - Leverage – does the strategy have a high degree of leverage to "turn the curve" on the primary indicators?
   - Values – does the strategy meet the LMB's organizational and community's values?
   - Reach – is the strategy sustainable? Is it feasible and affordable?
7. **Identify Funding** – for the prioritized strategies.

Addressing Racial Disparities

Maryland's Children's Cabinet focuses on eight key result areas to improve the condition of well-being for children, families and communities in the state of Maryland. In the FY2016 Calvert County Needs Assessment[6], CCFN, with the assistance of epidemiologist, Amber Starn, looked at these result areas on a county level, examining trend data to look for disparities across sub-groups and in comparison to other counties. Racial disparities were seen across

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[5] For information on the Results-Based Accountability framework, go to www.raguide.or or www.resultsaccountability.com, or access the online materials that may be accessed through the Results Scorecard license available to each Board.

[6] FY 2016 Needs Assessment: Calvert County Results for Child Well-Being. Calvert County Family Network (January 2016) retrieved from http://www.co.cal.md.us/DocumentCenter/View/11982

multiple indicators including teen birth rates; prenatal care in the first trimester; obesity; 3rd and 8th graders performing at or above the basic level for reading, science, and mathematics on the Maryland School Assessment; and incarceration rates. Although African Americans comprise only 13.4 percent of the total population in Calvert County, they make up about 45 percent of the incarcerated population. As a result, children of color are inevitably more likely to contend with having a parent in prison.

In developing the Community Plan, CCFN and the Community Partners actively sought strategies for reducing racial disparities, which were then incorporated into the action plan. To gain better insight into where and why racial disparities exist, actions are being taken to create a better system to collect and maintain data on currently and formerly incarcerated individuals, and those on parole or probation. Data will identify demographic subgroups within this population such as age, race, gender, parental status, and zip code of residence. For better identification of needed services and improved provision of services, information will be collected and maintained in a systematic way on substance abuse, mental health and co-occurring disorders experienced by these individuals.

PART II: DEVELOPING THE COMMUNITY PLAN
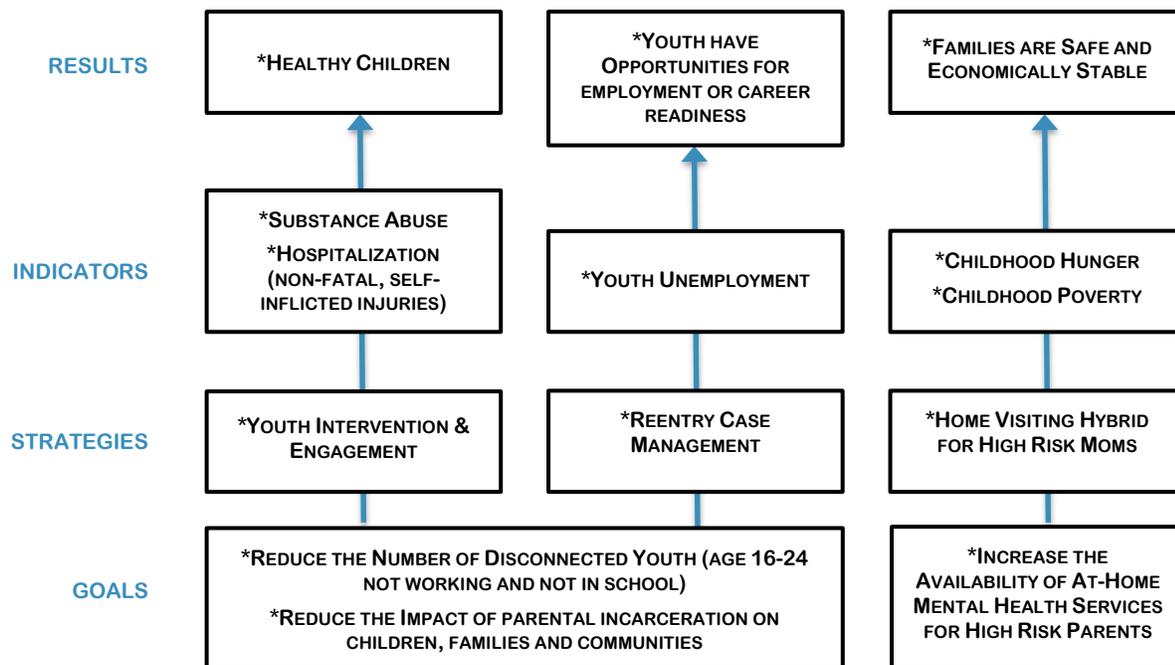
ASSESSING NEEDS

The Governor's Office for Children recommends that each LMB assess local needs continually as part of the community planning process. This effort shall include a review of data and trends as they relate to the eight child well-being Result Areas in Maryland. The Governor's Office for Children recommends that the LMBs follow the RBA framework in the needs assessment and strategic planning process.

In conducting the FY2016 Needs Assessment, qualitative data on the Governor's Office for Children's indicators was examined from secondary sources such as vital statistics. Data indicators were presented under the following eight child-well being Result Areas: babies born healthy; healthy children; children entering school ready to learn; children are successful at school; youth will complete school; youth have opportunities for employment or career readiness; communities are safe for children, youth, and families; and families are safe and economically stable. Additionally, qualitative data was collected from thirteen key informant interviews and six community focus groups. Parents, youth, key leaders, and community stakeholders were engaged in this process.

Local county-level data was presented for each indicator with an examination of how that data compared to regional, state, and national averages. Any data highlighting disparities due to factors, such as race, ethnicity, or age, were also discussed for each indicator. After a thorough assessment of the data, those indicators with clear disparities and negative or declining outcome measures were identified. The Governor's Office on Children's indicators where Calvert County is experiencing increases in rates; disparities in comparison to state and national rates; or disparities in terms of race or ethnicity include: Child Poverty, Suicide, Psychiatric hospitalizations; Low Birth Weight Babies/Access to Prenatal Care in 1st Trimester; Childhood Obesity; Juvenile Alcohol and Drug Related Offenses; Substance Use; Out of Home Placement Rate; Hunger; and Educational Attainment.

BUILDING THE FRAMEWORK

Informed by the FY2016 Needs Assessment, the CCFN produced the Needs Assessment of the Governor's Strategic Goal Areas[7] to further analyze the indicators where Calvert County is experiencing significant disparities. Using the RBA framework, indicators were selected based on their high priority and requirement that multiple Calvert County agencies and organizations would need to work together to successfully "turn the curve". Strategies were then identified through research on evidenced-based practices in communities of similar size and scope, and with the greatest potential to improve the well-being of children in Calvert County. **This Community Plan provides a detailed set of actions that will guide community agencies and organizations, working in partnership, to successfully execute these strategies.**

RESULTS	*Healthy Children	*Youth have Opportunities for employment or career readiness	*Families are Safe and Economically Stable
INDICATORS	*Substance Abuse *Hospitalization (non-fatal, self-inflicted injuries)	*Youth Unemployment	*Childhood Hunger *Childhood Poverty
STRATEGIES	*Youth Intervention & Engagement	*Reentry Case Management	*Home Visiting Hybrid for High Risk Moms
GOALS	*Reduce the Number of Disconnected Youth (age 16-24 not working and not in school) *Reduce the Impact of parental incarceration on children, families and communities		*Increase the Availability of At-Home Mental Health Services for High Risk Parents

Results Based Accountability Framework of the CCFN Community Plan

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[7] Levine, M. (2016). *Needs Assessment of the Governor's Strategic Goal Areas*(Rep.). Columbia, MD: IMPACT International, LLC.

PART III: IMPLEMENTING STRATEGIES TO ACHIEVE RESULTS

Reduce the Number of Disconnected Youth (aged 16 to 24 not working & not in school)

Reduce the Impact of Parental Incarceration on Children, Families and Communities

Result: Healthy Children

As described in CCFN's FY2016 Needs Assessment, use of alcohol, tobacco, and other drugs (ATOD) poses many health risks for youth. Early use of some substances (e.g. alcohol, tobacco, and marijuana) is associated with later drug use and the prevalence of high-risk behaviors. Healthy behavior patterns formed in adolescence play a crucial role in health throughout life. Use of substances, whether it be alcohol, tobacco or drugs, decreases ability to make good choices, engage in learning, develop age-appropriate maturity levels, and remain disease-free. The increase in the use of opiate drugs, whether prescription or heroin, endangers the life of the users, especially teens who do not have knowledge of lethality or the ability to gauge risk.

Indicator: Substance Abuse

- 59.5% of Calvert County high school students have had at least one alcoholic drink in their life, exceeding the state average of 52.3%[8]
- Young adults ages 18-25 were the group most likely to use prescription opioids (55%) and heroin (64%)[9]
- Juvenile Alcohol Offense is more than double the state average
- Increases in drop-in referrals to DJS and increasing demand for substance abuse school-based services, as well as home and hospital instruction.

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[8] Centers for Disease Control & Prevention, Maryland Youth Risk Behavior Survey Results (2014)
[9] Maryland Public Opinion Survey on Opioids. (2015). University of Maryland School of Pharmacy. Calvert County jurisdictional data tables.

Indicator: Hospitalization (non-fatal, self-inflicted injuries)

- Suicide Rate: 16.5 per 100,000 deaths compared to the 9.2 rate by the state [10]
- Student "Threat to self" documented by Calvert County Public School's Student Services increased 33% from 2013-13 to 2014-15 school year
- Calvert County's nonfatal self-inflicted injuries to children, ages 0-21 per 100,000 have increased to a rate of 79.2%, compared to the state's rate of 45.6% [11]
- Calvert County has 2,859.1 mental health related emergency room visits per 100,000 in the population, a 42% increase from 2010 [12]
- Lack of affordable Mental Health Services for those underinsured and/or privately insured

Strategy: Youth Intervention & Engagement

According to the Needs Assessment of the Governor's Strategic Goal Areas, key informant interviewees and focus group and survey participants (disconnected and/or incarcerated youth) spoke of the need for additional resources to address substance use including prevention, treatment, and family support. While Calvert County Detention Center has a substance abuse treatment program (JSAP), inmates expressed that the programming offered (i.e. one hour per week) is not enough. Dismissal from the program is common. Furthermore, youth expressed having experienced barriers to treatment prior to incarceration. For example, programs rules are strict and mandate sobriety before receiving services. Additionally, the cost of assessment prior to treatment was a barrier for those with and without insurance. Other barriers cited in addressing substance use include a lack of transportation to appointments and services, lack of social activities, lack of parental supervision, and lack of providers to address pediatric mental health and substance use disorders.

The Tri-County Youth Services Bureau (TCYSB) provides delinquency prevention and youth development services to youth up to age 25 and their families in Calvert County. In Calvert's Youth Intervention & Engagement program there are two key roles – a Youth Interventionist and a Youth Engagement Coordinator.

The Youth Interventionist provides formal and informal counseling to individuals that are engaging in unhealthy behaviors, youth that are disconnected, or at risk of becoming disconnected. The program includes Cognitive Behavioral Therapy to individuals, along with

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[10] Suicide Rate, Maryland Department of Health & Hygiene (2012-14), Retrieved from
http://calvert.md.networkofcare.org/ph/indicator_detail.aspx?id=md_ship8
[11] Hospitalizations: Nonfatal Injury Hospitalization Rate for Unintentional Injuries to Children Ages 0-21 per 100,000 of the Population. Calvert County Results for Well-Being. (2014)
[12] Age-Adjusted ER Rate due to Mental Health. (2014). Retrieved from
http://www.calverthospital.org/CMHCommunityHealthNeedsAssessment

other techniques such as Dialectic Therapy and Motivational Interviewing. Second Step and Reconnecting Youth Curriculums are offered in group therapeutic settings. The Youth Interventionist administers the CRAFFT Screening Test[13], recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents, and refers youth to additional treatment services as needed.

The Youth Engagement Coordinator provides case management and coordinates programs for early intervention, engaging youth in a peer group approach using leadership curriculum to addressing substance use, mental health and suicide. The Coordinator leads Ready 4 Life social skills groups for youth 16 – 24 to address barriers to education and employment. Ready 4 Life is an 8- week program that focuses on goal setting, interviewing and resume writing, money management, self-care, conflict resolution, and college readiness. The Coordinator also conducts school or home-based programs, like Guiding Good Choices, to assist families in parenting strategies.

Evidence of Effectiveness

- **Cognitive Behavioral Therapy, Dialectic Therapy and Motivational Interviewing**: Over the past 3 years, TCYSB has exceeded the target of 60% of youth participants with an improvement in CAFAS score of 20 points or greater

- **Second Step**: Over the past 4 years, 100% of TCYSB program participants did not recidivate within 90 days of its completion

- **Reconnecting Youth**: An evidence-based promising practice recommended on SAMSHA's National Evidence Based Registry, with demonstrated success in reducing drug use, decreasing depression, and a decline in suicide risk behaviors

- **Guiding Good Choices**: A promising practice in the Blueprints for Healthy Youth Development registry, for improving protective behaviors and child-management skills[14]

- **Youth Engaged in Leadership and Learning (YELL)**: Evaluated by Stanford for improving communication and interpersonal skills, critical reflection and positive involvement in youth

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[13] "The CRAFFT Screening Tool", *The Center for Adolescent Substance Abuse Research (CeASAR),* Children's Hospital Boston *(2009)*. Retrieved 21 November 2010.
[14] Blueprints for Healthy Development. Guiding Good Choices. Retrieved from http://www.blueprintsprograms.com/factsheet/guiding-good-choices

Result: Youth Have Opportunities for Employment or Career Readiness

Disconnected youth are young people ages 16 to 24 who are neither working nor in school. According to the most recent Measure of America report, there are 5.8 million, or one in every seven, American young people in this age group who are not connected to either of these anchor institutions. In Maryland, more than 1 in 10 youth are disconnected, making it a statewide issue. According to the Measure of America report, the average disconnected youth costs $37,450 a year in government services.

Emphasis is placed upon this group because the years between the late teens and the mid-twenties are believed to be a critical period during which young people form adult identities and move toward independence. The effects of youth disconnection—limited education, social exclusion, lack of work experience, and fewer opportunities to develop mentors and valuable work connections— can have long-term consequences that snowball across the life course, eventually influencing everything from earnings and self-sufficiency to physical and mental health and marital prospects. There has been much discussion on how to reach these young people and connect them with broader social institutions in order to prevent these negative consequences.

During the Needs Assessment of the Governor's Strategic Goal Areas, survey respondents were asked about their current needs, and to pick their biggest immediate need. The majority of respondents (70%) reported employment as their biggest unmet need. They also identified transportation, housing, and education as major needs.

> ### *Indicator: Youth Unemployment*
>
> – An estimated 8.45% of Calvert County's youth aged 16 to 24, are not working and not in school[15]
> – 30% of Drug Court participants are unemployed and 30% have no high school diploma
> – Of the 18 to 24 age participants in Calvert County's Drug Court, 50% live in Lusby and 20% live in Chesapeake Beach – both more than 15 miles away from Prince Frederick, the hub of human services in Calvert County
> – The median age of inmates at Calvert County Detention Center (CCDC) is 35, with nearly a quarter of the population in the 18 to 24 age range (667 total)
> – Approximately 60% of CCDC inmates have a mental health disorder with 93% having a co-occurring (substance use) disorder
> – Of the 3000 inmates, most return to local communities. The average recidivism rate is 42%

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[15] Youth Not in School and Not Working (% ages 16-24). Measure of America Opportunity Index County Data Interactive Map. (2016). Retrieved from http://opportunityindex.org

- There are an estimated 881 children in Calvert County with a parent in some form of state incarceration, (this does not include local jails and federal prison)

Strategy: Reentry Case Management

Reentry Case Management provides opportunities for disconnected youth and incarcerated parents to reconnect with families and receive case management and interventions that address their risks and needs, especially those related to behavioral health, education and employment.

Southern Maryland Community Network (SMCN) was selected to perform Reentry Case Management. As the key provider of SSI/SSDI Outreach, Access, and Recovery (SOAR), Supported Employment, Crisis Housing and as the Behavioral Health Liaison for the Crisis Intervention Team in Calvert County, SMCN has a history of working with individuals with mental illness as they move in and out of the criminal justice system.

The Urban Institute's Transition from Jail to Community (TJC) Model, currently being used in Howard County, has been selected as the reentry model for Calvert County to address clients' immediate post-release needs and their long term transitional needs. The cornerstones of the TJC model for reentry are: engaged leadership across systems; collaboration from jail to community; joint ownership of the transition process; a data-driven approach for decision-making and monitoring; and planning for sustainability.

To prepare for the successful introduction of the JTC model, CCFN sponsored the GAIN's Center's Sequential Intercept Mapping (SIM) workshop on March 21-22, 2017 with the goal of developing a Strategic Plan for Reentry. CCFN engaged over 30 local leaders and key staff across multiple sectors including courts, parole and probation, law enforcement, government, for-profit businesses, non-profit organizations and the faith community. Resources were mapped at each intercept in the criminal justice system and prioritized steps for an action plan that will lower recidivism and increase employment were identified. The resultant Intercept Map & Report is provided as Appendix A.

This past year the Detention Center was trained in Thinking 4 Change and began two weekly groups that meet to develop social skills, cognitive self-change practices, and problem solving techniques. Other tools that will be implemented to support the Reentry Case Management Strategy include Risk Need Responsivity (RNR)[16] online case management, Level of Service/Case Management Inventory (LS/CMI)[17], and Community Conferencing.

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[16] Bonta and Andrews. Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation. (June 2007) Public Safety Canada and Carleton University.
[17] Andrews, Bonta, and Wormith. LS/CMI™Level of Services/Case Management Inventory. Supplement: A Gender-Informed Risk/Need/Responsivity Assessment. (2008).

Evidence of Effectiveness

– **Urban Institute's Transition from Jail to Community (TJC) Model:** The Institute's stakeholder report issues findings from six sites operating from 2008 to 2012 which indicate TJC is a "promising systems change initiative with positive improvements recorded on nine of the 15 change scales."[18]

– **Community Conferencing:** A promising practice to address family and/or work conflicts that result from a crime and subsequent detention. A study by the Maryland Department of Juvenile Services showed that young offenders who participated in Community Conferences re-offend 60% less than a comparable sample of young people who went through the juvenile justice system. (Impact outcomes 2009-2014)

– **Mental Health First Aid**: Training that provides skills necessary to help those experiencing a mental health crisis and build mental health literacy.

– **Strengthening Families Framework:** A research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect.

– **Mediation with Reunification Plans:** A service provided by the Community Mediation Center of Calvert County to Detention Center inmates and their families to assist in the inmate's successful transition back into the community.

– **Risk-Need-Responsivity Simulation Tool (RNR**): A framework for determining the role of programs in institutional and community correctional environments, developed by George Mason University's Center for Advancing Correctional Excellence

– **Motivational Interviewing**: According to SAMSHA is shown to be a modality producing effective outcomes in employment and work readiness, general functioning and well-being, general substance use and non-specific mental health disorders.[19]

– **Level of Service/Case Management Inventory (LS/CMI)[20]:** A gender-informed tool implemented with cases that score medium to high risk on a proxy scale. The tool assesses the inmate's criminogenic risks and needs and matches them with interventions.

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[18] Process and Systems Change Evaluation Findings from the Transition from Jail to Community Initiative Results. (2012). Urban Institute
[19] SAMSHA, National Registry of Evidence Based Programs & Practices, "Motivational Interviewing"
[20] Andrews, Bonta, and Wormith. LS/CMI™Level of Services/Case Management Inventory. Supplement: A Gender-Informed Risk/Need/Responsivity Assessment. (2008).

Performance Measures

Performance Measures – Youth Intervention & Engagement		
	Quantity	*Quality*
Effort	A.) # of formal counseling cases B.) # peer groups	A.) #/% of formal counseling cases with all required elements developed before the 4th session. B.) #/% of youth in peer groups receiving leadership training
Effect	A.) # of youth receiving formal counseling with an improvement in CAFAS Total Score of 20 points or higher B.) # of youth who report increase in developmental assets	A.) % of youth receiving formal counseling with an improvement in CAFAS Total Score of 20 points or higher B.) % of youth who report increase in developmental assets

Performance Measures – Reentry Case Management		
	Quantity	*Quality*
Effort	A.) # of youth (18-24) receiving reentry case management B.) # of formal interagency agreements C.) # of parents (of youth under 18) receiving reentry case management* D.) # of reentry case plans* E.) # of inmates that had contact with a helping professional from the community to facilitate reentry.*	A.) Case management turnover rate B.) #/% of reentry case plans that are person centered and individualized C.) #/% of youth connected with a supportive family and/or community member* D.) #/% of parents connected with a family and or community member*
Effect	A.) # of youth employed (for a period of at least 30 days during the year following their release) B.) # of inmates left jail with an appointment to enroll in a workforce development or supported employment program. *	A.) % of youth employed (for a period of at least 30 days during the year following their release) B.) % of inmates left jail with an appointment to enroll in a workforce development or supported employment program.*

*Local Measures

Increase the Availability of At-Home Mental Health Services for High Risk Parents

Result: Families are Safe and Economically Stable

In its 2016 Needs Assessment, CCFN identified the "Families are Safe and Economically Stable" result area as an area of high priority, with Childhood Hunger as the primary indicator, and Childhood Poverty as another indicator of concern.

In FY17 CCFN met with both CCHD and CCPS to discuss options for a collaborative proposal highlighting a two-generational approach, addressing substance use disorder and mental health issues in young parents and low birth weight in babies, with the ultimate goal of reversing the trend toward childhood poverty and hunger. The Healthy Beginnings program's grant funding from Maryland Community Health Resources Commission ends in FY17, and despite the increasing demand for services with participation nearly doubling in the past two years since the partnership with CCHD, Healthy Families has been flat funded by Maryland State Department of Education for 10 years. At its February 27, 2017 meeting, the CCFN Board voted to apply for competitive funding with the Governor's Office for Children to develop a two-generational home visiting hybrid for expectant and new moms with mental illness or substance use disorders that are either disconnected youth, homeless, or recently released from incarceration.

Indicator: Childhood Hunger

–   Calvert County free and reduced priced meal participation has increased steadily each year for elementary, middle, and high school students, with the highest concentration in elementary school. Not surprisingly the increase in childhood poverty and hunger has also corresponded with an increase in substance use.[21]

Indicator: Childhood Poverty

–   Calvert County is a "Medically Underserved Area," due to its lack infrastructure to support health needs, and being only one of 2 counties in Maryland that have no

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[21] FY 2016 Needs Assessment : Calvert County Results for Well Being (January 2016) Calvert County Family Network. Retrieved from http://www.co.cal.md.us/DocumentCenter/View/11982

Federally Qualified Health Centers (FQHC). In addition, Calvert County is considered to be a Health Professional Shortage Area for Mental Health.[22]

- In 2014, the percent of low birth weight babies born in Calvert County was 7.1%, bringing it just below the state average.

- 15.4% of Calvert County African American babies were born before 37 weeks gestation compared to 6.8% of Calvert County Caucasian babies.

- When assessing high risk parents using the Healthy Families Parent Survey in FY 2016, over 50% of the assessments scored higher than 40, indicative of a two-year trend of referrals with significant risk factors-especially substance abuse and homelessness.

- In 2015, according to Maryland Vital Statistics, of the 925 births in Calvert County, there were 160 births by women, aged 24 and under. Of that group of young women, 76% were unmarried and 13% had less than a high school education.[23]

Strategy: Home Visiting Hybrid for High Risk Moms

The new collaborative program, Home Visiting Hybrid for High Risk Moms, will introduce a part-time, outreach worker from Tri-County Youth Services Bureau to perform seasonal outreach to identify expectant and new moms that are substance using, homeless and or disconnected youth that have not enrolled in insurance or prenatal care, with a particular focus on racial disparities. The outreach worker will work with homeless shelters, the Calvert County Detention Center, Drug Court, doctor's offices and urgent care centers and other venues to ensure program referrals. The outreach worker will provide navigation support to ensure enrollment in Medicaid and in the Health Department's Healthy Beginnings program, which through the course of their pregnancy and after their birth will provide case management, contraception and transportation to needed services, including behavioral health counseling, support groups for substance using pregnant women, and prenatal health appointments.

The collaboration will also introduce a new Family Support Worker, who will provide intensive weekly home visiting and begin affiliation and curriculum with Parents as Teacher in addition to Healthy Families, which will allow eligibility for home visiting services to high risk moms with infants over 3 months. Finally the program will expand the current part-time schedule of a clinician at Tri-County Youth Services Bureau to 10 additional hours per week to provide dedicated in-home mental health therapy for new mothers screened at-risk for depression or other mental health disorders.

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[22] Health Professional Shortage Areas. (2010). HRSA Data Warehouse and 2010 U.S. Census. Retrieved from http://hpsafind.hrsa.gov
[23] Calvert County Vital Statistics Annual Report (2015). Maryland Department of Mental Health and Hygiene. Tables 2, 3 and 5.

Evidence of Effectiveness

- **Healthy Beginnings:** Led by Calvert County's Health Department, this program provides intensive wrap-around services for high-risk moms. Based on working with 70 participants over 3 years, 75% kept an average of 7 or more prenatal appointments, 97% were linked to addiction services and 26% were linked to vocational/educational services, 90% delivered babies free from drug withdrawal, and Calvert County's low birth weight rate dropped to a ten year low of 5.3% in 2015.

- **Healthy Families:** Led by Calvert County Public Schools, Healthy Families is a nationally recognized evidence based practice designed to ensure the health of families and babies through home visitation services; children remain healthy; children enter school ready to learn; and children and families remain safe in their homes and communities.

- **Parents as Teachers Curriculum (birth to 5 years):** Parents as Teachers is an evidence-based, research-informed home visiting model that promotes the optimal early development, learning and health of young children by supporting and engaging their parents and caregivers.

- **Cognitive Behavioral Therapy (CBT) for Post-Partum Depression:** CBT works with the understanding that the way we think affects the way that we feel, and so treatment is focused on helping mom have control over her thoughts so that she feels more able to change them. CBT uses tools such as homework, relaxation, exposure therapy, thought stopping, mental imagery, and tools for changing catastrophic thoughts and irrational thinking.

Performance Measures

Performance Measures – CCHD Healthy Beginnings Program		
	Quantity	*Quality*
Effort	A.) # of moms enrolled in substance abuse support groups B.) # of high risk moms receiving long acting reversible contraception	A.) #/% of moms who were linked to addiction services B.) Average support group attendance
Effect	A.) # of moms who kept 7 or more prenatal appointments B.) # of moms who delivered babies free from drug withdrawal	A.) % of moms who kept 7 or more prenatal appointments B.) % of moms who delivered babies free from drug withdrawal

Performance Measures – CCPS Healthy Families		
	Quantity	*Quality*
Effort	A.) # of home visiting caseload demonstrating high risks B.) # of referrals to programs identified in the Parent Survey	A.) #/% of families completing scheduled home visits B.) #/% of moms enrolled during 1st or 2nd trimester C.) % of target children screened for developmental delays*
Effect	A.) # of mothers demonstrating an increase in parenting behaviors B.) # of families who enroll during 1st or 2nd trimester will have a child weighing 2500 grams or greater at birth	A.) % of mothers demonstrating an increase in parenting behaviors B.) % of families who enroll during 1st or 2nd trimester will have a child weighing 2500 grams or greater at birth C.) % of target children are current with immunizations* D.) % of children developing on target*

*Local Measures

Performance Measures – TCYSB Outreach & Mental Health		
	Quantity	*Quality*
Effort	A.) # of moms screened for maternal depression or other mental health disorders B.) # of formal counseling home visiting cases	A.) #/% of transition plans that are individualized to meet youth and family needs B.) Case management turnover rate
Effect	A.) # of moms receiving formal counseling with an improvement in CAFAS total score of 20 points or higher B.) # of pregnant and new moms (disconnected youth 16-24) linked to education or workforce programs	A.) % of moms receiving formal counseling with an improvement in CAFAS total score of 20 points or higher B.) % of pregnant and new moms (disconnected youth 16-24) linked to education or workforce programs

PART IV: COMMUNITY PARTNERS MAKE IT HAPPEN

Successful execution of the strategies identified in the Community Plan will depend on meaningful, collaborative participation from a broad range of agency leadership, service providers, disconnected or formerly disconnected youth, and family members that have been impacted by incarceration. The following community partners will play a vital role in providing leadership, taking action, securing funds and measuring results. Specific roles and responsibilities are delineated in Part V: Action Plan.

Teams:

Results Based Leadership Tri-County Youth Team

- Tri-County Youth Services Bureau
- Tri-County Council of Southern Maryland (Youth & Young Adult Services)
- Calvert Collaborative for Children & Youth
- Calvert County Family Network
- Charles County Local Management Board
- St. Mary's County Department of Aging and Human Services (Youth Services)

Reentry Collaborative Council

- Calvert County Detention Center
- Calvert County Family Network
- Calvert County Health Department, Behavioral Health
- Southern Maryland Community Network
- St. John Vianney Church's HITTS Program
- Calvert Baptist Church

Healthy Families Advisory Council

- Calvert County Public Schools
- Tri-County Youth Services Bureau
- Calvert County Health Department, Maternal Health
- Calvert County Family Network

PART V: ACTION PLAN

The Action Plan identifies the goals and objectives associated with each strategy, and delineates specific actions that will be taken. For each action, the commitment of partners, required resources and timeline will be addressed. To support continual collaboration and communication among the community partners, actions have been documented using a RACI chart. In addition to assigning actions to responsible parties, a RACI chart identifies individuals that will be held accountable, consulted, or informed during or after completion of the action or task.

R = Responsible: The person who performs the action/task.

A = Accountable: The person who is held accountable that the action/task is completed.

C = Consulted: The person(s) who is consulted before performing the action/task.

I = Informed: The person(s) who is informed after performing the action/task.

ACTION PLAN

Strategy: Youth Intervention & Engagement						
Goal: Reduce the number of disconnected youth (aged 16 to 24 not working and not in school) **Team: Results Based Leadership (RBL) Tri-County Youth Team**						
Objective	**Action/Task**	**Due**	**Responsible**	**Accountable**	**Consulted**	**Informed**
Quality data is available that facilitates understanding and action by community partners	Develop data collection plan for Youth Intervention & Engagement performance measures to include resources required					

ACTION PLAN

Strategy: Reentry Case Management						
Goal: Reduce the impact of parental incarceration on children, families and communities **Team: Reentry Collaborative Council**						
Objective	**Action/Task**	**Due**	**Responsible**	**Accountable**	**Consulted**	**Informed**
Quality data is available that facilitates understanding and action by community partners	Develop data collection plan for Reentry Case Management performance measures to include resources required					

ACTION PLAN

Strategy: Home Visiting Hybrid for High Risk Moms						
Goal: Increase availability of at-home mental health services for high risk parents. **Team:** Healthy Families Advisory Council						
Objective	**Action/Task**	**Due**	**Responsible**	**Accountable**	**Consulted**	**Informed**
Quality data is available that facilitates understanding and action by community partners	Develop data collection plan for Healthy Beginnings Program performance measures to include resources required					
	Develop data collection plan for Healthy Families Program performance measures to include resources required					
	Develop data collection plan for TCYSB Outreach & Mental Health Program performance measures to include resources required					

APPENDIX A: INTERCEPT MAP & REPORT

INTERCEPT 1
LAW ENFORCEMENT
EMERGENCY SERVICES

INTERCEPT 2
INITIAL DETENTION
INITIAL COURT HEARING

INTERCEPT 3
JAILS
COURTS

INTERCEPT 4
RE-ENTRY

INTERCEPT 5
COMMUNITY CORRECTIONS
COMMUNITY SUPPORT

COMMUNITY

Law Enforcement
2 Law Enforcement Agencies, 1 State Police Barracks

Calvert County Emergency Communications/911

Sheriff's Office

Special Operations | SOLID

MH First Aid

CIT

Behavioral Health Liaison

National Suicide Hotline

DV Hotline

SMCN Crisis House

Calvert Memorial Hospital Emergency Psychiatric Team 24/7

Project Phoenix

Outpatient Mental Health Services

ARREST

Summary Offenses

Initial Detention
Calvert County Detention Center

Suicide/Medical Screening
Proxy Risk Score

Preliminary Arraignment

District Court Commissioners

Via teleconferencing within 24 hours

Bail | Pretrial Diversion

District Court Commissioner Bond Review

District and Circuit Court of Maryland
Drug Court
Post-Conviction

Behavioral Health Court Liaisons, Dedicated Probation Officer; Case Managers

Calvert County Detention Center

Intensive Outpatient and Outpatient Substance Use Treatment

Mental Health Screening and Treatment
WRAP Education Groups
Seeking Safety Groups
Peer Specialists
Thinking 4 Change

Parenting Classes
Library Reading Project
Faith-Based Services
GED Test Center

Vivitrol Program with CM
Narcan Training
NA/AA Meetings
Mediation

Forensic Evaluator

Spring Grove Hospital

Maryland Parole Commission

VIOLATION

SMCN SOAR

DSS Benefit Applications
2 Dedicated CM

Calvert County Detention Center Re-Entry

LS/CMI
WRAP Education Groups
30-day medication/prescription
Vivitrol Program with CM
Supportive Housing CM
Re-Entry CM & Supervision

VIOLATION

Young Adult Re-Entry Program Case Management

Community Conferencing

Max-outs

Division of Parole & Probation

RNR Model with LSI-R

Specialized Caseloads for Drug Court and Sex Offender

MH Treatment Weekly Intake Walk In Slot for Recent Jail Release
Peer Support

NA/AA

Family Support NAMI

HITTS Faith-Based Services

Ready 4 Life Groups
Parenting Groups

COMMUNITY

Collaborations Across Intercepts:
Local Drug and Alcohol Abuse Council (meets quarterly)
Subcommittee Re-entry Coordinating Council (meets regularly as needed)