

**The Maryland Child and Family Services Interagency Strategic Plan  
Implementation Work Plan  
Updated April 2010**

**Theme: Family and Youth Partnership** - Families and youth should be well-represented, engaged and empowered in every facet of the child-family serving system - at the State and local policy levels, at the quality assurance levels, and at the service delivery levels.

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

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

<b>Champion(s):</b>						
<b>Collaborator(s):</b>						
<b>Deliverable</b>	<b>Action Steps</b>	<b>Key Staff</b>	<b>Proposed Timeline (Start &amp; End Dates)</b>	<b>Progress &amp; Accomplishments To Date</b>	<b>Next Steps</b>	<b>Completed</b>
Children's Cabinet publically reaffirms its commitment to family driven policies and practice models	A clear set of core values and principles is articulated by the Children's Cabinet.	GOC	2/09 - Ongoing		Inclusion in all GOC-required reports	
	As policies are developed and/or annual reviews occur, Agencies will ensure that policies ensure the practice of family involvement, engagement and partnership are reflected in all aspects of the organization (systems design, finance, management, practice and training).	DHMH DHR DJS MSDE	Ongoing			
	Agency Policy Units will review current mechanisms for integrating families into policy development and review processes, ensuring enhanced involvement occurs.	Agency Policy Unit Staff	Ongoing			
	Agency Policy Units will provide annual reporting regarding status of enhance mechanisms for family involvement to Children's Cabinet.	Agency Policy Unit Staff, CCRT	6/09 6/10		Status reports developed and submitted to Children's Cabinet	

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

<b>Champion(s):</b>						
<b>Collaborator(s):</b>						
<b>Deliverable</b>	<b>Action Steps</b>	<b>Key Staff</b>	<b>Proposed Timeline (Start &amp; End Dates)</b>	<b>Progress &amp; Accomplishments To Date</b>	<b>Next Steps</b>	<b>Completed</b>
Families are integrated into quality assurance processes across state agencies.	Agencies quality assurance and monitoring units will review current mechanism for integrating families and youth into quality assurance oversight and monitoring practices'.	Agency Quality Assurance and Monitoring Directors	Ongoing	Youth are included in the interview process to access whether programs are addressing/meeting their needs and to ensure there are no life, health or safety risk to youth. PEU collaborates with Youth Advocates and DJS Investigators who interview youth who are discharged from placement. The Director of PEU meets or communicates with parents when there is a concern regarding a placement.		
	Youth Advisory Councils will be reviewed to ensure full utilization and support is provided for their success. Where realignment is necessary, a proposal will be developed and submitted for review to Children's Cabinet.	GOC - Marina Finnegan, Other Agencies	Ongoing	Monthly meetings of the Maryland Youth Advisory Council (MYAC) have been convened since November, 2009. MYAC members are participating in the Ready by 21 Action Plan review and implementation and the State's Partnership to End Childhood Hunger initiative.	Two-year terms for MYAC members expire on August 30, 2010. GOC will request the Children's Cabinet to notify their agencies about MYAC and include a MYAC application in their correspondence in an effort to recruit new members.	

	Review current councils and advisory committees to ensure that full family participation is occurring and supported appropriately. Where family membership has lapsed, ensure that new family membership is recruited.	GOC – Sarah Reiman	2/09	A Parent Advocate candidate has been recommended to the Governor’s Appointments Office. A decision regarding the appointment is pending.	Awaiting response from Governor’s Appointments Office. Is approved, training for Parent Advocate will be provided.	
	Stipends will be provided for families and youth when they are asked to participate in councils and as advisory committee members.	GOC – Marina Finnegan	Ongoing	Submitted a letter of intent to Starbucks –Youth Initiative grant program to provide stipends to local youth led anti-hunger initiatives. Application was denied in December, 2009.	Continue to explore funding opportunities.	
	Agency Quality Assurance units will provide an annual report regarding status of enhanced roles for families in quality assurance mechanisms.	Agency Quality Assurance Directors	6/10			

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

<b>Champion(s):</b>						
<b>Collaborator(s):</b>						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Legislative Position Statements include analysis of potential impact on children and families.	CCRT will create a legislative briefing for Agency Legislative Liaisons to ensure that all position statements incorporate statements regarding the legislations impact on children’s and families, based on the core values and principles articulated by the Children’s Cabinet.		Legislative Session – 2009 and 2010		Schedule meeting with legislative liaisons  Develop fact sheet for dissemination to Children’s Cabinet agency legislative liaisons	
	CCRT and Legislative Liaisons will collaborate to ensure that the Liaisons are provided the necessary support and timely responses to fulfill this commitment.		Legislative Session – 2009 and 2010			

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

<b>Champion(s):</b>						
<b>Collaborator(s):</b>						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Family perspectives are integrated in all dimensions of trainings.	Agency staff responsible for training or training contracts will review current training and technical assistance models for family and youth involvement in development and delivery of training and technical assistance.	GOC – Kim Malat	Ongoing		DHR - Representation on FCP Oversight Committee	
	Identify opportunities to partner with families and youth to develop and provide training and technical assistance.		Ongoing		DHR - Representation on FCP Oversight Committee	
	Agency staff will provide an annual report regarding enhanced involvement of families and youth in training to the Children’s Cabinet.	Children’s Cabinet Agencies	6/09 6/10		Report developed and submitted to Children’s Cabinet	

**Theme: Family and Youth Partnership** - Families and youth should be well-represented, engaged and empowered in every facet of the child-family serving system - at the State and local policy levels, at the quality assurance levels, and at the service delivery levels.

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

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

Champion(s):						
Collaborator(s):						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Child Family Team models will be implemented across populations and in all jurisdictions.	DHR will finalize the Child Welfare Family Centered Practice Model, including the Family Involvement Meeting model. Implementation will begin by April 2009.			FCP model finalized 6/09. FIM policy 8/09 Started statewide training 6/10	Complete FCP training in seven remaining counties by 6/10.	
	Agencies will identify opportunities for cross training of staff to include providers			DHR conducted provider train-the-trainer session 1/10,	DHR scheduling training for provider staff.	

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

Champion(s):						
Collaborator(s):						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Families and youth understand evaluations, assessments, and screenings.	Clinical subcommittee under the state advisory board. Look into who is asking for the assessments and making sure they understand the differences between them (judges/masters, etc.)	DJS - State Advisory Board Subcommittee Dr. Rogan	Ongoing – CY09	Reviewed DJS contracts and quality of deliverables.	Progress is reported to the SAB at bi-monthly meetings. Continue to meet with stakeholders to review materials and provide final recommendation to the full membership of the SAB.	
	A series of briefs regarding assessment and screening tools currently used in Maryland will be created and widely disseminated.	Maryland Coalition, Innovations Institute				

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

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

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Establish mechanism for regular communication.	Distribute calendar of local interagency structures monthly meetings with contact information to be put on agenda.	Kim Malat	October 30, 2008 and ongoing	Dates and location of LMB Directors meetings circulated to CCRT.		
	Confirm with GOC and LMB Directors Association that any number of CCRT is welcome at any LMB/GOC meeting and process for informing of attendance.	Kim Malat	October 30, 2008 and ongoing	Announcement made at LMB Directors meeting	LMB Representatives to attend CCRT meeting.	
	Identify two meetings per year for joint CCRT/LMB Directors Meeting with LMB chairs invited.	Chair of LMB directors Association and GOC staff to coordinate	November 30, 2008 - April 2009 Ongoing	Met with GLRT. Met with CCRT on 10/20 to discuss request for 2 meetings/yr LMBs presented to CCRT 12/08	Schedule LMBs to present in April	12/08

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

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

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

<b>Champion(s):</b>							
<b>Collaborator(s):</b> CMEs, Innovations Institute, DJS areas, LDSSs, LEAs, Local Health Departments, Families and Youth, CSAs, LMBs							
<b>Deliverable</b>	<b>Action Steps</b>	<b>Key Staff</b>	<b>Proposed Timeline (Start &amp; End Dates)</b>	<b>Progress &amp; Accomplishments To Date</b>	<b>Next Steps</b>	<b>Actual Timeline (Start &amp; End Dates)</b>	<b>Completed</b>
Expand the use of Child and Family Teams to all Child and Family Serving Agencies.	DHR finalized its family-centered practice model and begins its training and implementation plan.			FCP model finalized 6/09 FIM policy 8/09 Started statewide training 6/10	Complete FCP training in seven remaining counties by 6/10.		
	CMEs expanded across Maryland with funding from Children’s Cabinet agencies for a prioritized range of populations.	Children’s Cabinet		CMEs in operation Statewide as of 12/28/09.			Yes
	Pilot PBIS-Wraparound in Montgomery County and develop a “lessons learned” White Paper.						
	Implement Transitioning Youth to Families Project in Baltimore and Washington Counties.						

[Link to Education Strategy # 2.1](#)  
[Link to Finance Strategy #3.2](#)  
[Link to Family and Youth Partnership #2.1](#)  
[Link to Workforce Development #1.1](#)

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

<b>Champion(s):</b>								
<b>Collaborator(s):</b> Families and Youth, LMBs, CSAs, Innovations								
<b>Deliverable</b>	<b>Action Steps</b>	<b>Key Staff</b>	<b>Proposed Timeline (Start &amp; End Dates)</b>	<b>Progress &amp; Accomplishments To Date</b>	<b>Next Steps</b>	<b>Actual Timeline (Start &amp; End Dates)</b>	<b>Completed</b>	
Convene state/local representation on interagency structures.	Identify representation for workgroup	Rosemary King Johnston, Innovations	12/08	Identified representatives	N/A	12/08	12/08	
	Convene representation	Rosemary King Johnston, Innovations	1/14/09	Three meetings were held in 2009. In November 2009, decision was made to suspend meetings until Spring 2010 to allow for first quarter of Statewide CME implementation.	Workgroup reconvened 4/14/10 with a second meeting scheduled for 5/12/10.			
	Will provide a framework for interagency structures. Present recommendations to CCRT as each set of recommendations is created for review and discussion.	Rosemary King Johnston, Innovations				Develop recommendations for policy and legislative changes to be presented to Children’s Cabinet in August 2010.		
	Action plan will be developed.	CCRT	Changes to structures to be effective in FY12.					

[Link to Continuum of Opportunities, Supports and Care Strategy #1.5](#)  
[Link to Interagency Structures Strategy #2.1](#)  
[Link to Family and Youth Partnership Strategy #1.1](#)  
[Link to Information Sharing Strategy 1.1](#)

**Theme: Workforce Development** - A concerted effort must be made to improve the overall quality of the workforce in child welfare, juvenile services, education, children's mental health, developmental disabilities and substance abuse. Child-family serving agencies must share responsibility for improving the quality and accessibility of training and the use of strategies to improve worker recruitment and retention. Beyond training for professionals and paraprofessionals in their own disciplines, there is a great need to coordinate and provide training across agencies.

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

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

Champion(s):						
Collaborator(s):						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Trained workforce on cross agency core elements	Gather the other agencies list of core competencies; develop a grid of core competencies by agency as there are similar types of positions across agencies i.e. Direct Care, Case Workers, Supervisors, and Administrators and do a crosswalk, find a model curriculum and then bring to CCRT for review and decision.	DJS - Roxanne Parson, QAA Kathryn Marr, HR	July 2009	Innovations Institute will assist DJS to implement strategies.	<ul style="list-style-type: none"> <li>JJI will convene an interagency workgroup to review minimum standards consistent with training regulations.</li> <li>Formulate action strategy in identified shared interests and create cross-training timeline.</li> <li>Establish a Youth Services and Training Commission/Convene workgroup</li> </ul>	
	Create Web Based Training modules on identified cross agency core curriculum		TBD	MSDE and MHA with University of Maryland and Child and Adolescent Mental Health Workforce Committee have developed core competencies in mental health available on the Web in March 2010.		
	Convene an interagency workgroup with the Department of Labor to work on recruitment and retention, workforce development for all child serving agencies, core training on system of care principles.		TBD			

**Theme: Workforce Development** - A concerted effort must be made to improve the overall quality of the workforce in child welfare, juvenile services, education, children's mental health, developmental disabilities and substance abuse. Child-family serving agencies must share responsibility for improving the quality and accessibility of training and the use of strategies to improve worker recruitment and retention. Beyond training for professionals and paraprofessionals in their own disciplines, there is a great need to coordinate and provide training across agencies.

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

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

Champion(s):						
Collaborator(s):						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Maintain worker caseload levels in compliance with national standards.	Research and identify standards for child welfare and juvenile probation caseloads.	DJS - Kathryn Marr, HR Dr. Sheri Meisel	CY09 – ongoing		Identify contacts at DHR and review mutual data on caseloads and staffing analysis	
	Conduct staffing analysis based on DHR and DJS caseload	DHR - Carnitra White	Ongoing	DHR conducted initial analysis of case carrying staff. Developed update case ratios.  DJS submitted JCR 2009 Facility Staffing and Community Caseloads 10/09.		

	DJS and DHR will reallocate staffing as needed based on analysis.	Carnitra White	Ongoing	Staff is reallocated as necessary.		
	DJS and DHR will monitor case load levels quarterly and make appropriate reassignments as required to maintain compliance with national standards.	Carnitra White	Ongoing			

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

<b>Champion(s):</b>						
<b>Collaborator(s):</b>						
<b>Deliverable</b>	<b>Action Steps</b>	<b>Key Staff</b>	<b>Proposed Timeline (Start &amp; End Dates)</b>	<b>Progress &amp; Accomplishments To Date</b>	<b>Next Steps</b>	<b>Completed</b>
Creation of a Maryland uniform protocol for case management.	Review existing protocol for case management across DHR, DJS, DHMH, and MSDE, including data collected, assessments used, and outcomes monitored.	DJS - Dr. Sheri Meisel, Dr. Arleen Rogan	9/08 – 12/09  Current , on-going  1/09  TBD	Update DJS case management protocol and manuals (in draft now)  Identify community supervision reform efforts Train Intake Supervisors, Intake Workers  <a href="#">Risk Assessment - 2/09</a>  <a href="#">Train Case Management Probation and Aftercare – 12/31/09</a>  <a href="#">Needs Assessment– 2/10</a>	Finalize DJS manual and Train Staff.  Implement Maryland Comprehensive Assessment and Service Planning (MCASP) – Risk and Needs Assessment  Conduct data collection and analysis  Analyze preliminary findings with CC agencies as needed to improve and increase collaboration efforts in service delivery model to youth and families.	Needs Assessment – required documents delivered to DJS by consultants (9/08)
	Identify the components of the protocol that are consistent with one another and whether there are uniform tools and/or methodologies that can be put into place for those components.					
	Create a timeline for implementation, including modification of data systems and training of workers, as needed.			12/30/09	Paper version only, fully automate	Involves IT modification and continuous training for staff

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

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

**Strategy 1.1:** The Children’s Cabinet should engage in a Maryland Youth and Family Information Sharing Protocol (MYFISP) to bring together all stakeholders to assess the current systems and structures and embark on the creation of an information-sharing protocol. Among the steps in the process, there could be:

- An identification of the barriers to information-sharing under the Maryland Code, Human Services Article and determination of the necessary steps to remove those barriers, working in conjunction with the Administrative Office of the Courts and the Human Services Workgroup;
- A mapping of the information systems of each agency, including the types of information that are collected and in what format the information is organized;
- A review of the recommendations and tools that have been created in Maryland previously to identify and/or create core intake, screening, assessment, and consent components, forms and tools for use by all of the child-family serving agencies;
- An effort to ensure that components of the protocol are implemented to the extent possible based on financial, legal and other considerations identified during the process of developing the protocol;
- An understanding of the instances in which youth and families may not wish to engage in information-sharing; and,  
Creation of a campaign to build public will, engagement, partnership and education with families and youth to ensure the success of the protocol.

<b>Champion(s):</b>						
<b>Collaborator(s):</b>						
<b>Deliverable</b>	<b>Action Steps</b>	<b>Key Staff</b>	<b>Proposed Timeline (Start &amp; End Dates)</b>	<b>Progress &amp; Accomplishments To Date</b>	<b>Next Steps</b>	<b>Completed</b>
	Identify specific information needed by agency	Shupe, Chun-	October 23, 2008	Meeting to review specific data needs	Make final lists of information sought and give	Yes

	and purpose, beginning with DHR, DJS, DHMH, DPSCS	Hoon, Blauer, J. Johnson (DHMH)		held on 10/3. Walkthrough of DHR and DJS data systems on 10/17.	to AG group. Bring MSDE into process.	
	Review existing data-sharing arrangements for precedents	Chun-Hoon, Blauer, Johnson	November 15, 2008	Identified agreements between DHR and MSDE, between DPSCS and DHMH, and DJS and DPSCS	Meet with DPSCS CIO for demo of "dashboard" as a model or platform for sharing information.	Yes
	Identify legal barriers and remedies for each specific piece of information	Motz, AG Human Services workgroup	November 30, 2008			Yes
	Review proposed legislation to allow DHR and DJS to share information. Invite MSDE to participate in information sharing workgroup	Chun-Hoon, Blauer, Motz	November 30, 2008	12/08 meeting with MSDE		Yes
	Draft MOUs as needed to address protocol	Motz, AG Human Svcs. workgroup	January 31, 2009			Yes
	Identify potential technical solutions to information sharing	Chun-Hoon, Brown, Shupe  Kim Bones, DJS  Marina Finnegan, Deb Donohue - GOC	November 30, 2008  7/08 – 10/09  10/09	Met with Ron Brothers, DPSCS, to view demo of "dashboard".  Interagency collaborative efforts in selection process. MD identified as a successful applicant.  All data sharing MOUs have been signed by DHR, DJS, DHMH, GOC and MSDE. Data Dashboard will be fully implemented by 5/3/10.	Send initial data fields from CHESSIE to initiate set up of Children's Cabinet dashboard. Identify agency staff with qualifications to assist in setting up system.  Review/Implement best practices from DHR/DJS "Cross Over Youth" Georgetown project.  DJS and DHR protocols will be finalized by 4/1/10.	Yes

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

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

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

**Champion(s):**

**Collaborator(s):** LMB Directors, GOC

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Determination of best access mechanisms for specific target populations	Meet with GOC/LMB Results Team to determine method for evaluating LAMs		11/15/08			
	Determine potential of using the Maryland Community Services Locator (through CESAR) as clearinghouse for resource information	Greg Shupe Marina Chatoo	11/1/08	Met with CESAR staff. MDCSL can use existing resource info from jurisdictions w/o disrupting local database.	Present LMBs with info about use of MDCSL	Yes
	Determine process and cost for integrating jurisdictional LAM resource base into MDCSL	Greg Shupe	12/30/08	CESAR staff met with LMB Directors and LMBs have been sharing their LAM resource database with MDCSL. LMBs will send updated resources every 6 months. No funds were needed to exchange this information.		Yes
	Review LMB reports for numbers of families assisted and success rate for families to receive desired service to develop cost benefit analysis by model (I & R, navigator, family service center).	Kim Malat	January 31, 2009			

	Solicit comments from LMBs and other local partners re: real vs. appraised value of model. Identify key elements in successful LAMs	Kim Malat LMB Directors	April 30, 2009			
	Determine best practice(s) in current use in state.	Kim Malat LMB Directors	June 30, 2009			

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

<b>Champion(s):</b>						
<b>Collaborator(s):</b>						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Clarification of Agency-specific communication protocols with direct care staff.	Each Children’s Cabinet Agency will review its policies and procedures for sharing information with staff, including direct care workers for consistency and clarity.					
	The policies and procedures will be revised for each Agency as needed, and will be disseminated to all staff, including management and interagency and legislation liaisons.					

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

<b>Champion(s):</b>						
<b>Collaborator(s):</b>						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Streamline forms, applications and requirements across Children’s Cabinet Agencies for consistency.	Review current forms, applications and requirements for access to services in DHR, DJS, DHMH, and MSDE.			RDLC continues to review licensing process and forms for group homes.		
	Identify the common elements and processes across agencies and determine if efficiencies can be implemented based on the commonalities.					
	Create a timeline for implementation, including creation of forms, modification of data systems and training of workers, as needed.					

**Theme: Continuum of Opportunities, Supports and Care** - There is a need for the Children’s Cabinet to agree on a continuum of opportunities, supports, and care, including evidence-based and promising practices, and work toward ensuring that appropriate levels of services and supports are available to every jurisdiction and community to meet their specific population needs, with the intent of improving outcomes and reducing out-of-home placements.

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

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

<b>Champion(s):</b>						
<b>Collaborator(s):</b> DJS areas, LDSSs, LEAs, Local Health Departments, CMEs, Families and Youth						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Identification of and plan for improved array of community-based resources for	Identification of priority high risk populations.					
	Research and identify services, supports and interventions which will assist in producing improved outcomes for identified populations.			CSAs continue to plan for mental health needs on a local level in collaboration with MHA.		

underserved populations.	Create a population based local/regional continuum of care that can guide state funding allocation and service array development.				
	Identify demographic and/or geographic areas of focus with resource needs				
	Create a plan in partnership with representatives of the LMBs, CSAs, DSS, DJS, LSS, CMEs, families and others to strategically target resources to meet identified needs.				
	Explore sources of funding to pay for services in the continuum of care. Sources to consider include Medicaid, Opportunity Compacts, Title IV-E and redirected savings from reduction in the use of expensive out of home placements.				

Link to Financing Recommendation #1

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

<b>Champion(s):</b> DHMH						
<b>Collaborator(s):</b> Children's Cabinet Agencies						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Study receipt of services through MCOs and utilization of EPSDT	DHMH/Medicaid will convene workgroup (1-2 meetings) to examine issues related to EPSDT utilization. Each child-serving agency should assign one person to attend workgroup.	DHMH	Spring 2010			
	Workgroup will assist other agencies to develop outreach plan for ensuring children's services are maximized.	DHMH	Spring 2010			

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

<b>Champion(s):</b> DHMH						
<b>Collaborator(s):</b> DHMH, MCOs, providers, consumers						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Ensure children and youth are receiving full access to the array of substance abuse services, including community based treatment.	DHMH to establish workgroup and relevant subcommittees to examine issue	DHMH	Ongoing (next meeting 9/24)			
	Workgroup to present recommendations to DHMH Secretary Colmers	DHMH	November, 2008			
	Recommendations to be shared with CCRT	DHMH	December, 2008	Medicaid implemented new substance abuse services in January 2010 for PAC program. Also, significantly increased payment rates for substance abuse services under Medicaid and PAC. For more information, please see: <a href="http://www.dhmh.state.md.us/mma/healthchoice/pdf/2009/SAII_Char_Updated11.14.09_ST.pdf">http://www.dhmh.state.md.us/mma/healthchoice/pdf/2009/SAII_Char_Updated11.14.09_ST.pdf</a>	Medicaid and ADAA will monitor to ensure that services are implemented successfully.	

Strategy 1.4: The Children's Cabinet should support the use of home visiting programs across Maryland that aligns with the outcomes that the Children's Cabinet Agencies are seeking to achieve.						
Champion(s):						
Collaborator(s): Providers, Families and Youth, DJS areas, LDSSs, LEAs, Local Health Departments						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Support existing and where possible new home visiting programs that achieve outcomes consistent with Children's Cabinet.	*After completion of strategy 1.1 action steps, identify home visiting programs that are consistent with priorities and fix the gaps.	Nancy Vorobey	July 1, 2009 - June 30, 2010	17 jurisdictions received funding to support local Healthy Families and other Home Visiting programs; grant proposal requirements aligned with state priorities.	Continue grant program, contingent upon the availability of federal TANF funds.	Annual
	**Create linkages, where possible with Evidence Based Practice and Promising Practice work.	Nancy Vorobey	November 1, 2009 - October 31, 2010	<ul style="list-style-type: none"> <li>Subgrant awarded to Friends of the Family (FOF) to manage the statewide Home Visiting Consortium comprised of Healthy Families/Home Visiting program providers and other stakeholders to develop a framework and process for local programs to conduct self-assessments and implement program improvement activities, share training efforts and opportunities through a statewide peer-to-peer network, and identify strategies for increasing communication and collaboration among home visiting programs.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to support management of the Home Visiting Consortium through the subgrantee process. (IDEA Part B funds)</li> </ul>	Annual
			Nancy Vorobey	<p>November 1, 2008- October 31, 2009</p> <p>November 2008 – June 2009</p> <p>April 1, 2010-March 31, 2011</p>	<ul style="list-style-type: none"> <li>Follow MSDE process for approval and posting of HF/HV Consultant RFB</li> <li>RFQ did not result in acceptable bids that met funding and experience criteria</li> <li>November 2008-June 2009, conducted analysis of local program progress reports, conducted individual program interviews regarding challenges and needs; held program directors stakeholder meeting to share findings and confirm updated direction for pursuing a revised RFQ; consulted with Home Visiting Consortium members regarding areas for program support and improvement.</li> <li>Revised RFQ posted March 10, 2010</li> </ul>	<ul style="list-style-type: none"> <li>Utilize the MSDE bid board process to hire consultant(s) with HF/HV expertise and knowledge of Maryland programs to provide targeted technical assistance as identified by local programs and consistent with established priorities to address quality assurance and existing service gaps. (IDEA Part B funds)</li> </ul> <p>Utilize the MSDE bid board process to hire consultant(s) with HF/HV expertise and knowledge of Maryland programs to provide targeted technical assistance as identified by local programs and consistent with established priorities to address quality assurance and existing service gaps. (IDEA Part B funds)</p>

	***After completion of Financing recommendation 1, identify methods for supporting existing and new providers.	Nancy Vorobey	TBD (pending federal grant award notification)  <a href="#">State received federal notification that grant not awarded</a>	MSDE responded to federal RFQ to strengthen the infrastructure to support adoption of evidence-based home visiting programs statewide, strengthen implementation, sustain effective practices, and ensure fidelity.	Pending notification of grant approval, implement proposed grant activities.	TBD
	Develop outcomes monitoring methodology for funded programs.	Nancy Vorobey	<a href="#">July 1, 2009 - June 30, 2010</a>	Mid-year and final progress and fiscal reporting requirements established for and disseminated to local HF/HV grantees, as consistent with MSDE procedures.	Review/analyze mid-year and final reports for meeting required grant timelines, and progress towards addressing state priorities and identified services gaps.	Annual

\*Link to Continuum of Opportunities, Supports and Care Strategy 1.1

\*\*Link to Continuum of Opportunities, Supports and Care Recommendation #4

\*\*\*Link to Finance Recommendation #1

<b>Strategy 1.5:</b> The Children’s Cabinet should use existing State funds to garner federal funds to support the expansion of Care Management Entities using a High Fidelity Wraparound service delivery model statewide for the population of children entering or at-risk of entering a residential treatment center.						
<b>Champion(s):</b> Secretary John Colmers, Dr. Al Zachik						
<b>Collaborator(s):</b> System Structures Group, Innovations Institute, Families and Youth, RTC Waiver Advisory Committee						
<b>Deliverable</b>	<b>Action Steps</b>	<b>Key Staff</b>	<b>Proposed Timeline (Start &amp; End Dates)</b>	<b>Progress &amp; Accomplishments To Date</b>	<b>Next Steps</b>	<b>Completed</b>
Expand the use of CMEs with High Fidelity Wraparound for RTC populations.*	Assist with implementation of 1915c RTC Waiver through (1) participation on Advisory Committee, (2) communication with local agencies to support referrals and fully engage Child and Family Teams.	CCRT, DHMH, and Innovations	Ongoing			
	Determine CME procurement for the current waiver jurisdictions.	DHMH with Systems Structures Workgroup	September 2008	<a href="#">Statewide CMEs operating since December 28, 2009.</a>		<a href="#">Completed</a>
	Review funding currently allocated to waiver slots and identify existing funding sources within agency budgets that could be reallocated to support the identified model.	CCRT & Innovations Institute	September 2008 <a href="#">Ongoing</a>			
	Upon determination of 1) CME model for existing waiver jurisdictions and 2) the clarification of funds, finalize amendments to approved Waiver application and obtain CMS approval on amendments.	DHMH (Medicaid & MHA)	September 2008			<a href="#">Completed</a>
	Finalize CME model and process for expansion for presentation and review at CCRT and Children’s Cabinet.	Systems Structures Workgroup	October 2008			<a href="#">Completed</a>
	Finalize and promulgate regulations for RTC Waiver, including any new MHA regulatory chapters.	Al Zachik, Susan Tucker, Barbara DiPietro, and Secretary Colmers	October 2008-January 2009			<a href="#">Completed</a>
	Draft and finalize MOUs for all parties required under the waiver in order to maximize federal funding.	MHA Child and Adolescent MH Unit & CCRT	October 2008-January 2009			<a href="#">Completed</a>

	Draft RFP for CME expansion based on Children's Cabinet decisions and circulate for review and approval.	CCRT & Innovations Institute	January 2009	RFP issued 4/7/09.		Completed
	Issue RFP, hold pre-bidders conference, review proposals, present to Board of Public Works, and award funds.	TBD	February 2009-April 2009			Completed
	Implement phase-in plan for statewide expansion, as determined by Children's Cabinet.	CCRT and Innovations Institute	April 2009 Ongoing	New jurisdictions will be added to the Waiver as Medicaid Waiver providers of respite, crisis and family/peer to peer support are enrolled.		
	Continue to support the RTC Waiver workplan to ensure successful implementation and compliance with federal requirements.	DHMH, CCRT, Innovations Institute	Ongoing			
	**Partner to identify regulatory and statutory barriers to successful implementation, including a review of LCC, SCC, CSI and Rehab Option regulations under COMAR 14.31.	GOC, CCRT and Innovations Institute	May 2009-August 2009			

\*Link to Financing Recommendation #2 & #3  
\*\*Link to Interagency Structures Strategy #2.2

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

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

<b>Strategy 2.1:</b> The State should increase the number of high quality foster homes to keep children close to their families and home schools.						
<b>Champion(s):</b>						
<b>Collaborator(s):</b>						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Increased number of high quality foster homes	Establish a work group to review regulations and practices.	SSA resource staff	June 2009		Establish workgroup	
	Develop recommendations for process improvement.	SSA resource staff	June 2009		Establish workgroup	

<b>Strategy 2.2:</b> The State should expand and improve supports for foster homes and children in foster homes to minimize disruptions and re-placements.						
<b>Champion(s):</b>						
<b>Collaborator(s):</b>						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Improved community based supports for foster homes and foster children.	Support development of a Foster Parent association in all 24 jurisdictions.	Ombudsman, Resource Development Staff	June 2009	Continuing	Coordination between Ombudsman and State Foster Parent Association	
	Develop communication process with Ombudsman.	SSA Resource staff, Ombudsman	September 2008	Ombudsman has been hired.	Establish specific role of this new position within DHR and locals	Completed
	Consider financial implications of expanding full daycare to 0-12.	DHR budget office, SSA leadership	January 2009	Daycare rolled out currently for children up to age 5 throughout the year and for children age 6-12 in summer. Continue to consider for 2011.	Consider financial impact of expanding benefit for 6-12 ages for full year	
	Implement daycare if feasible.	SSA Resource Development Office	7/09 if determined feasible from previous action step.	Not feasible in 2010 budget. Considering for 2011.	Assess financial impact	

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

**Champion(s):** Brenda Donald

**Collaborator(s):** Children's Cabinet, Child serving agencies, Community partners

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Final report to Children's Cabinet	Comprehensive review of current policies, both local and statewide (informal and formal).	Deborah Ramelmeier, Pamela Miller	March 2008 to September 2008	Completed review of current policies for formal kinship care and identified areas for possible improvement. Evaluated status of kinship care resource center.	In process of updating DHR kinship services webpage to ensure accurate information disseminated to public. RFP issued to obtain new vendor for kinship care resource center.	Yes
	Identify barriers to kinship care placement.	Deborah Ramelmeier, Pamela Miller	August 2008 to December 2008	Intra-agency group (SSA, FIA, CSEA) formed to identify/address barriers for formal and informal kin. Identified need for one page FACT sheet for distribution to prospective Kinship providers.	Creating Kinship FACT sheet, Next meeting of intra-agency group planned for last week of August to finalize webpage and FACT sheet	Yes
	Convene Interagency Workgroup to identify points of access for kinship services and recommend Cabinet level policy to support kinship care.	Deborah Ramelmeier, Pamela Miller	August 2008 to December 2008	Interagency workgroup convened. Initial meeting held on August 7th	Next meeting planned for late September. Initial SSA recommendations will be shared with the group for further action.	Yes
	Submit recommendations for kinship care services and policy to support kinship care to Children's Cabinet.	Brenda Donald	March 2009			Yes

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

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

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

**Champion(s):**

**Collaborator(s):**

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Create Maryland Model for CINS Diversion Pilot Projects to be replicated statewide and nationally.	Collect process measure data for CINS Diversion Pilots	DJS Assistant Director of Planning	August 15 – 30, 2008	Completed	Review the accuracy and reliability of data collected to date.	Completed
	Identify all youth served to date by these projects	DJS Research Analyst	January 1, 2009 – April 30, 2009	DJS research staff has data for youth served in Baltimore City and County CINS Diversion Programs.	Finalize list and summarize reported outcomes.	
	Calculate DJS re-arrest rate for all youth served	DJS Assistant Director of Research	March-April 2010	DJS Research has begun to calculate juvenile recidivism rates for youth served.		Completed
	Review process and outcome data with key Children's cabinet staff to determine if the model should be expanded beyond pilot	CCRT	Mary 2010-June 2010	Draft JCR in review – 3/09.		Pending DJS report Due 12/08

**Strategy 3.2:** The State should review and consider increasing the capacity, diversity and quality of alternatives to detention to reduce inappropriate or unnecessary confinement.

**Champion(s):**

**Collaborator(s):**

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Increased capacity of diverse and quality alternatives to	Complete a geographic/regional profile of detention utilization to inform the development and/or enhancement of ATD's.	DJS Regional Directors		An analysis was completed along with the GAP analysis.	Review MCASP data on an on-going basis to make informed decisions.	March 2009

detention in accordance with national best practices.	Conduct a needs assessment of ATD programs by region.	JDAI Coordinator		An ATD analysis by region was completed through the GAP Analysis.		March 2009
	Develop and implement a plan to ensure current programmatic resources are appropriately designed.	DJS DMC Coordinator		<ul style="list-style-type: none"> <li>Conduct reviews of performance measures</li> <li>Completed a DJS DMC plan</li> </ul>	<ul style="list-style-type: none"> <li>Develop reporting structure for ATD programs.</li> <li>Monitor progress of actions within the DMC plan</li> </ul>	
	Plan developed to design, implement and fund new programs.	DJS Director of Research				
	Monitor use and outcomes of ATD programs, to include implementation of routine statistical reports to be completed by public and private vendors.	DJS Director of Best Practices	<ul style="list-style-type: none"> <li>April 2009</li> <li>June 2009</li> <li>July 2009</li> </ul>	Identified routine performance measures	<ul style="list-style-type: none"> <li>Construct reporting structure for ATD programs</li> <li>Develop reporting structure for ATD programs</li> </ul>	May 2009
	Ensure a continuum of ATD programs that are race, culture, and gender responsive.	JDAI Coordinator	Ongoing	Completed a DJS DMC plan	Monitor progress of action steps identified within the plan.	Ongoing

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

**Champion(s):**

**Collaborator(s):**

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Community supervision that effectively meets the needs of families with youth on probation and aftercare status by providing meaning and frequent face to face contacts, conducting assessments of case practice, and update the Case Management Manual..	Provide meaningful and frequent face-to-face contacts by implementing best practices surrounding case manager and client contacts with an emphasis on family-focused interventions, conduct staffing analysis to ensure appropriate caseload sizes, provide mandatory training on effective case management practice, and monitor for outcomes.	DJS Regional Directors DJS Trainers	Ongoing	Review of data in place		
	Conduct Case Reviews in each region utilizing standardized criteria to determine quality of case practice, screen cases for VPI eligibility or case closure, and provide a findings report to determine reform needs.	Jessica Dickerson	Began April 2008 and will be ongoing  Began June 2009 and will be ongoing		Review data and analyze recommendation, implementation plan for improvements.  Quarterly audit of case review practices and has developed case review supervisory protocols.	
	Revise the case management manual to reflect policy and administration changes and train staff on the components of the updated manual.	DJS Regional Directors DJS Trainers	May 2008 and will be ongoing		The manual is being developed in conjunction with the MCASP reform efforts. The manual will be completed upon the completion of the final phase of the reform.	

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

**Champion(s):**

**Collaborator(s):**

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Implementation of statewide gang information sharing protocol between law enforcement agencies and other interests, statewide standardized	Develop a method to share DJS juvenile information pertaining gang involvement with law enforcement and other interest.	DJS IT and Research Units	Ongoing – timeline would include efforts from the State’s five public safety agencies	<ul style="list-style-type: none"> <li>Attend ongoing meetings with police and corrections agencies throughout the State.</li> <li>There have been discussions, through the State Gang Kaizen, to work to integrate DJS gang data with the State’s GangNet database.</li> </ul>	Continue to attend ongoing meetings and maintain positive working relationship with law enforcement and corrections agencies  Work closely with Salisbury City and the Eastern Shore on their Crime Task Force to reduce Gang Violence on the Eastern Shore	On-going

gang validation tool, and community and facility intervention and prevention strategies.				<ul style="list-style-type: none"> <li>• HB 1382 limits the type of info that DJS can share with other agencies</li> <li>• Meetings with Howard County Police, Baltimore City Police, Baltimore County Police, MTA Police, Baltimore School Police and Montgomery Police occurring on a regular basis.</li> <li>• Information is shared with appropriate agencies according to Maryland State Statute</li> <li>• Implementation of DJS GangStat-taking an intensive look at VPI youth and detained youth with gang affiliation to ensure that appropriate services are provided</li> </ul>		
Collaborate with law enforcement and other interests to develop a statewide gang validation tool.	DJS Gang Intervention and Investigation Unit.  State Prosecutor's, Law Enforcement and Other Agency Gang Units	Ongoing - timeline would include efforts from the State's five public safety agencies  Initial hearing held on September 15, 2009 and will continue to be ongoing until passage of statewide gang validation legislation		<ul style="list-style-type: none"> <li>• Hired Director for DJS Gang Unit</li> <li>• DJS implemented a Departmental validation tool through DJS Gang Violence and Youth Homicide Reduction Task Force</li> <li>• Member of Gang Kaizen Committee to develop statewide validation tool</li> <li>• Legislative Hearing was held with various stakeholders to establish key elements of the proposed legislation mandating statewide gang validation tool</li> <li>• Met with Worcester County State's Attorney and Eastern Shore Law Enforcement to discuss common validation for all of Maryland</li> <li>• Met with City of Salisbury Crime Task Force and Wicomico County Board of Education Personnel</li> </ul>	<ul style="list-style-type: none"> <li>• Director Dr. Mark Bowen directs the DJS Gang Unit</li> <li>• Continue to enhance DJS Gang Violence and Youth Homicide Reduction Task Force</li> <li>• Continue participation on State Gang Kaizen</li> <li>• Continue to work closely with stakeholders to get legislation passed</li> <li>• Provide Judiciary Committee with validation instruments from New York, Virginia, and California</li> </ul>	12/08  10/09
DJS Professional Development Unit along with the Maryland Police and Correctional Training Commission (MPCTC) will develop training for gang intervention and prevention strategies.	DJS Professional Development Unit and Gang Intervention and Prevention Unit.	Ongoing - timeline would include efforts from the State's five public safety agencies		<ul style="list-style-type: none"> <li>• Developed training curriculum</li> <li>• Conducts statewide trainings daily to DJS stakeholders</li> <li>• Member of MSDE Superintendent Grasmick's School Safety Action Advisory Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborating w/John's Hopkins University to develop a statewide training for parents and communities</li> <li>• Continue statewide trainings for DJS staff and stakeholders</li> <li>• Continue participation</li> <li>• Continue to train community groups, school aged children and senior citizens</li> </ul>	10/09
DJS Gang Intervention and Investigation Unit along the DJS Community and Family Partnership Unit will identify programs that address gang intervention and prevention. GangStat program will be developed to review case files of VPI youth and youth detained in facilities with gang affiliations to ensure that all possible services are afforded the youth.  DJS has been approved to access to GangNet for read only purposes.	DJS Gang Intervention & Investigation Unit and Community & Family Partnership Unit, VPI staff. Agency trainer will assist DJS with obtaining PIN number to	Began June 2008 and will be ongoing  September 2009 and will be ongoing  Frank Clark attended GangNet training on January 19, 2010.		Partnerships with LMB's, Civic Associations, CSAFE programs, and providers to identify programs with positive outcomes.  GangStat Collaboration with VPI, Police Agencies, and Service Agencies to address gang involved youth issues.  The Gang Intelligence Unit will work closely with HIDTA. DJS has received approval from HIDTA to be able to access GangNet, in a read-only capacity.	<ul style="list-style-type: none"> <li>• Partner with stakeholders to identify and provide youth prevention and intervention programming to BCJJC youth</li> <li>• Continue to identify successful programs statewide</li> <li>• Continue to hold bi-weekly GangStat meetings with stakeholders involved</li> </ul> <p>Ongoing collaboration with all stakeholders. Finalize policies for DJS staff to access GangNet, and procedures to be followed when</p>	11/09  1/10

		GangNet.			an alert is discovered. Training to be probably scheduled for Summer 2010	
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**Theme: Continuum of Opportunities, Supports and Care** - There is a need for the Children’s Cabinet to agree on a continuum of opportunities, supports, and care, including evidence-based and promising practices, and work toward ensuring that appropriate levels of services and supports are available to every jurisdiction and community to meet their specific population needs, with the intent of improving outcomes and reducing out-of-home placements.

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

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

**Champion(s):** Secretary Donald DeVore and Secretary John Colmers

**Collaborator(s):** Innovations Institute, EBP Purveyors, Community Providers, EBP Subcommittees, Blueprint (C&A Advisory Committee), Families and Youth

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Prioritization and implementation plan for Evidence Based Practices in Maryland.*	Contract with UMB to develop capacity to support EBP implementation statewide.	Scott Finkelsen, Neal Gallico, and CCRT	June 2008	Contract Completed		Completed
	Innovations Institute will create briefing document for CCRT to prioritize and select EBPs.	Innovations Institute	August 2008	An EBP briefing document was created for review at CCRT. CCRT prioritized EBP’s for implementation.		Completed
	Based on CCRT’s EBP prioritization, Innovations Institute will create a comprehensive scope of work and workplan.	Innovations Institute	October 2008	Scope submitted to CCRT		Completed
	CCRT will review and approve Scope of Work and workplan.	CCRT	November 2008	CCRT approved Scope of Work in January 2009.		Completed
	Innovations Institute will develop mechanisms to gather fidelity, outcomes and finance information on currently funded EBP’s in Maryland to be disseminated in an annual report.	Innovations Institute	January 2009 Ongoing	Institute is in process with MST and FFT. Database for Trauma Focused CBT is developed. Reporting timetable has been developed.		
	Upon EBP prioritization, Children’s Cabinet will negotiate with purveyors and finalize financing mechanisms and capacity.	Innovations Institute and Children’s Cabinet	March 2009 Ongoing	MST negotiations and model development completed. Paperwork being processed through UMB. FFT negotiation underway.		
	Develop an implementation strategy for each selected EBP, including fidelity and outcomes monitoring.	Innovations Institute and Implementation Team	March 2009			
	Initiate EBP specific implementation strategy.	Innovations Institute and Implementation Team	Ongoing			

\*Link to Strategy 4.2

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

**Champion(s):**

**Collaborator(s):**

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Identification of promising practices with recommendations.	Innovations Institute will create a briefing document for the Promising Practice focus group.	Innovations Institute	June 2009			
	Convene a Promising Practice focus group to prioritize up to 5 priority services in Maryland.	Innovations Institute and EBP	June 2009			

Design research that will evaluate and validate promising practice for promotion to a best practice.  The design of a data collection process including software to manage the data.	Create a methodology to obtain core elements and outcomes data from sites implementing the prioritized services.	Innovations Institute and EBP Implementation Team	August 2009			
	Crosswalk of standards of program elements utilizing Maryland and national data.	Innovations Institute	September 2009			
	Identify best practice core elements of Maryland practice against national standards.	Innovations Institute and EBP Implementation Team	September 2009			
	Create white paper from data collection that informs the state regarding core elements and outcomes for identified promising practices.	Innovations Institute	October 2009			
Plan replication studies to validate EBP status.  Implementation of practices promoted to EBP status, based on funding, population and outcomes desired.	Based on availability of funding, replication of promising practices occurs.	TBD				
	As evidence accumulates newly designated EBPs are fashioned according to population and desired outcomes.	TBD				
	Looking at the practices that aren't producing desired outcomes, shifts in funding are made to the newly chosen EBPs.	TBD				

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

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

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

**Champion(s):** DHMH

**Collaborator(s):** DHR, LDSSs, LHDs

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
More Maryland families are insured.	DHMH will train LDSS and LHD staffs to ensure eligibility guidelines are implemented.	DHMH	Completed.			
	DHMH reports to CCRT on a regular basis with status updates and number of enrollees who are up to 116% of the Federal Poverty Level for Medicaid services and by providing insurance premium assistance to small businesses with low income workers.	DHMH	Monthly			

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

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

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

<b>Champion(s):</b>						
<b>Collaborator(s):</b>						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Governor's FY 2010 Allowance	Prepare talking points in support of Allowance	CCRT	Jan 09-April 09	Budget Request submitted to DBM	Budget meeting with DBM at end of November; Prepare written talking points in support of budget by January 30.	
	Agree to attend legislative hearings & to support Governor's Allowance	Cabinet Secretaries	Jan 09-April 09			

<b>Strategy 1.2:</b> The Children's Cabinet should require that any funds distributed from the Children's Cabinet Interagency Fund be clearly tied to articulated performance expectations and standards for accountability.						
<b>Champion(s):</b>						
<b>Collaborator(s):</b>						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Performance expectations & standards for accountability	Develop performance expectations for each item	CCRT	Feb 09-May 09		Identify staff who will work on this (CCRT). Find prior materials to use. (GOC)	
	Develop standards for accountability for each item	CCRT	Feb 09-May 09		Identify staff who will work on this (CCRT). Find prior materials to use. (GOC)	

<b>Strategy 1.3:</b> The Children's Cabinet should develop expertise on performance-based contracts to support the provision of effective services.						
<b>Champion(s):</b>						
<b>Collaborator(s):</b>						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Inventory of performance-based contracts in use and potential for additional use among Children's Cabinet agencies	Identify Children's Cabinet departments that use performance-based contracts.	CCRT	Oct - Dec		Send email to CCRT asking them to identify any such contracts.	
	Gather examples. Other MD agencies? Other states? Local entities?	CCRT	Oct - Dec		Volunteers from CCRT to research.	
	Identify areas that need performance-based contracts, but don't use.	CCRT	Oct - Dec		Each CCRT agency.	

<b>Strategy 1.4:</b> The Children's Cabinet should prioritize financial support for family-centered and culturally-competent evidence-based and promising practices, including family and youth peer support structures and organizations and gender-specific interventions.						
<b>Champion(s):</b>						
<b>Collaborator(s):</b>						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Inventory of EBPs in use and potential for additional use.	Develop listing of current EBPs, funding, numbers served.		Done already.	Innovations already has list, with funding amounts.		Completed
	Develop listing of potential savings due to current EBPs.		Done already	Innovations already has list		Completed
	What is the potential in MD for additional EBPs?		Done already	Innovations already has list	Listing of potential uses with attached funding and savings.	Completed

<b>Strategy 1.5:</b> The Children's Cabinet should develop a financing plan to correspond with the evidence-based and promising practices prioritization and implementation plan. One future component of the financing plan could include an exploration of federal fund maximization.						
<b>Champion(s):</b>						
<b>Collaborator(s):</b>						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
A written plan with specific services and	Identify programs which could be replaced by an EBP, funded by money re-direction.		Feb.-March 2009	DJS has used funds from closed facility to expand MST services	Schedule meetings to expand list	

practices listed	List current services that could be changed to use EBPs.		October – December 2008		Schedule meetings to discuss and develop list.	
	Determine whether any proposal meets the criteria of the Medicaid State Plan by confirming with Medicaid staff. If not, what can be done?	Medicaid- Susan Tucker	January 2009 – July 2009	<a href="#">Maryland Medicaid submitted State Plan for MST and FFT on September 30, 2009.</a>	<a href="#">Medicaid has received comments from CMS and is preparing a response with assistance from Innovations.</a>	
	Develop proposal for FY 2011 budget submission		July 2009 – August 2009			
	List services or recipients OTHER THAN CURRENTLY COVERED BY THE STATE that could possibly be included in the future.		October – December 2009		Schedule meetings to discuss and develop list.	

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

**Champion(s):**

**Collaborator(s):**

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Presentation for all counties developed and presented	CCRT to develop presentation (written and verbal) for the local jurisdictions. Emphasis should be two-fold: efficacy and affordability.	Kim Malat	3/09		Be prepared to respond to the question from the locals about additional funding. We will be asking locals to take this step within current funding.	
	Present to locals	Kim Malat	4/09 – 10/09		Schedule date and location (or several)	
	Follow – up on questions; Need for training in performance based contracting.	Kim Malat	4/09 – 10/09			

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

**Champion(s):**

**Collaborator(s):**

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Annual briefing	Review current reports/presentations (e.g., JCCYF hearings, JCR report). Decide if any key facets of CC operations are missing.	CCRT, GOC	February 1 –March 30, 2009			
	Determine timeframe. (If briefing to be prepared for FY 2009, must include reductions from BPW cost containment 10-15-08).	CCRT, GOC staff	March 30, 2009		Schedule meeting specifically for this purpose. Could be teleconference to start. Could be part of CCRT meeting.	
	Gather agency materials. Determine responsibility for summarizing.	GOC staff	April 1 – May 30, 2009	Perhaps already done in terms of Results Book, JCR report,		
	Get consensus from all CCRT agencies on written materials.	GOC	June 2009	Perhaps already done in terms of Results Book.	Should be ready by legislative budget hearing (February 2009)	

**Theme:** Financing - The Children’s Cabinet should identify and prioritize the results that it collectively wants to achieve and should align funding accordingly, with a balance of flexibility, accountability, and commitment to outcomes.

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

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

**Champion(s):**

**Collaborator(s):**

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
List of potential financing strategies	Brainstorm various strategies including opportunity compacts	CCRT, Innovations	List before January 2009	Innovations has a list of various strategies.	Set meeting dates to discuss. Get appropriate staff.	

	Flesh out each of strategies and evaluate	CCRT, Medicaid staff in applicable	January – April 2009		Ensure that Medicaid staff included as appropriate.	
	Determine which strategies should be attempted	CCRT, Medicaid staff if applicable	May 2009		Ensure that Medicaid staff included as appropriate.	

<b>Strategy 2.2:</b> The Children’s Cabinet should explore opportunities to engage in reinvestment strategies to enhance programs in the child-family serving systems without requiring additional funds						
<b>Champion(s):</b>						
<b>Collaborator(s):</b>						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
List of reinvestment strategies	Brainstorm various strategies including opportunity compacts	CCRT, Innovations	List before January 2009	Innovations has a list of various strategies.	Set meeting dates to discuss. Get appropriate staff.	
	Flesh out each of strategies and evaluate	CCRT, Medicaid staff in applicable	January – April 2009		Ensure that Medicaid staff included as appropriate.	
	Determine which strategies should be attempted	CCRT, Medicaid staff if applicable	May 2009	Public safety compact near completion	Ensure that Medicaid staff included as appropriate.	

<b>Strategy 2.3:</b> The State should study Medicaid payment rates for therapeutic behavioral services and children’s psychiatric rehabilitation program (PRP) services.						
<b>Champion(s):</b>						
<b>Collaborator(s):</b>						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Written strategy to increase rates without additional funding	Develop list of services and rates and proposed changes. Does MHA have proposed changes? How should new rates be developed? Should utilization be discussed? Are some services being inappropriately utilized? Could increase in rates for some services come from decrease in utilization of other services?	MHA	Spring 2010	MHA reviews rates for services each year in the spring.	Present list to Medicaid staff and discuss	
	Develop cost estimates for desired changes	MHA and Medicaid	Spring 2010			
	Develop strategy to fund increase in rates without additional funding	MHA, Medicaid	Summer 2010			

**Theme:** Financing - The Children’s Cabinet should identify and prioritize the results that it collectively wants to achieve and should align funding accordingly, with a balance of flexibility, accountability, and commitment to outcomes.

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

<b>Strategy 3.1:</b> The Children’s Cabinet should support the implementation and utilization of the RTC Waiver (1915(c) Psychiatric Residential Treatment Facility Waiver) across the state, within the constraints of the State budget.						
<b>Champion(s):</b>						
<b>Collaborator(s):</b>						
Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Written strategy to fully implement the RTC Waiver without additional funding.	MHA to develop specific list of ways in which waiver could be used, but for which it is not now being used	MHA	Ongoing	CME structure statewide and use of CSI and Rehab Option dollars has helped expand Waiver to other jurisdictions, eventually statewide.	MHA to discuss with Medicaid staff	
	Develop cost estimates for desired changes	MHA, Medicaid	Ongoing			

	Develop strategy for enhanced utilization without additional funding	MHA, Medicaid	Ongoing	Savings from closure of RTC beds have been used to fund budget deficits		
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**Strategy 3.2:** The Children’s Cabinet should consider creating and using case rates for high utilization populations to allow greater local flexibility and individual service planning and delivery, within the constraints of the budget and federal and state laws, regulations and requirements.

**Champion(s):**

**Collaborator(s):**

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Written strategy for using case rates	MHA to develop list of services and populations for which case rates could be used, but for which case rates are not now being used	MHA	Ongoing	Focus now is to get RTC Waiver operational in all jurisdictions. Case rate discussions are in the future.	MHA to discuss with Medicaid staff	
	Discuss procurement issues and necessary paperwork	MHA, Medicaid	Winter 2010			
	Develop strategy for implementing cases rates systematically for specific populations	MHA, Medicaid	Summer 2010			

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

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

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

**Champion(s):**

**Collaborator(s):**

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Continue to issue annual report, Children Entering School Ready to Learn.	From September to March, MSDE will provide training to teachers, collect and analyze MMSR Kindergarten Assessment information on all entering kindergarten students to include in the annual report, Children Entering School Ready To Learn.	Rolf Grafwallner	Sept. 2010 – March 2011	MSDE has issued reports and informed stakeholders on the results since 2001 through widely disseminated reports and the MSDE website ( <a href="http://www.marylandpublicschools.org/MSDE/divisions/child_care">www.marylandpublicschools.org/MSDE/divisions/child_care</a> )	Next report will be issued in March 2010.	N/A
Continue to implement the DECD Three-Year Strategic Plan to promote school readiness and improvement in child care quality	MSDE will support the Division’s efforts to implement the plan according to specified timelines and benchmarks ( <a href="http://www.marylandpublicschools.org/MSDE/divisions/child_care">www.marylandpublicschools.org/MSDE/divisions/child_care</a> ) The three-year action has been extended for one year. The Division is in the process of developing a three-year plan from July 2010 to June 2013	Rolf Grafwallner	December 2006 – July 2010	MSDE accomplished approx. 50% of all established benchmarks.	Next updated report will be issued January 1, 2009.	July 2009

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

**Champion(s):**

**Collaborator(s):**

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
	Provide annual leadership conference in scientifically based reading research (SBRR) for leaders in Maryland to increase K-3 reading proficiency	Reading First staff and consultants	November 2003- November 2009	Annual meeting attended by over 300. Participation from the US Department of Education Reading First Director and Deputy Secretary.	Complete 2008 conference which will be held November 12, 2008	Completed
	Provide professional development to Reading First	Reading First	December 2002-	Statewide professional development is	Provide summer institute in 2009. Assist school	Ongoing

	schools for K-3 teachers in (SBRR) and effective reading practices	staff and consultants	September 2010	provided in schools, regionally and through a summer Maryland Institute of Beginning Reading for K-3 teachers, <a href="#">Summer Reading Conference</a> para-educators, special educators and other literacy staff persons.	districts in planning follow-up professional development.	
	Provide professional development for Maryland Institutions of Higher Education (IHEs) in SBRR and Language Essentials of Reading and Spelling so that reading instructions can infuse this into the approved courses in Reading for teacher certification.	Reading First Staff/ consultants/ IHE Reading Instructors and Professors	November 2005- <a href="#">December 2009</a>	This professional development continues to be provided for 2 and 4 year institutions.	Assist IHE leaders in continuing professional development to newly hired staff. <a href="#">This professional development will continue to assist IHEs in reading course development and instruction in for pre-service and currently serving elementary teachers.</a>	<a href="#">Ongoing</a>

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

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

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

**Champion(s):** Children's Cabinet, MSDE, DHMH, and PBIS Management Team

**Collaborator(s):** [Johns Hopkins University](#), [Sheppard Pratt Health System](#), MSDE, DHMH, and 24 local school systems

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
MSDE and its PBIS partners will provide training and technical assistance to Local School Systems in PBIS at all three tiers: Universal, Targeted and Intensive.	<a href="#">Seek sources of funding to 1) train new schools in Universal PBIS interventions; 2) continue providing technical assistance to the 652 schools who are actively implementing universal strategies; and 3) develop integrated curriculum and provide training in Targeted and Intensive interventions.</a>	Dr. Nancy Grasmick; Safety Action Team; Ann Chafin; Carol Ann Heath; Alice Harris; Chuck Buckler; Andrea Alexander; Milt McKenna; Karla Saval	Ongoing	Over the target Budget Request has been sent to Annapolis for 2010.  Safety Action Team understands and supports the plan to expand PBIS by developing and providing training and TA in Targeted and Intensive interventions. Beginning work on district and school readiness criteria to ensure ongoing support for schools trained in Targeted PBIS interventions.  Spring Forum held in 2010 to engage schools that must be trained in PBIS as a result of the truancy and suspension mandate.  National group of implementers meeting in October, 2008 to share targeted and intensive curriculum.	Continue to prepare for implementation of amended 7-304.1—PBIS for schools with high rates of suspension and truancy.  Continue seeking alternative funding streams which are necessary for expansion.	
	<a href="#">Research existing training and TA in Targeted and Intensive intervention strategies in states similar to Maryland.</a>  <a href="#">Develop readiness criteria and curriculum to provide training to schools in a range of Targeted</a>	PBIS Management Team and national, State, and local partners	October, 2008 – October, 2009	National partners provided the PBIS State Leadership Team with training on the structure and outcomes of Targeted and Intensive PBIS interventions being utilized in other States.	Further assess fidelity of implementation and local support of existing PBIS schools in Universal PBIS.  Develop critical features of district and school level commitment for expansion into Targeted	

	interventions.  Identify initial cohort of schools for first phase of Targeted training.			National partners provided the PBIS State Leadership Team with initial training on the implementation of an evidence-based Targeted PBIS intervention, "Check In, Check Out" (CICO).	and Intensive interventions.  Communicate readiness criteria to Local Superintendents.	
	Develop and disseminate Maryland's PBIS framework for implementation which includes School Mental Health strategies at all three tiers.	MSDE @ all levels; Blueprint SMH Workgroup; PBIS partners	Dissemination-Ongoing	Framework developed and approved @ MSDE and Blueprint SMH Workgroup	Identify mechanisms for dissemination.	
	Continue active participation in the Blueprint for Mental Health's School Mental Health Workgroup to ensure coordination and linkage with school-based and community partners.	Carol Ann Heath, Co-Chair; Alice Harris; Chuck Buckler, Andrea Alexander	Ongoing			
	Explore establishment of PBIS Partnership Team and create linkage to Children's Cabinet through semi-annual reporting.	MSDE Interagency staff; PBIS Management Team	Start: October, 2008  Complete: December 2008	Due to staffing transitions, the timeline for this goal should be extended to 2010-2011.	Meet with leadership regarding need for broader perspective of agencies, families and youth to support PBIS expansion.  Identify recommended partners for Team, if approved.  Request participation in initial meeting, if approved.	

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

**Champion(s):** Department of Human Resources, Maryland State Department of Education, local school systems, and local departments of social services

**Collaborator(s):** DHR and MSDE

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
DHR Access to Education Handbook	The completed chapters of the Handbook are currently posted on DHR's website. One additional chapter is being completed. Once that is done, the Handbook will be posted on MSDE's website.	John McGinnis DHR Staff	October, 2008	Completed  Completed along with a companion training video.	Training of DHR, DSS staff, and local school systems on the Handbook contents	Completed
	Since SY 2007-2008, regularly scheduled administrative meetings are held with LSS Directors and Coordinators of Student Services, Pupil Personnel School Counseling, and School Psychology. These will continue and information from the Handbook will be shared with the participants.	John McGinnis DHR Staff	Ongoing	Continual	Continue training	

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

**Champion(s):** MSDE

**Collaborator(s):** MSDE, local school systems

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Maryland State Guidelines for a State Code of Discipline	Draft guidelines developed	MSDE	9/08-7/10	Subcommittee of Multiple Suspension Task Force formed and has held regular meetings. MSBE has put this group on hiatus in order to further examine issues	Continue development of guidelines with standards of conduct and consequences for violations of standards. The Committee will reconvene to complete the guidelines for the State	ongoing

				related to the effects of long-term suspension and expulsion.	code of Discipline after the MSBE concludes its study.	
	Reactions to guidelines sought from stakeholders	MSDE	6/09-8/11	Future		
	Maryland State Board adopts guidelines	MSDE	5/10- 8/11	Future		
	LSS implements new State Code of Discipline regulations.	LSS	8/12-8/13	Future		

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

**Champion(s):** Safe and Drug-Free Schools and Communities specialists at MSDE

**Collaborator(s):** All 24 LSSs

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
Implementation of evidence-based programs in schools to reduce suspensions, expulsions, and violence	Require LSSs participating in the federal Safe and Drug-Free Schools and Communities (SDFSC) Program to implement evidence-based programs in schools to reduce suspensions, expulsions, and violence.	MSDE SDFSC staff	Ongoing	All 24 LSSs have implemented evidence-based programs in schools to reduce suspensions, expulsions, and violence	Conduct an annual review to ensure all 24 LSSs continue to use evidence-based programs in schools to reduce suspensions, expulsions, and violence	Ongoing

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

**Champion(s):**

**Collaborator(s):**

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
<b>Implement Character by Design: A Blueprint for Successful District and School Initiatives</b>	Present <i>Character by Design</i> to 21 <sup>st</sup> Century Project Directors	Paula McCoach	11/06/08	<i>Character by Design</i> presented to district and school staff for implementation in every area of the district/school on 10/02/08.	On-going monitoring of 21 <sup>st</sup> Century and Character Education initiatives throughout districts.	Ongoing
	Delineate ways to use the strategies in the book to enhance character education activities in their after-school initiatives	Paula McCoach	11/06/08	<a href="#">Strategies at a Fall 2009 21<sup>st</sup> CCLC networking meeting to all were presented and delineated grantees.</a>	<a href="#">Ongoing monitoring of 21<sup>st</sup> Century and Character Education initiatives throughout districts.</a>	Ongoing

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

**Recommendation 4:** Children and youth should have access to comprehensive community- and school-based youth programs whose purpose is to improve academic achievement, create a sense of belonging and promote youth leadership, self-esteem and character-building through the principles of positive youth development and other established standards for intra-curricular and afterschool programming.

**Strategy 4.1:** Schools across Maryland should be equipped with the resources and materials, as recommended by Maryland State Department of Education, to provide extensive school-based alternative education programs, Career and Technology Education (CTE) programs, apprentice training, and post-secondary education, as well as opportunities for dual enrollment to support students (including returning students up to the age of 21 and special education students), with academic and/or behavioral needs.

**Champion(s):**

**Collaborator(s):**

Deliverable	Action Steps	Key Staff	Proposed Timeline (Start & End Dates)	Progress & Accomplishments To Date	Next Steps	Completed
<b>Increase access to MD's CTE Programs of Study</b>	Expand CTE programs in local school systems leading to college credit and industry certifications; and where available, apprenticeship programs.	Katharine Oliver – CTE Staff	Ongoing	<a href="#">Awarded FY10 Formula and Reserve Fund Grants to Local School Systems (LSSs) and community colleges to provide value-added CTE programs (dual enrollment, articulated/transcripted credit; industry-recognized credentials)</a>	Monitor implementation; provide technical assistance and professional development to ensure quality CTE programming.	
	Expand Project Lead The Way (PLTW) high	K. Oliver	Ongoing	<a href="#">19 LSSs offer the PLTW Pre-engineering</a>	Conduct PLTW college certification visits for	

	school and Gateway to Technology middle school program availability and increase student enrollment in STEM-related programs (Science, technology, engineering, and mathematics)	CTE Staff		Program in 81 schools; 29 middle schools offer Gateway to Technology; 11 schools offer Biomedical Sciences	program fidelity; ensure data collection occurs; increase minority and female involvement in STEM-related courses and programs. Increase the number of PLTW Biomedical Sciences program in Maryland.	
	Provide professional development to LSSs to enable CTE teachers to differentiate instruction for students with special needs.	K. Oliver CTE Staff	Ongoing	Developed processes for LSSs to work with special education to assess students' interests through use of the Maryland Career Development Framework and determine appropriate placements in CTE programs	Continue to work with a design team interested in providing supports for students with special needs to help them succeed in CTE programs.	
	Expand professional development for CTE teachers and guidance counselors.	K. Oliver CTE Staff	Ongoing	Conducted professional development for CTE teachers through summer institutes and ongoing professional development aligned with Maryland's Teacher Professional Development Standards. Awarded FY10 Formula and Reserve Fund Grants to Local School Systems (LSSs) and community colleges to provide support for instructors to attend industry sponsored professional development	Continue to provide professional development; apply for Continuing Professional Development (CPD) Credit so that teachers can earn credit as appropriate.	