



Maryland Children's Cabinet Three-Year Plan
*Vision for Cross-Agency Collaboration to Benefit
Maryland's Children, Youth and Families*

March 10, 2017

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Executive Summary

This Three-Year Plan (Plan) lays out the specific strategies, programs, and policies to be advanced by the Children’s Cabinet in support of its charge to advance Governor Hogan’s vision for economic opportunity for Maryland’s children, youth, and families. The Plan establishes a framework to link resources, research, budget requests, and legislative initiatives and an action plan to develop policies and coordinate service delivery. Some approaches are agency-specific, but the majority are collaborative, interagency approaches that emphasize human capital formation, with an end goal of increasing self-sufficiency among Maryland’s families.

The Plan includes the following:

- A discussion of the Result-Based Accountability framework that drives the Children’s Cabinet’s decision-making, directs investments based on data, and addresses the entire spectrum of child well-being through eight targeted child well-being Results;
- A discussion of the four Strategic Goals first identified in the Children’s Cabinet 2015 Strategic Plan and the data associated with each;
- Five specific action items, and corresponding strategies, for achieving:
 - Prevention;
 - Intervention;
 - Aftercare, reunification, and re-entry;
 - Reduction of racial disparities; and,
 - Improved outcomes for children and families through two-generation approaches.
- A collection of resources that informed the Plan’s development, which include State agency plans.

Ultimately the Plan presents a unified approach to achieving well-being for Maryland’s children, youth, and families.

Background

Governor Hogan was elected on a message of restoring Maryland's economy. Since then, his principal priority has been constructing the conditions necessary to promote economic growth - creating new jobs, promoting a reasonable regulatory environment, supporting workers through common sense paid sick leave, and exercising fiscal responsibility in State government. For children, youth, and families in Maryland, part of the Governor's vision includes investing in human capital so that gainful employment becomes possible, particularly among populations that have historically struggled or experienced challenges. Through high-level policy development and promotion, Maryland's State agencies will identify and address obstacles to human capital and opportunity. Through smart investment in collective strategies, Maryland's children, youth, and families will build critical skills, relationships, and experiences that will result in greater self-sufficiency.

In 2015, the Children's Cabinet outlined its initial plan¹ to address social issues that threaten economic stability among Maryland's most vulnerable children, youth, and families. That strategic direction laid the groundwork for a three-year plan by outlining short and medium term objectives for programs and services to advance the Children's Cabinet's four Strategic Goals designed to support Governor Hogan's agenda. The four Strategic Goals are areas of particular Statewide urgency, informed by data, that will result in greater human capital formation.

The Children's Cabinet now presents this Three-Year Plan (Plan). The Plan establishes a framework to link resources, research, budget requests, and legislative initiatives and an action plan to develop policies and coordinate service delivery. The Children's Cabinet agencies have included both agency-specific and collaborative approaches with other agencies to address the Strategic Goals. Each agency represented on the Children's Cabinet will play a corresponding role in implementing the strategies identified in this plan. Ultimately the plan provides a unified approach for partners to advance Governor Hogan's vision for economic opportunity for all Marylanders

Framework

For more than 15 years, the Children's Cabinet has utilized a Results-Based Accountability™ framework² to focus planning, decision-making, and budgeting on desired Results and Indicators. Through an extensive stakeholder process, Maryland chose to focus on eight Results that

¹ Children's Cabinet 2015 Strategic Direction and Implementation Plan

² Mark Friedman, *Trying Hard is Not Good Enough*. Trafford Publishing (2005).

describe the general well-being of children and families:



This framework provides the basis of a Plan that addresses the entire spectrum of issues needed to achieve child well-being in Maryland.

Progress toward these Results is measured by tracking quantifiable proxies for success called *Indicators*. Currently the Children’s Cabinet tracks 28 Indicators at the State and jurisdictional level. In the “Strategic Goals” section of this Plan, specific indicators will be discussed in greater depth. Indicators are tracked through the Child Well-Being Scorecard, a web-based application that is updated in real time and available to both decision-makers and the public at large. The Scorecard includes State-level Indicators, as well as performance measures for each program and Local Management Board funded by the Children’s Cabinet. It is available at the Governor’s Office for Children’s website at <http://goc.maryland.gov/reportcard/>.

Under the Results-Based Accountability framework, the Children’s Cabinet uses the shared language of Results and Indicators to drive decisions about policies, programs, practices, and investments. The planning process began with the Results, or conditions of well-being, that the community aspires to achieve. From there, a thoughtful consideration of the Indicator data and the context surrounding them³ revealed gaps in services, strengths that can be built on, and

³ See Clear Impact. “Turn the Curve Thinking.” Results-Based Accountability Guide.

opportunities for deeper collaboration among partners, both existing and new. Partners have brainstormed what works to address the contributing factors behind these Indicators – both within individual agencies and as a collective through the Children’s Cabinet Implementation Team - and have developed the following comprehensive Action Plan. Over the coming three years, the partners will continuously review changes in Indicator data and adapt as necessary.

Strategic Goals

In its 2015 Strategic Direction and Implementation Plan, the Children’s Cabinet identified four Strategic Goals for populations that have been historically unfunded or underfunded. Indicator data over time demonstrated that, with these populations, there is an opportunity for greater economic stability and the formation of human capital leading to long-term self-sufficiency for children, youth, and families. The goals are:

- Reduce the Impact of Incarceration on Children, Families, and Communities;
- Improve Outcomes for Disconnected/Opportunity Youth;
- Reduce Childhood Hunger; and
- Reduce Youth Homelessness.

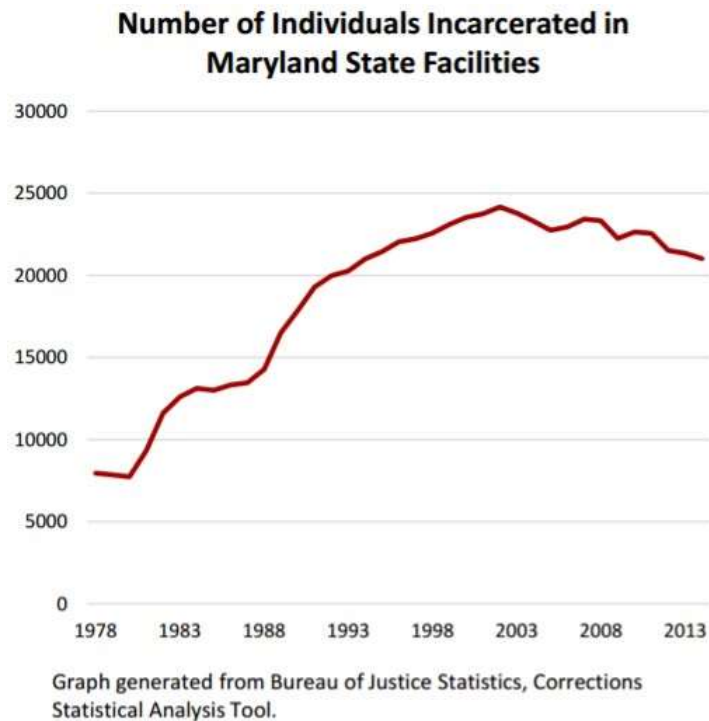
I. Reduce the Impact of Incarceration on Children, Families, and Communities

While Maryland has seen decreased incarceration from 2011 to 2016, rates of incarceration overall have risen dramatically since 1980.⁴ As the number of incarcerated adults increases, so do the number of impacted children and families. More than half of incarcerated parents provided primary financial support for their children prior to arrest.⁵ Average family income decreases by more than 22% during a parent’s incarceration, and the parent’s earning power drops following release.⁶ Children of incarcerated parents are more likely to become homeless or enter foster care.

⁴ Source: Maryland Department of Public Safety and Correctional Services.

⁵ Western, Bruce and Becky Petit. “Collateral Costs: Incarceration’s Effect on Economic Mobility.” The Pew Charitable Trusts, 2010.

⁶ Johnson, Rucker. “Ever Increasing Levels of Parental Incarceration and the Consequences for Children.” Do Prisons Make us Safer? The Benefits and Costs of the Prison Boom. 2008.

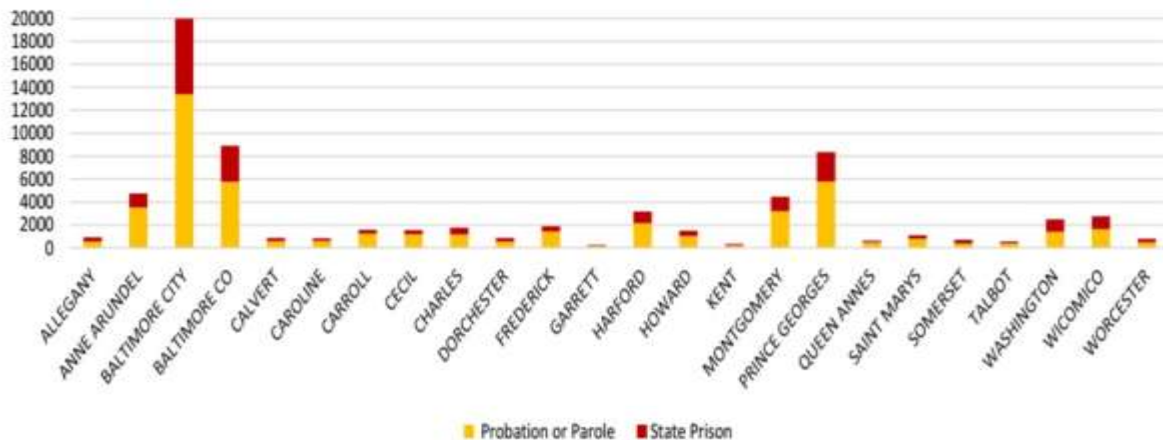


The impact of incarceration is not only economic. Children of incarcerated parents are more likely to demonstrate anti-social behaviors, particularly in school, and younger children are less likely to be kindergarten-ready. Children of incarcerated parents have higher rates of anxiety, depression, and post-traumatic stress disorder and can regress verbally.⁷ These effects can be especially pronounced among children and youth who witnessed a parent’s arrest.

Because facilities do not routinely ask whether incarcerated individuals are parents, the number of children impacted by incarceration is not known precisely. By applying the Bureau of Justice Statistics’ most recent estimates of the number of parents in the prison population to the State and federal prison population in Maryland, the Governor’s Office for Children estimated that on any given day, approximately 90,000 Maryland children and youth have a parent who is under some form of correctional supervision - parole, probation, jail, or prison.

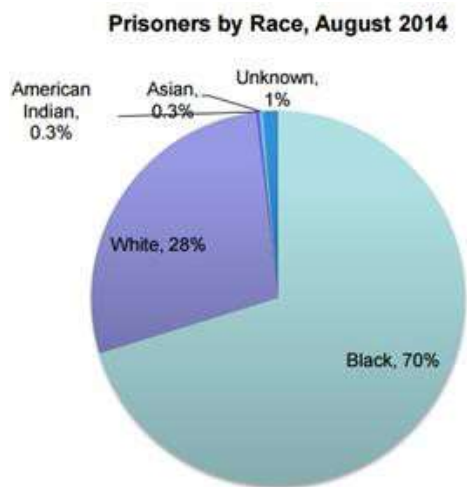
⁷ La Vigne, Nancy et al. Broken Bonds: Understanding and Addressing the Needs of Children with Incarcerated Parents. Urban Institute, 2008.

Estimated Number of Children with a Parent in State Prison or Under Community Supervision



**DOES NOT ACCOUNT FOR PARENTS IN LOCAL JAIL, FEDERAL PRISON, OR PARTICIPATING IN THE DRINKING DRIVER MONITOR PROGRAM

Black families are disproportionately impacted by incarceration. While black people make up about 30% of the State population, 70% of inmates in Maryland’s State facilities are Black, compared to 28% of White inmates. Black inmates also serve longer sentences for similar crimes.⁸ Nationally, approximately one in nine Black children has experienced parental incarceration, much higher than the one in 17 rate for White children.⁹



Source: Governor’s Office of Crime Control & Prevention, 2015 presentation

⁸ “Maryland Data Analysis Part 2: Community Corrections Drivers.” The Pew Charitable Trusts. <http://goccp.maryland.gov/jrcc/documents/presentation-20150818-community-corrections.pdf>

⁹ “Parents Behind Bars: What Happens to Their Children?” Child Trends. <http://www.childtrends.org/wp-content/uploads/2015/10/2015-42ParentsBehindBars.pdf>

Numerous factors can contribute to children and families' economic and socio-emotional well-being or contribute to barriers for children to maintain a relationship with their parent; family instability; loss of family income and difficulty finding work following release; and trauma. The Action Plan will detail specific interventions for this unique population that will address their economic and socio-emotional needs, including two-generation strategies that will improve the economic stability of the family as a whole.

The Children's Cabinet believes that supporting two-generation approaches that focus on creating opportunities for and addressing the needs of both vulnerable children/youth and their parents together is a unique opportunity to advance child and family well-being. On the State level, the Department of Labor, Licensing and Regulation's Division of Workforce Development and Adult Learning co-chairs the Ascend Network's Two-Generation State Policy Working Group. To support this work on the local level, in the FY18 Notice of Funding Availability issued by the Governor's Office for Children on behalf of the Children's Cabinet, Local Management Boards are encouraged to consider adopting a two-generation approach for the program(s)/strategy(ies) for which the Boards are requesting FY18 funding. As an incentive, extra points are available for applications that:

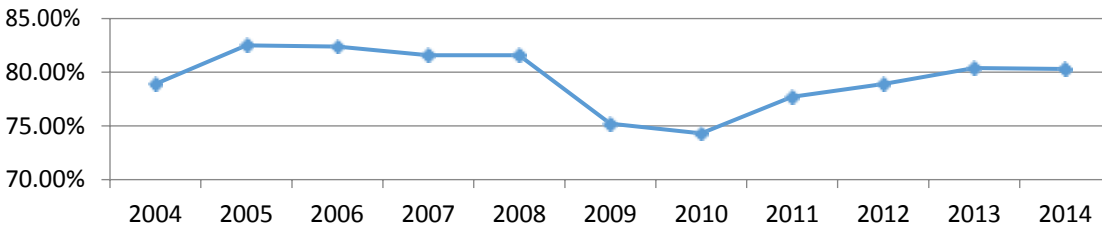
- Propose a program/strategy with simultaneous interventions directed at both the parent(s) and their child(ren)/youth;
- Utilize performance measures that track outcomes for parents and children/youth; and,
- Demonstrate a clear effort to remove silos in existing programs/strategies or create new programs/strategies that involve collaboration and communication between agencies serving different members of the family.

II. Improve Outcomes for Disconnected/Opportunity Youth

Education and employment are two leading indicators of overall well-being. In Maryland, about 92,000 youth age 16-24 are neither working nor in school. While the high school program completion rate has increased, the youth employment rate has fallen by seven percentage points since 2008. This data supports the findings of the Augustine Commission that there is a skills mismatch among youth and potential employers in many jurisdictions, and youth do not possess the skills and experiences that make them potential candidates for existing jobs, particularly as fewer jobs forecasted to be created are appropriate for entry-level or low-skilled workers.¹⁰

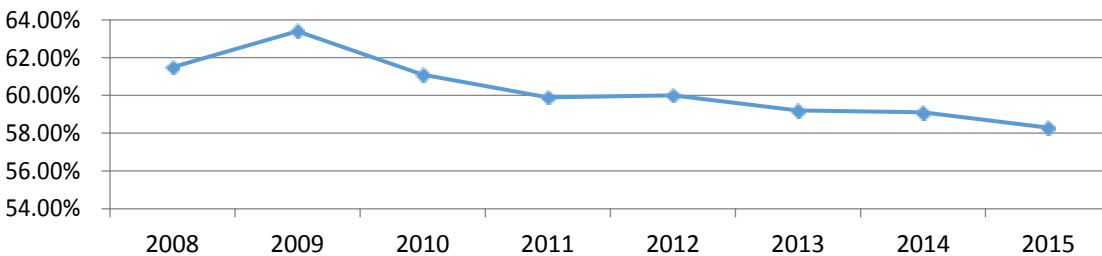
¹⁰ 2014 Interim Report of the Maryland Economic Development and Business Climate Commission.

High School Program Completion



Source: Maryland State Department of Education

Youth Employment



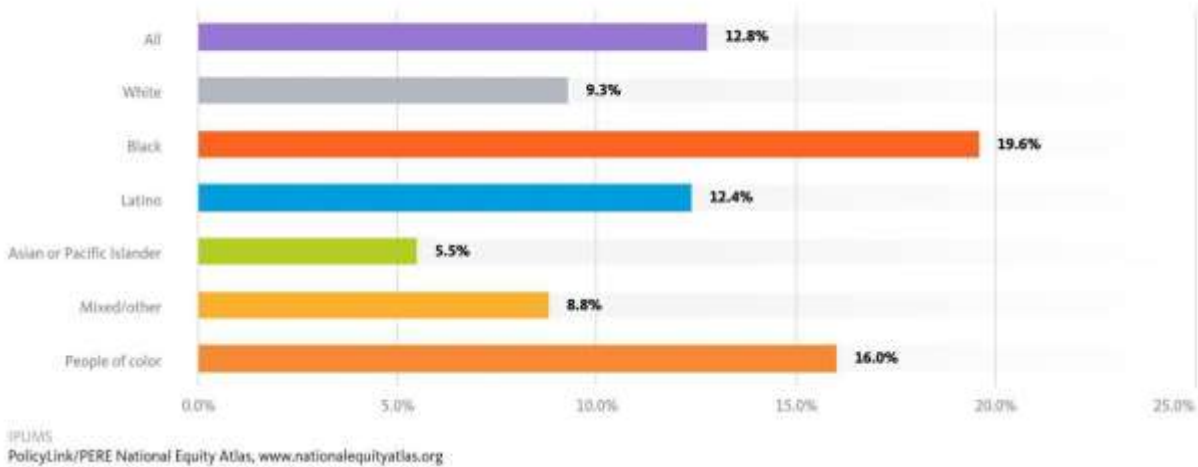
Source: American Community Survey, 1-Year Estimates

While many State and local programs and initiatives serve to prevent future disconnection (such as truancy, attendance, and summer jobs programs), far fewer programs seek to rebuild connections, opportunity, and skills among those who are already disconnected. This population is also sometimes referred to as “Opportunity Youth” because they represent opportunity for stronger and more economically stable communities, as youth who become reconnected to work and school are less likely to live in poverty, less likely to rely on social services, more likely to contribute to local tax revenue, more likely to exhibit other signs of mental and physical well-being, and more likely to be engaged with their communities. The cost to the nation for each 16-year-old who becomes disconnected is estimated to be \$14,000, with the cost per youth rising with each additional year of disconnection.¹¹

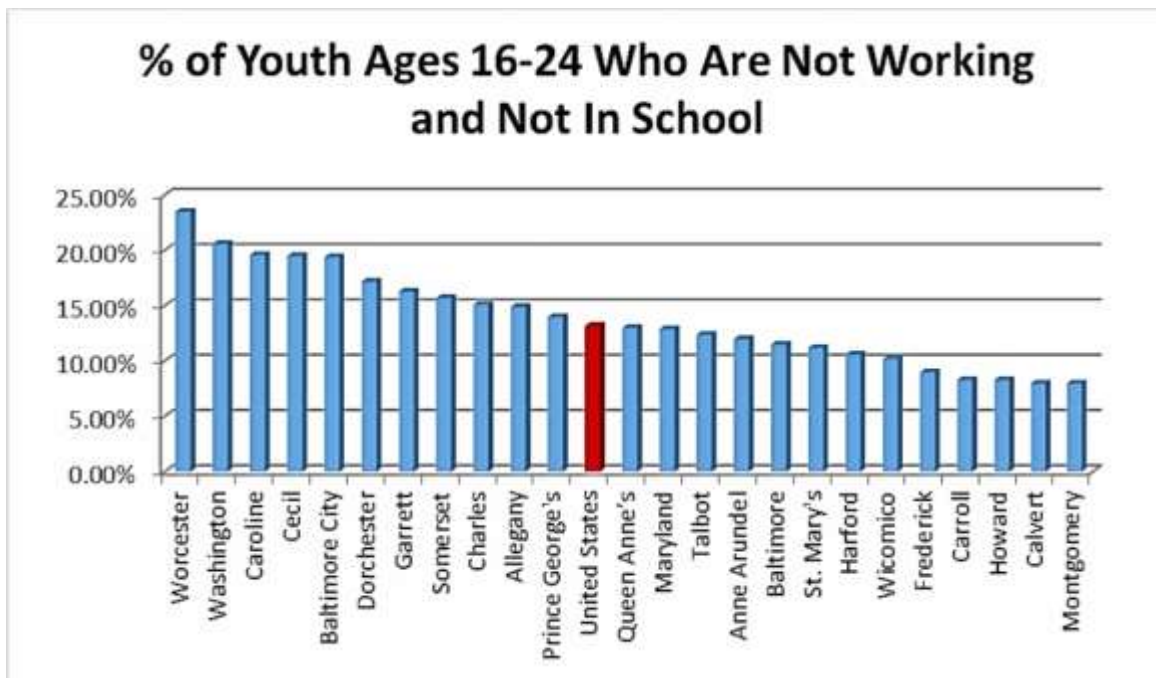
Race and place are two key metrics in predicting whether a Maryland youth will be disconnected. Significant racial disparities exist, as nearly one in every five Black youth ages 16- 24 were disconnected from work and school in 2014 while fewer than one in every 10 White youth were. Among all youth of color, the disconnection rate was 16%.

¹¹ White House Council of Economic Advisors, Economic Costs of Youth Disadvantage and High-Return Opportunities for Change. July 2015. See also Clive R. Belfield, et al, “The Economic Value of Opportunity Youth.” January 2012.

Percent of 16 to 24 year olds not working or in school by race/ethnicity: Maryland, 2014



Also troubling is that 11 Maryland jurisdictions have a higher rate of disconnection from work and school than the national average - and some have a significantly higher rate. As conventional wisdom might suggest, the jurisdictions with the largest per capita rates of disconnection are those with the highest number of youth living there. However the jurisdictions that are seeing the largest percentages of the total 16- to 24-year-old population disconnected from work and school are spread out across the State.



Source: Measure of America, Opportunity Index, American Community Survey PUMS Microdata 2016

The contributing factors behind the data are many and varied, particularly as the subpopulations of Opportunity Youth can vary widely by jurisdiction - they may be ready to work but lacking the

skills that employers want or they may not be ready to work due to individual or systemic barriers such as lack of basic skills, lack of access to adequate childcare, lack of housing, or lack of transportation. Some may be young and far from high school graduation, while others may have a high school diploma or previous experience with postsecondary. Negative perceptions among employers and other partners of youth and their assets may also contribute to disparate outcomes. One statewide initiative would not be sufficient to turn the curve on the youth disconnection rate. The Action Plan will describe a collective impact strategy¹² where many partners would contribute in complementary ways with a shared agenda to promote an ecosystem of opportunity for this critical population of Maryland youth.

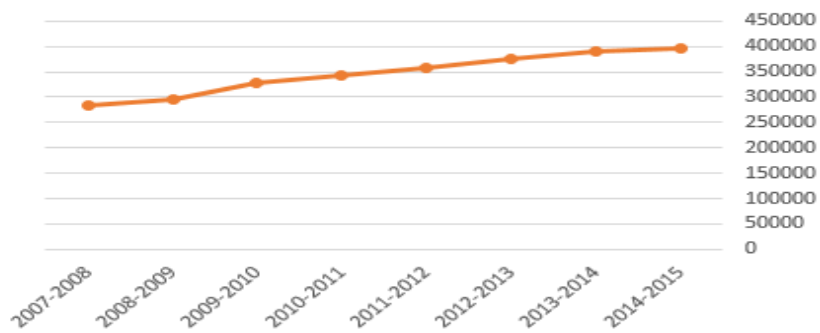
Given the diverse nature of the population, effective strategies for improving outcomes must be based on local data, specific challenges, and particular needs. Local jurisdictions are uniquely positioned to identify and address the barriers in their communities and design appropriate interventions to ensure youth are successfully transitioning into the adult workforce. The programs/strategies for this population that a Local Management Board elects to fund will address either the Result of “Youth Will Complete School” or “Youth Have Opportunities for Employment or Career Readiness” and will focus on reconnecting the out-of-school population to work or school, as opposed to preventing youth from becoming disconnected in the future. Because one program/strategy cannot meet all needs, the FY18 Notice of Funding Availability strongly encourages Local Management Boards to adopt a “collective impact” approach, whereby the Board convenes a variety of partners to work together to provide programming, remove barriers, and support long-term goals, with each partner playing a distinct but complementary role.

III. Reduce Childhood Hunger

As a result of the economic recession, the number of Maryland children and families eligible for nutrition assistance has increased dramatically over the last several years. Between School Year 2007-2008 and School Year 2014-2015, the number of public school students eligible for free and reduced-price meals increased by 39%, with more than 45% of the student population now below the income threshold necessary to receive a free or reduced-price meal at school.

¹² Collective impact strategies have been shown to reliably reduce youth disconnection rates in communities that have employed them correctly. See Kate Tallant, et al, “Collective Impact for Opportunity Youth.” FSG. 2012.

Number of Students Eligible for Free or Reduced-Price Meals



Source: U.S. Department of Agriculture

Food-insecure children show smaller gains in math and reading achievement between kindergarten and third grade, and, from age six to 11, a higher likelihood of repeating a grade.¹³ There is strong research tying school meal participation to a number of positive outcomes for children, including: improved proficiency on standardized tests, reduced chronic absenteeism, and fewer disciplinary concerns.¹⁴ At the same time, despite three-quarters of American teachers identifying students who regularly come to school hungry, school meal programs are traditionally underutilized even by those eligible to receive assistance.¹⁵

Racial disparities exist in eligibility for meals programs. Eligibility for free and reduced-price meals is determined by family income, and in Maryland, Black families have a poverty rate 131% higher than the poverty rate for White families.¹⁶ In 2014, 51% of the households participating in the Supplemental Nutrition Assistance Program (SNAP) in Maryland were Black, while Black households made up only 29% of all households in the State.¹⁷

In 2008, the Governor's Office for Children and a national non-profit, Share Our Strength®, launched the Partnership to End Childhood Hunger in Maryland in an effort to connect more eligible children and families to federal nutrition programs. Over the last several years, the Partnership has identified and implemented successful strategies to connect children and families to the School Breakfast and Summer Food Service Programs, among others, while drawing down millions of additional dollars in federal funding.¹⁸ The Action Plan will describe strategies to improve program delivery, streamline eligibility determination for multiple programs, and eliminate the duplication of effort by multiple state agencies.

¹³ Nord, M. (2009). Food insecurity in households with children: Prevalence, severity, and household characteristics. U.S. Department of Agriculture, Economic Research Service.

¹⁴ Ending Childhood Hunger: A Social Impact Analysis, Best Practices, nokidhungry.org

¹⁵ Hunger in Our Schools 2015, hungerinourschools.org

¹⁶ 2014 American Community Survey 1-Year Estimates. United States Census Bureau.

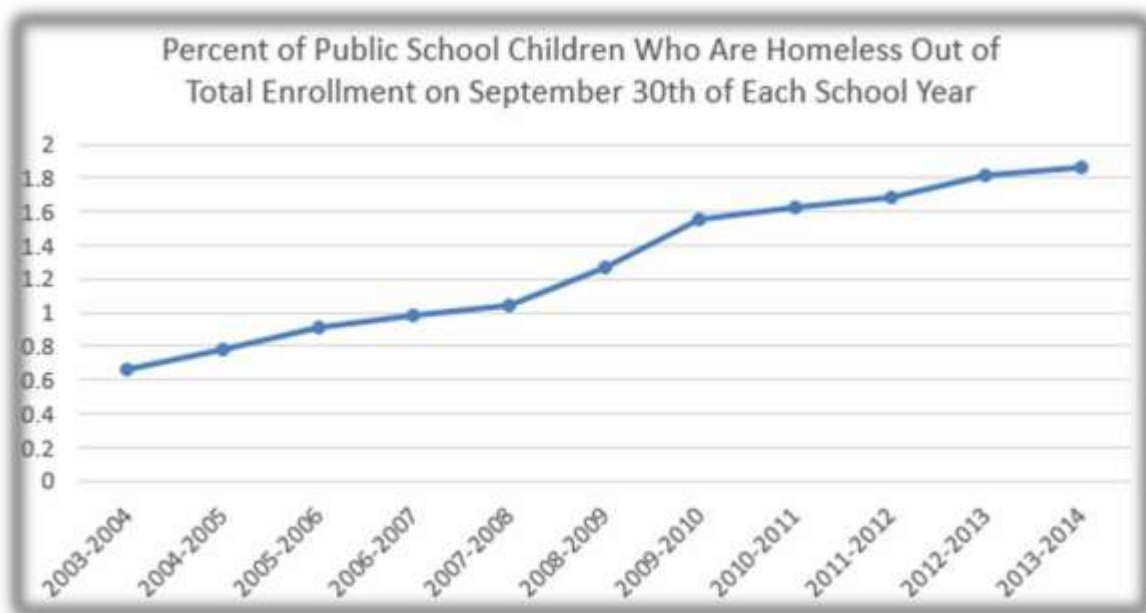
¹⁷ Ibid.

¹⁸ USDA Food and Nutrition Service, <http://www.fns.usda.gov/pd/child-nutrition-tables>.

Beyond connecting children and their families to food assistance programs, the Office and the Children’s Cabinet also recognize the importance of building sustainable strategies to reduce the incidence of hunger among Maryland’s children. Local partnerships are necessary to build collaborative efforts to combat childhood hunger, drawing upon a diverse group of local stakeholders to address the causes and consequences in their communities. The FY18 Notice of Funding Availability requires that Local Management Boards funding programs/strategies for this population include activities that encourage family self-sufficiency and shift the focus to long-term impact.

IV. Reduce Youth Homelessness

Homelessness among enrolled public school students has increased by more than three-quarters (80%) since School Years 2007-2008. More than 16,000 students were known to be homeless in 2013-2014.



Source: Maryland State Department of Education

The Action Plan will focus on the vulnerable population of homeless youth who are not in the physical custody of a parent or guardian and who are under the age of 25, a population known as unaccompanied homeless youth. Due to age, developmental stage, and past traumatic experiences, unaccompanied homeless youth have unique needs that cannot be addressed by the same housing and supportive services offered to adults. They are at high risk of becoming disconnected and socially disengaged, at risk of physical and sexual abuse, and report higher

rates of mental, behavioral, and physical health issues than their peers.

The contributing factors to these conditions are varied, but often include an unsafe home environment due to domestic violence, parental addiction, or family discord due to sexual orientation or gender identity; transition from systems involvement (detention, foster care, or other institutional placements); family poverty; undocumented status; and lack of affordable housing. Unaccompanied homeless youth are less likely to have identification documents, which presents a barrier to applying for housing, employment, and public assistance.

The lack of data around the number of unaccompanied youth experiencing homelessness in Maryland makes it difficult to plan for and deliver services. Maryland is currently participating in two projects to count homeless youth that will provide better understanding of the scope of the problem. This is necessary to develop solutions, effectively focus limited State resources, draw down federal funding, and measure the effectiveness of the interventions over time.

Racial disparities are known to exist among this population. Of the more than 900 unaccompanied homeless youth surveyed by Youth REACH Maryland, 74% of the youth identified as Black as opposed to 14% identifying as White.¹⁹ This initial data tracks closely to the overall homeless population in Maryland, which is 60% Black.²⁰

The action plan will describe programs and strategies that are known to work for unaccompanied homeless youth, beginning with developing solutions for stable housing. Other strategies that turn the curve include street outreach and promotion of strong and stable relationships with peers and other adults; and options for individuals whose behavioral health issues prevent them from accessing traditional shelters and services.

Local Management Boards are uniquely positioned to identify the drivers and effects of youth homelessness in their communities and ensure those youth are connected to appropriate services. The FY18 Notice of Funding Availability requires that a Local Management Board funding an intervention for the unaccompanied homeless youth population include activities that address their complex and unique needs.

Partners

The Strategic Goals are too large and complex to be solved by any single agency, program, or

¹⁹ Youth REACH MD Survey data, 2015.

²⁰ HUD 2016 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_State_MD_2016.pdf.

strategy. Likewise, many prevention strategies are inter-related among different agencies and programs. True partners, working in concert to plan, share information, fill gaps, and implement strategies, are critical to carrying out the action plan, promoting efficiency, and avoiding duplication. Each partner plays a necessary and complementary role in achieving desired outcomes:

The Children’s Cabinet

The Children’s Cabinet sets high-level policy goals for State agencies and delegates implementation to the Children's Cabinet Implementation Team. The Children’s Cabinet includes:

- The Executive Director of the Governor’s Office for Children;
- The Superintendent of the Department of Education;
- The Secretaries of the Departments of:
 - Budget and Management
 - Disabilities
 - Health and Mental Hygiene
 - Human Resources
 - Juvenile Services
 - Labor, Licensing & Regulation, and
 - Public Safety and Correctional Services; and,
- The Executive Director of the Governor’s Office of Crime Control & Prevention.

The Children’s Cabinet Implementation Team

The Implementation Team operationalizes the policies of the Children’s Cabinet by developing a plan, identifying and addressing barriers to success, assisting local programs and agencies, supporting ongoing evaluation of performance and results, and communicating on a regular basis to refine tactics and resolve interagency obstacles. The Implementation Team is composed of the Deputies or Chiefs of Staff for each of the Children’s Cabinet agencies and is chaired by the Deputy Director of the Governor’s Office for Children.

Governor’s Office for Children

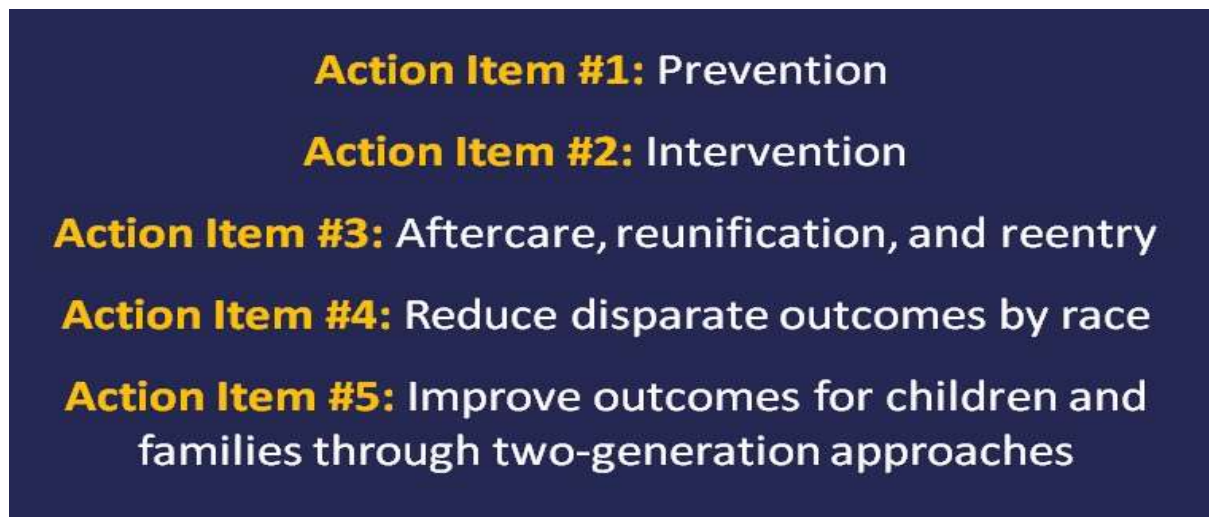
The Governor's Office for Children promotes the values, policies, and practices that advance the well-being of Maryland's children, youth, and families. Its role is to staff the Children's Cabinet, provide technical assistance to Local Management Boards, assist the Children's Cabinet in the allocation of interagency funds, promote sound child and family policy, and measure outcomes.

Local Management Boards (Boards)

Local Management Boards are designated by local government in each of Maryland's 24 jurisdictions. The Boards serve as hubs for local planning, coordination, and influencing allocation of State resources for children, youth, and families. They collaborate with the Children's Cabinet to fulfill State priorities, convene local stakeholders to identify and address needs in their jurisdictions, and coordinate services to fill gaps and avoid duplication.

Action Plan

Having considered the data that informs the Governor's vision and the factors that contribute to current conditions, the Maryland's Children's Cabinet has identified five broad action items for meeting the Results for Child Well-Being, with a particular focus on the four Strategic Goals:



Action Item #1: Prevention

Action Item #2: Intervention

Action Item #3: Aftercare, reunification, and reentry

Action Item #4: Reduce disparate outcomes by race

Action Item #5: Improve outcomes for children and families through two-generation approaches

Infused in these Action Items is the belief that the framework of prevention, intervention and aftercare is based on these key aims:

- **Protecting** youth from harm and providing logical consequences for youth when they harm society.
- **Preventing** a range of negative outcomes, from drug abuse to gang involvement.

- **Promoting positive outcomes**, such as academic success or developmental assets.
- Ensuring that youth are fully **prepared** for adult life and fully **participating** in their community in positive ways.

I. Action Item #1: Prevention

Prevention Guiding Principles:

The Children’s Cabinet is committed to ensuring all children and youth are able to meet their potential and recognize that this involves efforts to prevent poor outcomes while simultaneously promoting positive outcomes. This requires a collective commitment to the following principles:

- Success cannot be measured by how many more dollars are spent on prevention, but by how current and expanded funding is used to achieve measurable outcomes.
- Prevention consists of the least intrusive strategies that are part of an overall effort to protect and preserve the welfare and well-being of Maryland’s citizens.
- Prevention must address the risk and protective factors at the society, community, family, school, peer and individual levels.
- The purpose of prevention strategies is to strengthen the capacity of both the family and the community to nurture healthy children and youth.

For the purposes of this Plan, the Children’s Cabinet defines prevention as:

- **Universal** - Programs delivered in a non-focused manner to the general population. Can also be known as *Primary Prevention*. The goal is to prevent the onset of a problem behavior by preventing initiation.
- **Selective** - Programs targeted at sections of the population who are presumed to be “at risk,” by virtue of their membership in a particular population segment. Can also be known as *Secondary Prevention*. The goal is to intervene if a problem is likely to occur (prevention in high-risk groups) or if a problem exists but is not yet fully manifested.
- **Indicated** - Programs that are targeted at individuals who are exhibiting problem behaviors but treatment or rehabilitation are not yet required. Can also be known as *Tertiary Prevention*. The goal is dealing with problems once they are fully manifested (prevention of further harm).

Coordinated approach

In Maryland, as with other states, there is a continual demand for more programs and funding to prevent negative outcomes, such as substance abuse, high school dropout, delinquency, child abuse, teen pregnancy, youth suicide, bullying, youth homelessness, childhood obesity, childhood fatalities, domestic violence and youth unemployment, to name only a few.

However, there is no cohesive vision or approach for prevention and there is often no information about whether current prevention efforts are successful.

Research has demonstrated that the risks youth face are inter-related and the same approaches are often appropriate for assuring mental health, academic achievement, resisting substance abuse, and avoiding delinquency. Programming for prevention and youth development activities are not always coordinated and categorical prevention funding contributes to the fragmentation of local prevention programs, policies and strategies.

In response to Governor Hogan's call for efficient government that works for the citizens, the Children's Cabinet established the following objectives and action steps for creating a coordinated approach to prevention. This coordinated approach to prevention will ultimately include prevention activities that are consistent, sustained, and cross-agency in nature. Wherever possible, it will include two-generation strategies that focus on creating outcomes for parents and children, rather than children only.

To meet this commitment, the Children's Cabinet will embark on a three-year effort that will begin with cataloging and mapping current investments; identifying gaps, overlaps or duplication in current prevention services; assessing the outcomes to date; and making recommendations for adjustments to current activities to achieve Results.

The following objectives relate to the goal of coordinating State prevention activities.

Prevention Objective #1: Establish alignment of State agency prevention programs and activities and reduce local program delivery fragmentation.

Year one activities:

In order to identify duplicative activities and gaps in services, the Children's Cabinet and the Children's Cabinet Implementation Team will produce a report that captures critical information about the State's current prevention funding, programs, and outcomes. To support the objective of coordinating State-level activities the report will:

Action Step	Due Date	Responsible Entities
Catalog current investments in prevention programs, strategies, and activities	May 2017	Children's Cabinet Implementation Team (via a subcommittee of agency representatives with a designated chair and monthly reports at Children's Cabinet Implementation Team meetings)
Geomap current investments in prevention programs, strategies, and activities.	May 2017	Department of Planning
Complete recommendations for aligning resources.	July 2017	Children's Cabinet Implementation Team
Present recommendations to the Governor.	September 2017	Children's Cabinet

Year two activities:

The Children's Cabinet Implementation Team will establish standards that unify agency Requests for Proposals and other similar solicitations, performance measures, monitoring protocols, and reporting requirements associated with these prevention programs and activities. The purpose will be to guide State prevention programs and strategies consistent with the plan presented to the Governor.

The Children's Cabinet Implementation Team will also gather input from local government, communities, parents, and youth in the jurisdictions through:

- *A Listening Tour:* A special emphasis will be placed on gathering local advice about prevention. In partnership with the Local Management Boards, the Children's Cabinet will conduct a series of community conversations across Maryland through forums, focus groups, and interviews to learn the views of people from different communities, occupations, and perspectives on the subject of prevention. The goal of the listening tour will be to bring citizen input to the coordination of State prevention activities and reduce fragmentation at the local level. Citizens from diverse backgrounds may have different recommendations for the best approach to shifting the focus of policy and practice toward a commitment to prevention, saving dollars, and limiting crises.
- *Survey:* A Statewide survey will be conducted to offer another glimpse into Maryland public opinion on prevention.
- *Public Comments:* The Children's Cabinet will provide an opportunity for comments and questions from the public, legislators, and other interested parties.

Prevention Objective #2: Promote and Coordinate Technical Assistance and Training to Support High Quality, Effective Prevention Activities.

Year one activities:

To support the objective of coordinating training and technical assistance activities by State agencies, the report will:

Action Step	Due Date	Responsible Entities
Catalog current State agency training and technical assistance.	May 2017	Children’s Cabinet Implementation Team (via a subcommittee of agency representatives with a designated chair and monthly reports at Children’s Cabinet Implementation Team meetings)
Complete recommendations for training and technical assistance.	July 2017	Children’s Cabinet Implementation Team
Present recommendations to Governor.	September 2017	Children’s Cabinet

Year two activities:

Based on the findings from the report, the Children’s Cabinet will coordinate and provide prevention training to support local communities and prevention professionals through a coordinated interagency training strategy.

Prevention Objective #3: State-funded prevention programs, policies, and strategies will be based on research-based practices, and will have client-outcome performance measures and program evaluations to ensure that they are effective.

Year one activities:

To support the objective of ensuring programs are demonstrating effectiveness through client outcomes and program evaluation the report will:

Action Step	Due Date	Responsible Entities
Catalog current outcomes reported; performance measures collected; and evaluations of prevention programs, strategies, and activities.	May 2017	Department of Budget and Management, Children’s Cabinet Implementation Team (via a subcommittee of agency representatives with a designated chair and monthly reports at Children’s Cabinet Implementation Team meetings)
Complete recommendations for improved performance measures and evaluations.	July 2017	Children’s Cabinet Implementation Team
Present recommendations to Governor.	September 2017	Children’s Cabinet

Year two activities:

The Children’s Cabinet will implement recommendations to improve the performance measures and evaluation of prevention programs and activities to ensure effectiveness and measurable

improvements in client outcomes.

Prevention Objective #4: Develop solutions for stable housing for homeless youth, beginning with the most vulnerable population transitioning out of State custody.

In January 2017, Governor Hogan announced a partnership between the Governor’s Office of Crime Control & Prevention and the Department of Housing and Community Development to provide transitional housing to youth aging out of the foster care system through the Victims of Crime Act grant funding. The Governor’s Office of Crime Control & Prevention, along with stakeholders, have identified transitional housing as a major priority area in its efforts to promote access to victim services, especially for the underserved.

The Governor’s Office of Crime Control & Prevention will administer up to \$5 million in grant funding for this program to be provided directly to the Department of Housing and Community Development. The Department of Housing and Community Development will rely on the Department of Human Resources to refer youth aging out of the foster care system to the program and, if possible, to help clients complete a user-friendly online application. The goal is to provide safe and stable housing to these youth and to connect them with state and local services to ensure they are on the path to successful adulthood.

Action Step	Due Date	Responsible Entities
Begin leasing transitional housing to youth aging out of foster care.	September 2017	Governor’s Office of Crime Control & Prevention; Department of Housing and Community Development.

II. Action Item #2: Intervention

Intervention Objective #1: Grow the early childhood behavioral health system of care.

Behavioral health services are in high demand within the State and the plan identifies specific strategies for growing the system so that more children, youth, and families may be served. The steps below detail strategies to increase referrals once behavioral health issues are identified, expand behavioral health consultation to early childhood programs - specifically around substance use disorders and including psychiatric consultation to obstetricians and gynecologists to support maternal behavioral health preconception, through pregnancy, and post-partum - and increase the number of community partners providing mental health and substance use disorder treatment to schools.

Action Step	Due Date	Responsible Entities
Increase capacity for behavioral health consultation to child care, home visiting, pre-kindergarten, Early Head Start and other early childhood programs, including kindergarten, and Head Start.	<i>December 2018</i>	Departments of Education, Human Resources, Health and Mental Hygiene and Disabilities
Increase capacity for behavioral health consultation to pediatric providers through Baltimore Health Integration in Primary Pediatric Care.	<i>December 2017</i>	Departments of Education, Human Resources, Health and Mental Hygiene and Disabilities
Establish behavioral health consultation to maternal health providers with focus on pregnant and postpartum women.	<i>December 2017</i>	Departments of Education, Human Resources, Health and Mental Hygiene and Disabilities
Increase capacity for use of telehealth for behavioral health consultation to primary care providers and school staff.	<i>December 2017</i>	Departments of Education, Human Resources, Health and Mental Hygiene and Disabilities
Increase capacity for community partnered mental health and substance use disorder treatment in schools.	<i>December 2017</i>	Departments of Education, Human Resources, Health and Mental Hygiene and Disabilities

Intervention Goal #2: Build a seamless birth to 21 service delivery system across agencies for infants, toddlers, and school-age children diagnosed with disabilities and their families.

Action Step	Due Date	Responsible Entities
Coordinate evidence-based professional development, incorporating adult learning principles and job-embedded coaching practices, across birth-21 service delivery systems and interagency partners for effective workforce development.	<i>July 2018</i>	Departments of Education, Health and Mental Hygiene, Social Services, Human Resources, Juvenile Services; Institutes of Higher Education; Community Partners (e.g., childcare providers, mental health service providers); Private Agencies
Increase the number of institutes of higher education that offer high-quality professional development programs that incorporate a focus on general education content standards and specialized instruction practices to effectively support students with diverse learning needs; and increase the delivery of cross-sector professional learning.	<i>July 2019</i>	Departments of Education, Disabilities, Rehabilitative Services; Institutes of Higher Education
Create and sustain local school system/public agency teaming structures that include families and community partners, utilizing an evidence-based systemic change model, with data informed identification of needs and priorities, ongoing evaluation of change efforts,	<i>July 2018</i>	Department of Education; Families; Special Education State Advisory Council; Stakeholder Groups (e.g., Steering Committees, Database Users Groups, Consortiums)

Action Step	Due Date	Responsible Entities
and plans for short-term and long-term sustainability.		
Convene collaborative State and local implementation teams to establish and sustain systemic change to improve outcomes for infants, toddler, children, and youth with disabilities and their families.	<i>May 2016</i>	Department of Education; Local School Systems and Public Agencies; Local Health Departments and Departments of Social Services; Families; Institutes of Higher Education; Community Partners (e.g., childcare providers, mental health service providers); Private Agencies
Implement a birth through age 21 tiered system of general supervision and performance support, with a focus on results driven accountability.	<i>July 2016</i>	Department of Education; Local School Systems, Public Agencies, Health Departments, Social Services
Implement Statewide Toolkit for Examining Student Success (STEPSS) as one continuous data-based improvement strategy for local transition teams to use to track progress, identify transition service gaps, select evidence-based practices, and evaluate the effectiveness of in-school transition programs for youth with disabilities resulting in employment, postsecondary education, and independent living outcomes	<i>September 2017</i>	Department of Education; Institutes of Higher Education; Local School Systems
Implement a Statewide Secondary Transition Portfolio that promotes a collaborative process, uses relevant secondary transition data, and engages schools, families, and agencies to support students with disabilities in their pursuit to be college, career, and community ready.	<i>April 2017</i>	Departments of Education; Juvenile Services, Human Resources, Health and Mental Hygiene, Labor, Licensing, & Regulation, and Disabilities

Intervention Objective #3: Develop and implement a trauma-informed child welfare practice (including family-centered principles, Alternative Response, parental substance abuse services, and services for substance-exposed newborns) to work toward reducing maltreatment risk and risk of out-of-home placement.

Children, youth, and families served by the child welfare system have often experienced trauma prior to entering the system. Interaction with the system itself (i.e. removal into foster care) can also be traumatic. Trauma can result in child/youth and parent emotional/behavioral health issues, mental health issues, behavioral acting out, placement disruptions, intergenerational patterns of abuse and neglect, and/or addictions, and may appear to be resistance to services. Workers in the child welfare system also experience secondary or vicarious trauma due to

witnessing and helping those with traumatic experiences. Workers may suffer from burn-out, fatigue, increased health problems, and other emotional/behavioral issues.

Trauma-informed practice recognizes the impact of traumatic events on both children and families being served and the workforce responsible for serving.²¹ The Department of Human Resources has partnered with several stakeholders over the past 18 months to develop responses to trauma among clients and workers. The strategic plan for creating a trauma-informed child welfare system was created as a result of collaboration with partners across sectors, including universities, child-serving providers, advocacy organizations, other State agencies, and local Departments of Social Services, and based on best practices.²²

Action Step	Due Date	Responsible Entities
Establish an Integrated Practice Implementation Team to develop core components of a family-centered, trauma-informed, strengths-based integrated child welfare practice model.	<i>April 2017</i>	Departments of Human Resources and Health and Mental Hygiene, University of Maryland Schools of Social Work and Medicine (Child Psychiatry), Chapin Hall (University of Chicago), families and youth involved with child welfare agencies, providers, trauma experts, substance abuse experts
Integrated Practice Implementation Team to develop and implement training and transfer of learning curriculum for child welfare workforce, and principles to be incorporated into service array development.	<i>April 2018</i>	Departments of Human Resources and Health and Mental Hygiene, University of Maryland Schools of Social Work and Medicine (Child Psychiatry), Chapin Hall (University of Chicago), families and youth involved with child welfare agencies, providers, trauma experts, substance abuse experts

Intervention Objective #4: Narrow the school readiness/achievement gap for children diagnosed with disabilities.

Action Step	Due Date	Responsible Entities
Implement targeted evidence-based practices with fidelity that support: the development of positive child outcomes; promote ongoing child progress; result in a narrowing of the school readiness	<i>July 2017</i>	Department of Education (Division of Special Education/Early Childhood Intervention Services); Institutes of Higher Education; Local School Systems and Public Agencies; Local

²¹ Strategic Plan for Creating Maryland’s Trauma Informed Child Welfare System, Maryland Department of Human Resources, June 2015.

²² The Chadwick Trauma-Informed Systems Project. (2012). *Creating trauma-informed child welfare systems: A guide for administrators* (1st ed.). San Diego, CA: Chadwick Center for Children and Families. See also: Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Action Step	Due Date	Responsible Entities
performance gap with children without disabilities; and, prepare children with disabilities to successfully participate in the kindergarten curriculum.		Health Departments, Departments of Social Services; Community Partners (childcare, mental health service providers)
Develop and implement electronic tools, including a family- and community-friendly online referral process utilizing the community compass tool for appropriate identification of eligible infants and toddlers diagnosed with disabilities.	<i>March 2017</i>	Department of Education (Division of Special Education/Early Childhood Intervention Services); Institutes of Higher Education; Local School Systems and Public Agencies; Local Health Departments; Local Departments of Social Services; Community Partners (childcare, mental health service providers)
Implement a multi-tiered system of support utilizing evidenced-based academic interventions, with an emphasis on executive functioning, early literacy and pre-numeracy/numeracy skills, and behavior interventions, specialized instruction, technology, and accessible materials with fidelity.	<i>July 2017</i>	Departments of Education, Human Resources; Local Departments of Social Services
Create and deliver Statewide professional learning activities and resources built on national recommended exemplar personnel and program standards, intentionally designed with the capability to customize based on locally identified needs and priorities.	<i>July 2018</i>	Department of Education; Institutes of Higher Education; Local School Systems and Public Agencies; Local Health Departments; Local Departments of Social Services; Community Partners (childcare, mental health service providers)
Produce State/local communication and public awareness materials on birth to kindergarten evidence-based practices, implementation activities, and results, for dissemination to local birth to kindergarten program leaders, local program staff, families and other public and private partners.	<i>July 2017</i>	Department of Education; Institutes of Higher Education; Local School Systems and Public Agencies; Local Health Departments; Local Departments of Social Services; Community Partners (e.g., childcare, mental health service providers)
Develop and implement intra- and interagency professional development, with follow-up support provided by State and local program staff trained in a reflective coaching model, for implementation of evidence-based practices in home, community, and early childhood settings.	<i>June 2018</i>	Department of Education;, Institutes of Higher Education; Local School Systems; Local Health Departments; Local Departments of Social Services; Community Partners (childcare, mental health service providers)

Intervention Objective #5: Improve educational outcomes for at-risk students.

Action Step	Due Date	Responsible Entities
Departments of Education and Health and Mental Hygiene to co-lead the Education Behavioral Community of Practice ²³ to address the needs of students across Maryland with respect to mental health, behavioral health, and substance use to advance community-partnered school behavioral health services.	<i>Ongoing with deliverables annually on July 1</i>	Departments of Education (Division of Special Education/Early Childhood Intervention Services), Juvenile Services, Human Resources, Health and Mental Hygiene, Disabilities; local Departments of Social Services; Maryland Mental Health Association; Maryland Coalition of Families; Center for School Mental Health; Institutes of Higher Education
Create and fund tools and resources for professional development; develop, host, and present quarterly Professional Learning Institutes; provide on-ongoing programmatic support and present and co-present training to guide system change and improve outcomes for children and families in Maryland.	<i>October 2017</i>	Departments of Education (Division of Special Education Early Intervention Services), Juvenile Services, Human Resources, Health and Mental Hygiene, Disabilities; Local School Systems and Public Agencies; Maryland Mental Health Association, Maryland Coalition of Families; Parent's Place of Maryland; Institutes of Higher Education
Issue and provide oversight for discretionary grants to sustain evidence-based practices and create new innovative strategies that support at-risk students and families in Maryland to succeed in the home, community, and school setting.	<i>May 2017</i>	Departments of Education (Division of Special Education Early Intervention Services) and Health and Mental Hygiene; Johns Hopkins University; Eastern Shore Mental Health Coalition; Maryland Coalition of Families; Kennedy Krieger; Institute for Innovation and Implementation; Sheppard Pratt
Administer a home visiting grant program targeting families with children under the age of five, as well as pregnant and parenting teens, who are impacted by child abuse and neglect; poverty/long-term unemployment; domestic violence; substance abuse; maternal mental health; or teen pregnancy.	<i>Ongoing annual grants since 2006</i>	Department of Education; Johns Hopkins University; Eastern Shore Mental Health Coalition; Maryland Coalition of Families; Kennedy Krieger; Institute for Innovation and Implementation; Sheppard Pratt
Facilitate the Home Visiting Consortium for the purpose of coordinating development of a Statewide system of home visiting services.	<i>Ongoing partnership with Department of Health and Mental Hygiene since 2006</i>	Departments of Education and Health and Mental Hygiene; Governor's Office for Children; Maryland Family Network; University of Maryland; Johns Hopkins University; Local Management Boards; American Academy of Pediatrics; Home Visiting Alliance; Maryland Infants and Toddlers Program

²³ The Community of Practice captures Statewide data, develops a State practice registry, is focused on resource alignment among private and State agencies, and is involved in the interagency development of Statewide training opportunities.

Intervention Objective #6: Improve secondary transition services for Maryland youth diagnosed with disabilities in order to increase their graduation rates, increase the number of students entering post-secondary education and/or employment, and decrease the number of disconnected youth.

Action Step	Due Date	Responsible Entities
Create an asset map for secondary transition services that clearly lists all agencies and services offered.	May 2018	The Maryland National Technical Assistance Center members (Department of Education – Divisions of Rehabilitative Services and Special Education and Earlier Intervention Services; Department of Health and Mental Hygiene’s Behavioral Health Administration and Developmental Disabilities Administration; Department of Labor, Licensing and Regulation; Department of Disabilities)
Enroll eligible youth with significant disabilities into the Disability Employment Initiative.	July 2018	Department of Education Division of Rehabilitative Services; Department of Health and Mental Hygiene’s Behavioral Health Administration and Developmental Disabilities Administration; Department of Labor, Licensing and Regulation; Department of Disabilities
Operationalize the Maryland ABLE program (Achieving Better Life Experiences), so that people who acquire a disability prior to age 26 may obtain state-managed tax-exempt accounts.	October 2017	Department of Disabilities; Maryland 529

Intervention Objective #7: Continue to reduce and eliminate childhood hunger.

As a result of the economic recession, the number of Maryland children, youth and families eligible for nutrition assistance increased dramatically over the last several years. Between the 2007-2008 and 2015-2016 academic years, the number of public school students eligible for free and reduced-price meals increased by 41%. More than 45% of the student population is below the income threshold necessary to receive a free or reduced-price meal at school. Since 2008, Maryland has made great progress in connecting eligible children and families to resources such as the School Breakfast Program, Food Supplement Program, and At-Risk Afterschool Meals Program, among others. However, there is still work to be done to ensure the stability of families who remain food-insecure^{24, 25}.

²⁴ Defined by the United States Department of Agriculture as the inability, at some time during the year, to provide

Action Step	Due Date	Responsible Entities
Coordinate the State's efforts to reduce and eliminate childhood hunger through coalition building, strategic planning, and evaluating participation in the federal and State Child Nutrition Programs.	July 2020	Departments of Education (School and Community Nutrition Programs), Human Resources, Health and Mental Hygiene; Governor's Office for Children; Maryland Hunger Solutions; Share Our Strength®

Intervention Objective #8: Identify, pilot, and establish Statewide evidence-based practices that focus on strengthening families, reducing maltreatment, reducing entries into out of home care, preventing reentries into out-of-home care, and preparing youth for successful adulthood.

Evidence-based practices²⁶ are implemented in child welfare, and other fields, to provide effective services to children, youth, and families, based on peer-reviewed evidence. Evidence-based practices may be therapeutic interventions, case work practice models, parenting education/training models, or other service models. When they are selected and implemented in alignment with the known successful evidence, and with fidelity to the model, children, youth, and families have a better chance for successful outcomes, compared to using unproven modalities.

Evidence-based practices can be difficult and expensive to implement. Implementation planning is critical to success, but buy-in of staff, participants, and partners is also crucial. Training and ongoing coaching are typical components of many models, but ongoing coaching and support must be well maintained and supported for fidelity and expertise of practitioners to be achieved. Fidelity monitoring, feedback, and improvement must be high priorities for full and successful implementation. Not every evidence-based practice is appropriate for every population/clinical need, and a full child welfare service array must contain a full spectrum of services, some of which meet evidence-based criteria and some that may not.

The Department of Human Resources has engaged with Casey Family Programs, The Institute for Innovation and Implementation at the Maryland School of Social Work, and local Departments of Social Services to select eight (8) evidence-based practices to pilot:

adequate food for one or more household members due to a lack of resources.

²⁵ All text in this paragraph republished from the Children's Cabinet FY2017 Notice of Funding Availability. 26

²⁶ For a definition, please see the California Evidence-Based Clearinghouse, Document downloaded from www.cebc4cw.org- Rev. 1/6/15; Retrieved 11/18/16.

- SafeCare
- Solution-Based Casework
- Incredible Years
- Nurturing Parenting
- Functional Family Therapy
- Parent-Child Interaction Therapy
- Cognitive Behavior Therapy/Partnering for Success
- Wraparound (FAST/STEPS)

The Department will conduct a formal evaluation of these evidence-based practices to determine which are most effective, which will inform scale-up decisions.

Action Step	Due Date	Responsible Entities
Provide ongoing technical assistance and support during implementation of selected evidence-based practices in selected jurisdictions.	<i>Ongoing through September 2019</i>	Department of Human Resources; Local Departments of Social Services; Casey Family Programs; University of Maryland School of Social Work; Chapin Hall (University of Chicago)
Evaluate pilot evidence-based practices and outcomes related to decreased maltreatment, decreased entry into out-of-home care, and increased child/family well-being.	<i>March 2020</i>	Department of Human Resources; Local Departments of Social Services; Casey Family Programs; University of Maryland School of Social Work; Chapin Hall (University of Chicago)

Intervention Objective #9: Provide after-school instructional support through 21st Century Program for students to address deficiency areas.

The 21st Century Community Learning Centers is managed by the Maryland State Department of Education with funding granted to organizations through the Division of Student, Family, and School Support. The purpose of the program is to create academic and enrichment programs that provide students who attend schools that serve a high percentage of students from low-income families the services designed to complement their regular academic program. 21st Century Community Learning Centers project directors attend bi-monthly networking meetings that offer program directors technical assistance needed areas. 21st Century Community Learning Centers are managed by schools, local school systems, faith-based organizations, and community-based organizations.

Action Step	Due Date	Responsible Entities
Review the academic data of students participating in 21st Century Community Learning Centers program to assess general academic trends and diagnose academic professional development needs.	<i>August 2017</i>	Department of Education Division of Student, Family and School Support; Maryland Out of School Time Network

Action Step	Due Date	Responsible Entities
Implement regional trainings for all 21st Century Program providers on use of data, best practices in after school programming, and academic interventions.	<i>October 2017</i>	Department of Education Division of Student, Family and School Support; Maryland Out of School Time Network
Implement a system for improving program quality built around a research-validated After-School Program Quality Assessment System.	<i>August 2018</i>	Department of Education Division of Student, Family and School Support; Maryland Out of School Time Network
Provide technical assistance to grantees to support their efforts to execute best practices to address deficiency area of students.	<i>September 2017</i>	Department of Education Division of Student, Family and School Support; Maryland Out of School Time Network

Intervention Objective #10: Increase the number of youth who are diverted from the juvenile justice system through interagency partnerships and joint case management.

The overall “goal of the juvenile justice system is to support pro-social development of youth who become involved in the system and thereby ensure the safety of communities.”²⁷ However, the juvenile justice system by itself may not have the tools necessary to appropriately support and treat “crossover youth” (i.e., youth who move between the child welfare system and the juvenile justice system) and youth suffering from mental illness. For that reason, the Department of Juvenile Services wants to continue to develop its collaborative efforts with other State agencies to take targeted approaches and, ultimately, improve the lives of youth in Maryland.

The Crossover Youth Practice Model is currently being implemented in Prince George’s County with support from Georgetown University and involves partnerships between the Department of Juvenile Services, Department of Human Resources, and the local court system. This model focuses on youth who move between the child welfare system and the juvenile justice system and vice versa and has the support from both State and local stakeholders, including the Circuit Court for Prince George’s County. The court has developed a “One Judge” model that assigns the same judge to preside over both the child welfare and juvenile justice cases thus promoting improved consistency in court decisions. Additionally, the Department of Juvenile Services and the Department of Human Resources have a collaborative case management process where case managers for both agencies provide joint assessments and supervision. Ultimately, it is anticipated that increased collaboration and consistent decision-making will lead to better outcomes for Crossover Youth in Prince George’s County.

²⁷ National Research Council. Reforming Juvenile Justice: A Developmental Approach. National Academies Press, (2013) (p. 4).

To address the needs of youth entering the juvenile justice system with mental health issues, the Department of Juvenile Services seeks to develop a Behavioral Health Diversion Initiative. This Initiative would involve a collaborative partnership between the Department of Juvenile Services, the Department of Health and Mental Hygiene, and/or local health agencies that would station behavioral health staff in juvenile services intake offices. For youth who are identified by juvenile services intake staff as having behavioral health needs, the youth and family immediately would be introduced to the behavioral health staff in the same office to develop a treatment plan outside of the juvenile justice system. Through this collaborative approach, youth with mental health needs will have access to enhanced behavioral health resources provided by agencies that specialize in behavioral health treatment while avoiding deeper involvement in the juvenile justice system.

Action Step	Due Date	Responsible Entities
Develop joint information-sharing practices and case management between the Departments of Juvenile Services and Human Resources for youth who have contacts with both agencies through local programs similar to the Crossover Youth Practice Model, which is currently being implemented in Prince George’s County.	<i>Ongoing through January 2020</i>	Departments of Juvenile Services and Human Resources
Develop Behavioral Health Diversion practices between the Departments of Juvenile Services, Health and Mental Hygiene, and/or local health agencies that will co-locate behavioral health staff in Juvenile Services’ intake offices that will immediately create a treatment plan outside of the juvenile justice system for youth with identified needs.	<i>Ongoing through January 2020</i>	Departments of Juvenile Services and Health and Mental Hygiene and/or local health agencies

Intervention Objective #11: There are legal protections for youth victims of human trafficking.

According to the Victims Services Committee of the Maryland Human Trafficking Task Force, there were 396 survivors of human trafficking identified in Maryland in 2014. Of these, 175 did not disclose their age and 124 were trafficked as children. The Safe Harbor Workgroup refers to Maryland as a “hot spot” for traffickers because of its location between several East Coast metropolitan areas and the presence of major interstate highways.²⁸

In 2015, the Maryland Safe Harbor Workgroup was established to study legal protections for

²⁸ Governor’s Office of Crime Control & Prevention. Maryland Safe Harbor Workgroup Report. December 2016.

victims of human trafficking who are also young people. This work complements the Maryland Human Trafficking Task Force, which is coordinated out of the United States Attorney’s legal Office, and is the State’s primary organization that works to prevent trafficking, protect victims by providing them with needed services, prosecute traffickers, and partners with a variety of organizations to eradicate the scourge of human trafficking from within our communities.

Action Step	Due Date	Responsible Entities
The Safe Harbor Workgroup will make recommendations for new laws and/or policies.	<i>June 2017</i>	Governor’s Offices of Crime Control and Prevention and Children; Secretary of State; Departments of Human Resources, Health and Mental Hygiene; Maryland State Police

Intervention Objective #12: Workforce readiness services provided through Workforce Innovation and Opportunity Act partners will serve jobseekers as parents and caregivers, offering access to critical family services like early childhood education and caregiver support.

Undertaking the linking of the State’s public assistance and workforce systems is a first of its kind endeavor in Maryland, and is a Workforce Innovation and Opportunity Act best practice. In Maryland, we know that opening the doors to the full range of workforce options is the only way to get customers who are receiving Temporary Cash Assistance access to jobs and skills that lead to careers. Getting the two independently-functioning systems working together means opening doors for Temporary Cash Assistance recipients, youth in foster care, and other special populations to the American Job Centers. Having access to the Job Centers’ wide-range of programming, job listings, skill building opportunities, etc., offers much richer opportunities than those the local departments of social services can provide to customers who are mandated to work. However, with that comes the local departments’ commitment to provide resources to the Job Centers in an already resource-challenged environment.

With these new opportunities, the local Departments of Social Services must adequately assess customer barriers to employment, including how child-rearing obligations impact a customer’s ability to get and keep a job. Currently, the tools the local departments use for that assessment are not rigorous and do not identify potential solutions to customers’ work-related family care-giving responsibilities. As customers become able to access the offerings of the American Job Centers, it will be important to assess these barriers and have the local department staff and American Job Center staff, as well as the staff of non-profits or other partners, working with the customers to collaboratively identify ways to resolve issues identified.

Action Step	Due Date	Responsible Entities
Develop and implement improved assessment tools that identify family-related barriers to employment.	January 2018	Department of Human Resources; Local Departments of Social Services
Develop strong referral process between WIOA partners and state and local providers to link workforce customers to wraparound services that reduce barriers to employment.	January 2018	Department of Labor, Licensing, & Regulation; Human Resources; Division of Rehabilitative Services; and the Governor's Workforce Development Board.
Expand the workforce development options available to public assistance customers, foster youth, caregivers of child welfare involved youth, and non-custodial parents, to include vocational training, apprenticeship programs, and vocational rehabilitation services.	January 2018	Department of Labor, Licensing, & Regulation; Human Resources; Division of Rehabilitative Services; and the Governor's Workforce Development Board.

Intervention Objective #13: Establish benchmarks of success for Maryland's Workforce Innovation and Opportunity Act system that go beyond the statutorily-required measures.

As Maryland seeks to strengthen and enhance its workforce system through implementation of the Workforce Innovation and Opportunity Act (WIOA) State Plan, success requires a commitment to innovation, collaboration, and a true systems approach among the State's many workforce partners. In order to guide the Workforce Innovation and Opportunity Act partners in this work, the benchmarks for success of the Maryland Workforce Innovation and Opportunity Act system put forth a clear future vision of the systems' goals and measureable achievements and lay the core foundation of this new system. In keeping with Maryland's commitment to place "people before performance," these goals and corresponding benchmarks will be focused around a central vision of increasing the earning capacity of Marylanders by maximizing access to employment, skills and credentialing, life management skills, and supportive services.

The State intends that these goals and benchmarks²⁹ will present a framework for service delivery that will lead to improved outcomes for Maryland jobseekers, including youth, who need the system's assistance the most. These goals and benchmarks intentionally set a high bar and are meant to be used as a leadership tool, guiding strategic conversations and defining a set of achievements for the workforce system to commit to and strive toward in our collective work to improve the lives of Marylanders.

Action Step	Due Date	Responsible Entities
Finalize benchmarks of success for the Maryland Workforce Innovation and Opportunity Act system	June 2017	Departments of Labor, Licensing and Regulation, Human Resources, Education Department of

²⁹ Additional details on the timeline of implementation can be found at: <https://www.dllr.state.md.us/employment/wioagoalbenchmarkstimeline.pdf>.

Action Step	Due Date	Responsible Entities
		Rehabilitative Services
To make the benchmarks actionable, the Workforce Innovation and Opportunity Act Performance Work Group will be charged with making recommendations to the Alignment Group related to defining variables, determining appropriate data sources, identifying benchmarks that are not yet measurable, etc. to be used for measuring the system's success	<i>June 2017</i>	Departments of Labor, Licensing and Regulation, Human Resources, Education Department of Rehabilitative Services
Collect baseline data (as available) to determine benchmark percentages and timeframes	<i>December 2018</i>	Departments of Labor, Licensing and Regulation, Human Resources, Education Department of Rehabilitative Services
Measure the Workforce Innovation and Opportunity Act system success with complete benchmarks (i.e., baseline data collection is over and x% and y% will be determined)	<i>December 2019</i>	Departments of Labor, Licensing and Regulation, Human Resources, Education Department of Rehabilitative Services

III. Action Item #3: Aftercare, reunification, and reentry

Family reunification, whether because a parent is returning from incarceration or because a youth is returning from an out-of-home placement, is a critical moment. The Action Plan identifies several strategies that strengthen the ability of the reunited youth or parent to obtain quality education, obtain employment and other financial supports, become financially secure, and maintain healthcare.

Maryland hosts 24 State correctional facilities, which collectively house approximately 21,000 inmates sentenced to serve 18 months or longer. When an inmate is released and returns to his or her community, his or her family often faces less economic stability than before the arrest, particularly if the inmate had been the primary source of the family's financial support. For youth involved with the justice system, it is particularly difficult to find and keep a job that will support them. Re-incarceration is a risk. This plan will advance strategies that increase the likelihood of economic stability for returning inmates and their families.

A key component of reducing the rate of re-incarceration in Maryland is to provide robust reentry and aftercare services. The Justice Reinvestment Act, which passed during the 2016 Legislative Session, aims to safely reduce the incarcerated population while bolstering community supervision. While major components of the Act focus on the rehabilitative aspects of incarceration, there are other opportunities for cross-agency collaboration to support children, youth, and families when transitioning back to the community.

Obtaining financial security is a major component of successful reentry. This includes gaining

stable employment and addressing debts incurred while incarcerated. Since individuals often have trouble finding employment once released from incarceration, obligations to pay substantial child support arrearages further compounds the difficulties faced by these individuals. In 2012 the legislature passed a bill establishing that a child support payment is not past due and arrearages may not accrue during any period when the obligor is incarcerated, and continuing for 60 days after the obligor's release if (1) the obligor was sentenced to a term of imprisonment for 18 consecutive months or more; (2) the obligor is not on work release and has insufficient finances to make child support payments; and (3) the obligor did not commit the crime with the intent of being incarcerated or otherwise becoming impoverished. While this provided temporary financial relief to certain offenders, agencies should continue examining potential changes to statute and regulations to address debt accumulated during incarceration.

Access to employment is also a component of successful reentry. Limited access to resources, proper documentation, and personal identification greatly impedes an offender's ability to secure stable employment. Prior to release from prison, returning citizens should be provided with a transition resource packet that includes documentation and information to assist these individuals in obtaining employment and assistance.

Finally, returning citizens need continuity in healthcare. Most returning citizens are eligible for enrollment in Medicaid. By increasing Medicaid enrollment upon release, more individuals and their families will be able to remain healthy and thrive.

Aftercare Objective #1: Develop and sustain a comprehensive service array, both State and private, that can meet a variety of family, child, and youth needs, including aftercare supports and individualized services.

Children, youth, and families may be engaged with the child welfare system for a variety of reasons, which necessitates a varied and comprehensive service array that can meet these needs. Children and youth are referred to Child Protective Services and/or enter out-of-home care at all ages, and the needs of an infant are extremely different from the needs of a teenager. Likewise, a parent struggling with basic needs due to a recent loss of employment has different needs than a parent struggling with intergenerational patterns of sexual abuse. A successful service array must be flexible enough to meet the needs of all clients to reduce risk of maltreatment, avoid out-of-home placement, and avoid reentry into out-of-home care after reunification/guardianship/adoption.

Action Step	Due Date	Responsible Entities
Establish a Service Array Implementation Team to enhance and improve currently-available State and private child/family services. Use the	April 2017	Departments of Human Resources and Health and Mental Hygiene; University of Maryland School of Social Work; Chapin Hall (University of Chicago);

Action Step	Due Date	Responsible Entities
Department of Human Resources' Integrated Practice Model (family-centered, trauma-informed, and strengths-based; in development).		Families and youth involved with child welfare, in-home/community-based providers, out-of-home providers
Work with providers to offer technical assistance as needed to improve services, skills, and knowledge. Work with Medicaid and others to identify long-term sustainability plans.	<i>April 2018</i>	Departments of Human Resources and Health and Mental Hygiene; University of Maryland School of Social Work; Chapin Hall (University of Chicago); Family and youth involved in child welfare, in-home/community-based providers, out-of-home providers

Aftercare Objective #2: Provide non-custodial parents with employment and other supportive services to facilitate their ability to obtain employment and provide financial support to their children.

The Department of Human Resources' Child Support Enforcement Administration will pilot the Supporting, Training, and Employing Parents (STEP) Up! Program as an alternative to contempt of court proceedings in Baltimore City. Compared to other jurisdictions in Maryland, Baltimore City has a disproportionate rate of unemployment, which greatly contributes to a noncustodial parent's inability to pay a child support obligation.

The STEP Up! pilot will serve low-income unemployed or underemployed noncustodial parents in Baltimore City over three years by assisting them in obtaining job training and employment and becoming economically self-sufficient, thereby enabling them to be compliant with their child support obligation.

Baltimore City Office of Child Support Services will be responsible for recruitment, enrollment, and service referrals. Participant enrollment occurs at the City office and includes an assessment to identify existing employment skills as well as barriers to employment. The Baltimore City Office of Child Support Services will use this information to determine the appropriate training program and service referrals for the participant. Participants will leave their enrollment meeting with an appointment for an employment training provider as well as a follow-up appointment with the Child Support Enforcement Administration Enforcement Specialist for the intensive case management. Additionally, during enrollment, participants are provided their rights and responsibilities related to child support and participation in the STEP Up! Program.

The Family Investment Administration and the Baltimore City Mayor's Office of Employment Development will be responsible for employment training and placement. Through their training programs, participants will receive detailed work plans. Training programs range from six to 24 weeks depending on the program. During the training period, participants may learn more about employment opportunities within the field and meet with employers. Training partners are

connected with employers and will connect the majority of participants with employment placements upon completion of training.

Action Step	Due Date	Responsible Entities
Implement a pilot program in Baltimore City to assist noncustodial parents in becoming compliant with a child support obligation and offer opportunity to earn arrears forgiveness of State-owed child support debt.	<i>Ongoing</i>	Department of Human Resources Child Support Enforcement Administration and Family Investment Administration; Baltimore City Department of Social Services; Baltimore City Mayor’s Office of Employment Development; Baltimore City Office of Child Support Services; Baltimore City Circuit Court
Action Step	Due Date	Responsible Entities
Offer the Child Support Enforcement Agency Non-Custodial Parent Employment Mini-Grants as an opportunity for local office to leverage funds and resources to provide a regional approach to addressing employment issues for noncustodial parents.	<i>Annual, ongoing</i>	Department of Human Resources Child Support Enforcement Administration; Baltimore City Office of Child Support Enforcement

Aftercare Objective #3: Increase the enrollment of targeted populations (i.e., foster care youth, Temporary Assistance for Needy Families recipients, Department of Rehabilitative Services participants) into occupational skills training that will lead to industry-recognized credentials.

Action Step	Due Date	Responsible Entities
Educate staff on the variety of opportunities available through the Workforce Innovation and Opportunity Act system to ensure referrals are appropriately made.	<i>Ongoing</i>	Departments of Labor, Licensing and Regulation, Human Resources, Education (Division of Rehabilitative Services)
Ensure funding and/or leveraging opportunities are in place to effectively address barriers to employment (i.e., transportation, child support, child care assistance, housing, behavioral health, legal services, etc.).	<i>Ongoing</i>	Departments of Labor, Licensing and Regulation, Human Resources, Education (Division of Rehabilitative Services)

Aftercare Objective #4: Create a pre-release resource packet and portfolio for individuals transitioning out of prison to assist them to successfully transition back to their families and the workforce, such as State-issued identification, birth certificates, Social Security cards, training certifications, a working resume, other documents that may be required or useful for job applications, information on public programs such as Supplemental Nutrition Assistance Program and Temporary Assistance to Needy Families, workforce training programs, or free or

low-cost activities for families.

Action Step	Due Date	Responsible Entities
Identify through focus groups, dialogue with experts, and review of best practices and challenges from existing reentry initiatives the types of documents that may be helpful to include in a pre-release resource packet.	<i>December 2017</i>	Correctional Education Council; Departments of Labor, Licensing and Regulation and Public Safety and Correctional Services
Determine costs associated with providing these packets to transitioning individuals.	<i>March 2018</i>	Department of Labor, Licensing and Regulation
Pilot the resource packets and make packets available to prisons Statewide.	<i>TBD</i>	Department of Labor, Licensing and Regulation

Aftercare Objective #5: To provide educational services for school-age migrant children and youth to address barriers to succeeding in school through various measures of successful academic outcomes.

This objective would provide supports that address the specific barriers to school success that migrant children and youth face. State and local agencies will work together to provide support such as tutoring, school uniforms, summer enrichment, and professional development. The Migrant Education Program is managed by the Maryland State Department of Education with funding granted to local school systems through the Division of Student, Family, and School Support. The purpose of the Migrant Education Program is to ensure that all migrant students reach challenging academic standards, graduate with a high school diploma (or complete a GED), and provide support that prepares students for responsible citizenship, further learning, and productive employment.

Action Step	Due Date	Responsible Entities
Provide supplemental educational services that are linked to student achievement in an effort to close the achievement gap.	<i>September 2017</i>	Department of Education Division of Student, Family and School Support.
Provide professional development and specified activities for pupil services and staff working directly with migrant students to strengthen skills to address areas of need for migrant students.	<i>July 2017</i>	Department of Education Division of Student, Family and School Support.
Ensure a method to evaluate the strengths and needs of migrant children and their family's eligibility for various education support programs.	<i>October 2017</i>	Department of Education Division of Student, Family and School Support.

Aftercare Objective #6: Increase the number of Department of Juvenile Services’ youth returning from out-of-home placement who are attending school, and, if employment-eligible, earning wages within 90 days of discharge.

Action Step	Due Date	Responsible Entities
Develop an automated data-sharing process between the Departments of Education, Juvenile Services, and other State agencies that would provide verified attendance data, current academic level, and any degrees or certificates earned.	January 2020	Departments of Education, Juvenile Services
Develop an automated data-sharing process between the Departments of Labor, Licensing and Regulation, Juvenile Services, and other State agencies that would provide a youth’s wages earned over the previous 90 days.	January 2020	Departments of Labor, Licensing and Regulation, Juvenile Services

Aftercare Objective #7: Increase Medicaid enrollment for citizens returning from incarceration so they have access to healthcare.

Action Step	Due Date	Responsible Entities
Examine current pilot between the Departments of Health and Mental Hygiene and Public Safety and Correctional Services for enrolling inmates in Medicaid prior to release to determine effectiveness and opportunities for expansion.	January 2018	Departments of Health and Mental Hygiene and Public Safety and Correctional Services, Human Resources

IV. Reduce disparate outcomes by race

Youth of color are more likely to experience high unemployment³⁰ and disparate outcomes in the State’s juvenile justice and foster care systems.³¹ In addition, youth of color experience poor educational outcomes, lagging far behind White students in math and reading. Transparent, non-punitive data analysis and use is critical to good decision making – and over time, racial equity. In Maryland, we recognize our own disparities in outcomes. Black youth are twice as likely as White youth to become disconnected from work and school.³² Black families are twice as likely to need

³⁰ 2016 American Community Survey. American FactFinder. Search tool by age, race, and employment.

³¹ Governor’s Office for Children. 2014 Maryland Results for Child Well-Being. Available at <http://goc.maryland.gov/2014results/>.

³² Ibid.

programs that reduce childhood hunger.³³ Black children are more likely to have an incarcerated parent than White children;³⁴ in fact, Maryland has the highest incarceration rate among Black people in the United States.³⁵ Homeless youth in Maryland are overwhelmingly more likely to identify as Black than any other race.³⁶

The Children’s Cabinet commits to an interagency approach to addressing racial disparities beginning with the Departments of Juvenile Services and Human Resources, as well as supporting local interagency efforts through the Local Management Boards.

Racial Disparities Objective 1: Establish and implement an interagency process for identifying and reducing disparities.

Year one activities:

In addition to the ongoing analysis of the data, an interagency approach to reducing racial disparities requires a common language, staff capacity, a review of policies and practices, strategies to correct identified issues, and a defined set of results to measure progress. To support this objective the State will:

Action Step	Due Date	Responsible Entities
Develop an interagency framework for reducing racial disparities with common definitions, criteria for staff capacity building, process for review of policies and practices, recommendations for reforms, and a shared set of results and indicators to track progress.	June 2017	Children’s Cabinet Implementation Team (via a subcommittee of agency representatives with a designated chair and monthly reports at Children’s Cabinet Implementation Team meetings).
Pilot the interagency framework with two State agencies.	September 2017	Departments of Juvenile Services and Human Resources, reporting monthly to the Children’s Cabinet Implementation Team (or the subcommittee)
Include a local jurisdiction strategy in the pilot.	September 2017	Governor’s Office for Children, Departments of Juvenile Services and Human Resources, reporting monthly to the Children’s Cabinet Implementation Team (or the subcommittee)

Year two activities:

The Children’s Cabinet will review the lessons learned from the first year pilot, make

³³ Ibid., 13.

³⁴ Governor’s Office for Children. 2014 Maryland Results for Child Well-Being. Available at: <http://goc.maryland.gov/2014results/>.

³⁵ Ibid., 15.

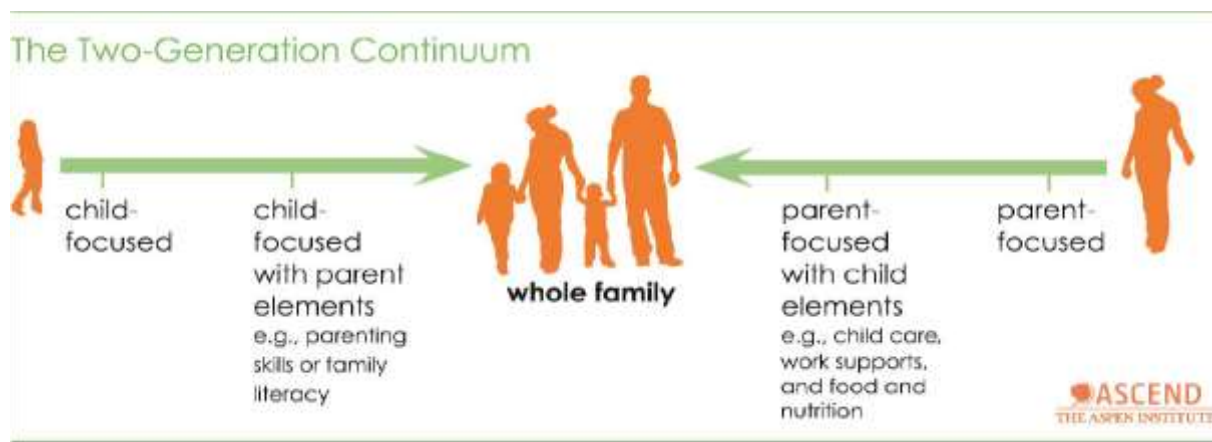
³⁶ Ashley Nellis, The Sentencing Project. The Color of Justice: Racial & Ethnic Disparity in State Prisons. 2016.

improvements, and expand to include all member agencies in the process of examining data, identifying disparate outcomes, review policies and practices, and make recommendations for improvements.

Action Step	Due Date	Responsible Entities
Finalize an interagency framework for reducing racial disparities with: <ul style="list-style-type: none"> • Desired Result and corresponding Indicators • Racial disparity data • Interagency, intra-agency and local jurisdiction strategies • Performance measures. 	January 2018	Children’s Cabinet Implementation Team (via a subcommittee of agency representatives with a designated chair and monthly reports at Children’s Cabinet Implementation Team meetings)
Fully implement final interagency framework.	June 2018	Children’s Cabinet Implementation Team (via a subcommittee of agency representatives with a designated chair and monthly reports at Children’s Cabinet Implementation Team meetings)

V. Improve outcomes for children and families through two-generation approaches

Numerous reports from foundations, research groups and other states³⁷ provide strong evidence to support the two-generation approach as a framework for serving both children and parents. The Children’s Cabinet Implementation Team has drawn from the work of Ascend at the Aspen Institute to develop a two-generation approach for Maryland. Ascend defines the two-generation approach as a continuum, where whole-family approaches focus equally on parents and children; child-focused approaches focus primarily on children; and parent-focused approaches focus primarily on the parent, as illustrated below:



³⁷ See Utah’s Fifth Annual Report on Intergenerational Poverty, 2016. Available at: <https://jobs.utah.gov/edo/intergenerational/igp16.pdf>.

The Department of Labor, Licensing, and Regulation Division of Workforce Development and Adult Learning and the Department of Human Resources co-chair the Ascend Two-Generation State Policy Working Group, which meets to discuss the national agenda.

The Children’s Cabinet believes that supporting two-generation approaches that focus on creating opportunities for and addressing the needs of both vulnerable children and youth and their parents together is a unique opportunity to advance child and family well-being. Research shows the impact of a parent’s education level and economic stability on the overall health and well-being of their children. Similarly, a child’s education and healthy development has a positive impact on the parent. This Action Plan will lay-out specific strategies for a whole family approach to child well-being wherever possible.

Two-Generation Objective #1: Strengthen coordination between Workforce Innovation and Opportunity Act programs that serve youth and parents as a prevention strategy.

Action Step	Due Date	Responsible Entities
Catalog programs that may be appropriate to pilot two-generation work within the Workforce System that may strengthen prevention efforts.	<i>December 2017</i>	Departments of Labor, Licensing and Regulation, Human Resources, Health and Mental Hygiene and Education (Division of Rehabilitative Services)
Of the identified programs, determine which one or two programs would be prime to pilot two-generation work within the Workforce System.	<i>December 2017</i>	Departments of Labor, Licensing and Regulation, Human Resources, and Education (Division of Rehabilitative Services)
Assess barriers to piloting a program and determine what resources may be required to implement successfully (funding, staff, workgroups, etc.).	<i>July 2018</i>	Departments of Labor, Licensing and Regulation, Human Resources, and Education (Division of Rehabilitative Services)

Two-Generation Objective #2: Adopt policies and regulations that remove barriers to families’ economic stability upon a parent’s release from incarceration.

Action Step	Due Date	Responsible Entities
Implement "Day of Reconciliation" activities for parents recently released from incarceration that have outstanding child support obligations, with opportunity to apply for assistance, meet with job counselors, and investigate other service opportunities in a neutral environment.	<i>February 2017</i>	Departments of Public Safety and Correctional Services, Human Resources, Labor, Licensing and Regulation

Action Step	Due Date	Responsible Entities
Revisit and examine HB 651 - Child Support - Incarcerated Obligor - Suspension of Payments and Accrual of Arrearages - to determine whether there are opportunities for expansion or capitalization.	<i>July 2017</i>	Departments of Public Safety and Correctional Services, Human Resources

Conclusion

The Children’s Cabinet believes that this Three-Year Plan will be a catalyst for renewed energy and focus to improve and enhance prevention strategies, support populations working toward economic self-sufficiency, and build on established foundations. The Governor’s Office for Children looks forward to ever-increasing collaboration with State and local partners, including families, youth, and community members, as we move forward to improve the well-being of all of Maryland’s children and families.

Resources

State Agency Plans

Behavioral Health Administration. FY 2017 Behavioral Health Plan. Available at:

<http://bha.dhmh.maryland.gov/Documents/FY%202017%20State%20Behavioral%20Health%20Plan-Final.pdf>

Department of Juvenile Services. Strategic Re-entry Plan. 2015. Available at:

<http://djs.maryland.gov/Documents/publications/DJS%20Re-entry%20Strategic%20Plan%20Dec%2030%202015.pdf>

Department of Labor, Licensing, & Regulation. WIOA Maryland Workforce Innovation and Opportunity State Plan. 2016. Available at:

<https://www.dlir.state.md.us/wdplan/wdstateplan.pdf>

Governor's Office of Crime Control & Prevention. Maryland Safe Harbor Workgroup Report.

December 2016. Available at: <https://goccp.maryland.gov/wp-content/uploads/safe-harbor-workgroup-final-report-2016.pdf>

Maryland Department of Disabilities. 2016-2019 State Disabilities Plan. Available at:

[http://mdod.maryland.gov/pub/Documents/post%20sdp%20\(1\).pdf](http://mdod.maryland.gov/pub/Documents/post%20sdp%20(1).pdf)

Legislation

HB 651. Child Support – Incarcerated Obligor – Suspension of Payments and Accrual of Arrearages. Available at: http://mgaleg.maryland.gov/2012rs/fnotes/bil_0001/hb0651.pdf

SB 1005. Justice Reinvestment Act. Available at:

<http://mgaleg.maryland.gov/webmga/frmMain.aspx?id=sb1005&stab=01&pid=billpage&tab=subject3&ys=2016rs>

Further Reading

The Daily Record. "Eliminating Arrears." Family Law Update. September 2016.

Baltimore Sun. "Relief for 'Deadbeat Dads.'" August 22, 2016.

<http://www.baltimoresun.com/news/opinion/editorial/bs-ed-child-support-20160822-story.html>