

FY 2007 to FY 2012

Planning Brighter Futures for Children, Youth and Families

A FIVE-YEAR COMMUNITY STRATEGIC PLAN FOR MONTGOMERY COUNTY, MARYLAND

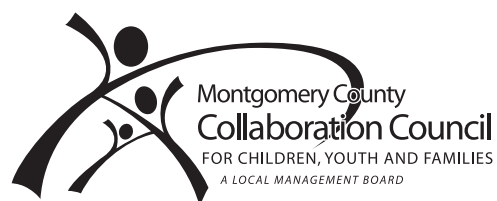




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**A FIVE-YEAR COMMUNITY STRATEGIC PLAN
FOR MONTGOMERY COUNTY, MARYLAND**

FY 2007 to FY 2012



*Planning Brighter Futures for Children, Youth and Families
A Five-Year Community Strategic Plan for Montgomery County, Maryland
FY 2007 to FY 2012*

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Disclaimer: The author and publisher have used their best efforts in preparing this community strategic plan. Other community strategic plans and reports were reviewed, and community input was sought via online surveys, presentations to community groups and at workgroup meetings. Using all of this input, the Collaboration Council's committee and workgroup structure then guided the strategic planning process. This is a dynamic document and as circumstances change, new partners will be identified and milestones will be refined. The Collaboration Council will review the plan regularly and make an annual progress update to the community. This community strategic plan is a requirement of a Local Management Board.



DEAR FRIENDS, NEIGHBORS AND COLLEAGUES:


Over the last year, our Board of Directors, the Child Well-being Committee and its three workgroups (Early Childhood, Youth Development and Children with Intensive Needs), have engaged in a thoughtful community-wide strategic planning process. The process included extensive community outreach to assess community needs and develop key strategies. Now we are pleased to release *Planning Brighter Futures for Children, Youth and Families: A Five-Year Community Strategic Plan for Montgomery County, Maryland*. We believe this document will guide our community toward fulfilling *The Children's Agenda*, the eight community outcomes we want for Montgomery's children and families. (See page 11)

As you will see, the plan is ambitious and solely dedicated to improving child well-being in Montgomery County, Maryland. We can only implement this plan with your support and involvement. As we developed the plan, two common issues emerged in each workgroup: the need to strengthen our efforts to address the emotional and behavioral health needs of children and the need to support parents as they care and provide for their children. Since these issues were identified in all three workgroups, we will integrate our efforts as much as possible in these areas. We shall also make every effort to support our public and private partners as they address these two fundamental issues related to child well-being.

In addition to driving the Collaboration Council's efforts to improve child well-being, we hope this plan serves to encourage the collective will and action of our private and public partners across the County to develop policies and programs that fulfill *The Children's Agenda's* vision, where all children are safe, healthy, successful in school, prepared for life and supported by a caring family and neighborhood. We look forward to working with you as we move to implementation over the next five years.

Please visit our website at www.collaborationcouncil.org to learn how you can get involved to create brighter futures for Montgomery County's children, youth and families.

Sincerely yours,


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Executive Director

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The board and staff of the Montgomery County Collaboration Council for Children, Youth and Families, Inc. are grateful to everyone who contributed to the development of this five-year community strategic plan. Thanks to this collaborative effort, the Collaboration Council now has a fundamental tool to effectively target resources in order to improve the futures of our children and families.

The following individuals and/or organizations contributed significantly to the development of this plan. While it is impossible to list everyone's name, please know that we appreciate your tireless work on behalf of Montgomery County's children and families.

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Commission on Children and Youth
Commission on Health
Commission on Juvenile Justice
County-wide Recreation
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Family Child Care Association
Families Foremost Family Support Center
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Steering Committee
League of Women Voters of
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the Education of Young Children Board
Mental Health Advisory Committee
Montgomery County Executive's
Community Outreach Forum
Montgomery County Federation of
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School Health Council
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Upcounty Latino Network
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THE MONTGOMERY COUNTY COLLABORATION COUNCIL



Our Foundation

VISION

The Montgomery County Collaboration Council envisions a caring community with stable families, where children are healthy, safe, ready to learn, successful in school and prepared for life. (See page 11 for an outline of the child well-being outcomes from *The Children's Agenda*)

MISSION

To improve the well-being of children, youth and families in Montgomery County through collaborative partnerships.

VALUES

As the Montgomery County Collaboration Council strives to achieve its vision and mission, the following values or guiding principles will infuse its work.

Strengths-Based

The Collaboration Council will build on the unique strengths of individuals, families and communities, rather than focusing on problems or deficits, so that each can fortify their abilities and resources in response to their needs and goals.

Developmentally Appropriate

The Collaboration Council recognizes that children's and youths' social, emotional, intellectual and physical development is influenced by their age, their individual differences, their culture and the family and community in which they reside. Decisions that are made and the services that are delivered to them must be built on understanding and

respecting these stages and variances so that they have continuing opportunities to acquire and refine positive behaviors and life skills.

Family-Centered

The Collaboration Council affirms the pivotal role of the family in everyone's lives and consequently believes that services must focus on this whole social unit, rather than the children or parents separately. Families from diverse cultures, incomes, and compositions must be partners in policy-making, program management and service delivery. Families are to be supported in identifying the types and mix of services that they need based on their own values, strengths and experiences.

Culturally Competent

The Collaboration Council views the racial, ethnic and cultural diversity of Montgomery County's families and service providers as one of its strengths. It will continually promote the incorporation of knowledge and skills of culturally diverse behaviors, beliefs and attitudes and of relationship-building into all facets of programs, policies and systems so that services are respectful and responsive.

Results-Oriented

The Collaboration Council is committed to using key indicator and other data to identify needs and support strategies that have demonstrated effectiveness to respond to these needs. *The Children's Agenda's* outcomes for the well-being of children, youth and families are the driving force behind all of the Collaboration Council's work and

COLLABORATION COUNCIL

Our Foundation: Values Continued

decision-making. Key indicator data for each of these outcomes help gauge the success or failure toward meeting its vision. The Collaboration Council then monitors and evaluates the impact of strategies in terms of their positive impact on the participating children, youth and families.

Continuum of Care

The Collaboration Council believes that all children and families should receive the services they need when they need them. There must be a range of services along a continuum beginning at one end with an emphasis on promoting prevention of problems, then early intervention strategies that reach out to children and families at the first sign of problems, before their problems require intensive crisis intervention. At the other end of the continuum, there also must be intensive intervention for those children for whom prevention and early intervention

efforts have not been enough. There must be processes in place which identify and match a child's needs with the most integrated, least restrictive environment possible.

Community-based

The Collaboration Council supports the involvement of families, concerned community members, and local education, social services, faith, and business as partners in determining needs and designing services that nurture and support children and youth in their own homes and neighborhoods.

Integrated

The Collaboration Council strives to assure a comprehensive service delivery system that links health and human services, community-based organizations, education, and juvenile service agencies together so that the multiple and changing needs of children, youth and their families can be met without delay or multiple actions to access services.



Our Authority

The 24 Local Management Boards (LMBs), including the Montgomery County Collaboration Council, were re-codified into State law during the 2006 Maryland General Assembly's Legislative Session. House Bill 301 and Senate Bill 294 established the State's policy to promote a stable, safe, and healthy environment for children and families through a comprehensive and integrated approach that:

- (1) provides a family- and child-oriented continuum of care that emphasizes prevention, early intervention, and community-based services; and
- (2) gives priority to children and families most at risk.



THE CHILDREN'S AGENDA—GUIDING OUR WORK

In 1998, with tremendous community support and political will, the Collaboration Council developed *The Children's Agenda* to help its partners and the community to effectively and efficiently work together on a common mission with shared goals for children. Serving as a blueprint of what Montgomery County wants for all of its children and families, this agenda assists its partners in nurturing a community where children are safe, healthy, successful in school, prepared for life, and supported by a caring family and community. *The Children's Agenda* identified the following agreed-upon community outcomes to be achieved through collaborative partnerships:



Healthy Children

Adults and children who feel well, physically and mentally, are more able to work, play and learn. With sufficient health care resources that are accessible and affordable, children and families can be healthier.



Young Children Ready for School

The experiences and relationships that occur in the first years of children's lives have a lasting impact on their present and future development, as well as on their readiness to learn.



Success for Every Student

High expectations for academic achievement for all students, combined with skilled teachers, sound curriculum, adequate instructional materials, and family involvement, are essential for student learning.



Young People Prepared for the Workplace

School success includes preparation for life after high school. Partnerships between schools, businesses, higher education institutions, social services agencies and after school programs can ensure that teens transition to young adulthood successfully.



Young People Making Smart Choices

Adolescence is a time of experimentation and testing of limits to prepare for mature decision making as adults. It is critical that we listen to our youth, hear their fears and concerns, and provide the support and skills they need to make smart choices.



Stable and Economically Secure Families

A home environment with nurturing adults who love, care for and protect their children is a cornerstone of healthy child development. Children with special challenges—physical, emotional or developmental—have a substantially better likelihood of achieving their potential if raised in their family homes, or in their home communities, rather than in distant residential facilities.



Children Safe in Their Home, School and Community

In safe environments children thrive, learn, dream and explore. However, if children live in unsafe environments and it is left unaddressed, it will create community issues that will only serve to undermine the system's ability to offer its children every opportunity for success.



Communities That Support Family Life

Resources and services create a community of people committed to the well-being of its children and families. An array of services should offer prevention for all, early intervention at the first sign of problems and intensive intervention for those children for whom prior efforts have not been enough.

COLLABORATION COUNCIL

Our Authority Continued

According to the State law, an LMB must:

- Strengthen the decision-making capacity at the local level;
- Design and implement strategies that achieve clearly defined results for children, youth, and families as outlined in a local five-year strategic plan;
- Maintain accountability standards for locally agreed upon results for children, youth and families;
- Influence the allocation of resources across systems to accomplish desired results;
- Build local partnerships to coordinate children, youth and family services within the County, to eliminate fragmentation and duplication of services; and
- Create an effective system of services, supports and opportunities to improve outcomes for all children, youth and families.



The Montgomery County Collaboration Council is also designated by local Resolution 15-599 as the Local Management Board in Montgomery County, Maryland. The resolution states that the board of directors is appointed by the County Executive and confirmed by the County Council.

Our Leadership

The Collaboration Council's 21 board members represent public agencies, families, elected officials, businesses and community advocates. This governance and policy-making body is supported by five committees: Executive, Child Well-being, Legislative, Fiscal and Membership. Board members, service providers, parents and community advocates serve on these standing committees.

At the heart of the Collaboration Council's work are the Child Well-being Committee and its three workgroups that focus on three priority areas: Early Childhood, Youth Development, and Children With Intensive Needs. Together with the board and the other committees, they help oversee and implement a shared vision of nurturing a community where children are safe, healthy, successful in school, prepared for life, and supported by a caring family and community, as outlined in *The Children's Agenda*.

Our Roles

There are several roles the Collaboration Council can play as it fulfills its mission of improving the well-being of children, youth and families through collaborative partnerships.

Leadership in Planning and Systems-building

The Collaboration Council in partnership with others is responsible for ensuring the strategic plan milestones are achieved. Systems-building can be a mix of the following activities: convening stakeholders; refining and mapping resources and needs; and, developing structures for governance, funding, service delivery, capacity-building, evaluation and communications.

Support of Systems-building

Planning and systems-building are occurring with the Collaboration Council's participation in work that is led by other agencies and partners.

Direct Services Funding

Using its procurement policies and process, the Collaboration Council will contract with public or private organizations to deliver promising or proven effective programs or services to identified children, youth or families, which will result in improved well-being for the participants.

Fund Raising

Based on the strategic plan, the Collaboration Council is responsible for identifying and cultivating potential sources of funding including leading or supporting others' grant proposals.

Research and Monitoring

The Collaboration Council activities will include: research and data analysis to define needs and problems, determining action steps and assessing progress. The Collaboration Council will monitor and evaluate programs and initiatives and analyze the child well-being indicators in order to assess our progress toward achieving *The Children's Agenda* outcomes.



Advocacy and Public Awareness

This role for the Collaboration Council is applicable to all strategies with specific activities focused on increasing the knowledge of child and family issues by mobilizing and educating the community. Activities could include: incorporating child and family priority issues in the Legislative Agenda; educating stakeholders through the creation and dissemination of fact sheets/brochures and newsletters, and posting of information on the website; testifying and participating in briefings for local and State officials; serving as a catalyst for identifying new issues or concerns impacting children and families.

Capacity Building

Through training and technical assistance, the Collaboration Council will strive to increase the ability of organizations or partnerships to enhance their business practices for sustainability and to deliver high-quality effective services to children, youth and families.

COLLABORATION COUNCIL



COLLABORATION COUNCIL—PUTTING IT ALL TOGETHER



THE STRATEGIC PLANNING PROCESS



With extensive input from the Child Well-being Committee and its Early Childhood, Youth Development and Children with Intensive Needs Workgroups, public and private child-serving agencies, County boards and commissions, families, and the general public, the Collaboration Council identified needs and then prioritized them with corresponding strategies for action in this five-year community strategic plan.

Community Needs

Community needs are defined as the gaps between what is currently happening with children, youth and families and what the Collaboration Council sees as its vision identified by the outcomes in *The Children's Agenda*. The Collaboration Council first reviewed strategic plans, reports and research studies produced by child-serving agencies and community groups over the past several years (a list is found in Appendix B, page 55). Demographic and indicator data in *The Children's Agenda 2004 Data Book* were also examined.

Thirty-eight community needs were identified and then compiled into *A Community Needs Assessment Workbook*, organized by the Collaboration Council's three focus areas: early childhood, youth development and children with intensive needs. Extensive outreach with a wide variety of community groups and citizen advisory commissions was conducted to elicit their input regarding the identified needs. Over 425 surveys were completed, mostly online, by a breadth of community members, including parents, youth, and service providers with culturally diverse backgrounds.

Using a set of criteria that assessed 1) the importance of each need and 2) the feasibility of making significant progress in meeting the need within the next five years, the Child Well-being Committee then selected those needs in each focus area that the Collaboration Council would pro-actively address. The resulting 22 priority identified needs are found within each focus area section of this plan. However, the Collaboration Council will continue to advocate for and monitor all remaining identified needs with the option of possible future action, should conditions change (see Other Identified Needs on page 51).

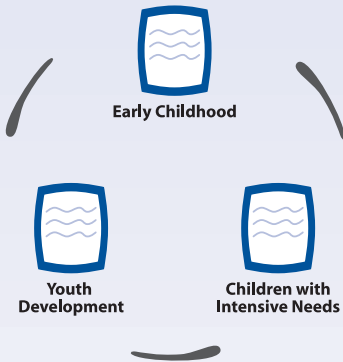
Key Strategies

The Child Well-being Committee's workgroups brainstormed strategies, both new and currently underway in the County, that could significantly and effectively impact the priority identified needs in each focus area. The Child Well-being Committee then consolidated these strategies to ensure the Collaboration Council could effectively respond to the priority identified needs. Stakeholder input regarding strategies was solicited again through an online survey.

THE STRATEGIC PLANNING PROCESS



Needs Assessment

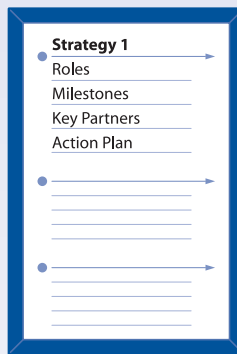


Needs

The difference between what is happening now and the desired community-level outcomes.

Priority Identified Needs: a set of needs prioritized for action in terms of each need's importance and feasibility.

Strategies



Strategies

The overall approach to meet a priority identified need(s) that will in turn achieve *The Children's Agenda* outcomes.

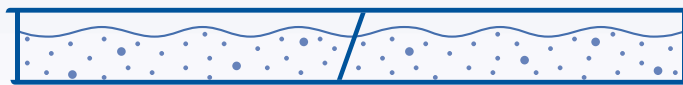
Includes Action Plans: outlines *who* does *what* by *when* and *resources* needed to accomplish a strategy.

The Children's Agenda Outcomes



Outcomes

The ultimate community-level conditions of well-being for children, youth and families.



Foundation

THE STRATEGIC PLANNING PROCESS

The board approved the final list of strategies, identified the Collaboration Council's unique roles, and determined the key milestones that would lead to strategy implementation. These components constitute this five-year community strategic plan.

Plan Implementation and Accountability

As the Collaboration Council carries out this ambitious strategic plan, a process for accountability will be in place to make certain that we, as a community, are building brighter futures as outlined in *The Children's Agenda*. Yearly reports will be issued that reflect the strategic plan's progress and any adjustments needed.

The board, Child Well-being Committee and its workgroups will ensure that each of the strategies has clear ownership with action plans that identify "who does what by when" and the resources needed. These action plans will be reviewed on a regular basis to:

- Make adjustments to the strategies as conditions and circumstances change;
- Set priorities within action plans to resolve resource conflicts;
- Influence federal, state and local budget processes to meet strategy resource requirements;
- Expand partnerships and stakeholder involvement;
- Recommend outside experts for analysis and assessment.

The Montgomery County Data Collaborative, as a multi-agency initiative of the Collaboration Council, will assist



the Child Well-being Committee and its workgroups in achieving milestones and monitoring progress by:

- Evaluating the county-wide and community-level impact of investments;
- Issuing regular reports on the key indicators of child well-being; and,
- Identifying gaps in services for resource allocation.

To help with these tasks, the Collaboration Council and its partners will also have access to a newly developed resource database, *infoMONTGOMERY*—an up-to-date inventory of human services to help meet the health, education and social service needs of Montgomery County's children, families and adults. Parents and child-serving agencies will have needed information to access services and planners will be able to use this database to quantitatively discern continued or new gaps in services.

EARLY CHILDHOOD



Montgomery County's Very Young Children: Who are they?

Montgomery County's very young children are in the critical years between birth to age five. There are an estimated 79,000 children under age six living in Montgomery County. Montgomery County's young children are more racially and ethnically diverse than the population as a whole.

Over 55,000 families are nurturing these young children. Estimates show that nearly one out of every five children under age six is living in a low-income family. More than half of children under age six live in families where all parents are in the labor force.

The Children's Agenda Outcomes: What do we want for our children?

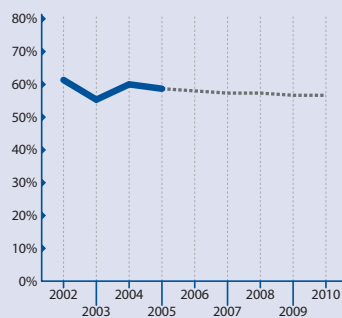
Healthy Children; Young Children Ready for School; Stable and Economically Secure Families; Children Safe in Their Home, School and Community; Communities That Support Family Life

Priority Identified Needs: Why are we not where we want to be?

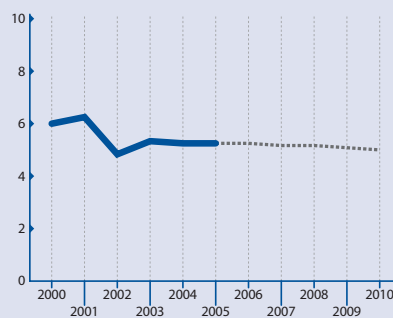
Some Young Children Are Not Ready for School

When young children enter public school unprepared, most do not catch up and lag academically throughout their school careers. Forty percent of Montgomery County's five- and

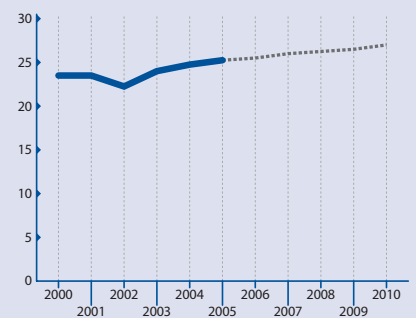
Selected Key Indicators: How are we doing?



Kindergarten Readiness
(percentage "fully ready")
TREND: Constant



Child Abuse and Neglect Rate
(investigations per 1,000 children)
TREND: Constant



Child Care Supply
(slots per 100 children)
TREND: Improving

six-year-olds are *not* fully prepared for kindergarten, with even more of our low income, culturally diverse and limited English speaking young children not fully prepared.

High Parent Fees and Subsidy Co-pays Restrict Access to Child Care

Child care can consume over 25 percent of a local family’s income, even more for low-income families. The full-day care that is minimally available in low-income neighborhoods is in jeopardy as parents cannot afford the high co-payments for child care without sufficient government subsidies and providers cannot stay in business without sufficient numbers of enrolled children to cover operating costs.

Poor Emotional and Behavioral Health Jeopardizes School Readiness

An increasing number of young children with social, emotional or behavioral concerns are at risk for expulsion from

early care and education settings, further jeopardizing their school readiness. If left unchecked, these concerns can escalate to severe learning problems during their school years.

Few Early Care and Education Programs are Accredited

High quality early care and education programs help prepare young children for kindergarten. Accreditation by national professional organizations indicates the presence of quality features, especially highly trained staff. Only five percent of the nearly 1,400 local child-care providers are accredited.

Children’s Developmental Concerns Must Be Addressed Early

Developmental delays or disabilities may pose challenges to a young child’s school readiness. Federally mandated programs assess and offer some services to young children birth through five-years-old with developmental delays or



Healthy Children



Young Children Ready for School



Stable and Economically Secure Families



Children Safe in Their Home, School and Community



Communities That Support Family Life

EARLY CHILDHOOD

*Priority Identified Needs:
Why are we not where
we want to be? Continued*

other special needs. But there are gaps in early childhood education programs for three through five-year-olds.

Support is Not Fully Available for Parents as Their Children's First Teachers

Parents are their children's first teachers and are responsible for providing the relationships and experiences that help their children learn throughout life. While there is a local framework with several public awareness and education strategies, not all are implemented to scale to reach as many of the estimated 55,000 families as possible.

Investigations for Child Abuse and Neglect Are Increasing

While the County's rate of child abuse and neglect has remained fairly constant, the population growth has led to an increase in the actual number of investigations, primarily for neglect—up 12 percent from last year at the same time. Child abuse and neglect occur in families of all income brackets and household types, but those in contact with government protective services agencies are most often low income and racial and ethnic minorities.



Strategies for Success: What will it take to get us to where we want to be?

MATCHING PRIORITY IDENTIFIED NEEDS WITH EFFECTIVE STRATEGIES

The following strategies were selected as the most effective to meet the priority identified needs to make significant progress in achieving *The Children's Agenda* outcomes for Early Childhood: Healthy Children; Young Children Ready for School; Stable and Economically Secure Families; Children Safe in Their Home, School and Community; and Communities That Support Family Life.

PRIORITY IDENTIFIED NEEDS	STRATEGIES				
	1. Increase the Availability of Home-Visiting services	2. Increase Early Childhood Emotional and Behavioral Health Resources	3. Increase Opportunities for Parents to Receive Education and Support in Childhood Development and Effective Parenting for Positive Outcomes	4. Increase Access to Formal High Quality, Developmentally Appropriate Early Childhood Education for Three-year-old Children at Risk	5. Increase Accessible, Affordable, Quality Child Care
1. Some Young Children are Not Ready for School	■	■	■	■	■
2. High Parent Fees and Subsidy Co-pays Restrict Access to Child Care				■	■
3. Poor Emotional and Behavioral Health Jeopardizes School Readiness	■	■	■	■	■
4. Few Early Care and Education Programs are Accredited				■	■
5. Children's Developmental Concerns Must be Addressed Early	■	■	■	■	■
6. Support is Not Fully Available for Parents as Their Children's First Teachers	■		■	■	■
7. Investigations for Child Abuse and Neglect Are Increasing	■	■	■		

EARLY CHILDHOOD

STRATEGY 1 ■ INCREASE THE AVAILABILITY OF HOME-VISITING SERVICES

Through regular support to families and their very young children primarily in their own homes, home-visiting services educate parents and other family caregivers to anticipate and encourage social, physical and intellectual development from birth through kindergarten. Home-visiting services also link the family to other needed resources (health care, employment training, etc.) that can help to ensure the family's overall well-being with their children having the best possible start in life.

COLLABORATION COUNCIL ROLES	
Leadership in Systems-building	Convene and lead the Home Visiting Consortium, a group of 11 home-visiting programs designed to support families to prepare their children for life and learning.
Direct Services Funding	Fund home visiting services that support parents in assisting their child's optimal development.
Fund Raising	Aggressively seek additional resources for direct services and professional development of home-visiting personnel.
Research/Monitoring	Determine the current capacity of home visiting and characteristics of families served and compare to the number of families in the target populations to identify the gap in services. Develop a process to determine the impact of home-visiting services on school readiness.
Advocacy/Public Awareness	Issue an annual report on the status of home visiting in the County. Advocate for increases in funding at the state, local and federal levels for home-visiting services.
Capacity Building	Identify training needs of Home Visiting Consortium members and secure desired training as identified by the Consortium members.

MILESTONES

- 1** Determine current capacity for home visiting services by area and eligible populations.
- 2** Determine numbers and characteristics of families for whom home-visiting services are unavailable and/or limited because of barriers to expansion of services.
- 3** Collect service statistics and program performance data from each home-visiting program and prepare annual report.
- 4** Identify professional development and other capacity needs of home-visiting service organizations, and develop or identify responsive training and technical assistance.
- 5** Seek public and private funding to expand the numbers of families served via home visiting.
- 6** Track families and children served, as possible, via home visiting into kindergarten to determine school readiness status.

PARTNERS

Home Visiting Consortium including Family Services Agency, Inc., Mental Health Association of Montgomery County, Montgomery County Department of Health and Human Services, Montgomery County Public Schools, The People's Community Baptist Church, The Reginald S. Lourie Center

STRATEGY 2 ■ INCREASE EARLY CHILDHOOD EMOTIONAL AND BEHAVIORAL HEALTH RESOURCES

Mental health consultation and training by culturally competent clinicians help child-care staff to promote the healthy emotional development of children, and to deal with challenging behaviors and communicate effectively with parents. As a result, programs can support all enrolled children’s social-emotional development, work with children who exhibit behavioral problems or who are in crisis, and assist parents in finding any needed treatment services. With these resources, children who exhibit challenging behaviors can remain in child-care settings to promote their social and emotional well-being, a critical aspect of school readiness and performance.

COLLABORATION COUNCIL ROLES	
Support of Systems-building	Support the efforts of the Montgomery County Department of Health and Human Services, Children, Youth and Family Services and Behavioral Health and Crisis Intervention units’ efforts to increase both local government resources and community access to these services.
Fund Raising	Identify potential funding sources and assist in supporting grant proposal development for funding for mental health consultation resources to be delivered by community-based organizations.
Research/Monitoring	Conduct inventory to identify service gaps and duplications to make recommendations for immediate or future actions or activities.
Advocacy/Public Awareness	Convey the importance of early childhood emotional and behavioral health to positive development and school readiness. Advocate for the sustainability and increase of public and private resources.

MILESTONES

- 1** Beginning with Fiscal Year 2007, advocate for resources for consultation to early care and education programs to be sustained and increased.
- 2** Create an inventory of early childhood emotional and behavioral health resources for parents and caregivers.
- 3** Based on the determination of unmet service needs, establish a case statement and advocate for the importance of emotional and behavioral health and for increased resources.
- 4** Support County-wide efforts to increase parents’ and early care and education program providers’ skills and knowledge to serve young children with emotional and behavioral health concerns.

PARTNERS

Commission on Child Care, Commission on Children and Youth, Home Visiting Consortium, Maryland State Department of Education, Mental Health Association of Montgomery County, Montgomery County Department of Health and Human Services—Early Childhood Services/Resource and Referral/Core Service Agency, Montgomery County Federation of Families for Children’s Mental Health, and parents and families, faith-based organizations, and higher education

EARLY CHILDHOOD

STRATEGY 3 ■ INCREASE OPPORTUNITIES FOR PARENTS TO RECEIVE EDUCATION AND SUPPORT IN CHILDHOOD DEVELOPMENT AND EFFECTIVE PARENTING FOR POSITIVE OUTCOMES

For several years, public and private child-serving agencies and advocates have worked together to create and disseminate child development and parenting information through printed materials, mass media, special events and a single phone number for help (ChildLink). However, outreach and education efforts must be significantly enhanced to reach all parents of very young children respecting cultural, language and literacy differences. Outreach partners must expand to include grassroots organizations, faith-based organizations, parent groups, English as a Second Language (ESOL) settings, as well as public schools, and independent, parochial and culturally specific schools, Family Support Centers, Parent Resource Centers, etc.

COLLABORATION COUNCIL ROLES	
Support of Systems-building	Support the Early Childhood Public Engagement Campaign Committee.
Direct Services Funding	Support ChildLink, Montgomery County Department of Health and Human Services early childhood information and referral service.
Research/Monitoring	Complete an inventory of parent education/support services.
Advocacy/Public Awareness	Disseminate existing public engagement materials about the importance of parenting skills and services to very young (infants and toddlers) children as a strategy for school readiness. Promote parent and public understanding of a child's experience in early childhood and its influence on a child's later success in life.

MILESTONES

- 1 Identify the availability of services that provide parent education and support against the need for these services.
- 2 Work in partnership with the early childhood community to secure resources for early childhood community education materials.
- 3 Advocate for increasing the parent education and support services.
- 4 Publicize the importance of parents' awareness of early childhood development and how to access early childhood services to reinforce the message—parents are their children's first teachers.

PARTNERS

Early Childhood Public Engagement Campaign Committee, Holy Cross Hospital, Home Visiting Consortium (11 programs), Housing Opportunity Commission of Montgomery County, Maryland State Department of Education, Montgomery County Department of Health and Human Services-Early Childhood Services, Montgomery General Hospital, Montgomery County Public Libraries, Shady Grove Adventist Hospital, Washington Adventist Hospital, and business community, faith-based and culturally-based organizations

STRATEGY 4 ■ INCREASE ACCESS TO FORMAL HIGH QUALITY, DEVELOPMENTALLY APPROPRIATE EARLY CHILDHOOD EDUCATION FOR THREE-YEAR-OLD CHILDREN AT RISK

The Infants and Toddlers and Early Head Start programs in the County provide individual, family-focused assistance starting from infancy through the age of three. At that point, some of these children, who are low-income and no longer need special education services, still need to continue their progress in a group setting with other preschoolers. However, there are very few free or low cost child-care programs for low-income families with three-year-olds. The capacity of early childhood education programs serving three-year-old children must be expanded to help these children maintain and continue their developmental gains through entry into kindergarten.

COLLABORATION COUNCIL ROLES	
Support of Systems-building	Support Montgomery County Public Schools, the Montgomery County Department of Health and Human Services and the private provider community in their efforts to expand services for three-year-olds. Support these entities' efforts to ensure smooth transitions for children moving from the younger programs to the three-year-old programs through kindergarten.
Research/Monitoring	Conduct an inventory of services and identify barriers to access services.
Advocacy/Public Awareness	Develop public education materials to articulate this issue. Use these materials to advocate for increased resources and resolution of access barriers for services for three-year-olds.

MILESTONES

- 1** Complete an inventory of early childhood education programs for three-year-olds to include capacity.
- 2** Identify barriers to increase access and service expansion.
- 3** Based on our findings from the above milestones, advocate for increased services for three-year-olds.
- 4** Advocate for the improvement in the children's transition from the under three-year-old programs to the three-year-old programs.

PARTNERS

Commission on Child Care, Community Action Board, Maryland State Department of Education, Montgomery County Department of Health and Human Services-Early Childhood Services, Montgomery County Public Schools-Early Childhood Services/Facilities/Cross Functional Team, and child-care community private providers, and parents and families

EARLY CHILDHOOD

STRATEGY 5 ■ INCREASE ACCESSIBLE, AFFORDABLE, QUALITY CHILD CARE

High quality child care must be made available throughout the County with accessibility to quality child care being a priority for low-income children. Well-trained staff, a safe environment, and developmentally appropriate learning materials and activities are all criteria for identifying high-quality child-care programs. However, low wages for child-care providers and reliance on parent fees for program operations, including staff professional development, limit the number of accredited providers and programs throughout the County, specifically in lower income communities. Therefore, public and private support beyond parent fees is essential to provide low cost staff training, program consultation, and scholarships for advanced degree coursework for child-care staff.

COLLABORATION COUNCIL ROLES	
Support of Systems-building	Support Montgomery County Department of Health and Human Services—Early Childhood Services and the Montgomery County Child Care Resource and Referral Center, along with the Commission on Child Care as they work toward promoting and creating a stable and quality child-care system.
Direct Services Funding	Renew funding for FY 2007 Regional Child Care Conference for Montgomery, Anne Arundel and Prince George’s Counties.
Research/Monitoring	Identify numbers of low-income children lacking access to child care and determine the barriers. Identify fiscal models that increase affordability for low-income families.
Advocacy/Public Awareness	Advocate for increased funding for child-care professional development activities and other quality building supports for child-care providers’ accreditation. Advocate for reductions in co-pays for public-subsidized child care.

MILESTONES

- 1** Using the current data available, quantify and describe the children who lack financial access to child care.
- 2** Identify the barriers to low-income families receiving child care services.
- 3** Advocate for fiscal models that enable more families to access child-care subsidies, for example, lower co-payments and increased subsidies to include reimbursement rates reflective of the current cost.
- 4** Advocate for additional resources for training and technical assistance to child-care providers to increase their professional development.
- 5** Support efforts to increase the number of child-care programs that become accredited.

PARTNERS

Commission on Child Care, Maryland State Department of Education, Maryland State Department of Human Resources, Montgomery County Department of Health and Human Services—Early Childhood Services/Resource and Referral/Child Care Subsidy, Montgomery County Public Schools—Early Childhood Services/Facilities/Planning, and business and child care communities, community-based trainers, cultural institutions, higher education, and parents

EARLY CHILDHOOD WORKGROUP

Based on the Collaboration Council's role, the Early Childhood Workgroup will develop and carry out action plans to fulfill these strategies.

Workgroup Co-Chairs:

Carey Wright, EdD
Board Member, Collaboration Council

Ellie Salour
Board Member, Collaboration Council

Members:

Julie Bader, Supervisor, Child Find/Infants & Toddlers
Preschool Education Programs
Montgomery County Public Schools

Harriet Berger
Chair, Commission on Child Care

Allison Fellows Comly
Clinical Social Worker
Reginald S. Lourie Center

Lisa Walters Conlon, LCSW-C
Social Services Supervisor
MCPS Prekindergarten/Head Start

Janet Curran
Healthy Families Montgomery
Family Services Agency, Inc.

Dale McGee Fry
Education Services Administrator, Early Head Start
Partners in Caring Child Care Centers
Family Services Agency, Inc.

Carol Garvey, MD, MPH (Ex Officio)
Chair, Collaboration Council

Kate Garvey (Chair, Child Well-being Committee)
Chief, Children, Youth and Family Services
Montgomery County Department of Health
and Human Services

Naseem Hoque
Director, Academy Child Development Center

Elena Hutchinson
Librarian II, Montgomery County Public Libraries
Noyes Library for Young Children

Helma Irving
Healthy Families Montgomery
Early Intervention Specialist and
Baby Steps Program Supervisor
Family Services Agency, Inc.

Soraia Leventhal
Owner, Home Day Care

Keena Carter, RN, MSN, CCRN
Project Director
African American Health Program

Jerrilyn Matthews
Board Member, Collaboration Council

Felicia Piacente
Director, Preschool Special Education
and Related Services
Montgomery County Public Schools

Patricia Rohrer
Senior Vice-President of Program Services
Easter Seals Greater Washington-Baltimore Region

Debbie Shepard
Early Childhood Administrator
Montgomery County Department of Health
and Human Services

Claudia Simmons
Coordinator, Prekindergarten and
Head Start Programs
Montgomery County Public Schools

John Surr
Advocate for Young Children
Maryland Community Association for Education
of Young Children and League of Women Voters
Network for Children

Pilar Torres
Executive Director
Centro Familia

Shari Waddy
Director, Families Foremost Center
Moms Mentoring Program

YOUTH DEVELOPMENT



Montgomery County's Youth: Who are they?

Montgomery County has over 180,000 school-age children whose future success begins in their homes and extends to our schools and neighborhoods. These children live in about 120,000 households which is 35 percent of all households in Montgomery County.

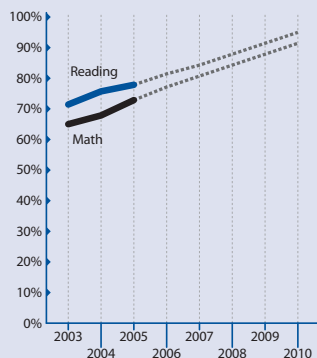
The Montgomery County Public School system is the largest in Maryland and the 17th largest in the United States with 139,387 students enrolled in the 2005-2006 school year. And, as the County's population grows, over 145,000 students are projected to be enrolled in 2008.

Almost 20,000 of Montgomery County's children were born outside the United States. More than 12,000 children are enrolled in English for speakers of other languages classes. One in every four students receives free and reduced price meals. There are 17,013 students receiving special education services.

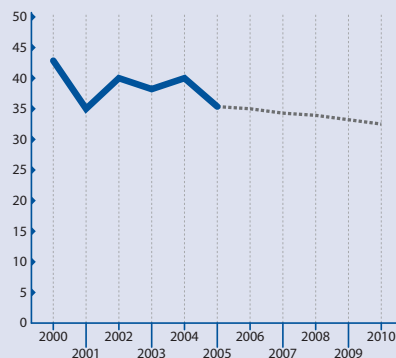
The Children's Agenda Outcomes: What do we want for our youth?

Healthy Children; Success for Every Student; Young People Prepared for the Workplace; Young People Making Smart Choices; Children Safe in Their Home, School and Community; Communities That Support Family Life

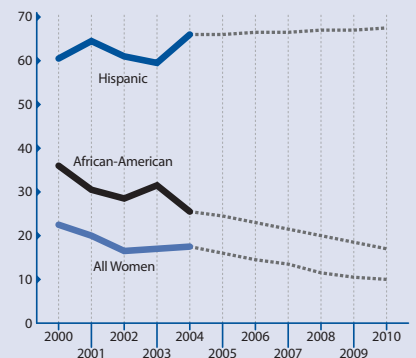
Selected Key Indicators: How are we doing?



Academic Proficiency
(percentage proficient and above)
TREND: Improving



DJS Intake Rate
(cases per 1,000 youth 10-17 yrs)
TREND: Improving



Adolescent Birth Rate
(birth per 1,000 women 15-19 yrs)
TREND: Constant and Improving

Priority Identified Needs: Why are we not where we want be?

Gaps in Academic Success for Certain Groups

School success means that youth have acquired knowledge and skills to become contributing members of their communities. Overall, local student testing data show increases in math and reading proficiency. However, Hispanic and African-American students, low-income students, students with limited English proficiency and special-education students all have gaps in achievement when compared with their counterparts. Efforts in elementary schools are showing positive results, but achievement concerns remain at middle and high school levels.

Youth Attachment to School Varies with Race and Ethnicity

High risk behaviors can be prevented or decreased if youth feel an affinity to their school as shown by high attendance, few unexcused absences and high school completion. Locally, the attendance rate declines and the truancy rate (being absent for more than 20 days) increases as children get older. School dropout and truancy rates are highest among Hispanic students. Low-income students and special-education students also have high truancy rates.

Insufficient Services to Promote Children's Mental Health and Intervene Early

National research would estimate that between 12,000 and 22,000 Montgomery County children who need mental health services are not receiving them; approximately 5,600 children are



Healthy Children



Success for Every Student



Young People Prepared
for the Workplace



Young People Making
Smart Choices



Children Safe in Their Home,
School and Community



Communities That Support
Family Life

YOUTH DEVELOPMENT

*Priority Identified Needs:
Why are we not where
we want be? Continued*

at risk for suicide. Formal collaborations between school and community mental health providers are available in a minority of local schools; significant gaps remain in direct services, especially for culturally or linguistically diverse families and youth involved in the child welfare or juvenile justice systems.

Immigrant and Other Youth Have Special Stresses from Family Separation and Reunification

International migration often results in family members being separated from one another for extended periods. These separations can be disturbing and have a major impact on the traditional family structure which can cause intergenerational strife, domestic violence and other problems. This issue is mentioned regularly when addressing the needs and challenges of immigrant families and the social and emotional

development of adolescent youth. Also, an increase in grandparents rearing grandchildren has implications for positive youth development.

Many Youth Are or Feel Unsafe in Home, School and Communities

In Fiscal Year 2004, 26 out of every 1,000 youth were victims of crime in their homes or communities with over half of the crimes being violent, typically assault and battery. Support services for the estimated more than 11,000 local juvenile victims are uneven and mental health treatment especially lacking. The most recent local public school survey of school environments found that while positive perceptions of school safety are above 60 percent at all levels—76 percent of middle school students—there remains a significant number of students who do not “feel safe at school.”

Juvenile Offenses and Gang Presence Are Growing Threats

The rate of youth referred to the Maryland Department of Juvenile Services (DJS) increased in FY2004 to 39.6 intakes per 1,000 youth 10 to 17 years of age; up from 37.9 in FY2003. There were 4,227 cases referred to DJS. Disproportionately more African-Americans are involved in DJS than are present in the general population. While gang membership is fairly small for the overall population, gang-related violence is destructive and costly. More youth of color are involved or at risk for involvement in gangs unless proactive steps are taken.



Substance Abuse Threatens to Increase as Funding Declines

There has been a continuing decline generally in self-reported substance use—alcohol, tobacco or other drug use—in Montgomery County. Alcohol remains the most commonly used substance during adolescence, followed by marijuana. The earlier youth begin using alcohol, cigarettes and/or marijuana, the more likely they are to use other illegal drugs and to experience a range of problems. Over the past several years, State and federal funding for substance abuse prevention and treatment has significantly declined possibly jeopardizing the continued reduction of substance abuse and addiction.

Early and Risky Sexual Activity Shown in Sexually Transmitted Diseases and Adolescent Pregnancy

The rate of births among Hispanic adolescents (60.3 per 1,000 women) and African-Americans (32.4) continues to be far higher than whites (12.8). Recent local research found that while often believing in abstinence before marriage, adolescents are more sexually active as they age. Knowledge varies regarding methods for prevention of pregnancy and sexually transmitted diseases. Rates for sexually transmitted diseases have remained constant and low but the numbers of infected youth increase with population growth.



Childhood Obesity Is on the Rise

National data show that 16 percent of children and adolescents are overweight with that number increasing. Being overweight or obese is associated with poor health and quality of life. Local data on level of obesity are unavailable; but local attention to the issue is building beginning with ensuring that school meals and snacks are nutritious and that level of physical activity both in and out-of-school time increases.

YOUTH DEVELOPMENT

Strategies for Success: What will it take to get us to where we want to be?

MATCHING PRIORITY IDENTIFIED NEEDS WITH EFFECTIVE STRATEGIES

The following strategies were selected as the most effective to meet the priority identified needs to make significant progress in achieving *The Children's Agenda* outcomes for Youth Development: Healthy Children; Success for Every Student; Young People Prepared for the Workplace; Young People Making Smart Choices; Children Safe in Their Home, School and Community; and Communities That Support Family Life.

PRIORITY IDENTIFIED NEEDS	STRATEGIES					
	1. Increase the Availability of After-school and Out-of-school Activities	2. Increase the Availability of Behavioral Health Prevention, Education and Treatment Services	3. Increase the Number and Availability of School and Community-based Collaborative Sites and Services to Address Social, Economic, Health, and Emotional Issues of Children, Youth and Their Families	4. Increase Access to Adolescent Reproductive Health Information and Services for Teens and Their Families	5. Increase Youth Attachment and Connectedness With School	6. Increase Availability of Parent Information and Support Services That Are Culturally Sensitive and Linguistically Appropriate
1. Gaps in Academic Success for Certain Groups	■		■		■	
2. Youth Attachment to School Varies With Race and Ethnicity	■		■		■	
3. Insufficient Services to Promote Children's Mental Health and Intervene Early	■	■	■			
4. Immigrant and Other Youth Have Special Stresses From Family Separation and Reunification		■	■			■
5. Many Youth Are or Feel Unsafe in Home, School and Communities	■	■	■		■	
6. Juvenile Offenses and Gang Presence Are Growing Threats	■	■	■		■	
7. Substance Abuse Threatens to Increase as Funding Declines	■	■	■		■	
8. Early and Risky Sexual Activity Shown in STDs and Adolescent Pregnancy	■		■	■		
9. Childhood Obesity Is on the Rise	■	■	■			

YOUTH DEVELOPMENT

STRATEGY 1 ■ INCREASE THE AVAILABILITY OF AFTER-SCHOOL AND OUT-OF-SCHOOL ACTIVITIES

High quality after-school and out-of-school activities that use a positive youth development philosophy promote social, emotional, intellectual and physical growth. Youth should be able to choose from an array of activities including academic support, recreation and leisure, sports and fitness, fine and performing arts, leadership development, service learning, and career/job awareness. Collaboration is critical to increase the number of programs and their capacity to serve more youth, especially in at-risk neighborhoods. Having all stakeholders working together to build a local after-school system where common issues of funding and sustainability, high quality staff and services, space and transportation are resolved will benefit all youth and programs.

COLLABORATION COUNCIL ROLES	
Leadership in Systems-building	Convene a collaborative task force to create the strategic plan for after-school and out-of-school services.
Fund Raising	Seek additional public and private funding.
Direct Services Funding	Continue to fund after-school programs in at-risk communities.
Research/Monitoring	Compile an inventory of the current supply of after-school and out-of-school programs and activities to further define gaps. Identify effective practices, standards and program performance measures.
Advocacy/Public Awareness	Develop public engagement materials about the importance of after-school and its contribution to youth development, academic achievement and safety. Advocate for increased local, state and federal funding for after school activities.

MILESTONES

- 1 Create a strategic plan for an after-school system in Montgomery County by completing the following tasks:
 - a. Assess the current capacity of after-school programs against the need or demand.
 - b. Examine other local and national effective systems, programs and practices.
 - c. Determine the current and needed funding to meet the demand for after-school activities and how this funding can be integrated for effective results.
- 2 Increase the amount of collaborative funding to expand the number of youth served in after-school programs.

PARTNERS

Commission on Child Care, Commission on Children and Youth, Interagency Coordinating Board, Montgomery County Council/Office of Legislative Oversight, Montgomery County Council of Parent Teacher Associations, Montgomery County Department of Health and Human Services, Montgomery County Gang Prevention Task Force, Montgomery County Police Department, Montgomery County Public Schools, Montgomery County Recreation Department, Montgomery County Workforce Investment Board, independent school-related associations, municipalities, and private service providers

YOUTH DEVELOPMENT

STRATEGY 2 ■ INCREASE THE AVAILABILITY OF BEHAVIORAL HEALTH PREVENTION, EDUCATION AND TREATMENT SERVICES

Behavioral health services work to prevent and intervene when youth show signs of mental disorders, antisocial behaviors and the abuse or illegal use of alcohol and other drugs. Some youth may be struggling with more than one problem. Schools, other public agencies and community providers must work together to create a caring school and community environment that fosters mental wellness and positive behaviors in all youth, and has the ability to immediately detect and support those youth showing risks for problems. This strategy will be integrated with the Children With Intensive Needs Strategy 3.

COLLABORATION COUNCIL ROLES	
Leadership in Systems-building	Engage in collaborative partnerships with Montgomery County Department of Health and Human Services, Montgomery County Public Schools, Citizens Advisory Councils and Committees to further develop behavioral health systems that address prevention and early intervention related to substance abuse, mental health and other behavioral health concerns.
Direct Services Funding	Fund a portion of the County's Adolescent Substance Abuse Outpatient Treatment services, Youth Services Bureaus; Interagency Support to Youth and Gang Prevention through Family Strengthening programs. Purchase behavioral health services for youth involved in the wraparound program.
Fund Raising	Identify and maximize public and private funding sources, and assist in supporting or leading grant proposal development for funding a variety of behavioral health education and promotion activities and early intervention programs.
Research/Monitoring	Identify current resources and unmet needs; explore effective models.
Advocacy/Public Awareness	Advocate for increased behavioral health resources and services.

MILESTONES

- 1** Create a case statement justifying need for increased resources for substance abuse prevention, early intervention and treatment services.
- 2** Advocate for State and federal funding and explore alternative funding for prevention and early intervention.
- 3** Increase the knowledge and education of frontline staff about services and resources available.

PARTNERS

Alcohol and Other Drug Abuse Advisory Council, Commission on Juvenile Justice and Criminal Justice Coordinating Commission, Governor's Office of Crime Control and Prevention, Montgomery County Department of Health and Human Services—Children, Youth and Families Services/Behavioral Health and Crisis Services/ Public Health Services, Montgomery County Public Schools' Safe and Drug Free Schools, Youth Strategies Initiative Committee, and public and private direct service providers

YOUTH DEVELOPMENT

STRATEGY 3 ■ INCREASE THE NUMBER AND AVAILABILITY OF SCHOOL AND COMMUNITY-BASED COLLABORATIVE SITES AND SERVICES TO ADDRESS SOCIAL, ECONOMIC, HEALTH, AND EMOTIONAL ISSUES OF CHILDREN, YOUTH AND THEIR FAMILIES

Through collaborative sites, families can access an array of services that address their families' strengths and meet the needs that interfere with their child(ren)'s academic success and positive youth development. Current local examples of collaborative service sites include School-Based Health Centers (SBHC), Linkages to Learning, and Youth Opportunities Center. These sites provide educational programs, resources for preventing and resolving conflicts, and supports for parents.

COLLABORATION COUNCIL ROLES	
Support of Systems-building	Support Montgomery County Department of Health and Human Services and Montgomery County Public Schools as co-leaders in convening and facilitating planning and advisory groups. The Collaboration Council will participate and provide input.
Direct Services Funding	Fund Interagency Support to Youth and School-Based Health Centers in at least two elementary schools.
Research/Monitoring	Research best practice models of collaborative service sites. Provide research and data analysis for determining new locations of collaborative service sites.
Advocacy/Public Awareness	Develop public education materials containing case statements for increased public funding and private partnerships. Advocate for additional funding for collaborative service delivery sites.

MILESTONES

- 1** Identify “school and community-based collaborative service sites” and related effective practice models.
- 2** Develop a case statement that includes a gap analysis to support increasing collaborative sites and services.
- 3** Provide technical support, research and data for recommendations for locations of Wellness Centers and additional Linkages to Learning sites.
- 4** Continue to support the increase in the number of School-Based Health Center sites at a pace determined by SBHC planning group.

PARTNERS

Children’s Cabinet, Governor’s Office for Children, Maryland Assembly of School-Based Health Centers, Montgomery County Department of Health and Human Services, Montgomery County Public Schools, Montgomery County Workforce Investment Board, Youth Strategies Initiative, and private health and social services providers

YOUTH DEVELOPMENT

STRATEGY 4 ■ INCREASE ACCESS TO ADOLESCENT REPRODUCTIVE HEALTH INFORMATION AND SERVICES FOR TEENS AND THEIR FAMILIES

Recent local research has echoed national findings: the keys to sound adolescent reproductive health consist of teens receiving accurate information along with positive parent communication about reproductive health, participating in supervised activities and having an optimistic vision of their future. The Montgomery County Interagency Coalition on Adolescent Pregnancy has a record of collaborative practices among reproductive health services providers that with more visibility and resources can increase adolescents' access to information and services and improve parent-youth communication.

COLLABORATION COUNCIL ROLES	
Support of Systems-building	Support the efforts of the Montgomery County Department of Health and Human Services School Health Services in strengthening the Interagency Coalition on Adolescent Pregnancy to develop partnerships that decrease adolescent pregnancy, support parenting teens and increase access to adolescent reproductive health knowledge and services.
Fund Raising	Identify funding sources and assist in support of grant proposal development for reproductive health and youth development services.
Advocacy/Public Awareness	Advocate for adolescent pregnancy prevention recommendations in the Collaboration Council's <i>Adolescent Reproductive Health Needs Assessment</i> . Advocate for the needs of parenting teens, especially high school completion.

MILESTONES

- 1** Increase the capacity and resources of the local Interagency Coalition on Adolescent Pregnancy (ICAP) to implement the recommendations of the Collaboration Council's *Adolescent Reproductive Health Needs Assessment* (2005).
- 2** Inventory community-based services and programs and identify effective practices for teen pregnancy prevention, parent and youth communication, and youth development.
- 3** Support and advocate for increased resources for adolescent reproductive health and services.
- 4** Increase the number of community-based model programs that are intended to improve communication between parents and their youth.

PARTNERS

Interagency Coalition on Adolescent Pregnancy including Adoptions Together, Family Services Agency, Florence Crittenton Services, Mental Health Association of Montgomery County, Montgomery County Council of Parent Teacher Associations, Montgomery County Department of Health and Human Services, Montgomery County Public Schools Health Education, Planned Parenthood, YMCA Youth and Family Services and other public and private partners

YOUTH DEVELOPMENT

STRATEGY 5 ■ INCREASE YOUTH ATTACHMENT AND CONNECTEDNESS WITH SCHOOL

Develop a coordinated approach of policies and services that will increase school connectedness among students as shown in decreased absenteeism, truancy and school drop-out rates. Youth need to feel that adults and peers care about and actively support their well-being. Parents and community stakeholders have a collaborative role with school personnel to create a positive school climate that recognizes and builds upon its cultural and economic diversities to ensure that youth are connected to school resulting in graduation and increased employability.

COLLABORATION COUNCIL ROLES	
Research/Monitoring	Identify policies, procedures and individual and/or environmental factors that deter or increase youth's connectedness with school. Identify and compile local data which can be used as possible baseline.
Advocacy/Public Awareness	Distribute information regarding importance and magnitude of the issue of youth's attachment and connectedness with school and the needed local responses.

MILESTONES

- 1** Establish a common definition, understanding and measurement of truancy and drop out and other features of youth's positive view of school and desire to attend and participate.
- 2** Bring concerned stakeholders together to discuss current policies and practices, barriers, needs and effective practice solutions.
- 3** Issue a report on the information gathered, and determine additional milestones and roles (if any) for the Collaboration Council.

PARTNERS

Commission on Juvenile Justice, Montgomery County Council of Parent Teacher Associations, Montgomery County Gang Prevention Task Force, Montgomery County Public Schools, and community-based organizations

YOUTH DEVELOPMENT

STRATEGY 6 ■ INCREASE AVAILABILITY OF PARENT INFORMATION AND SUPPORT SERVICES THAT ARE CULTURALLY SENSITIVE AND LINGUISTICALLY APPROPRIATE

Recent immigrants face a set of unique challenges with family reunification and with understanding of the U.S. systems. Parents and other caregivers must have initial and on-going information and support regarding education, social services, health care and housing. For positive family development and academic achievement, it is critical to combine the strengths of the family's own cultural parenting practices with local expectations.

COLLABORATION COUNCIL ROLES	
Research/Monitoring	Working with representatives of immigrant parent populations, create an inventory of the culturally-sensitive and linguistically appropriate parent information and support services available and then identify specific needs, gaps and barriers.
Advocacy/Public Awareness	Disseminate the Collaboration Council's research findings and support culturally diverse groups in working to secure expanded resources.

MILESTONES

- 1 Identify the existing culturally-based parent supports and points of access for supports (such as Montgomery County Public Schools International Student Admissions office).
- 2 Seek to clarify what it means to be an immigrant parent and what their needs are and potential strategies to meet those needs from immigrant families. (The 2003 report *"Culturally Diverse Families in Montgomery County: Issues, Concerns and Challenges"* from the Association for the Study and Development of Community will be used as a beginning point.)
- 3 Support the County's goals for serving families with limited English proficiency.
- 4 Determine how to build the capacity of cultural and immigrant-specific organizations to meet their needs as parents.

PARTNERS

Gilchrist Center for Cultural Diversity, IMPACT Silver Spring, Montgomery County Department of Health and Human Services, Montgomery County Executive's Office of Community Outreach, Montgomery County Public Schools, and culturally-specific advocacy community organizations

YOUTH DEVELOPMENT

YOUTH DEVELOPMENT WORKGROUP

Based on the Collaboration Council's role, the Youth Development Workgroup will develop and carry out action plans to fulfill these strategies.

Workgroup Co-Chairs:

Yvette Edghill-Smith, PhD
Board Member, Collaboration Council

Emily McDonell
Board Member, Collaboration Council

Members:

Wylea Chase
Family Services Agency, Inc.

Jean Clarren
League of Women Voters

Peggy Feeney
Instruction—21st Century Project
Montgomery County Public Schools

Alice Forcier
Director
Housing Solutions Montgomery County
Coalition for the Homeless

Carol Garvey, MD, MPH (Ex Officio)
Chair, Collaboration Council

Flora de Maria Lordes Gutierrez
Case Manager
Montgomery County Cancer Crusade

Leslie Hamm
Program Manager
Early Childhood Services
Montgomery County Department of Health
and Human Services

Virginia Hillhouse
Public Relations Chair
Montgomery County Council of Parent
Teacher Associations

Catherine Lane
Senior Advisor for Youth Health
Extending Service Delivery Project, Pathfinder
International

Jane Larsen
Chair, Interagency Coalition on Adolescent
Pregnancy

Anu-Lusa Lukk
Director, Child and Family Services
Jewish Social Services

Peter Meleney
Program Manager
Community Conferencing Initiative

Jackie Ogg
Montgomery County Community Foundation

Sara Pullen
Coordinator, Sharp Suspension Program
Mental Health Association

Vicki Reese, MD
Community Member

Allison Stearns
Executive Director
Kensington/Wheaton Youth Services
Mental Health Association

Zrinka Tomic
Director, Child and Adolescent Services
Montgomery County Department of Health
and Human Services

The Youth Strategies Initiative Committee of the Collaboration Council is charged with developing and updating a plan that addresses prevention and reduction of juvenile delinquency and adolescent substance abuse through identification and funding of select needed services and changes in policies and interagency strategies. The Committee monitors the performance of Collaboration Council funded programs through written reports and presentations from service providers and works to ensure that the funded programs and others interact to best serve targeted youth. Fiscal Year 2007 will be the fifth and final year of the five-year YSI which was funded by the Governor's Office of Crime Control and Prevention and more recently also the Governor's Office for Children.

Chair:

Ron Rivlin, Manager, Juvenile Services
Montgomery County Department of Health
and Human Services

Membership:

Commission on Juvenile Justice
JJFAIR
Maryland Department of Juvenile Services
Maryland International Corridor CSAF
Montgomery County Council staff
Montgomery County Department of Health
and Human Services
Child Welfare Services
Community Kids
Juvenile Justice Services
Substance Abuse Prevention
Youth Violence Prevention
Montgomery County Police Department
Montgomery County Public Schools
Department of Student Services
Safe and Drug Free Schools
Parents via the Montgomery County
Federation of Families for Children's
Mental Health
Sixth Circuit Court
State's Attorney's Office
Wheaton CSAF
Youth Services Bureaus

CHILDREN WITH INTENSIVE NEEDS



Montgomery County's Children with Intensive Needs: Who are they?

Children with intensive needs are those for whom the array and intensity of services to be delivered can only occur through the collaboration of public and private sector resources in service planning and delivery, funding and oversight. Children with intensive needs include those children who are medically fragile, have significant developmental disabilities, severe emotional disabilities and/or are substance abusing. These children have intensive needs that stretch each family's personal resources and any one agency's ability to support and provide appropriate programs for them.

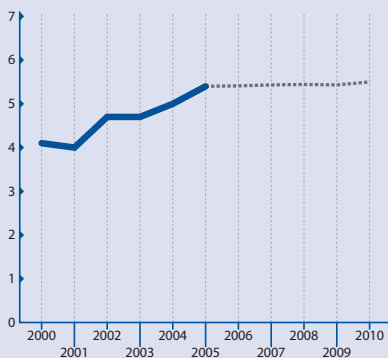
Using national prevalence data, it is estimated that there are 12,500 or five percent of the County's 250,000

children and youth who could be classified as having intensive needs. Children with intensive needs are found in families across the income spectrum and in families of any race and ethnicity. On any given day, nearly 800 of Montgomery County's children and youth are away from their families living in foster care, group homes, secure detention facilities, or residential treatment centers and residential schools for youth with severe disabilities.

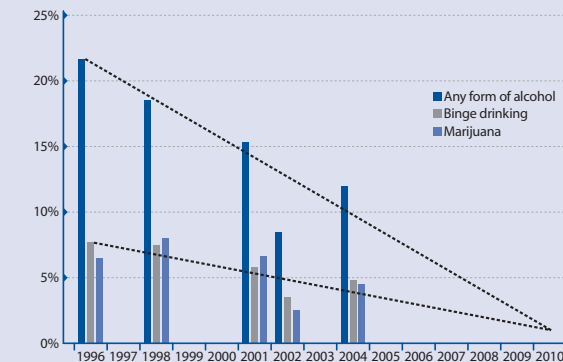
The Children's Agenda Outcomes: What do we want for our children and youth?

Success for Every Student; Young People Making Smart Choices; Stable and Economically Secure Families; Children Safe in Their Home, School and Community; Communities That Support Family Life

Selected Key Indicators: How are we doing?



Out-of-Home Placement Rate
(home placements per 1,000 children)
TREND: Constant



Substance Use—Alcohol, Binge Drinking, Marijuana (8th Grade)
(percentage using last 30 days)
TREND: Improving

Priority Identified Needs: Why are we not where we want to be?

Parents Face Multiple Uncoordinated Access Points

Parents of children with intensive needs have multiple phone numbers and agencies that could inform them about service possibilities, but each information source's assistance is usually based on a discrete diagnosis of the child, the particular service need, income qualifications, use of public or private health insurance or residency requirements. Further, these access points do not work together which means families often repeat their story several times. Unfortunately, parents or helping professionals may make multiple calls that do not result in actual receipt of intended services.

Resources Are Directed at the Most Restrictive Levels of Care

Often the only way for families and child serving agencies to obtain needed services is to place a child in a restrictive environment. Research tells us such environments are less beneficial to the positive development of all children and youth. The agencies in the child-serving system are sometimes unable to transfer resources to less restrictive levels of care and community-based services because of their own rules and regulations.

Family and Agency Resources Are Not Coordinated

Many of the children with intensive needs are receiving multiple services from multiple agencies. Care coordination is complex and difficult to manage when there are several case managers and funding requirements. Both parents and providers find it



Success for Every Student



Young People Making
Smart Choices



Stable and Economically
Secure Families



Children Safe in Their Home,
School and Community



Communities That Support
Family Life

CHILDREN WITH INTENSIVE NEEDS

*Priority Identified Needs:
Why are we not where
we want to be? Continued*

challenging to optimally care for children in this environment. Having interagency care coordination and case management services can ensure that parents can access the right mix of services and resources.

Lack of Respite Care—Crisis or Planned
Respite care provides temporary care in a safe and stable environment for children, and relief to parents and other caregivers of children with intensive needs. Currently, there is no crisis respite-care facility in the County for children with severe emotional disabilities. Parents also report a lack of sufficient in-home or facility-based respite care that can be used on a regular planned basis. These services provide a temporary break from the responsibility of caring for a child with intensive needs and can prevent out-of-home placements.

Significant Gaps in Mental Health Treatment for Youth

The creation of the managed-care mental health system in the State and the closing of several local clinics have led to a significant gap in clinical mental health treatment services for children and youth. Additionally, there is a need to increase the number of linguistically and culturally diverse therapists in the County and for providers to be more knowledgeable about what services are effective for children and youth.

Limited Adolescent Substance Abuse Treatment Services

With the reductions in State funding for substance abuse treatment and the reliance on low public-health insurance payments, there are only two agencies in the County that provide this service. Public and private child-serving agencies report that there are not nearly enough substance abuse treatment services located throughout the County to respond to the local treatment needs. And, parents with private insurance find that benefits do not cover what is considered quality, effective treatment.



CHILDREN WITH INTENSIVE NEEDS

Strategies for Success: What will it take to get us to where we want to be?

MATCHING PRIORITY IDENTIFIED NEEDS WITH EFFECTIVE STRATEGIES

The following strategies were selected as the most effective to meet the priority identified needs to make significant progress in achieving *The Children’s Agenda* outcomes for Children With Intensive Needs: Success for Every Student; Young People Making Smart Choices; Stable and Economically Secure Families; Children Safe in Their Home, School and Community; and Communities That Support Family Life.

PRIORITY IDENTIFIED NEEDS	STRATEGIES					
	1. Implement a Local Access Mechanism to Increase Timely Family Connection to the Array of Needed Services	2. Increase the Use and Funding of the Wraparound Model to Provide Effective Service Delivery in the Home and Community	3. Increase Access to High-quality Behavioral Health Treatment Services Regardless of Insurance Coverage	4. Increase the Types and Capacity of Respite Care Service Options	5. Increase Local, Collaborative Flexible Funding for Service Delivery Across Child-Serving Systems to Create a System of Care	6. Increase the Use of Evidence-based Practice Intervention and Treatment Approaches
1. Parents Face Multiple Uncoordinated Access Points	■				■	■
2. Resources Are Directed at the Most Restrictive Levels of Care	■	■			■	■
3. Family and Agency Resources Are Not Coordinated	■	■			■	■
4. Lack of Respite Care—Crisis or Planned				■		
5. Significant Gaps in Mental Health Treatment for Youth			■			■
6. Limited Adolescent Substance Abuse Treatment Services			■			■

CHILDREN WITH INTENSIVE NEEDS

STRATEGY 1 ■ IMPLEMENT A LOCAL ACCESS MECHANISM TO INCREASE TIMELY FAMILY CONNECTION TO THE ARRAY OF NEEDED SERVICES

A local access mechanism will provide effective and linked points of access for children with intensive needs and their families through coordination of current access points. It will use a uniform assessment tool to identify family strengths and challenges, provide support to families from other parents or primary caregivers of children who are or have been involved with multiple child-serving agencies (Family Navigators), and assign families temporary care coordination or refer them to longer-term care coordination.

COLLABORATION COUNCIL ROLES	
Leadership in Systems-building	Directed by the Governor’s Office for Children to be the leadership entity to develop the plan and infrastructure.
Direct Services Funding	Provide funding to staff a local access coordinator and family navigators.
Research/Monitoring	After implementing <i>info</i> MONTGOMERY, analyze service array and determine gaps in service access.
Advocacy/Public Awareness	Develop public education materials that illustrate linked points of access to services.
Capacity Building	Develop training for public and private agencies regarding current access points and coordination of services.

MILESTONES

- 1** Ensure that staff at existing access points are aware of and committed to the plan for coordinated access to services.
- 2** Hire and train a local access coordinator and family navigators who will assist families with accessing services and the system of care.
- 3** Implement *info*MONTGOMERY—a human services resource database.
- 4** Educate providers about how to utilize *info*MONTGOMERY.
- 5** Expand the reach of the Local Coordinating Council to review more children with intensive needs.
- 6** Enable children and their families to access services regardless of agency involvement and create access to services no matter what access point the family enters the system.

PARTNERS

Children’s Cabinet, Governor’s Office for Children, Maryland General Assembly’s Joint Committee on Children, Youth and Families, Montgomery County Federation of Families for Children’s Mental Health and other advocacy organizations, other local and State elected officials, and public and private family-serving agencies

CHILDREN WITH INTENSIVE NEEDS

STRATEGY 2 ■ INCREASE THE USE AND FUNDING OF THE WRAPAROUND MODEL TO PROVIDE EFFECTIVE SERVICE DELIVERY IN THE HOME AND COMMUNITY

Fully implement the wraparound process. This effective model uses an interdisciplinary-services team to wrap a family in coordinated and highly individualized services and supports. With interagency care coordination and case management services, parents are able to access the right mix of services and resources. Ideally, the wraparound model with its flexible funding will allow children with complex needs to live in the least restrictive environment while striving for the best possible outcomes.

COLLABORATION COUNCIL ROLES	
Leadership in Systems-building	Lead in partnership with Montgomery County DHHS, Montgomery County Public Schools, Maryland Department of Juvenile Services for the implementation of the wraparound model locally.
Direct Services Funding	Fund a care management entity to deliver care coordination and direct services—both traditional and non-traditional—utilizing the child and family centered wraparound model for children with intensive needs.
Research/Monitoring	Collect data on children participating in the wraparound model.
Advocacy/Public Awareness	Develop public education materials regarding the importance of the wraparound service delivery model. Advocate to protect current resources and for additional resources for the wraparound model.
Capacity Building	Build a qualified provider network and enhance interested organizations' skills and knowledge regarding delivery of wraparound services.

MILESTONES

- 1** Increase awareness and understanding of the wraparound model through the designated care management entity by community partners and elected officials.
- 2** Ensure that wraparound services will be available regardless of disability and agency involvement.
- 3** Increase the number of families who are served using the wraparound model.
- 4** Increase the number of dedicated, permanent personnel within child-serving agencies that participate in child and family teams.
- 5** Increase the number of providers in the wraparound model/care management entity provider network that are accessible and available to participate in children's service plans to ensure that each family's needs are met.
- 6** Ensure flexible funding is locally controlled within agencies in order to secure both traditional and nontraditional services that are needed for each family being served in the wraparound model.
- 7** Strive toward having more children served in the least restrictive setting possible.

PARTNERS

Care management entity, Children's Cabinet, Commission on Juvenile Justice, Governor's Office for Children, Maryland Department of Juvenile Services, Montgomery County Department of Health and Human Services, Montgomery County Federation of Families for Children's Mental Health and other advocacy organizations, Montgomery County Public Schools, families, and local providers

CHILDREN WITH INTENSIVE NEEDS

STRATEGY 3 ■ INCREASE ACCESS TO HIGH-QUALITY BEHAVIORAL HEALTH TREATMENT SERVICES REGARDLESS OF INSURANCE COVERAGE

Behavioral health treatment services work to address mental disorders, antisocial behaviors and the abuse or illegal use of alcohol and other drugs. In some cases, children with intensive needs may be diagnosed with more than one disorder. Public and private child-serving agencies must work together to increase the availability of a variety of effective-practice behavioral health treatment services that are community-based and sufficiently covered by health insurance and other public/private funding so that access to services is improved. This strategy will be integrated with the Youth Development Strategy 2.

COLLABORATION COUNCIL ROLES	
Leadership in Systems-building	Engage in collaborative partnerships with Montgomery County Department of Health and Human Services, Montgomery County Public Schools, Citizens Advisory Councils and Committees to further develop behavioral health systems that address prevention and early intervention related to substance abuse, mental health and other behavioral health concerns, including co-occurring disorders.
Direct Services Funding	Purchase behavioral health treatment services for individual youth as part of their Plan of Care within wraparound model. Support the Emergency Care Fund for one-time family expenses not covered elsewhere. Purchase behavioral health treatment services for individual youth.
Fund Raising	Identify and maximize public (such as Medicaid) and private funding sources and assist in supporting or leading grant proposal development for funding a variety of behavioral health education and treatment services.
Research/Monitoring	Purchase behavioral health treatment services for individual youth.
Advocacy/Public Awareness	Advocate for funding structures and rates that are more in line with the actual (vs. reimbursed) costs of behavioral health services for families that are covered by either public or private insurance. Advocate for increased service resources.

MILESTONES

- 1** Based on an inventory of current services, identify gaps in behavioral health treatment services.
- 2** Increase the number of qualified behavioral health providers.
- 3** Work in partnership with the State to successfully obtain federal Medical Assistance waiver to increase funding for mental health services.
- 4** Strive to secure higher reimbursement rates for comprehensive behavioral service providers.
- 5** Advocate for a funding model that insists that private insurance providers reimburse equally for mental health as they do for physical health.

PARTNERS

Children’s Cabinet, Governor’s Office for Children, Maryland State Department of Health and Mental Hygiene, Montgomery County Federation of Families for Children’s Mental Health and other advocacy organizations, local agencies and behavioral providers (i.e., in-patient, out-patient providers)

CHILDREN WITH INTENSIVE NEEDS

STRATEGY 4 ■ INCREASE THE TYPES AND CAPACITY OF RESPITE CARE SERVICE OPTIONS

Respite has been shown to improve family functioning and life satisfaction, enhance capacity to cope with stress, and improve attitudes toward a family member with a disability. Creating both planned and crisis respite care options that are delivered in families' homes or in community facilities will furnish temporary relief to caregivers enabling children with intensive needs to remain in their homes and communities.

COLLABORATION COUNCIL ROLES	
Leadership in Systems-building	Convene a Respite Care Workgroup of public and private agencies, families and other concerned stakeholders.
Direct Services Funding	Purchase respite care services for individual families.
Fund Raising	Identify potential funding sources and either submit proposals or support the development and submission of proposals by other public or private entities.
Research/Monitoring	Inventory current respite care resources. Identify evidence-based practices and programs. Research and analyze reimbursement rates.
Advocacy/Public Awareness	Increase public awareness of the importance of respite care in the system of care. Advocate for increased resources for respite care capacity.

MILESTONES

- 1** Inventory and define all existing respite facilities and gaps for respite services for different populations of children with intensive needs.
- 2** Research evidence-based respite programs and compare to local availability.
- 3** Complete an evaluation of reimbursement rates and advocate for increases as needed.
- 4** Advocate for additional resources to increase the availability of different types of respite services in the County regardless of disability.

PARTNERS

Montgomery County Department of Health and Human Services-Aging and Disabilities Services/Behavioral Health and Crisis Services, Montgomery County Public Schools' Autism Waiver Program, public and private providers and/or funders of respite care, parents and other caregivers who are current or potential users of respite care

CHILDREN WITH INTENSIVE NEEDS

STRATEGY 5 ■ INCREASE LOCAL, COLLABORATIVE FLEXIBLE FUNDING FOR SERVICE DELIVERY ACROSS CHILD-SERVING SYSTEMS TO CREATE A SYSTEM OF CARE

With local public child-serving systems and community service providers working together, their respective resources can be utilized more effectively for family-centered services and supports within a system of care. A non-categorical approach for funding would allow more flexibility in obtaining both traditional and nontraditional services that meet the unique needs of each child and family. This approach could also enable the child-serving system to reward providers for good outcomes, shorter lengths of stay in restrictive levels of care and better training.

COLLABORATION COUNCIL ROLES	
Leadership in Systems-building	Lead in partnership with Montgomery County Department of Health and Human Services, Montgomery County Public Schools, Maryland Department of Juvenile Services to increase collaborative funding arrangements locally as they work to create a system of care.
Fund Raising	Raise private resources to support one time only, emergency services for children with intensive needs.
Advocacy/Public Awareness	Develop public education materials for elected officials and public policy makers regarding the need for collaborative flexible funding that can enable effective responses to family's needs.

MILESTONES

- 1 Identify current local-collaborative funding arrangements and seek to formalize these as needed. Expand the number of collaborations between and among child-serving agencies that will enable more families to receive needed services.
- 2 Identify and utilize fiscal tools and policies/procedures at the State and local levels so that public child-serving agencies can use to purchase or otherwise secure services from providers affiliated with other agencies in order to best meet the needs of specific families.
- 3 Advocate for State and federal legislation and policies that promote a non-categorical approach to funding services for children with intensive needs.
- 4 Strive to create a pooled funding process enabling consumer families to access funds, such as the Emergency Fund, regardless of the presence of a lead agency or the family's affiliation with any one agency.

PARTNERS

Children's Cabinet, Criminal Justice Coordinating Council, Governor's Office for Children, Maryland Department of Juvenile Services, Maryland General Assembly's Joint Committee on Children, Youth and Families, Montgomery County Department of Health and Human Services, Montgomery County Federation of Families for Children's Mental Health, Montgomery County Public Schools, family and other advocacy organizations, local and State legislators, and public and private family-serving agencies

CHILDREN WITH INTENSIVE NEEDS

STRATEGY 6 ■ INCREASE THE USE OF EVIDENCE-BASED PRACTICE INTERVENTION AND TREATMENT APPROACHES

Research is showing that certain practices, programs and clinical treatments can increase the functioning and well-being of children with intensive needs and their families. However, both public and private providers are challenged to identify and adopt these approaches due to training and implementation expenses. Collaborative training and support of applying this new knowledge will promote the use of these approaches by service providers.

COLLABORATION COUNCIL ROLES	
Support of Systems-building	Support efforts of the private and public child-servicing agencies to offer training in evidence-based practices.
Fund Raising	Support grant requests of partner public and private agencies to gain resources to provide training.
Capacity Building	Support training efforts to support individual and agency-wide training in evidence-based practices.
Advocacy/Public Awareness	Develop public education materials about the importance of parents choosing evidence-based practices.

MILESTONES

- 1** Identify curricula to provide cross-agency training in evidence-based practices.
- 2** Strive to ensure that staff at child-servicing agencies will be trained in at least three evidence-based practices.
- 3** Increase families' awareness of evidence-based practices.
- 4** Create partnerships with federal agencies to provide resources and technical assistance to offer training in evidence-based practices.

PARTNERS

Montgomery County Department of Health and Human Services Effective Practices Workgroup (public and private organizations), Youth Workers Training Workgroup, and provider networks

CHILDREN WITH INTENSIVE NEEDS

CHILDREN WITH INTENSIVE NEEDS WORKGROUP

Based on the Collaboration Council's role, the Children With Intensive Needs Workgroup will develop and carry out action plans to fulfill these strategies.

Workgroup Co-Chairs:

David T. Jones
Board Member, Collaboration Council

Debbie Van Brunt
Board Member, Collaboration Council

Catherine Kabira
Care Coordinator, Community Kids

Louise Klein
Administrator, Montgomery County Department of Health and Human Services, Child Welfare Services

Members:

Teresa Bennett
Montgomery County Department of Health and Human Services, Mental Health Core Service Agency

Claudia Remington Conroy
Mediator/Attorney/CASA Volunteer

Christopher Cofone
Potomac Ridge

Jenny Crawford
Administrator, Community Behavioral Health Services Family Services Agency, Inc.

David Cross
Autism Waiver Coordinator
Montgomery County Public Schools

Francha Davis
Executive Director, CASA of Montgomery County

Ann Dodelin
Community Member

Carol Garvey, MD, MPH (Ex Officio)
Chair, Collaboration Council

Kate Garvey (Chair, Child Well-being Committee)
Chief, Children, Youth and Family Services
Montgomery County Department Health and Human Services

Denise Fay-Guthrie
Montgomery County Federation of Families for Children's Mental Health

Paul Homon
Social Worker, Montgomery County Public Schools

Susan Ingram
Executive Director, Community Support Services

Debbie Isenstein
Supervisor, Maryland Choices

Diana Jamieson
Team Leader, John L. Gildner Regional Institute for Children and Adolescents (JLG, RICA)

Shawn Lattanzio
Program Specialist, Montgomery County Department of Health and Human Services, Aging and Disability Services

Jill Lyons
Community Advocate, Autism Waiver Service Provider

Jason Martin
Program Coordinator, Hearts and Homes for Youth

Amy Morantes
Social Worker, Montgomery County Department of Health and Human Services, Child Welfare Services

Nathaniel Parks
Supervisor, Foster Care
Montgomery County Department of Health and Human Services, Child Welfare Services

Debbie Riley
Executive Director
Center for Adoption Support and Education

Ron Rivlin
Manager, Montgomery County Department of Health and Human Services, Juvenile Justice Services

Marcie Roth
Parent

Cynthia Ruiz/Dennis Nial
Resource Coordinator/Assistant Area Director
Maryland Department of Juvenile Services

Pamela Saunders
Montgomery County Department of Health and Human Services, Child Welfare Services

Celia Serkin
Executive Director, Montgomery County Federation of Families for Children's Mental Health

Ann Wilson
Montgomery County Juvenile Court

OTHER IDENTIFIED NEEDS



The Montgomery County Collaboration Council Will Monitor Other Identified Needs

Based on the recommendations from the Child Well-being Committee, the Collaboration Council will not take direct action on the identified needs below. However, the Collaboration Council intends to monitor these needs and support our partners in their advocacy and programmatic efforts to address these needs. During an annual review, these issues will be re-assessed and adjustments, as needed, will be made to the Collaboration Council's strategic plan.

- All children do not have access to health care
- Greatest risk of infant mortality among African-American babies
- Increase in disrupted family relationships jeopardizes early brain development
- More young children are witnessing domestic violence
- Low income families lack access to regular health care
- Efforts fragmented in preparing youth for future education and/or employment
- More adolescents in out-of-home placements
- Finding permanent homes and families for foster teens is a challenge
- Help needed for running-away youth and their families
- Motor vehicles are the primary cause of injury and death
- Low rate of reimbursement for public child mental health services
- Funding is service or disability-based, not responsive to family needs
- Insufficient therapeutic foster care and foster group homes
- Programs limited for children with multiple intensive needs
- Funds lagging behind needs for children with autism
- Limited outpatient treatment for juvenile sex offenders

APPENDIX

A GLOSSARY

Action Plans

Outlines *Who Does What by When and Resources Needed* to accomplish a strategy; carefully laying out the steps for how the strategies will be accomplished

Community Strategic Plan

A document that maps out the implementation of specific strategies that will best address certain locally assessed needs of children, youth and families in order to measurably improve their well-being as defined by *The Children's Agenda* over a certain time frame

Community Strategic Plan Needs Assessment Workbook

Collaboration Council publication reporting on its structured process to determine the identified needs from many data sources and to solicit community input regarding those needs

Focus Area

Major areas that the Collaboration Council is using to organize its work for success: Early Childhood, Youth Development, and Children with Intensive Needs

Identified Need

The difference between what is happening now and the desired community-level outcomes as defined by *The Children's Agenda*

Implementation Plan

Governance and management structure and process for strategic plan implementation, monitoring and updating over a period of time

Indicators

Measures which help quantify the achievement of the child well-being community-level outcomes

Local Management Board (LMB)

Created in State statute, each jurisdiction must establish and maintain an (LMB) to ensure the implementation of a local interagency service delivery system for children, youth and families. A county may designate as the LMB a quasi-public nonprofit corporation that is not an instrumentality of the county government or a public agency that is an instrumentality of the county government.

Milestones

Specific, identifiable steps or measures that confirm progress in creating and implementing action plans for accomplishing the strategies of the community strategic plan. Milestones can be in the achievement of specific tasks or activities, the expansion of program capacity, or the creation of certain products (reports, grants)

Mission

Statement of what the Collaboration Council does and for whom the Collaboration Council does it

Organizational Work Plan

Plans for each major function, division, or department which includes individual responsibilities and timelines that should be done in the coming year for achieving the strategic plan's established milestones

Outcomes

The ultimate community-level conditions of well-being for children, youth and families

Partners

Any person or organization that has a role to play in improving outcomes for achieving the strategic plan

Performance Measures

Measures of how well public and private programs or agencies are working

Priority Identified Needs

A set of needs prioritized for action in terms of each need's importance and feasibility

Resources

Assets required to execute the action plan; includes funding,

APPENDIX

A: Glossary Continued

staffing, facilities, etc. Internal resources refer to those assets that are provided by the Collaboration Council's funding and roles.

External resources refer to those assets that must be acquired from outside the Collaboration Council.

Roles

The actions and activities required of the Collaboration Council to achieve its mission

Stakeholders

Any person or organization with a vested interest in the success of the strategic plan

Strategy

The overall approach to meet a priority identified need(s) that in turn will achieve *The Children's Agenda* outcomes

The Children's Agenda

Eight long-term community outcomes to be achieved through collaborative partnerships

Values

Beliefs and guiding principles for how the Collaboration Council will carry out its work

Vision

Vivid, present tense statement of the Collaboration Council's desired future state

DEFINITIONS AND SOURCES FOR SELECTED KEY INDICATORS

Academic Proficiency

the percentage of all students scoring proficient or above on the Maryland School Assessment in

math and reading. Source: *Maryland Report Card*, Maryland School Assessment, Maryland State Department of Education.

Adolescent Birth Rate

The number of live births per 1,000 women ages 15 to 19 years old. Source: *Maryland Vital Statistics Annual Report*, Vital Statistics Administration, Maryland Department of Health and Mental Hygiene.

Child Abuse And Neglect Rate

The rate of indicated or unsubstantiated child abuse and neglect investigations per 1,000 children under age 18 years old. Indicated refers to cases with credible evidence and unsubstantiated are those cases that are not indicated but are also not ruled out. Source: Social Services Administration, Maryland Department of Human Resources, data received by special request.

Child Care Supply

The ratio of regulated group and family-centered child care slots per 100 children ages birth to 14 years old that are estimated in need of care. Need is estimated by the population of children ages birth to 14 years minus the proportion of those children with unemployed parents and from two parent families with one parent not working. Source: *Child Care Demographics*, Maryland Child Care Resource Network and *2000 Census and 2002, 2004 American Community Survey*, U.S. Census Bureau.

Department of Juvenile Services (DJS) Intake Rate

The number of DJS intake cases by jurisdiction per 1,000 youth ages 10 to 17 years. Source: *Annual Statistical Reports*, Maryland Department of Juvenile Services and *Population Estimates*, U.S. Census Bureau.

Kindergarten Readiness

The percentage of all kindergarten students who have been assessed as "fully ready" on the Work Sampling System Kindergarten Assessment. Fully ready is determined by consistent demonstration of skills, behaviors and abilities needed to meet kindergarten expectations successfully. Source: *Children Entering School Ready to Learn: School Readiness Information*, Work Sampling System, Maryland State Department of Education.

Out-Of-Home Placement Rate

The number of children entering out-of-home placements per 1,000 children under age 18 years old. Source: *State of Maryland Report on Out-of-Home Placements and Family Preservation*, Maryland Governor's Office for Children.

Substance Use

The percentage of 8th grade students who reported using any form of alcohol, binge drinking, marijuana in the last 30 days. Source: *Maryland Adolescent Survey*, Maryland State Department of Education.

B RESOURCE LIST

As part of the Collaboration Council's five-year community strategic plan development, it referenced the following locally-created relevant plans and needs assessment studies from the past six years that furnished information on needs, resource directions and interagency strategies. The most recent resources are listed first.

Montgomery County Department of Health and Human Services Strategic Plan: Building a Healthy, Safe and Strong Community—One Person at a Time 2006-2011. 2006

Montgomery Measures Up! Montgomery County Office of Management and Budget. 2005

Disproportionate Minority Contact (DMC) in Montgomery County. Collaboration Council's DMC Study for Action Committee. 2005

Findings From the Montgomery County Adolescent Reproductive Health Needs Assessment. Collaboration Council's Adolescent Reproductive Health Needs Assessment Steering Committee. 2005

Linking Youth with the Workplace: What Employers, Youth and Youth-Serving Organizations Think. Youth Council of the Montgomery County Workforce Investment Board. 2005

Services to Juvenile Victims and Witnesses of Crime in Montgomery County, Office of Legislative Oversight, Report #2005-04. 2005

2004 Annual Report. Child Fatality Review Team, Montgomery County, MD. 2005

MCPS Mental Health Task Force Report. 2005

Continuous Quality Improvement Annual Report for FY 2004. Montgomery County Child Welfare Services, Department of Health and Human Services. 2005

Montgomery County Gang Prevention Task Force (part of the Bi-County Task Force) Report. County Executive's Office. 2004

Our Call to Action: Pursuit of Excellence: The Strategic Plan for MCPS, 2003-2007. 2003 (with annual reports)

A Blueprint for Interagency Coordination of Alcohol, Tobacco and Other Drug (ATOD) Prevention Programs. Montgomery County Council, Office of Legislative Oversight. 2003

Culturally Diverse Families in Montgomery County: Issues, Concerns and Challenges. Association for the Study and Development of Community, Inc. 2003

Task Force on Quality Child Care for Immigrant Communities. Centro Familia. 2003

Pathways To The Future: A Six-Year Strategic Plan For Building Career Programs Around Smaller Learning Communities. MCPS Office Of Curriculum And Instructional Programs, Department Of Curriculum And Instruction, Career And Technology Education Team. 2003

Mental Health Plan for Children and Youth. Montgomery County Department of Health and Human Services. 2002

Report on the Overrepresentation in the Juvenile Justice System. Commission on Juvenile Justice. 2002

FY 2002 Intensive Budget Review Report #7: Alcohol, Tobacco and Other Drug (ATOD) Prevention Programs for School-age Youth. Montgomery County Council. 2002

Developing a System of Care: Findings and Recommendations on the Public Mental Health System. Blue Ribbon Task Force on Mental Health, appointed by the County Council. 2002

APPENDIX

B: Resource List Continued

Improving the Health of Our Community: Montgomery County Community Health Improvement Plan. Population-Based Health Planning Committee of Montgomery County Commission on Health; and Public Health Services of Montgomery County Department of Health and Human Services. 2001 (with updates)

Report of the Montgomery County Interagency Project: Characteristics and Services Trajectory of Youth with Emotional Disturbance in Special Education, Child Welfare and Juvenile Justice. 2000

Early Childhood Initiative Comprehensive Plan, Montgomery County. Early Childhood Initiative Planning Group. 2000

Linkages to Learning Montgomery County, Maryland Six Year Plan, 2001 to 2006. A collaborative partnership of public and private agencies, families and communities. 1999

Strong Voices for Smart Choices: The Montgomery County Comprehensive Strategy—A Juvenile Justice Plan. Led by Montgomery County Department of Health and Human Services and the Maryland Department of Juvenile Services. 1999

The annual reports, budget priorities and testimonies to elected officials from the following were referenced:

Alcohol and Other Drug Abuse Advisory Council
Board of Social Services
Commission on Health
Mental Health Advisory Committee
Montgomery County Alcohol and Other Drug Abuse Advisory Council
Montgomery County Commission on Child Care
Montgomery County Commission on Children and Youth
Montgomery County Commission on Juvenile Justice
Victim Services Advisory Board

Countless websites of local, State and national organizations were also consulted. Additionally, *The Children's Agenda 2004 Data Book*, found on the Collaboration Council's website, www.collaborationcouncil.org, contains additional data and content references.