



# Maryland Children's Cabinet Three-Year Plan 2021 Annual Update

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## **Executive Summary**

This *Maryland Children’s Cabinet Three-Year Plan 2021 Annual Update* (Plan) identifies the priorities that will continue to be advanced by the Children’s Cabinet, with support from the Children’s Cabinet Interagency Fund, and in collaboration with its member agencies, and other State agencies and community stakeholders to link resources, develop policies, and coordinate service delivery. In coordination with child-serving agencies and community stakeholders, the Children’s Cabinet will continue to increase the well-being of Maryland’s families to achieve a safer Maryland.

# Maryland's Children's Cabinet

In 1987, the Children's Cabinet was created as the Subcabinet for Children and Youth. It became the Subcabinet for Children, Youth, and Families in 1990. Established by statute in 1993, the Subcabinet worked to improve the structure and organization of State services to children, youth, and families (Chapter 556, Acts of 1993). Authorization for the Subcabinet expired June 30, 2005, and in its place, Governor Ehrlich authorized the Children's Cabinet in June 2005 by [Executive Order 01.01.2005.34](#).<sup>1</sup> The Executive Director of the Governor's Office of Crime Prevention, Youth, and Victim Services chairs and the office staffs the Children's Cabinet, in accordance with [Executive Order 01.01.2020.01](#).

In its publication [A Governor's Guide to Children's Cabinets](#), the National Governors Association Center for Best Practices cited the following reasons to create a Children's Cabinet:<sup>2</sup>

- Develop and implement a shared vision across agencies for improving child and family outcomes.
- Improve the state's economy and prospects for competition in the global marketplace by investing in the education and skills of children, the state's future workforce.
- Foster public awareness of major children's issues.
- Engage new partners in public efforts to serve children and their families.
- Build a long-term commitment to children's issues in the state.
- Foster coordination among stakeholders at the state and local level and empower local decision-makers.
- Produce cost-savings, increase efficiency, and improve service delivery and effectiveness.

One of the primary functions of the Children's Cabinet is to coordinate the child and family-focused service delivery system by emphasizing prevention, early intervention, and community-based services for all children and families.

## Three-Year Plans

In 2015, the Children's Cabinet outlined its initial plan<sup>3</sup> to address issues that threaten economic stability among Maryland's most vulnerable children, youth, and families. That strategic

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<sup>1</sup> Maryland State Archives. (2020). [Advisory Council to the Children's Cabinet](#). Retrieved from Maryland Manual Online on October 19, 2020.

<sup>2</sup> National Governors Association, Center for Best Practices. (2019). [A Governor's Guide to Children's Cabinets](#).

<sup>3</sup> Governor's Office for Children. (2013). [Children's Cabinet 2015 Strategic Direction and Implementation Plan](#).

direction laid the groundwork for a three-year plan<sup>4</sup> issued in March 2017, that outlined short- and medium-term objectives for programs and services to advance the Children’s Cabinet’s four strategic goals designed to support Governor Hogan’s agenda of economic recovery. In 2019, the Children’s Cabinet included specific priorities in its three-year plan to address cross-agency needs. In its 2021 - 2023 Plan, the Children’s Cabinet identified efforts to address the entire spectrum of child well-being through eight targeted child well-being Results.

Building on the 2021 - 2023 Plan, this annual update continues to support a framework of linking resources, research, and an action plan to develop policies and coordinate service delivery for children and youth to increase child well-being. A key theme for this annual update is to continue to advance efforts that reduce and mitigate childhood trauma and adverse childhood experiences, promote strengths-based models, promote research-based practices and models, and address racial and ethnic disparities with intentionality. Each agency represented in the Children’s Cabinet plays a corresponding role in implementing the strategies necessary to advance the 2021 - 2023 Plan, and is fully-committed to a unified approach to advance the well-being of Maryland’s children, youth, and families.

## Framework

For nearly 20 years, the Children’s Cabinet has utilized the Results-Based Accountability™ framework<sup>5</sup> to focus planning, decision-making, and budgeting on desired Results and Indicators. Through an extensive process involving partnering State agencies and other stakeholders, Maryland chose to focus on eight Results that describe the general well-being of children and families. Those eight Results and the corresponding Indicators have been reviewed over time to ensure relevancy. The most recent review that began in 2019 and concluded in early 2020 confirmed the following Results that were ratified by the Children’s Cabinet:

### **Maryland’s Child Well-Being Results**

#### ***What We Strive to Achieve***

Babies Born Healthy

Healthy Children

Children Enter School Ready to Learn

Children are Successful in School

Youth will Complete School

Youth have Opportunities for Employment or Career Readiness

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<sup>4</sup> Governor’s Office for Children. (2015). [Maryland Children’s Cabinet Three-Year Plan - Vision for Cross-Agency Collaboration to Benefit Maryland’s Children, Youth and Families](#).

<sup>5</sup> Friedman, Mark. (2005). *Trying Hard is Not Good Enough*. Trafford Publishing, Victoria B.C., Canada.

Families are Economically Stable  
Communities are Safe for Children, Youth, and Families

Progress toward these Results is measured by tracking quantifiable proxies for success called Indicators. Currently, the Children’s Cabinet tracks 40 Indicators at the State and jurisdictional level. Indicators are tracked through the Child Well-Being Scorecard, a web-based application that is updated in real-time and available to both decision-makers and the public at large. The Scorecard includes State-level Indicators, as well as performance measures for each program and Local Management Boards funded by the Children’s Cabinet. It is available online at: <http://goccp.maryland.gov/score-card-overview/>.

Incorporating the Results-Based Accountability™ framework, the Children’s Cabinet uses the shared language of Results and Indicators to drive decisions about policies, programs, practices, and investments. The process begins with the Results, or conditions of well-being, that the community aspires to achieve. From there, a thoughtful consideration of the Indicator data and the context surrounding them<sup>6</sup> reveals gaps in services, strengths that can be built on, and opportunities for deeper collaboration among partners, both existing and new. Partners brainstorm what works to address the contributing factors behind these Indicators – both within individual agencies and collectively through the Children’s Cabinet Implementation Team - and also develop the 2021 - 2023 Plan. Over the next two years, the partners will continue to review changes in Indicator data and adapt as necessary.

## Children’s Cabinet Priorities

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

- Reduce the impact of incarceration on children, families, and communities;
- Improve outcomes for disconnected/opportunity youth;
- Reduce childhood hunger; and
- Reduce youth homelessness.

In 2019, the Children’s Cabinet added the following priorities to respond to prevailing cross-agency needs:

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<sup>6</sup> For more information, please refer to Clear Impact’s [Turn the Curve Thinking](#) and *Results-Based Accountability Guide*.



- Juvenile justice diversion;
- Trauma-informed care and reducing Adverse Childhood Experiences (ACEs); and
- Preventing out-of-State placements.

In 2021, the Children’s Cabinet adopted three overall themes to support its collective work: race equity; Adverse Childhood Experiences (ACEs) and trauma-informed practices; and research-based practices. These themes or “lenses” were required of all programs/strategies funded through the Children’s Cabinet Interagency Fund (CCIF) for the fiscal 2022 funding year. Additionally, the juvenile justice diversion priority area was broadened to “increasing opportunities for community-based programs and services” (including but not limited to juvenile justice diversion). This was intended to divert low-risk youth from formal processing into the justice system and/or out-of-home placements.

While there has been some success in serving these priority populations, the Children’s Cabinet has determined there is a need for a continued focus on these priorities to ensure long-term well-being for Maryland’s children, youth, and families. Below is a discussion of the priorities and the corresponding data that supports the continued focus.

### Promoting Trauma-Informed Care and Reducing Adverse Childhood Experiences (ACEs)

Research has demonstrated a strong relationship between stressful or traumatic events, including abuse and neglect, substance use disorders, and behavioral problems. "When children are exposed to chronic stressful events, their neurodevelopment can be disrupted."<sup>7</sup> "Over time, and often during adolescence, the child may adopt unhealthy coping mechanisms, such as substance use or self-harm. Eventually, these coping mechanisms can contribute to disease, disability, and social problems, as well as premature mortality."<sup>8</sup>

The 2018 Youth Risk Behavior Survey was the first to include four questions for youth related to the four most prevalent ACEs. Those questions and the results (in parenthesis) are listed below:<sup>9</sup>

- Emotional Abuse: *Does a parent or other adult in your home regularly swear at you, insult you, or put you down?* (20.6%)
- Household Mental Illness: *Have you ever lived with anyone who was depressed, mentally ill, or suicidal?* (29.4%)

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<sup>7</sup> SAMHSA’s Center for the Application of Prevention Technologies. (2018). The Role of Adverse Childhood Experiences in Substance Misuse and Related Behavioral Health Problems.

<sup>8</sup> Ibid.

<sup>9</sup> Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS). (2018). [Maryland High School Survey](#). Retrieved on October 19, 2020.

- Household Substance Abuse: *Have you ever lived with anyone who was an alcoholic or problem drinker, used illegal street drugs, took prescription drugs to get high, or was a problem gambler? (23.9%)*
- Household Incarceration: *Has anyone in your household ever gone to jail or prison? (23.7%)*

Preventing ACEs and engaging in early identification of children and youth who have experienced these events could have a significant impact on a range of critical health problems. The Children’s Cabinet is supportive of interventions that increase awareness of ACEs among State- and community-level prevention professionals; emphasize the relevance of ACEs to behavioral health disciplines; engage in prevention planning efforts that include ACEs among the primary risk and protective factors; and are designed to address ACEs, including efforts focusing on reducing intergenerational transmission of ACEs.

In FY 2021, the Children’s Cabinet funded nine projects with an exclusive focus on Trauma-Informed Care and Reducing Adverse Childhood Experiences (ACEs) in six jurisdictions, totaling approximately \$1.1M or 6.7% of the total awards.

Priority-focused Programs by County:

1. Baltimore City: Care Coordination Strategy - Planning to Support the Needs of Substance Exposed Newborns/Families
2. Baltimore: Healthy Families America – Home Visiting, Family Navigation
3. Carroll: Suicide Intervention and Prevention Services
4. Cecil: My Family Matters
5. Harford: Reducing ACEs
6. Wicomico: Family Education / Parenting & Teen, Trauma Informed Care/ACEs

Program Highlight: Family Education, Wicomico County

The program implements an evidence-based parenting curriculum for families who have been involved in the child welfare system. As a result of this program:

- 100% of participants reported an increased ability to meet child’s/family’s needs as a result of the class
- 92% of participants who demonstrated increased knowledge of positive discipline

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

Additionally, according to several studies, parental incarceration is a particularly stigmatizing Adverse Childhood Experience (ACE), disproportionately impacting children of color and

children in poverty.<sup>10</sup>

According to Kids Count, the number and percent of Maryland children who had a parent or guardian serve time in jail increased from 45,510 (3%) in 2016 - 2017, to 64,266 (5%) in 2017 - 2018.<sup>11</sup> This increase is concerning as children of incarcerated parents are more likely to demonstrate anti-social behaviors, particularly in school, and younger children are less likely to be kindergarten-ready. Children of incarcerated parents have higher rates of anxiety, depression, and post-traumatic stress disorder and can regress verbally.<sup>12</sup> According to Eric Martin, author of the *Hidden Consequences: The Impact of Incarceration on Dependent Children* journal, “children of incarcerated parents face profound and complex threats to their emotional, physical, educational, and financial well-being.”<sup>13</sup> He further states that “family members of incarcerated individuals are often referred to as ‘hidden victims’ — victims of the criminal justice system who are neither acknowledged nor given a platform to be heard. These hidden victims receive little personal support and do not benefit from the systemic societal mechanisms generally available to direct crime victims, despite their prevalence and their similarities to direct crime victims.”<sup>14</sup>

For this priority, the Children’s Cabinet is supportive of interventions that contribute to children and families’ economic and socio-emotional well-being, address barriers to children maintaining a relationship with their parents, family instability, loss of family income and difficulty finding work following release, and trauma.

In FY 2021, the Children’s Cabinet funded 18 projects with an exclusive focus on reducing the impact of incarceration on children, families, and communities in 11 jurisdictions, totaling \$1.65M or 10% of the total awards.

#### Priority-focused Programs by County:

1. Allegany: HOMEBUILDERS®, Detention Center Program
2. Anne Arundel: Youth Empowerment Services (YES)
3. Cecil: Children of Incarcerated Parents
4. Dorchester: Connecting for Success

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<sup>10</sup> Andrew Axelson, Samantha Boch. (2019). *A Hidden Epidemic: Parental Incarceration and What To Do When It Affects Your Patients*.

<sup>11</sup> The Annie E. Casey Foundation, Kids Count Data Center. (2020). [Children Who Had a Parent Who Was Ever Incarcerated in Maryland](#). Retrieved from Kids Count Data Center on October 16, 2020.

<sup>12</sup> Urban Institute. (2008). *Broken Bonds: Understanding and Addressing the Needs of Children with Incarcerated Parents*.

<sup>13</sup> Martin, Eric. (2017). [Hidden Consequences: The Impact of Incarceration on Dependent Children](#). NIJ Journal 278.

<sup>14</sup> Raeder, Myrna. (2012). *Making a Better World for Children of Incarcerated Parents*. Family Court Review 50 no. 1: 23-35.

5. Frederick: Families Impacted by Incarceration Program
6. Harford: Parenting Inside Out, Project SEEK
7. Queen Anne's: Healthy Families, Family Navigation, Achievement Mentoring, CommUNITY Mentoring
8. Somerset: Safeguarding Children of Arrested Parents, Parenting Skills Development, Somerset CARES
9. Talbot: Mentoring Youth and Supporting Families Impacted by Incarceration
10. Washington: Family Strong Program
11. Worcester: Building Bridges

Program Highlight: Families Impacted by Incarceration (FIIP), Frederick County

This program is a partnership of the Mental Health Association (MHA) and the Children of Incarcerated Parents Partnership (COIPP) to expand services to children and parents impacted by incarceration. The program provides parenting workshops to incarcerated parents, and case management and supportive services to caregivers and formerly incarcerated individuals in the community. In FY 2021, the program hired a family coach who utilized her experience and knowledge of the community to increase outreach, and a new partnership formed with Wells House which resulted in services provided to formerly incarcerated individuals who also struggled with substance use issues. As a result of these efforts:

- 77% of participants reported an improved attitude/outlook for communication or family stability, or resources available during/post incarceration
- 86% of participants reported increased communication, family stability, maintenance of familial connections, or support in reunification

Improve Outcomes for Disconnected/Opportunity Youth

Disconnected youth are teenagers and young adults between the ages of 16 and 24 who are neither working nor in school. These youth are also referred to as “opportunity youth” because reconnecting them to work and school has a positive economic and civic impact.

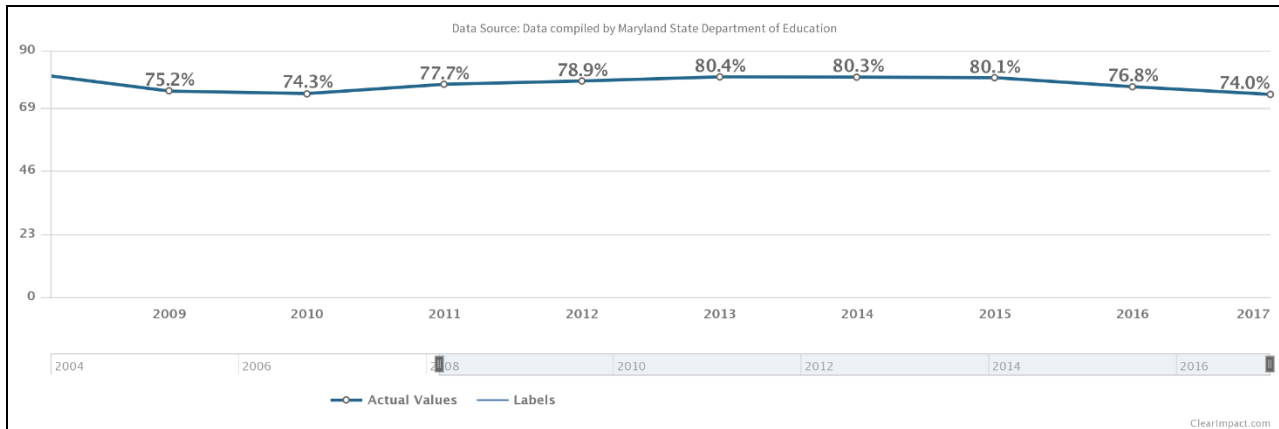
Education and employment are two leading indicators of overall well-being. In 2019, in Maryland, approximately 57,000 youth aged 18-24 were not attending school, not working, and with no degree beyond high school.<sup>15</sup> In Maryland, both the high school program completion rate and the youth employment rate have remained relatively flat from 2009 - 2017. High school completion has decreased to 74% in 2017, from a period high of 80.4% in 2013. During the

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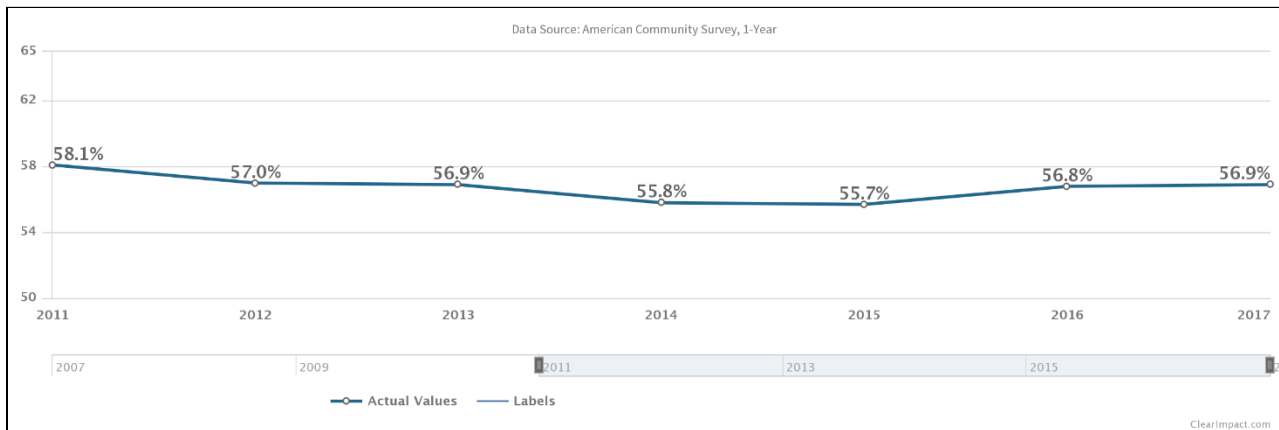
<sup>15</sup> The Annie E. Casey Foundation, Kids Count Data Center. (2020). [Persons Age 18 to 24 Not Attending School, Not Working, and No Degree Beyond High School in Maryland](#). Retrieved from Kids Count Data Center on October 16, 2020.

same time, the youth employment rate remained consistent in 2017 (56.9%) and in 2013 (56.9%); however, it decreased in 2014 (55.8%) and 2015 (55.7%), and then increased in 2016 (56.8%).

### High School Completion



### Youth Employment: % of 16-24 Year Olds in the Labor Force



The Children’s Cabinet is supportive of interventions that focus on reconnecting the out-of-work/school population to work or school, or preventing youth from becoming disconnected in the future. Adoption of “collective impact” approaches, where a variety of partners are convened to work together to provide programming, remove barriers, and support long-term goals, with each partner playing a distinct but complementary role are strongly encouraged as a best practice.

In FY 2021, the Children’s Cabinet funded 27 projects with an exclusive focus on improving outcomes for disconnected/opportunity youth in 15 jurisdictions, totaling approximately \$3.2M or 19.7% of the total awards.

### Priority-focused Programs by County:

1. Baltimore City: Home Visiting, Community-Based Supports for Opportunity Youth
2. Baltimore: Multi-Systemic Therapy (MST) – Emerging Adult
3. Calvert: WIOA Outreach and Enrollment
4. Caroline: TAY Life Skills Program
5. Carroll: Connecting Youth in Carroll County, Customized Employment
6. Cecil: The Legacy Program, Collective Impact for Disconnected Youth Backbone Organization
7. Charles: Youth Interventions and Engagement
8. Frederick: Youth Connections
9. Garrett: Youth Employment Initiative, Workforce Development Initiative
10. Howard: Summer Workforce Readiness and Youth Employment, Summer Scholars
11. Montgomery: Mo-Co Reconnect
12. Prince George's: Knowledge Equals Youth Success (KEYS), Opportunity Youth Empowered Toward Success, Greenbelt Cares GED Preparation Class, Bowie Disconnected Youth Program
13. Talbot: Healthy Families Mid-Shore, Reengagement Coordinator, Career Pathways
14. Washington: Family Centered Support Services, True Opportunities, Western Maryland Consortium Disconnected Youth Services
15. Worcester: Worcester Employment, Education, and Empowerment (WE3)

### Program Highlight: Western Maryland Consortium Disconnected Youth Services, Washington County

The Western Maryland Consortium is a regional workforce development agency which helps clients to improve skills, find employment and ultimately become self-sufficient. Children's Cabinet funds filled gaps in funding and allowed the Consortium to provide additional and/or enhanced services to local disconnected youth aged 16-24. As a result of these efforts:

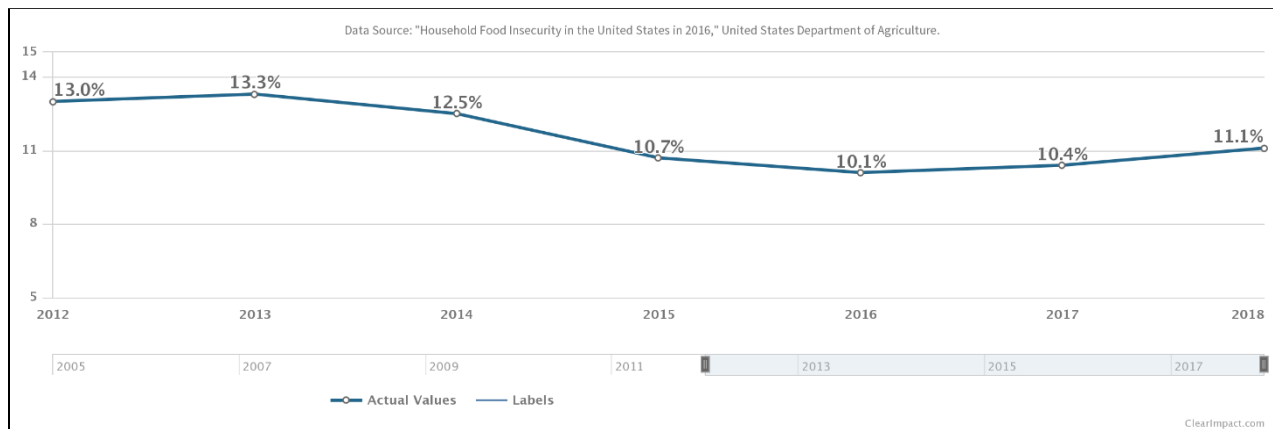
- 73% of participants in the GED Program attained the GED credential after completing all components of the program
- 76% of participants at-risk of disconnection reported maintaining a connection to school and/or employment

### Reduce Childhood Hunger

Data from the United States Department of Agriculture noted that in 2018, 11.1% of all Maryland households were food insecure, meaning they experienced limited or uncertain

access to safe, nutritious food at some point during the year.<sup>16</sup>

### Household-Level Food Insecurity



On August 25, 2020, Maryland’s No Kid Hungry report, which is based on data from the most recent Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS), showed “troubling rates of food insecurity among Maryland’s middle and high school students. Overall, about 1 in every 4 students lack consistent access to the healthy food they need.”<sup>17</sup> In addition, the risk of experiencing food insecurity is significantly higher for Black students and Hispanic/Latino students, as compared to White students. “Racial disparities also vary by county with some students of color experiencing food insecurity rates that are up to four times higher.”<sup>18</sup>

Food insecurity has also been impacted by the pandemic. On August 4, 2020, the Maryland Department of Human Services reported “that nearly 850,000 Marylanders are currently relying on SNAP – a level of need that we have not seen in Maryland in more than twenty years. While every county has seen a surge, the largest increases in SNAP participation from February to June are in the DC metro area: Anne Arundel (87% increase), Prince George’s (84% increase), Charles, Baltimore, and Montgomery counties.”<sup>19</sup>

“Food insecure students are more likely to experience poor health outcomes, including a higher risk of developing conditions like diabetes and of being hospitalized. Data from Maryland (YRBS/YTS 2018) also show that food insecure students are more likely to have chronic illnesses like asthma (32% vs. 26%) and are at higher risk of feeling sad or hopeless for at least two weeks

<sup>16</sup> No Kid Hungry. [Maryland: 11.1% of All Maryland Households Are Food Insecure.](#)

<sup>17</sup> No Kid Hungry. (2020). [New Report, “Food Insecurity Among Middle and High School Students in Maryland,” Reveals a Disturbing Reality for 1 in 4 Secondary School Students.](#)

<sup>18</sup> Ibid.

<sup>19</sup> No Kid Hungry. (2020). [Maryland: Highest SNAP Participation in More than 20 Years Reveals the Unprecedented Level of Need Across Maryland.](#)

or more (38% vs. 22%).”<sup>20</sup>

Beyond connecting children and their families to food assistance programs, the Children’s Cabinet recognizes the importance of building sustainable strategies to reduce the incidence of hunger among Maryland’s children. The Children’s Cabinet is supportive of activities that encourage family self-sufficiency and shift the focus to long-term impact, rather than those that are focused only on alleviating immediate hunger.

In FY 2021, the Children’s Cabinet funded 19 projects with an exclusive focus on reducing childhood hunger in 11 jurisdictions, totaling approximately \$1.67M or 10.3% of the total awards.

#### Priority-focused Programs by County:

1. Baltimore City: Cherry Hill Community Food Strategy
2. Caroline: After School Program, Farming 4 Hunger
3. Charles: Summer Meals
4. Garrett: Learning Beyond the Classroom
5. Harford: Reducing Childhood Hunger
6. Howard: Roving Radish
7. Kent: Healthy Families Mid-Shore Home Visiting, Trojan Influence After School Program
8. Prince George’s: Know Better, Live Better Health and Nutrition, Weaving Hope, Project Wellness, Healthy Families Home Visiting Program, Pathway to a Healthy Lifestyle, Healthy Heights
9. Somerset: Sustainable Somerset
10. Talbot: Healthy Habits, COVID-19 Relief Program
11. Wicomico: Mobile Meals

#### Program Highlight: Cherry Hill Community Food Strategy, Baltimore City

The strategy is a partnership with the Black Yield Institute (BYI) and the Cherry Hill community to leverage existing green space assets and to support community interest in addressing food security needs in the Cherry Hill community in south Baltimore. In FY 2021, 6,231 pounds of food were distributed or sold. As a result of these efforts:

- 75% reported an increase in self-sufficiency
- 85% reported a reduction in food insecurity
- 77% reported an increase in food meal availability

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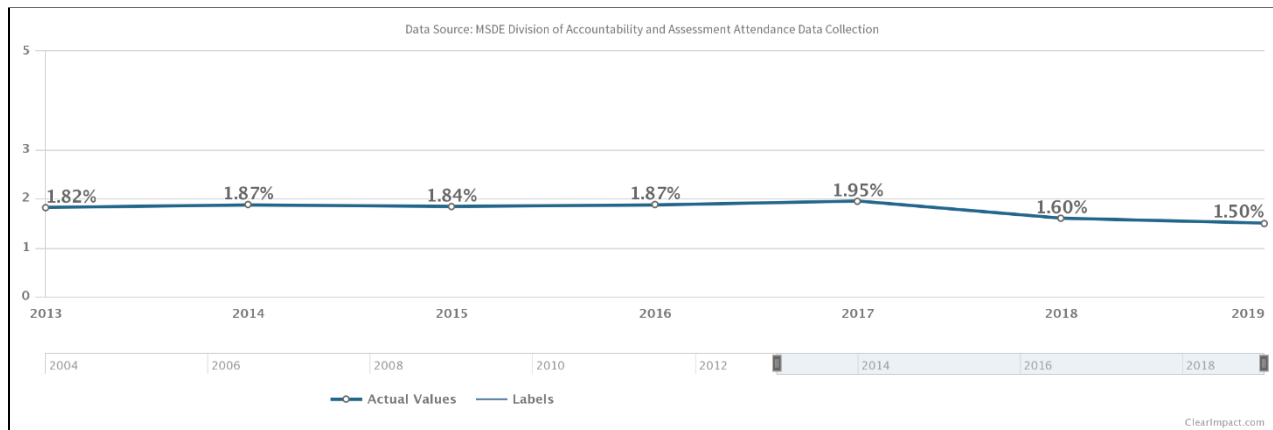
<sup>20</sup> No Kid Hungry. (2020). [Food Insecurity Among Middle & High School Students in Maryland.](#)



## Reduce Youth Homelessness

As noted in the chart below, homelessness among enrolled public school students has decreased to 1.5% for school year (SY) 2019, compared to SY 2017 when the rate peaked at 1.95%. More than 17,000 students were known to be homeless in SY 2017-2018.<sup>21</sup>

### [% of Public School Children Homeless on September 30 of School Year](#)



The Children’s Cabinet remains committed to interventions that focus on the vulnerable population of homeless youth who are not in the physical custody of a parent or guardian and who are under the age of 25, a population known as unaccompanied homeless youth. Due to age, developmental stage, and past traumatic experiences, unaccompanied homeless youth have unique needs that cannot be addressed by the same housing and supportive services offered to adults. They are at high risk of becoming disconnected and socially disengaged, at risk of physical and sexual abuse, and report higher rates of mental, behavioral, and physical health issues than their peers.

The Children’s Cabinet is supportive of activities that have been successful for unaccompanied homeless youth, including developing solutions for stable housing, street outreach and promotion of strong and stable relationships with peers and other adults, and options for individuals whose behavioral health issues prevent them from accessing traditional shelters and services.

In FY 2021, the Children’s Cabinet funded four projects with an exclusive focus on reducing youth homelessness in three jurisdictions, totaling approximately \$418K or 2.6% of the total awards.

### Priority-focused Programs by County:

<sup>21</sup> Maryland State Department of Education. [Maryland Homeless Education Trend Data 2016-2020](#). Retrieved on November 2, 2021.

1. Baltimore: Unaccompanied Homeless Youth Outreach Services
2. Frederick: Youth Connections
3. Wicomico: Navigation / Local Access Mechanism, Homeless Youth Drop-In

Program Highlight: Unaccompanied Homeless Youth Outreach Services, Baltimore County

The program focuses on locating homeless youth, meeting their basic needs (e.g., food, clothing, hygiene, etc.), and gaining their trust for the longer term purpose of linking them with a broader array of more intensive services based on their individual needs (e.g., housing support, somatic and/or behavioral health services, education and/or employment services, etc.). During the reporting period, the Baltimore County homeless shelter system resumed intakes for individuals seeking shelter; however, shelters operated at less than 75% capacity and barriers in admission, including access/availability of COVID-19 tests, precluded some youth from gaining entry in a timely manner. As a result of these efforts:

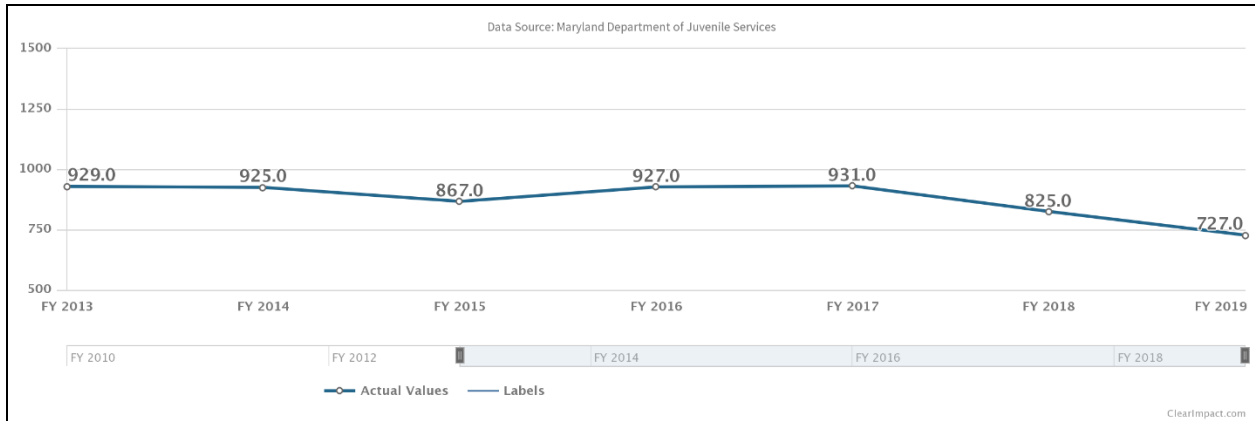
- 50% of unaccompanied homeless youth who were engaged in the community requested and received shelter
- 100% of unaccompanied homeless youth had their immediate basic need met at the point of engagement in the community

Community-Based Programs and Services

Research has shown positive outcomes when a family-centered network of community-based services designed to promote the healthy development and well-being of these children and their families is prioritized. Contact with the juvenile justice system has lifelong impacts on a young person, even into adulthood. Youth who are arrested and become involved in the juvenile justice system are more likely to be arrested for a future offense, drop out of school, and struggle to find gainful employment. For that reason, the Children’s Cabinet seeks to increase community-based services with the goal of reducing out-of-home placements.

As illustrated in the chart below, the rate of juvenile felony referrals has significantly decreased since FY 2013. This reduction is likely due to the ongoing efforts made by the police and the courts to divert more cases from coming into the juvenile system, including some felony cases. Those cases that are “true diversion” cases are not referred to the Department of Juvenile Services and do not appear in the data below.

[Juvenile Felony Offenses: 11 through 17: Rate of Referrals per 100,000](#)



Diverting low-risk youth away from the juvenile justice system and towards developmentally-appropriate services and supports in the community, increases the likelihood of successful outcomes for the youth such as completing school and getting a job, and decreases the likelihood of future contact with the police and/or the juvenile justice system. In this way, juvenile justice diversion can make Maryland communities safer.

The Children’s Cabinet is supportive of programs and strategies that work directly with and collaborate with local law enforcement, state’s attorney’s offices, and other partners including, but not limited to, the Department of Juvenile Services’ Regional Office representatives, the local Racial and Ethnic Disparities (RED) Coordinator (where applicable), community association groups, youth advocate groups, mental health practitioners, and the juvenile court magistrates or judges to develop or enhance community outreach and programming to divert low-risk youth away from formal processing in the juvenile justice system, including those involved in school-based offenses. Best practices for this priority include, but are not limited to: pro-social activities, connections to services and supports for youth and families, employment readiness and career development training and team mentoring and/or supervision in the community; and outreach/programming for youth at risk of being recruited by gangs (even if the youth has not had previous law enforcement contact) by working with local partners to focus on communities with high gang membership and activity.

In FY 2021, the Children’s Cabinet funded four projects with an exclusive focus on increasing utilization of community-based services (including but not limited to juvenile justice diversion) in two jurisdictions, totaling approximately \$655K or 4% of the total awards.

Priority-focused Programs by County:

1. Baltimore City: Thriving Youth Strategy
2. Caroline: Teen Court, YMCA Mentoring Program, Men for Change Mentoring Program

### Program Highlight: Men for Change Mentoring Program, Caroline County

Men for Change is a group mentoring program in the Federalsburg community. Youth participants are identified by the local school system as being at risk of high school dropout and truancy, and those who are associated with the juvenile justice system and struggling with negative behaviors. The program received several thank you letters from participants throughout the program year, including one that stated: “I would like to thank everyone in this group that has done something for me...I’ve learned many life lessons from this group that will help me become very successful for my adult life ahead of me.” Of all participants served, none were referred to the Department of Juvenile Services during the program year. In addition, and as a result of these efforts:

- 100% of youth reported, on a six month follow-up survey, that they take their education more seriously
- 100% of youth reported, on a six month follow-up survey, that mentoring is helping them maintain good grades or increase grade average

### Preventing Out-of-State Placements

The Children’s Cabinet continues its priority to lower the number of children placed out-of-State for several reasons: out-of-State placements are usually more disruptive to the child and his/her family which can hinder treatment; distance puts a significant barrier to a family’s ability to participate in their child’s treatment and to have contact with their child; distance interferes with the ability of the case manager to participate in the treatment planning and follow the child’s progress; and out-of-State programs are often significantly more expensive than in-State programs.

Data below shows a positive trend for the State in advancing its goal to keep Maryland youth close to home. On January 1, 2021, which represents a snapshot of FY 2021, the overall number of youth placed out-of-State (n = 123) decreased by 28% compared to the January 1, 2020 snapshot for FY 2020 (n = 171). Although community-based placements increased, the most drastic change is shown in non community-based placements. The Department of Juvenile Services saw an 88% decrease in youth being placed out-of-State for non community-based residential services, and the Department of Human Services saw a decrease in non community-based placements and hospitalizations.

| <b>Maryland Out-of-State Placements Trends (FY 2019 - FY 2021)</b> |                 |                 |                 |                |
|--|-----------------|-----------------|-----------------|----------------|
|  | <b>1/1/2019</b> | <b>1/1/2020</b> | <b>1/1/2021</b> | <b>Change</b>  |
| <b>BHA</b>   |                 |                 |                 |                |
| Non Community Based Placement                                      | 2               | 0               | 0               | 0.00%          |
| <b>DHS</b>   |                 |                 |                 |                |
| Community Based Placement  | 14              | 17              | 22              | 29.42%         |
| Family Home  | 69              | 74              | 71              | 1.90%          |
| Hospitalization  | 9               | 17              | 11              | -35.00%        |
| Non Community Based Placement                                      | 5               | 6               | 4               | -33.33%        |
| Unknown  | 0               | 2               | 2               | 0              |
| <b>DJS</b>   |                 |                 |                 |                |
| Non Community Based Placement                                      | 70              | 50              | 6               | -88.00%        |
| <b>MSDE</b>  |                 |                 |                 |                |
| Residential IEP Placement  | 0               | 5               | 7               | 40.00%         |
| <b>Grand Total</b>   | <b>169</b>      | <b>171</b>      | <b>123</b>      | <b>-28.07%</b> |

The Children’s Cabinet created an Interagency Team to address the complex behavioral health needs of youth that often lead to out-of-State placements. Efforts are underway to develop high-level residential programming within Maryland that will target youth with dual diagnoses and other identified service needs. Identification of those needs is occurring through data collection and data sharing within the Children’s Cabinet agencies to ensure that the collaborative and comprehensive work continues.

The Interagency Team is also focused on developing a robust mobile-crisis and stabilization service that will allow youth and families to address their needs before the situation elevates to a level that requires residential intervention. These evidenced-based programs and trauma-informed practices are a priority as the program development continues. Developing a program that includes residential and community-based programming is key to ensure that children with intensive needs continue to be served in the least restrictive setting that is appropriate to meet their individual needs.

The Children’s Cabinet is supportive of programs/strategies that support children and families

at-risk for out-of-State placement that employ a multi-disciplinary approach utilizing State and non-state partners, and focus on youth with multiple risk factors (e.g., multiple disabilities [physical, mental, developmental, intellectual, learning, etc.], behavioral issues, substance use/abuse, education needs, juvenile justice involvement, foster care, etc.).

## **Partners**

The Children’s Cabinet’s priorities are too large and complex to be addressed by any single agency, program, or strategy. True partners, working in concert to plan, share information, fill gaps, and implement strategies, are critical to carrying out the action plan, promoting efficiency, and avoiding duplication. Each partner plays a necessary and complementary role in achieving desired outcomes. The Children’s Cabinet has identified the following implementation partners (*as illustrated below*):

### The Children’s Cabinet Implementation Team

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

### Local Management Boards

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

### Local Agencies

Several Children’s Cabinet agencies include local departments and administrations. The Maryland Department of Health (through the Behavioral Health Administration), the Department of Human Services, and the Maryland State Department of Education serve children and families through their 24 local counterparts within each of the State’s local jurisdictions – the local Core Service Agencies,<sup>22</sup> the local Substance Use Councils, the local

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<sup>22</sup> It is important to note that one Core Service Agency is located on the Eastern Shore and serves five local jurisdictions.

Departments of Social Services, and the local school systems, respectively. The Department of Juvenile Services and the Developmental Disabilities Administration have regional offices which, in turn, have local offices. For administrative purposes, the Department of Juvenile Services has six designated regions, and the Developmental Disabilities Administration has four. Support from these local partners is critical to achieving Statewide goals.

## **State Coordinating Council**

Effective January 1, 2018, the Children’s Cabinet established the Interagency Placement Committee (IPC) to serve as the State Coordinating Council. The IPC was charged with:

1. Reviewing recommendations for out-of-State placements;
2. Coordinating the monitoring of out-of-State placements;
3. Providing training and support to the Local Care Teams; and
4. Identifying in-State placement needs.

To promote accountability, the Children’s Cabinet Implementation Team oversees the Committee on behalf of the Children’s Cabinet.

## **Conclusion**

The Children’s Cabinet believes this annual update continues to focus on efforts to improve and enhance prevention strategies, promote a service delivery model to prevent and/or mitigate the impacts of childhood trauma and adverse childhood experiences, address racial and ethnic disparities with intentionality, and promote research-based programs and services while also encouraging innovation. The Children’s Cabinet remains committed to ever-increasing collaboration with State and local partners, including families, youth, and community members, as they work to improve the well-being of Maryland’s children and families.