

Critical Intervention Mapping and Action Planning Workshop

FINAL REPORT: CALVERT COUNTY, MARYLAND



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SECTION 1: BACKGROUND

Policy Research Associates, Inc. (PRA) was contacted by the Board of County Commissioners for Calvert County, Maryland, to facilitate a *Critical Intervention Mapping and Action Planning Workshop* for a multi-disciplinary group of stakeholders representing the various points of contact in Calvert County, Maryland's child and youth behavioral health system. The workshop offered these stakeholders an opportunity to develop an action plan based on identified systems and service level gaps and opportunities related to addressing the needs of youth with mental, substance use, and traumatic stress conditions (hereafter referred to as behavioral health needs).

The workshop, which was held on July 25-26, 2022, represented the culmination of several months of planning and preliminary technical assistance, which included the collection and review of data on Calvert County's child-serving systems.

The workshop aimed to support:

- Development of a localized map of how youth needs are identified across child-serving systems, how youth and families connect to services, and which and to what extent programs are currently available in the community to address those needs;
- Identification of local strengths and resources, and gaps and opportunities;
- Development of a preliminary action plan to address priority areas for change.

Stakeholders representing schools, law enforcement, probation, courts, behavioral health service providers and funders, family members, and Calvert County based agencies, were represented during the workshop. The schedule, a complete list of participants, and the PowerPoint presentation can be found in **Appendices A, B, and C**.

After completing a map and developing a comprehensive list of gaps and opportunities, workshop participants identified four major areas for action planning. Participants prioritized areas that they felt were important and for which they could develop a meaningful plan. ***This action plan is described as preliminary to stress the importance of using this workshop as the starting point for ongoing children's behavioral health system improvement work.***

Although the meeting participants accomplished much over the day and a half workshop, this report sets the framework for ongoing cross-system efforts to improve the response to youth with behavioral health needs in Calvert County, Maryland.

About the Workshop

The Critical Intervention Mapping and Action Planning process integrates the Sequential Intercept Mapping process developed by PRA with the systems of care (SOC) framework for engaging in systems level reforms to address the needs of children and youth with behavioral health needs and their families.

The workshop was facilitated by Jacqui Greene, JD, Consultant to PRA, and Matthew Pecoraro, MSW, Consultant to PRA. The technical assistance provided by PRA as part of the Critical Intervention Mapping and Action Planning Workshop included three separate activities, each designed to move the workshop participants towards developing a plan of action while simultaneously building support for the implementation of that plan. The three tracks of activity included:

- **Data Collection**

To facilitate decision-making and action planning, a Self-Assessment of Needs and Gaps Survey was administered prior to the workshop. The survey aimed to identify service needs of children and families, how children and families access services, how services are funded, common barriers to accessing services, services in need of improvement or expansion, and implementation/acquisition barriers.

- **Systems Mapping**

To identify existing service system gaps and opportunities at critical decision points across child-serving systems. The mapping exercise has three primary objectives:

1. Development of a comprehensive representation of how youth needs are identified by child-serving systems in Calvert County, how youth are connected to services, and the array of services available to address identified needs;
2. Identification of service-level gaps and opportunities across child-serving systems in Calvert County; and
3. Selection of priority areas for action designed to improve systems and service level responses to these youth.

- **Action Planning**

To develop a preliminary action plan with identified objectives, action steps, and a timeline.

SECTION 2: RESOURCES AND GAPS

Description of Mapping Process

The Critical Intervention Map is a visual representation of how youth and families interact with child-serving systems in Calvert County, Maryland, specifically:

- Schools
- Health and Public Health Services
- Behavioral Health Services
- Support Services
- Child Welfare
- Juvenile Justice

The purpose of the mapping exercise was to examine how youth behavioral health needs are identified by each service system, how youth are connected to services, and what programs are available to address their needs within each system. This was done to assist with a global identification of community-level resources, gaps, and opportunities. The Calvert County Critical Intervention Map that follows was developed during the workshop, while also reflecting additional detail that was collected prior to and following the workshop through agency-provided data reports and publicly available resources. During the mapping exercise, workshop participants were asked to provide feedback on the existing gaps, resources, and opportunities at each of the critical intervention points. The following section of this report is based on this visual representation, as well as notes taken by facilitators during the mapping process.

The critical intervention mapping highlights five key components of a behavioral health system for children and youth.

1. **Identification of Needs.** While many youth and families become aware of a need for behavioral health services on their own, it is also important for child-serving systems to implement processes that identify behavioral health needs among the children and youth they come in contact with.
2. **Connection to Services.** Once needs are identified, children and youth must be effectively connected to services.
3. **Comprehensive array of community-based services.** A centerpiece of a high-quality system of care is a comprehensive, evidence-based array of community-based services. The services must have sufficient capacity to meet the need in the community.
4. **Inpatient/residential services.** A small percentage of children and youth will present with intense needs that can only be adequately met through time in an inpatient or residential setting. The behavioral health system must have sufficient capacity to meet these needs.
5. **Additional services for children and youth.** While it is essential to meet the clinical needs of young people, children and youth are far more than any diagnosis. The community must also have services and pro-social supports to provide a range of opportunities that meet the many needs of young people.



CALVERT COUNTY, MARYLAND CRITICAL INTERVENTION MAP

Identification of Needs

- » Schools: Student Services Team (SST), threat assessment, substance use-related disciplinary matters
- » Promise Resource Center – ages and stages questionnaire
- » Columbia Suicide Severity Rating Scale (C-SSRS) – mobile crisis teams and CalvertHealth Medical Center
- » East John Youth Center – CRAFFT Screening Tool
- » Department of Juvenile Services (DJS)– intake risk assessment and Maryland Comprehensive Assessment and Service Planning (MCASP)
- » Juvenile detention – substance use disorder and mental health assessment

Connection to Services

- » Health Department therapists embedded in schools
- » Mobile crisis team direct scheduling access
- » DJS contracts for FFT and mentoring
- » Grant for Southern Maryland Community Network to serve Department of Social Services (DSS) youth in crisis
- » Local care team
- » Referrals services – Promise Resource Center, libraries, Maryland Coalition for Families
- » Online resource hubs – Our Calvert, Hope for Calvert
- » Interagency workgroups – Calvert County Family Network Interagency Council, CalvertHealth Improvement Roundtable

Comprehensive Array of Community-Based Services

- » Cognitive behavioral therapy (CBT) and trauma focused-eye movement desensitization and reprocessing (TF-EMDR) in schools
- » Health Department therapeutic services
- » Mobile crisis team
- » The Center 4 Children
- » Southern Maryland Community Network
- » The Promise Resource Center
- » East John Youth Center Adolescent Clubhouse
- » CalvertHealth Medical Center smoking and vaping cessation
- » Functional Family Therapy (FFT)

Inpatient/Residential Services

- » CalvertHealth Medical Center 8 inpatient beds, partial hospitalization program
- » Planned respite in Baltimore
- » DJS Youth Centers
- » Shepard Pratt Psychiatric Hospital

Additional Services for Children and Youth

- » Library services
- » Healthy Families
- » Parents as Teachers
- » Home Instruction for Parents of Preschool Youngsters
- » Maryland Coalition for Families
- » The Promise Resource Center
- » Community Mediation Center of Calvert County
- » Calvert Alliance Against Substance Abuse
- » Division of Rehabilitation Services (DORS)



1. IDENTIFICATION OF NEEDS



Schools

There is no systematic behavioral health screening in the school system. Youth may receive screening or assessment under the following circumstances:

- A threat assessment screening tool is used to determine if a youth is a threat to themselves or others. If a youth flags on this screening tool, a formal assessment is completed.
- A Student Services Team (SST) within all Calvert County schools convenes two times per month. The team reviews students who may have a need for more services. Teachers and other adults in school buildings can refer students to the SST.
- Disciplinary actions related to substance use trigger an assessment of substance use needs.
- Students approach counselors for support

School Resource Officers (SROs)

- There is an SRO located in every middle and high school. SROs receive special training and must be certified through the National Association of School Resource Officers (NASRO). SROs in Calvert County report seeing signs they recognize as being behavioral health symptoms frequently. Part of their role involves initiating emergency petitions for students that are expressing suicidal ideation and/or mental health symptoms. Students come in contact with SROs through guidance counselors, school administrators, parents and/or guardians, or if a student comes directly to an SRO.



Community

- The Promise Resource Center uses the ages and stages questionnaire.
- Mobile Crisis Teams utilize the C-SSRS. The mobile response model is currently changing and this may not be the model moving forward.
- East John Youth Center. The adolescent clubhouse uses the CRAFFT to screen for substance use disorders.
- CalvertHealth Medical Center utilizes the C-SSRS.



Child-Serving Agencies

- **DSS** does not utilize a formal screening instrument. Once in DSS custody, a psychological evaluation may be completed depending on needs. Children and youth usually come to DSS because of abuse and/or neglect, which may result in a referral for therapy.
- **DJS** completes a risk assessment at intake. This risk assessment is used across Maryland. This assessment includes behavioral health screening, domestic violence, sex trafficking, and education. Youth who are adjudicated delinquent are screened using the MCASP. Juvenile detention centers provide substance use disorder and mental health assessments.



Gaps

- **No systemic screening.** There is no systematic screening for behavioral health needs among all youth at schools or in the child welfare system.
- **Lack of focus on youth who are not attending school in-person.** Over 100 youth are on home and hospital care and there is another population of youth whose families opted to continue utilizing virtual school. There is no screening or assessment process in place for these students.
- **No local providers to complete psychological evaluations for youth coming into foster care.** It is costly to obtain an evaluation for youth involved in the child welfare system and it takes a long time to receive reports when evaluations are obtained.

2. CONNECTION TO SERVICES



Schools

- Students can be referred by a teacher, school administrator, or parent to Calvert County Health Department therapists who are embedded in the schools. The referrals go to one central coordinator at the Health Department.
- Counselors make referrals to outside providers and make referrals to the Local Care Team. In school services are often prioritized for students who's families may not have the means, such as transportation, to attend appointments outside of school.
- The Mental Health Coordinator sits on many teams with community partners to make connections, develop partnerships and referral pathways.



Community

- **Mobile Crisis Team.** The team has direct access to provider schedules, allowing them to plug youth directly into appointments with providers. Case managers can stay connected with clients for up to six months if the client is connected with services.
- **Promise Resource Center** makes referrals for services.
- **Library Services.** The library has partnerships with some providers and offers referrals for youth and families.
- **Local Care Team.** Established in statute, the local care team is a forum for families of children with intensive needs to receive assistance with the identification of individual needs and potential resources to meet identified needs and for interagency discussions and problem solving for individual child and family needs and systemic needs. It is made up of 15 representatives from child serving agencies and not-for-profits. Children can be served from birth to the age of 21 if they are still in school. Any Calvert County resident can access the local care team. The team provides referrals to resources to meet the identified needs of the child and family.
- **Maryland Coalition for Families.** Staff are able to provide assistance to families of youth who have behavioral health needs in their completion of applications for other services.
- **Calvert County Family Network.** The Network created an online resource directory called Our Calvert. The site contains over 600 listings. The Network also convenes an interagency council of child-serving agencies that has about 200 members. The council meets virtually once a month and provides a forum for information sharing across agencies.
- **Calvert Alliance Against Substance Abuse** maintains a website called Hope for Calvert that has information about substance use disorder treatment options, local events, and recovery supports information.
- **CalvertHealth Medical Center.** Hosts the CalvertHealth Improvement Roundtable which conducts a community needs assessment every three years. The needs assessment includes mental health and substance use disorder needs. There is a committee and subcommittee structure to address specific topics. A teen and adolescent webpage is supported.



Child-Serving Agencies

- **DJS** contracts with providers who provide FFT (capacity = 24). DJS also connects youth and families with in-home mentoring for the whole family, as well as for older youth to develop independent skills. DJS also uses a multi-assessment staffing team to determine service and level of care needs.
- **DSS.** Grant funding is provided to support services from the Southern Maryland Community Network when a child in DSS custody is in crisis.



Gaps

- **Long wait lists for services across the behavioral health continuum.** Participants noted that it can be difficult to connect youth and families to services because there is often a long wait for access to services.
- **Lack of agency and provider knowledge about service availability.** Participants voiced a lack of awareness among themselves regarding service availability. This lack of awareness among child-serving professionals results in an inability to support youth and families in their connection to needed services.
- **Low service utilization.** Participants reported that there are services available that they know youth would qualify/benefit from, but these services are not used. The local care team also struggles to receive referrals. Many families have little to no knowledge around what programming and services exist within Calvert County. Participants reported that two providers closed due to the community not coming to access services.
- **Gaps in collaboration among child-serving agencies.** Some participants noted that the lack of knowledge about available services stems from an absence of regular collaboration among child-serving agencies. This includes a lack of structure around information sharing with pediatricians.
- **Transportation.** Transportation was repeatedly identified as a barrier to the connection to services.
- **Language and culture.** Participants noted that many service providers are not equipped to offer services in Spanish at the volume needed to meet the need.
- **Barriers for youth with private insurance.** Many providers do not accept private insurance. Reimbursement rates are low and the only rate schedule for private insurance is for basic outpatient services.
- **Maintenance of online resource hubs.** Agencies have the ability to update their own listings on Our Calvert. However, many do not update their listings and the Calvert County Family Network does not have the capacity to keep the listings up to date on its own. The Calvert Alliance Against Substance Abuse also relies on agencies to provide information for the Hope for Calvert website and information is often not provided.
- **Lack of warm hand-offs.** Schools and DSS do not provide warm hand-offs to connect youth to services. Parents are given a list of providers and asked to make appointments.
- **Stigma.** Stigma around substance use and mental health has created a barrier in service utilization.

3. COMPREHENSIVE ARRAY OF COMMUNITY-BASED SERVICES:



Schools

- There are full-time and part-time Calvert County Health Department behavioral health therapists in schools. The schools also employ social workers and/or school psychologists. Evidence-based services such as CBT and TF-EMDR are provided.
- CCPS schools clinical staff offer CBT
- Staff employed by the Health Department offer TF-EMDR.



Community

- **Calvert County Health Department.** The largest behavioral health provider for the county. Services are provided for youth ages three and up and address many behavioral health needs including anxiety, depression, bipolar, early onset bipolar, and autism.
- **Mobile Crisis Team.** The team provides a mobile crisis response. Depending on needs, the team can bring individuals to the hospital or refer them to services. There are also three stabilization chairs that can be used for up to 23 hours.
- **The Center 4 Children.** A wide range of services are provided, including:
 - Medication management
 - Trauma-focused therapy
 - Psychiatric Rehabilitation Program
 - Case management
 - Supervised visitation
 - Juvenile sex offender groups and therapy
- **Southern Maryland Community Network.** Provides in-home skills-based services for youth who are at-risk of out-of-home placement. Services including motivational interviewing, trauma-based interventions, and psychiatric rehabilitation. The intensity of services depends on medical necessity. Youth services are limited, as the organization primarily serves adults.
- **The Promise Resource Center.** Provides in-home behavior management from unlicensed therapists.
- **East John Youth Center.** Operates an adolescent clubhouse for youth between the ages of 12 and 18 who are in recovery or at-risk of developing a substance use disorder. The Screening, Brief Intervention, and Referral to Treatment model is used to provide brief intervention. The clubhouse also offers education around substance use prevention, life skills, social skills, career exploration, and vocational exploration. Two youth peer recovery specialists offer peer support. The peer recovery specialists also provide services in two middle schools once or twice a month. Family support is provided through family peer support specialists who are available at the clubhouse through the Maryland Coalition of Families.

- **CalvertHealth Medical Center.** The hospital offers many community-based services including:
 - Community wellness activities to reduce stigma and increase access to resources. Outreach activities include holding town halls and going to food pantries, offices, meals on wheels, Project ECHO, schools, Farming for Hunger, the Sheriff's office, and churches. Reaching out to the homeless population and addressing health disparities is a focus of this work.
 - Opioid stewardship program.
 - Smoking cessation and vaping program. This service is offered to high school students and is used as an alternative to in-school-suspension. Youth can be connected with a pulmonologist as part of the program.



Child-Serving Agencies

- **DJS** contracts for FFT and in-home family and youth mentoring.



Gaps

- **Lack of a triage system for school-based services.** School-based resources are currently allocated on a first-come, first-served basis. There is no system for elevating youth with more intense needs to access services more quickly.
- **Family engagement in school-based services.** There is a lack of family engagement in the services that are provided in the school setting.
- **Insufficient staffing to provide services needed in schools.** There is a lack of school social workers, including no social worker at Northern High School (the largest high school in Calvert County). Out of 24 schools, only approximately 8-10 have social workers. Clinicians may be split up among schools and are only at a specific school on a certain day of the week. It is a challenge to recruit and retain new staff.
- **CCPS has 19 psychologist positions,** at the time of the mapping half of those positions are vacant.
- **Insurance-related issues.** Many insurances will only cover services from fully licensed clinicians, not services provided by supervised clinicians in training who are billing under the license of a fully licensed clinician. There are also limited services for youth with private and Tricare coverage.
- **Recruitment and retention of workforce.** There is a behavioral health workforce shortage. Providers are not able to staff at the level needed to meet the demands. Service providers often leave the public workforce for private practice due to higher pay. Additionally, there is a leadership pipeline issue. Early-stage therapists who need hours may work for a short period of time but do not stay in their positions.
- **Transportation.** Transportation to and from services is a challenge.
- **Telehealth issues.** Access to internet can be a challenge for some youth and families. The county is working to provide free internet service, but it is not yet available.
- **Lack of autism assessment.** There is no autism assessment available in Calvert County.
- **Lack of culturally competent services.** There is a need for Spanish speaking services across the behavioral health continuum in Calvert County.

- **Lack of LGBTQ+ youth supports and resources.**
- **Lack of services for ages 13 and under.** This age range ends up in the ED for long periods of time as there are not alternative providers.
- **DJS service gaps.** Medication management service needs and sufficient FFT capacity are unmet needs for justice-involved youth.
- **Lack of neuropsychological services.** The community recently lost the main provider in this area. Insurance often denies payment for these evaluations, concluding that they are educational in nature.
- **Reluctance of pediatricians to prescribe for mental health needs.** Many pediatricians are not comfortable prescribing medication for ADHD, anxiety, and depression. This places a burden on families to have weekly meetings with behavioral health providers and monthly meetings with different prescribers.
- **Absence of trauma-informed care.** Very few trauma-focused services were discussed. Notably, DSS and DJS do not have regular access to trauma-informed care for youth.

4. INPATIENT/RESIDENTIAL SERVICES:



Resources

- **CalvertHealth Medical Center.** There are approximately eight inpatient beds at the hospital for youth ages 13-18. The hospital also operates a partial hospitalization program that currently serves six youth. Capacity was reduced in this program due to Covid.
- **Children's Choice and Board of Childcare** provide planned respite, with the closest beds located in Baltimore, Maryland.
- **DJS Youth Centers** provide individual therapy, trauma therapy, medication management, substance use services, and group therapy.



Gaps

- **Waitlist for hospital beds.** There are not enough inpatient beds at the hospital to meet the need.
- **Lack of temporary and long-term placement resources for children and youth in Calvert County.** Participants noted a lack in all areas of placement resources, including respite, crisis beds, residential treatment centers, and group home beds for children and youth. There are also no residential substance abuse treatment facilities for youth in Maryland. All youth must go out of state for residential substance abuse treatment. The only option is often the emergency room, where young people linger while they wait for placements.

5. ADDITIONAL SERVICES FOR CHILDREN AND YOUTH



Resources

- **Library services.** Every school age child in the Calvert County school system receives a library card that is connected to their school lunch number. The library provides many services, including:
 - Free tutors, including online tutoring for all subjects (grades 3 and up)
 - Free hot spots for internet access
 - Chrome book borrowing
 - Book mobile in certain neighborhoods
 - Career readiness testing
 - SAT prep
 - Drivers' education
 - Story time (ages 0-5)
- **Healthy Families, Parents as Teachers, and Home Instruction for Parents of Preschool Youngsters.** These programs offer evidence-based support and intervention for expectant parents and parents of young children.
- **Maryland Coalition for Families.** A not-for-profit organization that is able to support and provide resources to parents and/or guardians, or anyone with a loved one with a behavioral health need. Education services are available, including Adverse Childhood Experience training.
- **The Promise Resource Center.** The Center has a family resource specialist and operates the Family Support Center for Southern Maryland region (0-5 years old and expectant parents served). Many parent support programs are available, including Circle of Security, Parents as Teachers, practice-based coaching, Chicago Parenting, supervised visitation, and co-parenting.
- **Community Mediation Center of Calvert County.** An all-volunteer agency serving anyone in Calvert County. Services include mediation services for a range of issues (divorce, custody, parenting plans, family, small claims, school, and peer-to-peer), restorative practices and community conferencing, parenting groups, peer mediation training, and individualized education program facilitations.
- **Calvert Alliance Against Substance Abuse.** A not-for-profit organization that focuses on substance use disorder prevention, including through the provides mini grants to local groups and schools.
- **Division of Rehabilitation Services (DORS).** Pre-employment transition services are available beginning at age 14. Services include job exploration counseling, work-based learning experiences, counseling on post-secondary enrollment application, self-advocacy, and workplace readiness training. Vocational rehabilitation services are also provided for youth who have a disability that interferes with employment.
- **CalvertHealth Medical Center.** CCPS has a dedicated staff person that provides instruction to students in the psychiatric unit.



Gaps

- **Lack of awareness about existing services.** Participants voiced a lack of awareness among youth, families, and providers themselves regarding the services available for youth.
- **Transportation.** Participants noted that a lack of transportation is often a barrier for youth to access the range of community-based services.
- **Limited housing services and lack of affordable housing.** There is a homeless or housing instable population of youth that is not being served. There is no homeless youth provider in Calvert County.
- **Waitlist for vocational rehabilitation services.** There is a 5-year wait for vocational rehabilitation services for youth who are assessed to have a need, but are not among youth with the most significant needs.

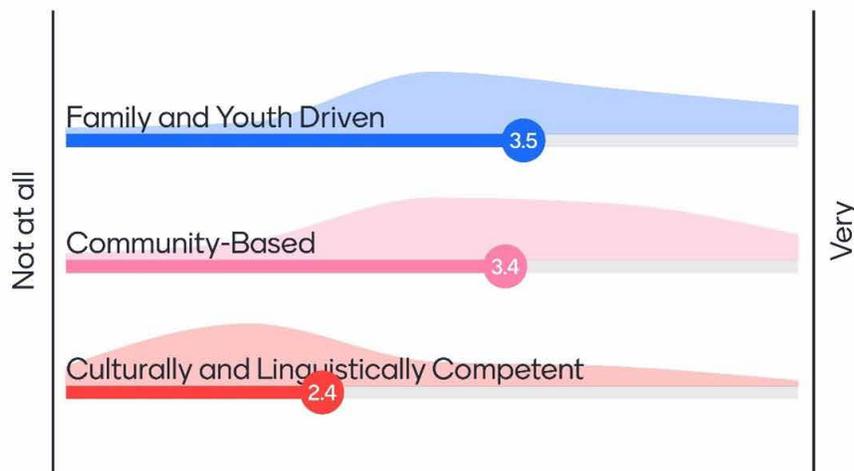
SECTION 3: SELF-REFLECTION

In addition to service-level gaps, the Critical Intervention Mapping and Action Planning Workshop is designed to identify systems-level gaps. To aid in the process of selecting priority areas for change, workshop participants were asked to complete a self-reflection to capture shared core values and guiding principles. The self-reflection is based on the SOC philosophy. This philosophy serves as the foundation for developing a comprehensive, coordinated, and effective service delivery system and includes well-defined and well-researched core values and guiding principles. For the purposes of supporting identification of systems-level opportunities for strengthening the local service delivery system, the self-reflection offers workshop participants the chance to reflect on the degree to which the local service delivery system adheres to these best practice core values and guiding principles.

The following charts display the average overall scores given by respondents for each core value and guiding principle.¹ The results reveal important indicators of the attitude or perception of the group, which includes stakeholders across the various agencies and departments serving youth with behavioral health needs and their families in Calvert County, Maryland.

CALVERT COUNTY CORE VALUES SELF-REFLECTION RESULTS

Core Values Self-Reflection



¹ Please note that there were several measures that were repeated in the Guiding Principles Self-Reflection survey. For the repeated measures, some participants voted twice (but many people did not vote the second time). The first score measured for the duplicated measures is more reliable, given many did not vote the second time.

CORE VALUES DEFINED

FAMILY AND YOUTH DRIVEN

Family and youth driven, with families and young people supported in determining the types of treatment and supports provided (with increasing youth/young adult self-determination based on age and development), and their involvement in decision-making roles in system-level policies, procedures, and priorities.

COMMUNITY BASED

Community based, with services and supports provided in home, school, primary care, and community settings to the greatest possible extent, and with responsibility for system management and accountability resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community or regional level.

CULTURALLY AND LINGUISTICALLY COMPETENT

Culturally and linguistically responsive, with agencies, services, and supports adapted to the cultural, racial, ethnic, and linguistic diversity of the young people and families they serve to provide care that meets individual needs, including those shaped by culture and language, and to ensure equity in access, quality, and effectiveness of services.

CALVERT COUNTY GUIDING PRINCIPLES SELF-REFLECTION RESULTS

Guiding Principles Self-Reflection



Guiding Principles Self-Reflection



GUIDING PRINCIPLES DEFINED

COMPREHENSIVE ARRAY OF SERVICES AND SUPPORTS

Ensure availability and access to a broad, flexible array of effective, high-quality treatment, services, and supports for young people and their families that address their emotional, social, educational, physical health, and mental health needs, including natural and informal supports.

INDIVIDUALIZED, STRENGTHS-BASED SERVICES AND SUPPORTS

Provide individualized services and supports tailored to the unique strengths, preferences, and needs of each young person and family that are guided by a strengths-based planning process and an individualized service plan developed in partnership with young people and their families.

EVIDENCE-BASED PRACTICES AND PRACTICE-BASED EVIDENCE

Ensure that services and supports include evidence-informed, emerging evidence-supported, and promising practices to ensure the effectiveness of services and improve outcomes for young people and their families, as well as interventions supported by practice-based evidence provided by diverse communities, professionals, families, and young people.

TRAUMA-INFORMED

Provide services that are trauma-informed, including evidence-supported trauma-specific treatments, and implement system-wide policies and practices that address trauma.

LEAST RESTRICTIVE NATURAL ENVIRONMENT

Deliver services and supports within the least restrictive, most natural environments that are appropriate to the needs of young people and their families, including homes, schools, primary care, outpatient, and other community settings.

PARTNERSHIPS WITH FAMILIES AND YOUTH

Ensure that family and youth leaders and family- and youth-run organizations are full partners at the system-level in policy, governance, system design and implementation, evaluation, and quality assurance in their communities, states, tribes, territories, and nation.

INTERAGENCY COLLABORATION

Ensure that services are coordinated at the system-level, with linkages among youth-serving systems and agencies across administrative and funding boundaries (e.g., education, child welfare, juvenile justice, substance use, primary care) and with mechanisms for collaboration, system-level management, and addressing cross-system barriers to coordinated care.

CARE COORDINATION

Provide care coordination at the service delivery level that is tailored to the intensity of need of young people and their families to ensure that multiple services and supports are delivered in a coordinated and therapeutic manner and that they can move throughout the system of services and supports in accordance with their changing needs and preferences.

HEALTH-MENTAL HEALTH INTEGRATION

Incorporate mechanisms to integrate services provided by primary health care and mental health service providers to increase the ability of primary care practitioners and behavioral health providers to better respond to both mental health and physical health problems.

DEVELOPMENTALLY APPROPRIATE SERVICES AND SUPPORTS

Provide developmentally appropriate services and supports, including services that promote optimal social-emotional outcomes for young children and their families and services and supports for youth and young adults to facilitate their transition to adulthood and to adult service systems as needed.

PUBLIC HEALTH APPROACH

Incorporate a public health approach including mental health promotion, prevention, early identification, and early intervention in addition to treatment in order to improve long-term outcomes, including mechanisms in schools and other settings to identify problems as early as possible and implement mental health promotion and prevention activities directed at all children, youth, and young adults and their families.

MENTAL HEALTH EQUITY

Provide equitable services and supports that are accessible to young people and families irrespective of race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socioeconomic status, geography, language, immigration status, or other characteristics; eliminate disparities in access and quality of services; and ensure that services are sensitive and responsive to all individuals.

SECTION 4: ACTION PLAN

Selection of Priorities for Change

Participants identified gaps and opportunities throughout the mapping process and through a survey administered after the mapping sessions. Themes were identified by PRA and vetted with workshop participants. A final list of priority areas for change was then developed. Workshop participants voted on this list, in an effort to identify four top areas for strategic planning. The voting reflected priority areas that the participants thought were both important and ones the group felt could be realistically addressed during action planning. Voting therefore does not necessarily reflect what the group felt was most important. Instead, it reflects those things that were most important and that offered the best opportunity for these participants to develop action plans. The results of the vote are displayed below:

PRIORITY AREAS FOR CHANGE	TOTAL VOTES
Develop strategies to improve service engagement	17
Increase awareness of youth services currently available to our community members	11
Recruit and retain a qualified youth services workforce	10
Enhance communication and information sharing across agencies and community partners	9
Improve outreach and race relations for equitable services and building of trust	5
Develop a policy and funding strategy to implement county wide restorative justice practices	5
Assess ways to become more preventative rather than reactive in available services	4
Implement county-wide screening tool for mental health	4
Integrate bi-directional communication opportunities with primary care/pediatricians	3
Recruit and retain workforce from local colleges and universities	3
Develop a plan to address the lack of youth residential services	2
Develop a large, multi-agency prevention-focused funding proposal	2
Create an environment where constituents will engage in services	2
Ascertain whether the services they are providing are meeting the needs of the community	2
Improve communication between medical providers/pediatricians and DSS, DJS, and other providers	2
Initiate a program that addresses LGBTQ+ youth needs	2
Be supportive of existing programs by making referrals	1
Implement further training on harm reduction models	1
Ensure adequate and full representation from organizations	0
Improve messaging to community via social media to ensure consistent messaging across platforms	0
Implement anti-stigma campaigns	0

RESOURCES

- Community Tool Box
 - [Implementing Social Marketing](#)
- Penn State
 - [Connect families to community-based services and resources](#)
- Environmental Protection Agency
 - [Public Participation Guide: Tools to Inform the Public](#)

Engage the governor candidates on the issues/priorities in this county	0
Develop a multi-tiered approach to ensuring community and community-based service providers have knowledge of all the different services available and how to access them	0

ACTION PLANNING EXERCISE

On Day 2, workshop participants participated in a facilitated action planning exercise. The primary focus of the Action planning exercise was to review the priority areas for change identified during the mapping and Self-Assessment Survey exercises, and to establish the action step(s) for selected priority areas as well as the designated lead person for overseeing and coordinating the effort. Based on the results of the voting, the workshop participants selected the top four priority areas for action planning. In addition, participants also discussed the need for ongoing coordination and planning to refine, implement and monitor the recommended activities

- **Priority 1:** Increase awareness of currently available youth services to community members.
- **Priority 2:** Recruit and retain a qualified youth services workforce.

RESOURCES

- National Center of State Legislatures
 - [Trends and Incentives in Workforce Development](#)
- Smart Incentives
 - [State incentive program trends: workforce development](#)
- Community Tool Box
 - [Creating and Maintaining Coalitions and Partnerships](#): Detailed list of actions and recommendations, including links to additional resources
- Child Welfare Information Gateway
 - [Burnout, Compassion Fatigue, and Secondary Traumatic Stress](#)
- Journal of Social Work Education
 - [Building an Evidence-Driven Child Welfare Workforce: A University-Agency Partnership](#)

- **Priority 3:** Develop strategies to improve service engagement.
- **Priority 4:** Enhance communication and information sharing across agencies and community partners.

CALVERT COUNTY ACTION PLAN

The following represents the preliminary action plan for Calvert County, Maryland, developed by participants, to improve the community’s capacity to respond to youth with behavioral health needs. This plan is considered preliminary as it should be reviewed on a regular basis by key stakeholders to ensure that the items identified by the workshop participants are completed, and that additional objectives and action steps are added to the action plan as the need arises.

PRIORITY AREA 1:

Increase awareness of currently available youth services to community members.

OBJECTIVE	INITIAL ACTION STEPS	WHO	WHEN	METRIC
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RESOURCES

- NAMI
 - [9 Ways to Fight Mental Health Stigma](#)
- Family Voices
 - [Family Engagement in Systems Toolkit: Assessing & Improving Family Engagement at the Systems Level](#)
- The FORCE Society for Kids’ Mental Health
 - [Engaging Families in Child & Youth Mental Health: A Review of Best, Emerging and Promising Practices](#)
- U.S. Department of Health and Human Services
 - [Family Engagement Inventory: Family Engagement Practice Level Strategies](#)
- Youth.gov
 - [System-Level: Engaging Families as Partners in System Improvement](#)

1.1	Increase skilled marketing, specifically internet/social media-based marketing. Creative marketing to reach children through animation, popular social media, etc.	Training in internet-based marketing, use of younger generation and specific marketing/graphic design majors. Superintendent TikTok promotions and linking to services.	Training from CMR, young marketing interns, Comm Resources, graphic design students in public schools.		
1.2	Develop a unified county-wide marketing campaign to promote behavioral and health services. No wrong door resources!	Pediatrician access to mass resource site, provide a digital supportive resource guide,	Community Resources, Calvert behavioral health, hospital, local peds, Sierra Ringley		
1.3	School involvement in youth communication to ensure marketing reaches those it applies to.	Resources in bathrooms in schools, QR codes that lead to discrete use of resources, engaging in CTA utilization, health fairs are restarting in high schools this year. Utilizing the Local Care Team in schools.	Caitlin Fregelette, new superintendent, consider involvement of CSM to encompass individuals up to 21. Ariane!		

PRIORITY AREA 2:

Information sharing around what services are available to support youth in the community (via web pages, flyers, in person events, etc.). Creating a directory of all available youth-specific services in Calvert County.

	OBJECTIVE	INITIAL ACTION STEPS	WHO	WHEN	METRIC
2.1	Develop workforce pipeline with local higher education systems	Establish relationship w/ key contracts	LBHA / Jennifer Moreland	Bi-monthly provider meetings	# of contacts # of initiatives

RESOURCES

- The Association for Intelligent Information Management
 - [Knowledge Sharing: 5 Strategies to Share Knowledge In the Workplace](#)
- Federal Reserve Bank of San Francisco
 - [Building a Cross-Sector Coalition](#): The first paragraph is unrelated, but the list of lessons that follow are very helpful for cross-system coalition building
- Northwestern University
 - [Knowledge Sharing: Leveraging Trust and Leadership to Increase Team Performance](#)

2.2	Develop a voluntary pool of interagency mentors	Establish policies, vision, mission	IAC
2.3	Develop a workforce retention strategy with research and outreach	Conduct environmental scan and engage with CBH	LBHA

PRIORITY AREA 3:

There is a need for more preventative programming/recreational activities for youth.

OBJECTIVE	INITIAL ACTION STEPS	WHO	
3.1	To obtain feedback on behavioral health and support services that benefit youth and families.	Obtain information through key informant interview process to include pre-interview preparatory techniques (i.e., discussion about process and sharing of information guidelines)	<ul style="list-style-type: none"> • Clients • families • Providers • Community Partners
3.2	Develop Advisory Committee to review feedback.	Access data and disseminate information with priority setting Create engagement plan services	Shareholders
3.3	Develop outreach plan to reach those who do not access services	Awareness campaign	General

PRIORITY AREA 4:

There is a need for services for youth that are lower-risk -- youth who are not prioritized for immediate crisis care, but still in need of accessible behavioral health support.



Example: [Wisconsin Children's Mental Health Collective Impact](#) (Video)



Resource: [Collective Impact Forum](#)

OBJECTIVE	INITIAL ACTION STEPS	WHO	
4.1	Unify the systems into one central share point	Identify cross-platform to use- use OurCalvert website	
4.2	Identify the groups/agencies to be included	Utilize the current provider lists and LBHA/LCT other stakeholder meetings	
4.3	Gain and maintain involvement from providers	<ul style="list-style-type: none"> • Hire a full-time information coordinator • Use the same branding for advertising • Use Ourcalvert on the CCG website and CCPS website • Have buy-in from the BOCC/County Govt • Add to CCG website as a quick link as well • CCPS/P&R/CHMC/Youth groups/Chamber of Commerce to push the information consistently • Have current listers on the site reciprocate on their own sites • Hold an in-person annual meeting for all the providers that must be attended, possibly use the Fairgrounds 	Jennifer L FTE Julie Mas

SECTION 5: CONCLUSIONS AND RECOMMENDATIONS

Moving forward, Calvert County is in a strong position to leverage the strengths, action plans and cross-sector professional network identified during this process to improve outcomes for young people. Large-scale social change requires broad cross-sector coordination.² “Collective impact” describes an intentional way of working together and sharing information for the purpose of solving a complex problem. Proponents of collective impact believe that the approach is more likely to solve complex problems than if a single entity were to approach the same problem(s) on its own. According to Kania and Kramer, there are certain characteristics that distinguish collective impact initiatives from “collaboration as usual” and that make them successful:

- All participants have a common agenda for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions;
- Collecting data and measuring results consistently ensures a shared measurement system for



- » Resource: [Texas Systems of Care Toolkit – How to Develop Leadership Structures](#)
- » Resource: [Tools for Backbones](#)
- » Resource: [Collective Impact Toolkits](#)
- » Resource: [Leadership in Systems of Care: Creating and Communicating a Shared Vision](#)

alignment and accountability;

- A plan of action that outlines and coordinates mutually reinforcing activities for each participant;
- Open and continuous communication is needed across the many players to build trust, assure mutual objectives, and create common motivation;
- A backbone organization with staff and a specific set of skills to serve the entire initiative and coordinate participating organizations and agencies;

Many of the required collective impact components are already present within Calvert County. Most notably, the presence of the 200+ member interagency council convened by Calvert County Family Network. This council is a ready-made group to serve as a backbone entity and optimal pool from which to convene a leadership committee. A major challenge experienced by many is sustaining momentum as the months and years tick on; this group is a key asset in advancing this work and improving outcomes for children and youth across Calvert County. With that in mind, the facilitators from PRA would recommend that the community attend to the recommendations explored below. The recommendations focus on developing adequate structures to ensure work plans are implemented and are periodically

² Kania, John, and Mark Kramer. "Collective Impact." *Stanford Social Innovation Review* 9, no. 1 (Winter 2011): 36–41.



- » Resource: [Evidence-Based Practices Resource Center](#)
- » Resource: [National Youth Screening and Assessment Partners](#)
- » Resource: [Identifying Mental Health and Substance Use Problems of Children and Adolescents: A Guide for Child-Serving Organizations](#)
- » Resource: [National Center for School Mental Health, Mental Health Screening](#)

reviewed and revised as needed, and that future efforts focus both on addressing the communities needs while also cultivating a robust workforce that is well prepared to identify and meet the behavioral health needs of children and youth. Specific recommendations include:

1. **Utilize an existing committee-based leadership structure to facilitate the implementation, refinement, monitoring, and evaluation of these efforts.** Specific foci of this leadership group should include:
 - a. Cultivating and concretizing the shared vision articulated during the mapping process and facilitating the creation of a charter to drive these efforts. A vision provides orientation and meaning for leaders and collaborative efforts. It helps to focus meeting agendas, data collection, planning and implementation, and helps communities engage in thoughtful and sustainable transformation of practice;
 - b. Clearly articulating and monitoring an implementation plan and timeline;
 - c. Identifying process and outcome metrics as well as developing a plan to track these efforts;
 - d. Developing an annual, publicly available report with process and outcome metrics and articulating next steps for the coming year.
 - e. NOTE: Thought should be given to the specific skill sets needed in order to achieve the goals set forth by the leadership group. For example, ensuring someone with sufficient evaluation expertise is involved to help drive that critical component.

As the work continues to unfold, it is important to identify and empower a leadership structure to systematically support the already present cross-systems relationships and information to ensure needs are identified and available resources, and system-level outcome data are effectively mobilized. The committee that facilitates this work moving forward may want to consider learning more about and shifting toward functioning as a backbone organization for collective impact, as this kind of support will facilitate the needed ongoing cross-systems collaboration. ***Collective impact is the commitment of a group of actors from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration.***

2. **Periodically review and revise this report and the included action plans. Specifically:**
 - a. Utilize the evaluation plan described in Recommendation 1 to evaluate progress toward stated goals;
 - b. Revisit and refine goals and action plans as needed and supported by data to ensure plan is actionable, making needed progress and continue to accurately reflect the strengths, needs and capacities of the community and this group to make meaningful change.
3. **Continue to prioritize the use of proven effective, culturally and linguistically responsive, and ideally evidence-based, supports and services.** A comprehensive continuum should include systematic structures and policies to use objective screening and assessment tools to identify youth needs. Special consideration should be given to the screening, assessment, and treatment needs of youth who are likely to have increased behavioral health needs, including youth involved in the child welfare and juvenile justice systems, youth who identify as LGBTQ+, and youth who experience homelessness.
4. **Refine above action plans to explicitly develop and implement a youth and family engagement strategy,**
 - a. Involve families throughout the process to ensure needs are adequately identified,

APPENDICES

APPENDIX A: Agenda



Critical Intervention Mapping and Strategic Planning AGENDA

Building: Calvert County Detention Center
Address: 325 Stafford Rd | Barstow, MD 20610

Day 1: Monday, July 25, 2022

- | | |
|------------|--|
| 12:00 p.m. | Registration and Networking |
| 12:30 p.m. | Welcome and Introductions <ul style="list-style-type: none">• Overview of the Workshop• Goals and Tasks for Day 1 Establishing a Framework <ul style="list-style-type: none">• Core Values• Guiding Principles Local Infrastructure Self-Assessment <ul style="list-style-type: none">• Assess the Needs and Entry Points Across Systems• Identify Gaps and Opportunities |
| 4:30 p.m. | Adjourn |



Critical Intervention Mapping and Strategic Planning

AGENDA

Building: Calvert County Detention Center

Address: 325 Stafford Rd | Barstow, MD 20610

Day 2: Tuesday, July 26, 2022

- | | |
|------------|---|
| 8:00 a.m. | Registration and Networking |
| 8:30 a.m. | Opening <ul style="list-style-type: none">• Goals and Tasks for Day 2 Continued... Local Infrastructure Self-Assessment <ul style="list-style-type: none">• What's Happening in Your Community• Identify Gaps and Opportunities Reflection and Priority Setting <ul style="list-style-type: none">• Reflections on Local Infrastructure Self-Assessment• Identify Gaps and Opportunities Vote on Priorities <ul style="list-style-type: none">• Select Top 4 Priorities |
| 12:00 p.m. | Lunch <ul style="list-style-type: none">• <i>Lunch will be provided</i> |
| 12:30 p.m. | Activity: Action Planning <ul style="list-style-type: none">• Small Groups for Planning Around Priorities• Report out From Priority Groups |
| 3:00 p.m. | Summary and Closing |
| 3:15 p.m. | Adjourn |

APPENDIX B: Participant List

*Note that this is a list of participants who participated in at least one or more components of the workshop, but may not have participated in all events.

NAME	AGENCY	ROLE	EMAIL
Amye Scrivener, LCSW-C	Director	DSS	amye.scrivener@maryland.gov
Andrea McDonald-Fingland, LCSW-C	Director	LBHA	andrea.mcdonald-fingland@maryland.gov
Anita Ray, MA	Director, Behavioral Grant Programs	CCBH	Anita.Ray@maryland.gov
Ariane Odom	LCT Coordinator	CCFN	Ariane.Odom@calvertcountymd.gov
Bev Izzi	Youth Services Coordinator	Calvert Library	bizzi@somd.lib.md.us
Candice D'Agostino	Coordinator	CAASA	Candice.DAgostino@calvertcountymd.gov
Chloe Gregory	Intern	CCFN	Chloe.Gregory@calvertcountymd.gov
Christina Otruba	Peer Support	MCF	cotruba@mdcoalition.org
Cindy Scribner	Supervisor	DJS	Cynthia.scribner@maryland.gov
Cpl. Nick D'Felice	Special Operations— Crisis Intervention	CCSO	Nicholas.DeFelice@calvertcountymd.gov
Debbie Walsh, LCSW-C	Assistant Director	DSS	Deborah.Walsh@maryland.gov
Debby Weber	Therapist	Center 4 Children	dweber@center-for-children.org
Diana Adams	Program Coordinantor, Healthy Families	CCPS	adamsd@calvertnet.k12.md.us
Doris McDonald, MA, LCADC, LCPC	Director	CCBH	doris.mcdonald@maryland.gov
Douglas Mohler	Regional Supervisor	DJS	Douglas.Mohler@maryland.gov
Dr. Folsom-Elder	MD	CCHD	michelle.folsom-elder@maryland.gov
Dr. Polsky	Health Officer	CCHD	laurence.polsky@maryland.gov
Erin Farley, MSN, RN	Community Wellness Director	Calvert Health	Erin.Farley@Calverthealthmed.org
Heather Howes	EMS Specialist	CCG	Heather.Howes@calvertcountymd.gov
Jennifer Moreland	Director, Community Resources	CCG	Jennifer.Moreland@calvertcountymd.gov
Jennifer Osterloh	Interim Director	Calvert Health	Jennifer.Osterloh@calverthealthmed.org

Karen Carloni, LCPC, NCC	Executive Director	SMCN	KCarloni@smcni.org
Kim Phillips	Family Support Center	Promise Resource Center	Kphillips@thepromisecenter.org
Kirk Martin	Citizen Rep	CCFN	kirk.w.martin@usda.gov
Lisa Weiland	CCFN Citizen Member	Life Church—Food Pantry	wielandla@gmail.com
Lt. Jimmie Meurrens	Commander	MSP	Jimmie.Meurrens@maryland.gov
Margie Moore	Family Services Coordinator	Magistrates Office	margie.moore@mdcourts.gov
Nikki D'Angelo, LCSW-C	In-Home Supervisor	DSS	nikki.dangelo@maryland.gov
Sgt. Josh Underwood	Reentry Sgt. /CCFN Board Chair	CCDC	Joshua.Underwood@calvertcountymd.gov
Sheri Tardio	Executive Director	Community Mediation	sheriaticmcc@gmail.com
Sierra Ringley	Youth and Adolescent Coordinator	LBHA	sierra.ringley@maryland.gov
Sonia Hinds, APRN, PMH-BC, RPT-S	Executive Director	Barstow Acres	barstow.acres@yahoo.com
Tia Myers, LGPC	Program Director	EJYC	adolescentclubhouse@eastjohnnyouth.org

APPENDIX C: PowerPoint Presentation

Slide 1

Critical Intervention Mapping & Action Planning Workshop

Calvert County, Maryland
July 25-26, 2022



Slide 2

WELCOME AND INTRODUCTIONS

Our Purpose Today...



Assess and understand current services array and systems collaboration



Identify gaps and opportunities

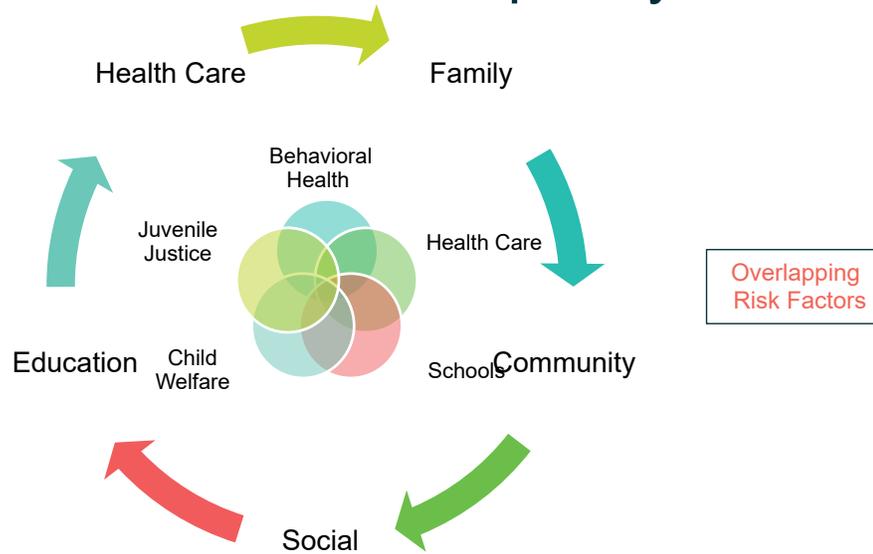


Set priorities and develop an action plan

Workshop Objectives



Youth Involved in Multiple Systems

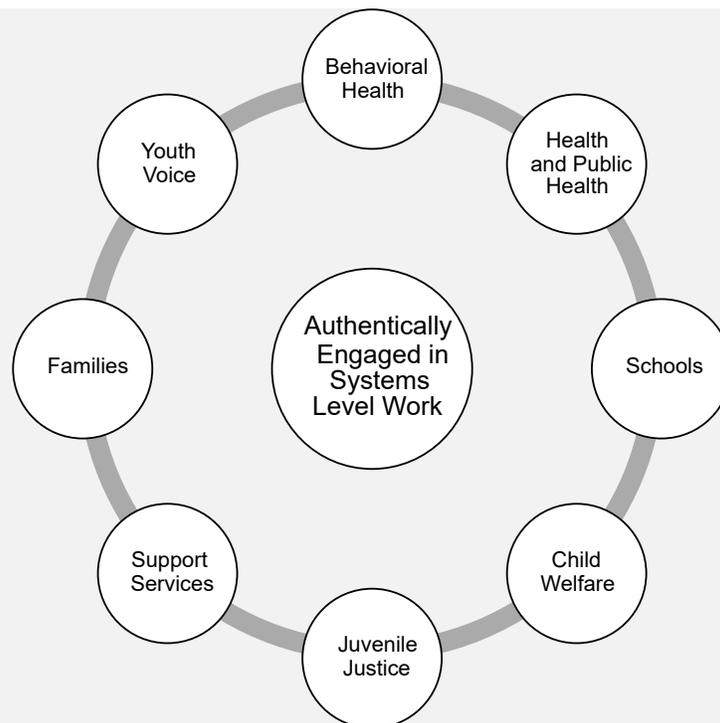


ESTABLISH A FRAMEWORK

WHAT IS A SYSTEMS OF CARE?

- In the simplest of terms it is...
- a comprehensive array of services and supports
- an infrastructure to fulfill essential functions
- a clear philosophy to guide service delivery for youth with behavioral health conditions and their families

Stroul, B.A., Blau, G.M., & Larsen, J. (2021) *The Evolution of the System of Care Approach*. Baltimore: The Institute for Innovation and Implementation, School of Social Work, University of Maryland.



CORE VALUES

- Family and Youth Driven
- Community Based
- Culturally and Linguistically Competent

CORE VALUES REFLECTION

<https://www.menti.com/bze29bgd8p>



GUIDING PRINCIPLES

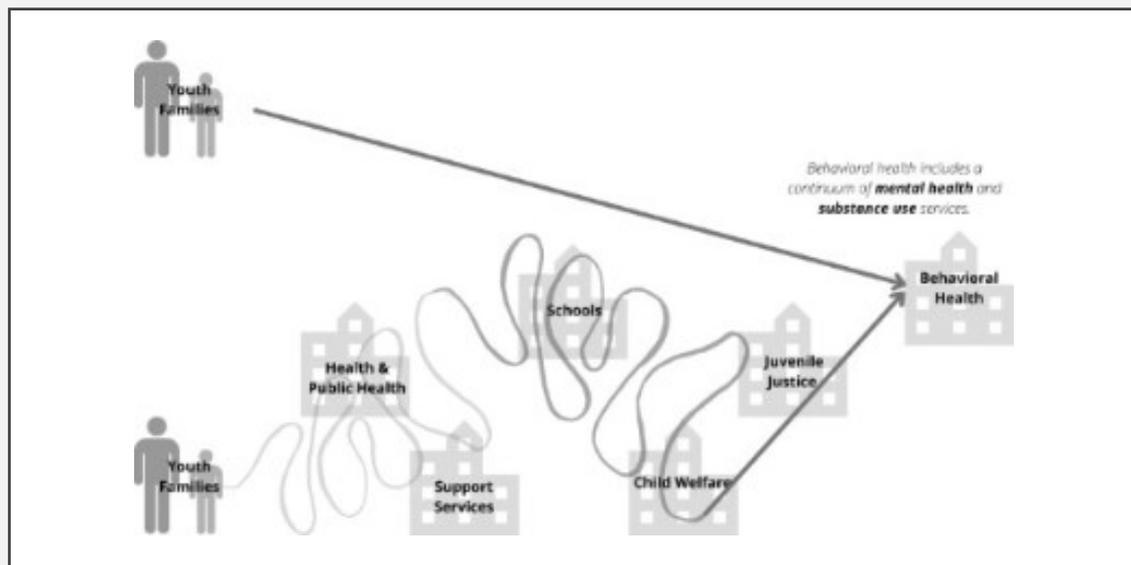
- Comprehensive Array of Services and Supports
- Individualized Strength-Based Services and Supports
- Evidence-Based Practices and Practice Based Evidence
- Trauma Informed
- Least Restrictive Natural Environment
- Partnerships with Families and Youth
- Interagency Collaboration
- Care Coordination
- Health/Mental Health Integration
- Developmentally Appropriate Services and Supports
- Public Health Approach
- Mental Health Equity
- Data Driven and Accountability
- Rights Protection and Advocacy



LOCAL INFRASTRUCTURE
SELF-ASSESSMENT

A close-up photograph of a person's hand holding a black pen over a notepad. The notepad has a checklist with several items, each preceded by a small square checkbox. The text on the notepad is partially visible and includes "Drive in", "Map", and "Map". The background is a blue and white patterned surface.

ACTIVITY: SELF-ASSESSMENT



DISCUSSION GUIDE

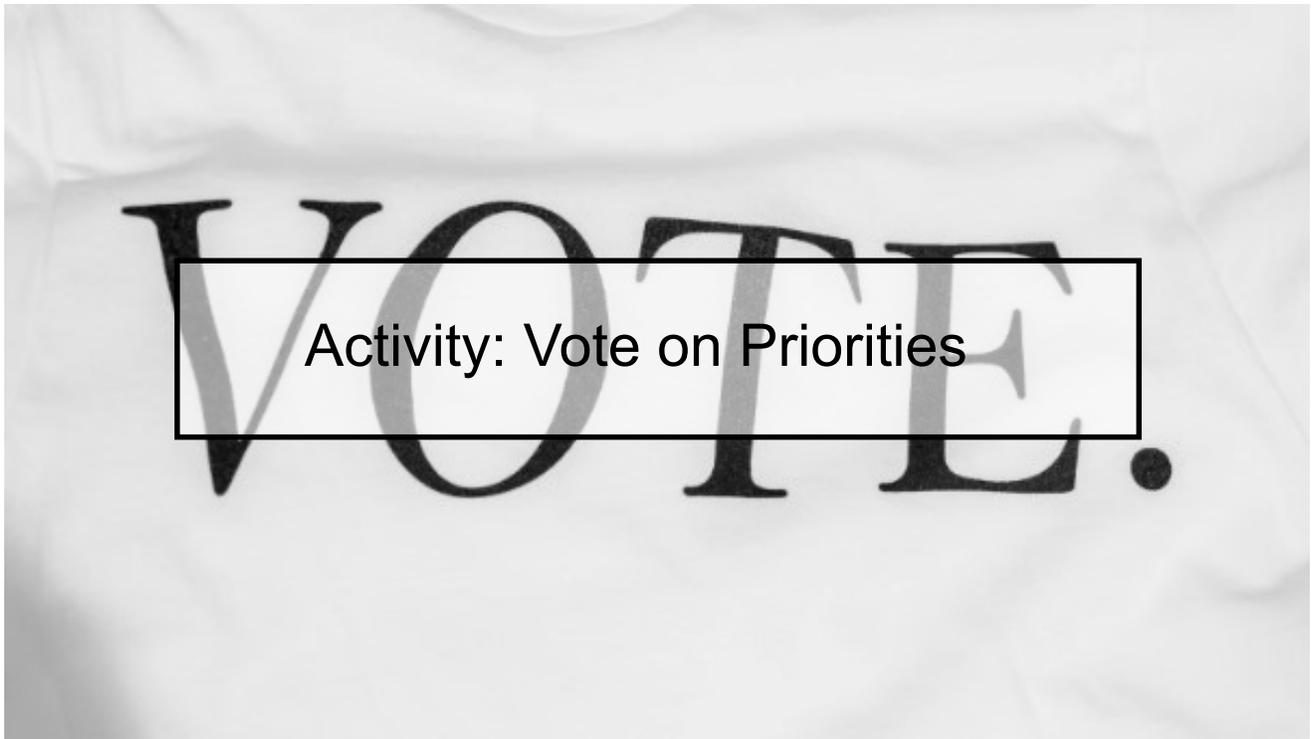
- Who does your agency serve and what are their service needs?
- What is the process for identifying service needs?
- What services do you offer and what services are missing or lacking capacity?
- What are common barriers to accessing your services?



REFLECTION AND PRIORITY SETTING

BASED ON THE SELF -ASSESSMENT...

- What problem(s) are you trying to solve?
- What are the systems level gaps?



ACTION PLAN DEVELOPMENT

- Core values and guiding principles
- Self-assessment of local infrastructure
- Identification of gaps and opportunities
- Actions
 - Short-term goal(s)
 - Long-term goal(s)
- Metrics (continuous quality improvement)
- Funding and sustainability

Priority Area 1:

Objective 1:

Action Step(s)	Who	When	Metric(s)