



# **Maryland Children's Cabinet Three-Year Plan 2021 – 2023**

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## Executive Summary

This *Maryland Children's Cabinet Three-Year Plan 2021 - 2023* (Plan) identifies the specific priorities 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 strives to increase the well-being of Maryland's families to achieve a safer Maryland.

The Plan includes the following:

- An overview of Maryland's Children's Cabinet;
- A discussion of the Result-Based Accountability framework that drives the Children's Cabinet's decision-making, directs investments based on data, and addresses the entire spectrum of child well-being through eight targeted child well-being Results; and,
- A discussion of the Children's Cabinet's priorities for 2021 - 2023.

# 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. In that role, the Children's Cabinet now presents its Plan for 2021 - 2023 which identifies the issues and populations of concern.

## Three-Year Plans

In 2015, the Children's Cabinet outlined its initial plan<sup>3</sup> to address issues that threaten

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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](#).

economic stability among Maryland’s most vulnerable children, youth, and families. That strategic 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.

This Plan for 2021 – 2023 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 wellbeing. A key theme for this plan 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 on the Children’s Cabinet plays a corresponding role in implementing the strategies necessary to advance the 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

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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.

Youth have Opportunities for Employment or Career Readiness  
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://goc.maryland.gov/wellbeingscorecard/>.

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 have developed the following Plan. Over the next three years, the partners will continuously 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.

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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*.



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

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

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

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 64,255 (5%) in 2017 - 2018<sup>7</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>8</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>9</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>10</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.

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<sup>7</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>8</sup> Urban Institute. (2008). *Broken Bonds: Understanding and Addressing the Needs of Children with Incarcerated Parents*.

<sup>9</sup> Martin, Eric. (2017). [Hidden Consequences: The Impact of Incarceration on Dependent Children](#). NIJ Journal 278.

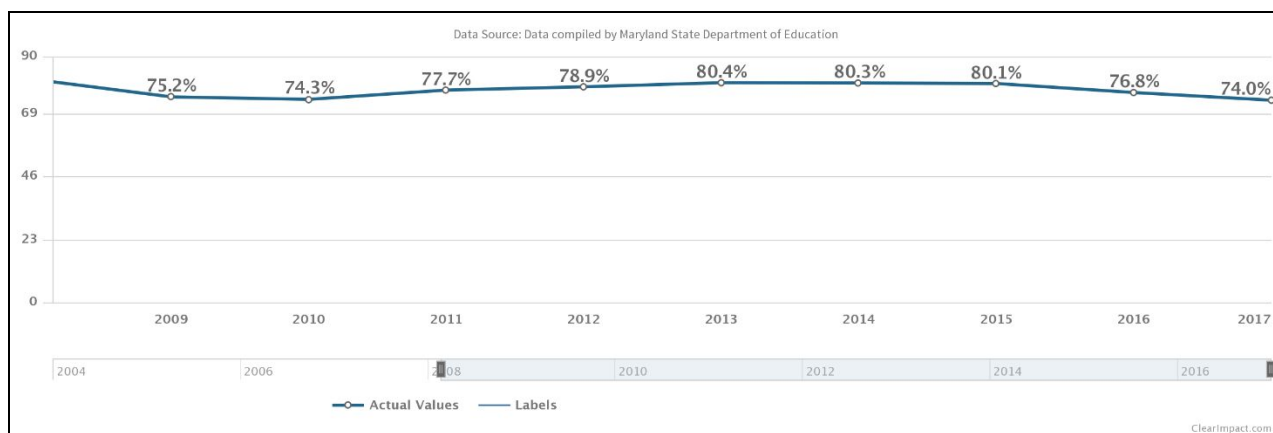
<sup>10</sup> Raeder, Myrna. (2012). *Making a Better World for Children of Incarcerated Parents*. Family Court Review 50 no. 1: 23-35.

## 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.

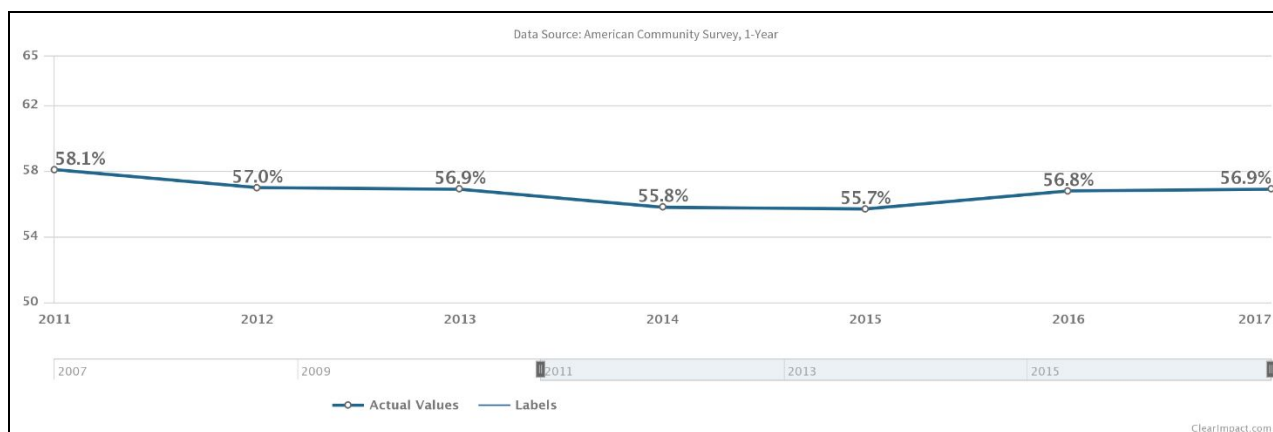
Education and employment are two leading indicators of overall well-being. In 2018, in Maryland, approximately 67,000 youth aged 18-24 were not attending school, not working, and with no degree beyond high school.<sup>11</sup> In Maryland, both the high school program completion rate and the youth employment 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 same time, the youth employment rate rose to 56.9% in 2017, compared to 55.8% in 2014.

### High School Completion



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

<sup>11</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.

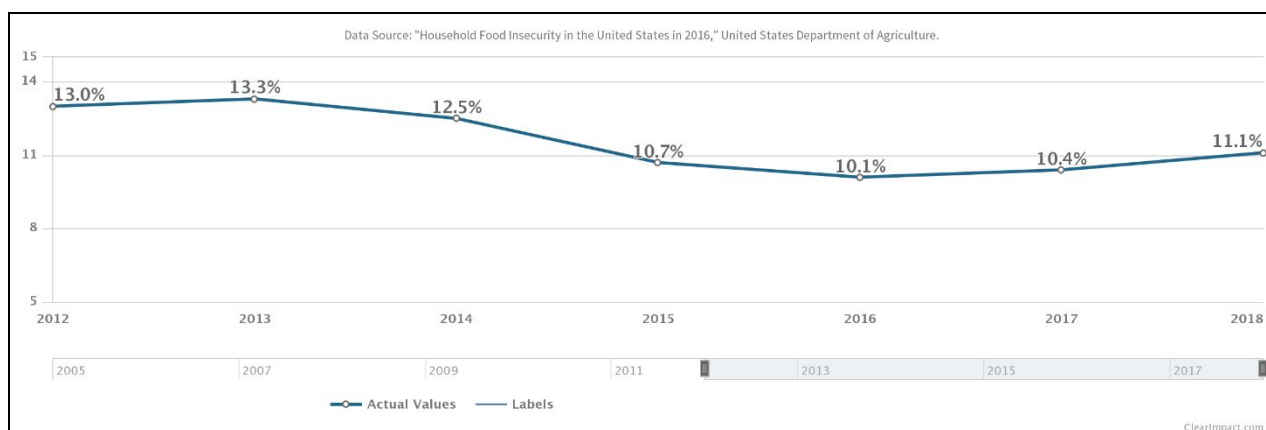


The Children’s Cabinet is supportive of interventions that focus on reconnecting the out-of-work/school population to work or school or preventing youth from becoming disconnected in the future. Adoption of “collective impact” approaches, where a variety of partners are convened to work together to provide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

### 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>12</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

<sup>12</sup> No Kid Hungry. [Maryland: 11.1% of All Maryland Households Are Food Insecure](#).

“troubling rates of food insecurity among Maryland’s middle and high school students. Overall, about 1 in every 4 secondary school students lack consistent access to the healthy food they need, and 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>13</sup>

Food insecurity has been recently impacted by the pandemic with the Department of Human Services reporting “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>14</sup>

Those “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 or more (38% vs. 22%).”<sup>15</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.

### 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>16</sup>

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

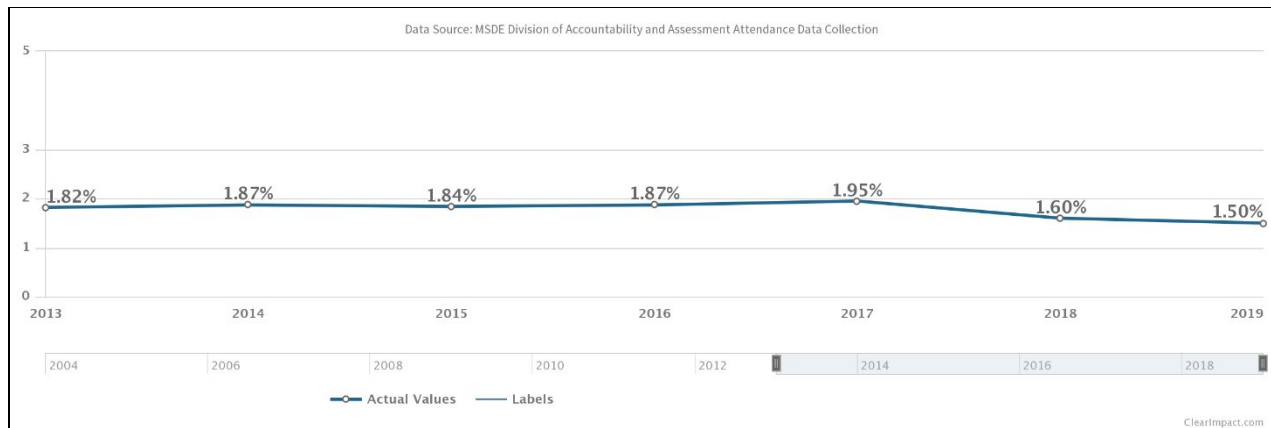
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<sup>13</sup> No Kid Hungry. (2020). [New Report, “Food Insecurity Among Middle and High School Students in Maryland,” Reveals a Disturbing Reality for 1 in 4 Secondary School Students.](#)

<sup>14</sup> No Kid Hungry. (2020). [Maryland: Highest SNAP Participation in More than 20 Years Reveals the Unprecedented Level of Need Across Maryland.](#)

<sup>15</sup> Ibid.

<sup>16</sup> Maryland State Department of Education. [Maryland Homeless Education Trend Data 2015-2018.](#) Retrieved on October 20, 2020.



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.

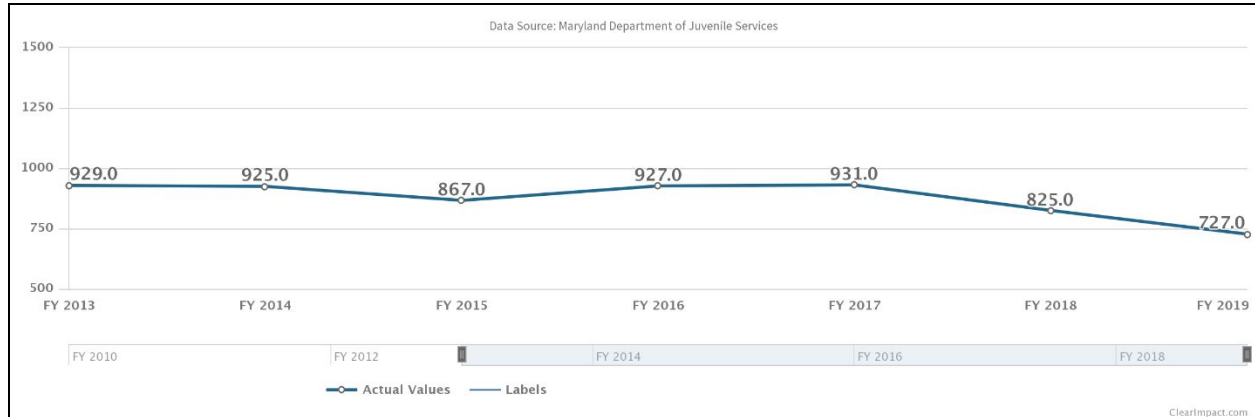
The Children’s Cabinet is supportive of activities that have been successful for unaccompanied homeless youth, including developing solutions for stable housing, street outreach and promotion of strong and stable relationships with peers and other adults, and options for individuals whose behavioral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

### 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.

In the chart below, by 2019, the rate of juvenile felony referrals has dropped to a six year low. There have been efforts by police and 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.

### 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... Over time, and often during adolescence, the child may adopt negative coping mechanisms ... these unhealthy coping mechanisms can contribute to disease, disability, and social problems, as well

as premature mortality."<sup>17</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 below:<sup>18</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%)
- 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.

### Preventing Out-of-State Placements

The Children's Cabinet has long been interested in reducing 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 placement's treatment planning and follow the child's progress; and, out-of-State programs are often significantly more expensive than in-State programs.

Data below from the [FY 2019 State of Maryland Out-of-Home Placement and Family Preservation Resource Plan](#) shows the fluctuation in out-of-State placements over the last six years. Since 2016, there has been a concerted effort to reduce the placement of children out-

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<sup>17</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>18</sup> Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS). (2018). [Maryland High School Survey](#). Retrieved on October 19, 2020.

of-State and create placements in Maryland that can appropriately meet the needs of these children.

Maryland Out-of-State Placements								
Category	1/31/14	1/31/15	1/31/16	1/31/17	1/31/18	1/31/19	Average Change	Last Year Change
Community-Based Residential Placement	52	47	54	27	21	12	-21.96%	-42.86%
Family Home Settings	73	78	86	65	73	76	1.82%	4.11%
Hospitalization	5	4	11	11	22	12	41.91%	-45.45%
Non-Community-Based Residential Placement	126	151	95	62	70	89	-2.39%	27.14%
Other	17	21	2	0	0	0	NA	NA
All Categories	273	301	248	165	186	189	-5.30%	1.61%

Other efforts of the Children’s Cabinet to address out-of-State placements include re-establishing the interagency collaboration and development of quality educational, treatment, and residential services in Maryland so that children with intensive needs continue to be served in the least restrictive setting appropriate to their individual needs, and the establishment of a workgroup to study and develop recommendations to address a population of youth who experience hospital overstay.

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 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 Assistant Deputy Director of the Children and Youth Division of 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>19</sup> the local Substance Use Councils, the local 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.

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<sup>19</sup> It is important to note that one Core Service Agency is located on the Eastern Shore and serves five local jurisdictions.

## Conclusion

The Children's Cabinet believes this Plan for 2021 - 2023 will be a catalyst for renewed energy and focus 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 is 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.