



# Queen Anne's County's Resource Development Plan for Child and Family Services



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The Comprehensive Services Act (CSA) Project is being conducted by Coastline Training and Development, Inc. through a contract with the Queen Anne's County Department of Social Services. Queen Anne's County Department of Social Services established key stakeholders for this project who provided direction, insight, and feedback to the facilitation team on all phases of the CSA Project. The CSA Project key stakeholders include:

- Virginia Ingling, Director, Queen Anne's County Department of Social Services
- Cathy Dougherty, Assistant Director, Queen Anne's County Department of Social Services

Coastline Training and Development, Inc., in consultation with Dr. Steve Preister, Associate Director of the National Child Welfare Resource Center for Organization Improvement, Paul DiLorenzo of the National Child Welfare Resource Center for Organizational Improvement and John Bumgarner, Research Faculty, Institute for Policy Outreach at Virginia Tech, conducted a comprehensive assessment of the child and family service array in Queen Anne's County, Maryland. This report is the first report which depicts the assessment of the 96 service array objectives. The final goal in mind is to generate a Resource Development Plan for the Queen Anne's County child and family service array.

## Acknowledgements

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Coastline Development and Training, Inc. would like to thank the many community stakeholders who devoted endless time and input, and pledged more time commitments in the subsequent phases of this process, in order to further improve the child and family service array of Queen Anne’s County.

## Introduction

The Queen Anne's County Department of Social Services, in partnership with the key CSA stakeholders, brought together Child and Family Services stakeholders at the Queen Anne's County Department of Social Services facility, in Centreville, Maryland on November 29, 2006. These stakeholders represented different public, private, and non-profit sector community agencies involved in providing services for children and families in Queen Anne's County, Maryland.

The Report, "An Assessment of the Child and Family Service Array in Queen Anne's County, Maryland," was revealed to the Queen Anne's County stakeholders on March 1, 2007 at the 2<sup>nd</sup> Queen Anne's County Meeting on Child and Family Services. The participants at the 2<sup>nd</sup> Queen Anne's County Community Meeting decided to pursue the creation of a Resource Development Plan.

The following pages have been reformulated by the Queen Anne's County Department of Social Services from the original version in order to help the reader follow the process of establishing strategies within each of the five service areas. Every attempt has been made to maintain the wording and representation of the group that was assembled in March of 2007, as the feedback provided was quite valuable. This document is just one early step in the resource plan and it is hoped that the community will continue to support the efforts of the local department in implementing the identified needed services. Continuous feedback and assistance will be sought as we progress through the plan in the next few years.

## List of Acronyms

AAMC	Anne Arundel Medical Center
BOE	Board of Education
Core Services	Mid-Shore Mental Health Systems
Court	Circuit Court of Queen Anne's County
DHR	Department of Human Resources
DHMH	State Department of Health and Mental Hygiene
DJS	Department of Juvenile Services
DOA	Department of Aging
DOH	Department of Health
DSS	Department of Social Services
Housing	Queen Anne's County Housing Authority
HUD	Housing and Urban Development
Law	Maryland State Police, Queen Anne's County Office of the Sheriff, Centreville Town Police
LMB	Local Management Board
MDT	Multi-Disciplinary Team
MSDE	Maryland State Department of Education
SAO	State Attorney's Office

## Methodology of a Resource Development Plan

The service array instrument used in assessing the child and family service array in Queen Anne's County, Maryland was recommended and provided by the National Child Welfare Resource Center for Organizational Improvement. The National Child Welfare Resource Center for Organizational Improvement prepared and field tested the service array instrument and assessment process to assist jurisdictions in determining their current service array in child welfare, and in developing and implementing a plan to improve the service array needed to assist children and families.

The service array instrument encompasses a full and comprehensive array of services in child welfare. Thus, the full service array is a holistic continuum of services and supports from prevention to exiting the child welfare system. There are ninety-six (96) services listed which fall under one of five categories for Queen Anne's County:

- A. Community/Neighborhood Prevention, Early Intervention Services (Services 1-27)
- B. Investigative, Assessment Functions (Services 28-36)
- C. Home-Based Interventions (Services 37-55)
- D. Out-of-Home Services (Services 56-82)
- E. Child Welfare System Exits Services (Services 83-96)
- F. Overarching Strategies for Queen Anne's County

The actual service array varies from state to state and community to community. No state or community has all of these services, and while all of the services in the array are good strategies, they cannot all be funded. The purpose of beginning with the full service array is to create a community level discussion about the continuum of services and the list of the 96 items helps define the range of possibilities. The chart on the following page, entitled "A Full Service Array in Child Welfare: The Continuum of Child Welfare Services," presents a graphic overview of a full continuum of child welfare services.

The various facilitators of the Queen Anne's Community Service Array Assessment Meeting assisted in bringing the participants to a consensus in rating the indicators in the child and family service array.

The facilitation process began with an introduction and description of the specific indicator on the continuum. Then, the participants were asked a series of four (4) questions, which were answered through a consensus building process. First, participants were asked if the service was available in their jurisdiction. If the service was available, participants were asked to briefly describe who provides the service or where it is available to their jurisdiction's clients from another source or jurisdiction. Second, participants were asked if there was enough of the service available to meet current needs in their jurisdiction.

### A. Community/Neighborhood Prevention, Early Intervention Services (#1-27)

- **Strategy #1:** Sustain affordable transportation within the county. The area needs affordable public transportation that is more comprehensive to meeting the needs of the rural community. This will require partnership with various agencies to accomplish.
- **Strategy #2:** Expand the availability of affordable, code compliant housing opportunities for Queen Anne's County citizens. This should also ideally include expanding affordable housing opportunities for young adults who need permanence and are seeking independence after leaving the foster care system.
- **Strategy # 3:** Have resources available for dental care for children that is accessible within the county and is affordable to all children.

### B. Investigative, Assessment Functions/Services (#28-36)

- **Strategy #1:** Obtain funding to develop a Child Advocacy Center in Queen Anne's County. Ideally this would include hiring a trained physician to conduct medical exams of children who have been abused.

### C. Home-Based Interventions (#37-55)

- **Strategy #1:** Expand the Family Preservation Program by having a team of a caseworker and family support aide to address those families at risk of having their children removed from their home due to severe abuse and/or neglect. This program is deemed essential and needs to be permanently in place so that it is consistent, professional and has highly skilled staff retained.
- **Strategy # 2:** Obtain an Out-Patient Mental Health and Day-Treatment Center for children and adolescents. Currently children in the county must travel to neighboring counties for these services which causes hardships to families and the children who are taken out of school to have these needs met.



#### **D. Out-of-Home Interventions (#56-82)**

- **Strategy #1:** Develop a coalition of agencies serving children and families to provide comprehensive, culturally sensitive, wrap-around services. There needs to be a union of the various agencies that provide services so that we are focused on the needs of the children regardless of their background.

#### **E. Child Welfare System Exit Services (#83-96)**

- **Strategy #1:** We need to develop services that specifically address the needs of young adults leaving the foster care system to help them gain independence in a productive manner. This includes housing opportunities, education and vocational skills.

#### **F. Overarching Strategies: The following are the top three overall areas of need discussed by the community partners who partnered with DSS in the Service Array Assessment.**

- **Strategy #1:** Education and community awareness about the need for bilingual services due to the changing population.
- **Strategy # 2:** Affordable Housing remains high on the list of all agencies helping families.
- **Strategy #3:** Public transportation is also listed as a need for all the agencies that came to the service array.

**COMMUNITY/NEIGHBORHOOD PREVENTION, EARLY INTERVENTION SERVICES**

Strategy # 1: The area needs affordable public transportation that is more comprehensive to meeting the needs of this rural community. (item # 5 on list of services. Rated as importance of 4 but only a 1 for quantity by the Service Array participants.)

**Strategy # 1: Need affordable public transportation available throughout the county.**

**Short-Term Step: Raise awareness of the county’s transportation needs and current deficits.**

- Time frames for Completion: December 2008
- Persons/Groups Responsible: DOA, LMB, BOE, DOH, DSS, DJS, Law, Court, DOA
- Intended Effects: Raise awareness of transportation issues and develop possible solutions.
- Implementation Benchmarks: Creation of a community plan that has alternatives to meet a variety of transportation needs.

**Estimated Cost: \$6,500**

**Medium-Term Step: Locate funding sources for the improvement of transportation services.**

- Time frames for Completion: July 2009
- Persons/Groups Responsible: Directors of all agencies
- Intended Effects: Determine means to fund and implement solution developed in previous benchmark.
- Implementation Benchmarks: Receive grants from other sources and fundraising events.

**Estimated Cost: \$2,000 (Staff time)**

**Long-Term Step: Sustain affordable transportation.**

- Time frames for Completion: December 2010
- Persons/Groups Responsible: DOA, LMB, BOE, DOH, DSS, DJS, Law
- Intended Effects: Ensure access to community resources.
- Implementation Benchmarks: Improve public transportation, taxi service to be available upon request with a sliding scale for fees and a volunteer system to transport people to appointments.

**Estimated Cost: \$50,000**

**Strategy # 2:** The participants rated the need for Housing Assistance as a high importance but low in quantity. This is Service # 3 on the Services list.

**Short Term Step:** Identify barriers to affordable housing opportunities for Queen Anne's County citizens.

- Time frames for completion: July 2009
- Persons/Group responsible: DSS, Housing/HUD, LMB, BOE, DOH
- Intended Effects: To identify affordable housing options for our customers/families.
- Implementation Benchmarks: List of barriers created.

**Estimated Cost: \$1,000 -- staff time**

**Medium Step:** Create community awareness of affordable housing shortages.

- Time frames for completion: July 2009
- Persons/Group responsible: DSS, Housing/HUD, LMB
- Intended Effects: Develop affordable housing alternatives
- Implementation Benchmarks: Advocating for additional housing vouchers based on the increased need

**Estimated Cost: \$1,000—staff time**

**Long Term Step:** Expand availability of affordable housing and recommend incentives to providing affordable housing.

- Timeframes for Completion: July 2010
- Persons Responsible: Housing/HUD, DSS, LMB, County Commissioners
- Intended Effects: More affordable housing available for clients.
- Implementation Benchmarks: Adequate supply of code compliant housing.

**Estimated Cost: \$10,000 Housing Vouchers**

**Strategy # 3: The Service Array participants rated Child Dental Care as a high importance of 4 but only a 1 for quantity. The group raised the issue of long waiting time to get appointments, few that take insurance especially for low income families, the need for preventative dental care education. (This is service # 10)**

**Children need affordable dental care services located within the county in order to have good dental care started early in life and to prevent problems related to their dental needs later in life.**

**Short Term Step: Survey County for dentists and the cost of their services.**

- Timeframes for Completion: July 2008
- Persons/Groups responsible: DOH, DSS, LMB, DJS, BOE
- Intended Effects: Raise awareness of the need for more dentists
- Implementation benchmarks: Create an action plan to develop resources to increase the availability of affordable dental care for children.

**Estimated Cost: \$500**

**Medium Term Step: Locate funding sources**

- Timeframe for Completion: July 2009
- Persons/Groups responsible: DSS, DJS, DOH, LMB, BOE
- Intended Effects: Identification of resources and available funding sources.
- Implementation benchmarks: List of dental resources identified

**Estimated Cost: \$1,000**

**Long Term Action Step: Have a resource list available to all families with children and for those who serve this population.**

- Timeframe for Completion: July 2011
- Persons/Groups Responsible: DSS, DJS, LMB, DOH, BOE
- Intended Effects: Improved dental care
- Implementation Benchmarks: List of dental resources made available in several venues including television, community directory, resource hot lines etc.

**Estimated Cost: \$2,000**

## **B. INVESTIGATIVE AND ASSESSMENT FUNCTIONS/SERVICES (item # 28 – 36)**

**Strategy # 1: There is no Child Advocacy Center located in Queen Anne's County. (Rated a 4 for importance but 0 for quantity. This is item # 36)**

**Short-Term Step: Develop Community Awareness of the benefits of a Child Advocacy Center in Queen Anne's County.**

- Time frames for Completion: July 2008 and ongoing
- Persons/Groups Responsible: DSS, DJS, Law Enforcement, SAO, LMB, DOH, BOE, Courts
- Intended Effects: Provide services for children in a safe environment
- Implementation Benchmarks: Implementation of an education and public relations plan.

**Estimated Cost: \$2,000**

**Medium Term Step: Obtain a physician to complete child abuse exams, possibly collaborating with Anne Arundel Medical Center (or new AAMC out patient center coming to Kent Island in 2008)**

- Time frames for Completion: July 2009
- Persons/Groups Responsible: DSS, AAMC, Law, DOH
- Intended Effects: To have a specialized physician available to do exams so that children would not need to wait to be examined.
- Implementation Benchmarks: To have a physician who is currently trained or who is willing to get specialized training.

**Estimated Cost: \$3,000**

**Long-Term Step: To train the physician in investigative/assessment services and secure facility to conduct exams. The funding would pay for the training and costs of the exams, including laboratory tests.**

- Time frames for Completion: July 2009
- Persons/Groups Responsible: DSS, AAMC, Law, LMB, DOH
- Intended Effects: Have a qualified physician to complete exams.
- Implementation Benchmarks: To secure funding to pay for training.

**Estimated Cost \$5,000**

**C: HOME-BASED INTERVENTIONS (Item # 37-55)**

**Strategy # 1: Expand Intensive Family Services to include another team of Family Preservation staff, one caseworker and one aide to prevent placement in out of home care. (item # 54. Rated a 4 and quantity only a 1)**

**Short – Term Step: Obtain funding and Personnel “PIN” for caseworker and aide for Family Preservation Program for Queen Anne’s County.**

- Time frames for completion: July 2008
- Persons/Group responsible: DSS, LMB, DJS, County Administrators
- Intended Effects: Meeting crisis needs of families at risk of having children placed out of home
- Implementation benchmarks: Funding sources identified

**Estimated Cost: \$1,000**

**Medium Term Step: Recruit for the Family Preservation Team**

- Timeframes for completion: October 2008
- Persons Responsible: DSS, LMB, DJS
- Intended effects: Reduce need for out of home placement of children
- Implementation Benchmarks: Team is hired and trained

**Estimated Cost: \$80,000**

**Long Term Step: Acquire permanent Personnel PINS (positions)**

- Timeframes for Completion: July 2010
- Persons Responsible: DSS, LMB, DJS, County Administrators
- Intended effects: Able to retain staff, have continuity in the team, which in the long run is more cost effective by not only reducing costs of out of home care, but also reducing cost of training new staff
- Implementation Benchmarks: Seasoned staff available to deliver specialized service to families in need

**Estimated Cost: \$40,000**

**Out-Patient Mental Health Services (#50 on the list of services) and Child and Adolescent Day Treatment (#51 on the list of services) were both calculated as a 4 for importance and only a 1 for quantity. Since they are similar, these have been joined for one strategy plan.**

**Strategy # 2: Obtain Out-Patient Mental Health and Day Treatment Center within the county to address mental health needs of children and their families.**

**Short-Term Step: Raise Public awareness of shortages in areas of public mental health services and day treatment centers for children.**

- Time frames for completion: July 2009
- Persons/Groups Responsible: DSS, DJS, BOE, LMB, DOH
- Intended Effects: Increase advocacy and increase funding
- Implementation Benchmarks: More public relations and increased funding.

**Estimated Cost: \$2,000**

**Medium-Term Step: Develop a coalition of agencies who work with children and their families with the purpose of obtaining Mental Health Services in the county.**

- Time Frames for Completion: July 2010
- Persons/Group Responsible: DSS, LMB, DJS, Core Services, BOE, DOH
- Intended Effects: Enhance availability of mental health services
- Implementation Benchmarks: A plan to move towards the opening of a day treatment and out –patient mental health agency within the county.

**Estimated Costs: \$5,000**

**Long-Term Step: Secure funding, location and staff for an out-patient mental health agency located within the county that would also have a day treatment component to treat children on site during the day.**

- Time frame for completion: July 2011
- Persons/Groups Responsible: DSS, LMB, DJS, Core Services, BOE, DOH, County Administrators
- Intended Effects: Enhance access to mental health services for children so that they can be treated closer to home, in the least restrictive setting, reduce need for children to be placed outside their home to obtain treatment, foster children could

receive treatment within county to help in permanency and stability.

- Implementation Benchmarks:

Develop an out-patient mental health agency that serves children with mental health issues and has a day treatment component to the program within the county.

**Estimated Cost: \$100,000**

#### **D. Out of Home Interventions**

The partners agreed that the following services were a 4 for importance but there was great discussion on the availability of most of the services identified, mostly because most of them do not exist at all in the county:

**Placement Disruption Services (#59)** This is defined as the use of funds from a flexible pool to provide services to foster or adoptive parents to prevent a placement disruption.

**Court Appointed Special Advocates CASA (61)**, which we know is a 0 in Quantity but is being developed.

**Group Home Care (#76)** which we know is 0 for Quantity in the county and that there is a legislated Eastern Shore Task Force currently in place to work on the issue.

**Residential Adult Substance Abuse Treatment Center (#79)** which is also a 0 for quantity in the county.

**Residential Substance Abuse Treatment for Women with Dependent Children.** This is also non-existent in the county. There is also none for Men and the group asked for equality in this venture.

**In-Patient Adult Mental Health Treatment (#81)** is also non-existent in the county.

**Placement Disruption**, although defined as a fiscal activity, is a large service need as children in out of home care often are moved numerous times while out of the parent's care due to several issues. Some of these would be addressed by the previous section including out patient mental health services and day treatment. The group decided to lump several areas together and address the need for several home based services and the way they are delivered.



**Strategy # 1: Develop a coalition of agencies serving children and families in pursuit of comprehensive wrap-around service delivery.**

**Short-Term Step: Identify and bring together those agencies which serve children and families to complete a needs assessment in order to identify the scope of the problem, numbers/statistics in need, identify resources currently available and projecting the need in the coming years**

- Time Frame for Completion: July 2009 and ongoing
- Persons/Groups Responsible: DSS, DJS, BOE, LMB, DOH, Core Services
- Intended Effect: Enhance Service delivery, reduce need for out of home care
- Implementation Benchmarks: Improved delivery of services

**Estimated Cost: \$1,000**

**Medium Term Step: Improve availability of bi-lingual services.**

- Time frame for completion: July 2010
- Persons/Groups Responsible: DSS, DJS, BOE, LMB, DOH
- Intended Effects: Bridge the gap between agencies and the Hispanic community
- Implementation Benchmarks: Staff training availability

**Estimated Cost: \$2,000**

**Long-Term Step: Obtain funding for additional professional and para-professional staff members of various agencies that support home based, culturally sensitive services.**

- Time frame for completion: July 2011
- Persons/Groups Responsible: DSS, DJS, BOE, DOH, Law Enforcement, SAO
- Intended Effects: To increase retention of staff and increase the education base of staff
- Implementation Benchmarks: Staff in place to provide the needed services to all children in need

**Estimated Cost: \$5,000 for training but more for actual staff**

**E: CHILD WELFARE SYSTEM EXIT SERVICES (Item # 83-96)**

(#85 is listed as importance of 4 but quantity only a 2) Independent Living Casework Services.

**Strategy # 1: Develop and enhance services for children in Independent Living programs.**

**Short-Term Step :** Identify the number of children exiting from the foster care system who need services to achieve independence.

- Timeframes for Completion: July 2008
- Persons Responsible: DSS
- Intended Effects: To know what number of children actually need this service
- Implementation Benchmarks: A list of those in need is prepared

**Estimated Cost: \$50**

**Medium Term Step :** Resource Guide developed for children leaving care to know how and where to access services in the future.

- Timeframes for Completion: July 2009
- Persons Responsible: DSS, DJS, Courts, LMB, BOE
- Intended effects: Independent young adults able to access services.
- Implementation Benchmarks: Young adults able to identify what services will meet their needs.

**Estimated Cost: \$1,000**

**Long-Term Action Step :** Link services to those in need.

- Timeframes for Completion: July 2010
- Persons responsible: DSS, DJS, LMB, BOE, DOH
- Intended Effects: Long and short term needs met for young adults seeking independence
- Implementation Benchmarks: Productive, independent adult citizens

**Estimated Cost: Priceless**