Name of Reform Initiative:
Children and Adolescent Health Advocacy Project (CAHAP)

Who are the sponsoring or partnering agency or agencies?

CAHAP is a 10 year old community-government partnership began in 1985 in the Cherry Hill section of South Baltimore City. It is governed by the Chemical People Task Force, a community-based anti-drug organization which originally came together to address the problem of substance abuse in Cherry Hill. The Task Force's primary mission has since evolved into its current focus of implementing programs to improve the lives of "at risk" children and youth living in Cherry Hill.

What results does this Initiative seek to produce?

CAHAP is a multi-faceted prevention program that provides services to school age children and their families in its target community. The project's overall goal is to prevent health and health related problems such as substance abuse, teen pregnancy, sexually transmitted diseases, school failure, delinquency, and violence which are associated with poverty and related risk factors.

What strategies or mechanisms does this Initiative use to achieve these results?

Programs include:

- The "Adolescent's Place," - a school-based health clinic jointly staffed by CAHAP and the South Baltimore Family Health Center, a community health center. The Adolescent's Place serves adolescents at Cherry Hill's only middle school, Arnett Brown.

- Three "Positive Growth and Development Centers (PGDC)" - In 1989, staff in the Adolescent's Place noted that a significant number of students were seeking help for problems resulting from stress rather than physical causes. The PGDCs housed in the middle school and two elementary schools were developed to address these concerns. Staff represent the mental health component of the school health clinic. Referrals are made by the Health clinic, teachers, as well as self-referrals.

  These centers provide health education and mental health services to children and adolescents "at risk" of developing unhealthy behaviors such as substance abuse, school failure, teen pregnancy, and violence.

  Center staff help the students to learn healthy ways to deal with daily stresses and life problems. Methods used include group, individual and family counseling, a

boy's club, a swim club, a homework club, an after school activity club, a media club, Junior Achievement, and a mini-summer camp. Home visits are made to discuss participant development with parents or caregivers.

- A support group for children of substance abusing parents (COSAP) - A prevention specialist/therapist provides therapeutic and case management services to assist children in coping with parental or caretaker substance abuse. Referrals are made by schools and treatment programs in the area.

A full-time program coordinator oversees project operations and reports to the Board of Directors. Project staff also include a secretary, a nurse practitioner, a medical office assistant, and several part-time counselors and mental health specialists. Funding for the nurse practitioner's position is provided by the South Baltimore Family Health Center.

How many people or families are served?

Cherry Hill, the target community, sits in the Southern portion of Baltimore City just minutes from downtown Baltimore. Surrounded by water on three sides, Cherry Hill is now considered by many to be prime real estate. Since its beginnings in the late 1940s, the community has remained majority (99%) African American. Between the 1980 and 1990 Census, the population declined from 12,351 to 10,897. Children under the age of 18 represent over one-third (37%) of the population.

It is a poor community with a poverty rate of 44%, twice the City average of 22%. In 1989, more than 80% of the children under age 5 living in Cherry Hill's largest census tract (2505.04) were poor. The community is designated as medically underserved by the federal government, and is served by the South Baltimore Family Health Center, a federally funded community health center.

The program directly serves 350 children and/or families in two elementary schools and one middle school.

What is the funding level and the source of funds?

This project has a total budget of $133,540. The majority of the budget is provided by federal Maternal and Child Health block grant funds at an annual level of $114,018. Funding flows from the State Department of Health and Mental Hygiene's Office of Children's Health through the Baltimore City Health Department to the Chemical People's Task Force Board which oversees the program. Program monitoring is provided by staff in both the State and City health departments.

What are the next steps and the largest challenges for this Initiative?

CAHAP is one of a very few youth oriented projects offering structured activities to school age children and adolescents in Cherry Hill. Despite the efforts of CAHAP, troubling signs and trends continue to persist. Poverty, sexually transmitted diseases, and school drop-out rates are increasing. Many children continue to enter school without being fully immunized. Substance abuse and drug dealing are a fact of life in many neighborhoods.

One school principal heard a nine year old remark that his chief goal in life was to be a prison inmate, like his dad and uncles. This nine year old as well as countless other children in South Baltimore are solely in need of more positive alternatives and role models to better their life chances. CAHAP serves as one such positive alternative.

The Office of Children's Health has continued to fund this project because of lingering need. Components of the program could be replicated in other communities throughout Maryland if expansion funds were available.

Name of Reform Initiative - Family to Family

Sponsoring/partnership agencies

- Annie E. Casey Foundation
- Maryland Department of Human Resources; and
- Governor's Office for Children, Youth and Families

Results sought by the initiative

The purpose of this initiative is to restructure the Foster Care Program to become neighborhood based. The primary goals of the initiative are to decrease the length of stay in out-of-home placement, to decrease the number of re-entries into foster care, and to reduce the number of children served in institutional care.

Strategies or mechanisms used to achieve results

A community based foster care system with nurturing foster parents is a key element. Intensive support services are provided to all families. Foster families are recruited from the same neighborhoods from which the children are removed. Hence, family continuity is enhanced.

Number of families served

Thirteen families, thirty children, eleven foster homes.

Funding level/source of funds

- $597,000 from Casey Foundation - wrap-around services
- $120,000 (flex funds from State) - supportive services
- Federal IVE maintenance matching funds

Next steps and largest challenges for this initiative

The major next step is to continue to refine service delivery in the catchment area of zip codes 21216 and 21217. Other steps include, but are not limited to, the following:

- Self evaluation retreat held with foster parents to address their concerns and issues and the Family to Family initiative.

- Foster parents will undergo intensive training to enhance their mentoring skills.

- The Casey Foundation is planning an area stakeholders' (one day workshop) where all community groups, agencies, foster parents and the Local Management Board will come together to address respective roles and the key issue of substance abuse.

- A Joint Retreat (one day) will be held for foster parents and birth parents and will address co-parenting and mentoring issues.

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Name of Reform Initiative - Young Fathers/Responsible Fathers

Sponsoring/partnership agencies

- Department of Human Resources
- Department of Education/Pacquin School
- Baltimore Urban League

Results sought by the initiative

The goal of this initiative is to increase young (unwed or expectant) fathers' ability to be a good parent. Many of these fathers are socially or economically disadvantaged.

Strategies or mechanisms used to achieved desired results

This is an individualized service which includes educational or vocational training, group or peer counseling in parenting skills, assistance with accessing treatment for substance abuse and general advocacy to enhance mental health functioning.

Number of people served

- 250+ families served since May 1994 (its inception)
- 43 families served in 1995

Funding level and sources of funding

- $100,000 - Maryland Department of Human Resources

Largest challenges for this initiate and next steps

The largest challenges for this initiative are to aid the fathers in furthering their education (receiving their GED), to assist them in obtaining employment (some are ex-offenders), to help them to become financially responsible for their children (pay child support) and to improve their relationships with their children.

Name of Reform Initiative - Family Preservation Initiatives

Three special programs: Families Now (FN), Intensive Family Services (IFS) and Helping Families Stay Together (HFST) make up Baltimore City Department of Social Services Family Preservation Initiative.

Sponsoring/partnership agencies

- Maryland Department of Human Resources/Social Services Administration
- Governor's Office of Children, Youth and Families
- Baltimore City Family Preservation Initiative

Results sought by initiatives

Families identified to be served in these programs are experiencing crisis or at risk of family separation. They are assigned to a worker/parent team which provides intensive services and support to enable the family to address problems so they can remain together.

Strategies or mechanisms used to achieve results

These programs have smaller caseloads so that intensive services can be provided to prevent out-of-home placement of children. Flexible funds are available to purchase extraordinary but necessary items to improve the family's situation. Intensive family services are provided for 4 to 6 weeks or up to six months duration.

Number of people or families served

- 1994 a total of 360 families were served; and in 1995:
- HFST - 34 families - 73 children
- IFS - 146 families - 400 children
- FN - 161 families - 529 children

Funding level and source of funding

State Funded:

HFST	$359,958
IFS	$121,000
FN	$381,220

Next steps and largest challenges for these initiatives

These have been very successfully initiatives. Our most challenging next steps will involve navigating the "unknown" regarding continued funding. We would like to expand our service delivery in the next funding cycle.

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Name of Reform Initiative - FaCT Model Project

Sponsoring partnership agencies

- Maryland Department of Human Resources
- United States Department of Health and Human Services
- Baltimore City Department of Social Services

Results sought by the initiative

This is a demonstration project whose goals include supporting and maintaining children affected by HIV infection, AIDS and drug exposure in a stable, nurturing family environment. Every effort is made to maintain families. Standby guardianship is sought in the event of the death of a caretaker. Numerous kinship care placements are made to facilitate family continuity.

Strategies or mechanisms used to achieve results

The program provides intensive, home-based and community-based services to families with children who have AIDS, test HIV positive, or are drug-exposed. Objectives include the following:

- to recruit, train and support foster and adoptive families, including relative caregivers

- to educate and support child welfare staff so that they will be more competent to work with this targeted population.

Number of people or families served

127 Birth Families;
265 Children;
507 Foster Parents trained;
263 Potential Foster; and 51 Adoptive Parents recruited

Funding level and source of funds

Staff - $172,993.86 (Federal); $36,543 (State)

Flex Funds provided by Federal Grant, include:

$121,000	to be used for birth families
1,000	Support Group (Foster Homes)
12,448	Recruitment and Training (Foster Parents, Adoption)
4,600	Case Manager Training
$139,048	**Total**

Next steps and largest challenges for this initiative

The impact of Welfare Reform on the National level will have a significant impact on this initiative. Currently, funding for the project is targeted to be block granted at the federal level. Since this is a demonstration project, loss of funds are anticipated if block granting becomes a reality. The State of Maryland will most likely have to discontinue this initiative.

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Maryland Department of Health and Mental Hygiene
Healthy Teens and Young Adults Initiative

Background

The Maryland Healthy Teens and Young Adults Project is a Department of Health and Mental Hygiene Initiative begun in FY 1990. The project is conducted by the Office of Maternal Health and Family Planning in selected communities located in three of Maryland's metropolitan jurisdictions -- Baltimore City, Prince George's County, and Anne Arundel County. The goal of the Initiative is to demonstrate innovative approaches in reaching and serving young people at risk of unplanned pregnancy.

Project objectives include: 1) expanding the traditional family planning target population to include males and females ages 10-24 years, 2) strengthening the client/provider relationship as the foundation for services, and 3) synthesizing new service delivery strategies drawn from the best traditions of both private provider and public health practices. In each project, partnerships with many community agencies, recreation programs, schools, and private non-profit organizations such as the Urban League have been established that make the projects community-based and responsive to the needs of youth at risk unique to each community.

Strategies

The Healthy Teens and Young Adults Initiative has successfully employed three primary strategies for prevention of teen pregnancy:

Model clinics uniquely designed by each local project.

Model clinics have been established by each project to increase access through convenient locations and hours, to increase utilization with special staffing and services, and to increase community acceptance and support with community-based outreach and education. The model clinics are distinguished from the traditional, categorically funded, public health clinic model by embracing a comprehensive, holistic approach to health care for young people. Although clients are counseled about a broad range of family planning methods and encouraged to have good compliance with their selected method, attention is also given to addressing the general health and psychosocial well-being of clients. A significant part of this approach includes information and counseling about abstinence, delaying the initiation of sexual activity, and taking personal responsibility for sexual behavior.

The model clinics are also distinguished by their locations and their design specifically for young people. Baltimore City's model clinic is located in a busy shopping mall on the metro line. Prince George's model clinic was originally established in a private office complex located on a major public transportation route, and has been recently located to a small shopping mall. Anne Arundel's model clinic is located within a community center that is home to a number of youth services programs, and has recently expanded to an additional satellite site within the county that is near a local high school and a neighborhood shopping center.

Outreach services based on a philosophy of "Reaching Out/Reaching In."

Outreach staff in each local project actively **reach out** to young people where they live, work, and play; they **reach in** to young people to develop self-esteem, personal responsibility, and goals for the future. Outreach staff also reach out to community groups as a referral mechanism to identity prospective clients, and reach into these groups to develop more services for young people in the community.

Involving young men.

Each local project actively involves young men in program services. Male involvement Coordinators in each project conduct special activities designed to help young men understand the importance of their passage through boyhood, brotherhood, and manhood, before reaching fatherhood. Young men are also encouraged to take an active role in practicing family planning and supporting their female partners. Special services for men have been developed ranging from mentoring to direct clinical services.

Number Served

In FY 1995, 5,527 young men and young women made 12,842 visits to the model clinics. Of these, 2,273 (or nearly half) were new clients in the Initiative in FY 1995. Many, many more young people and their communities benefited from the outreach and community education activities sponsored under the Initiative.

Funding

The Initiative is funded at approximately $1.6 million annually, which is allocated as follows: Baltimore City receives $899,563; Prince George's County receives $416,419; and Anne Arundel County receives $223,740. In addition, the Governor's Council on Adolescent Pregnancy receives $100,000 under the Initiative for on-going evaluation of the projects. Although the Initiative is funded entirely with State general funds, federal Title X funding supports the Initiative through allocation of personnel resources for project monitoring, consultation and technical assistance from the Office of Maternal Health and Family Planning which is the Maryland Title X grantee.

Next Steps and Challenges

The projects have participated in Office of Maternal Health and Family Planning sponsored activities to promote networking, success-sharing and problem-solving throughout the Maryland Family Planning Program, thus extending benefits from the Initiative statewide. The next challenge is to replicate successful strategies from the Initiative, adapting them for the unique characteristics and needs of other communities throughout the State where teen pregnancy remains a significant public health problem.

Additional Information

The Healthy Teens and Young Adults Initiative has received national and international attention for the strategies it has developed in addressing the serious problem of teen pregnancy. The project in Baltimore City, called Young Peoples Health Connection, received a National Organization on Adolescent Pregnancy, Parenting, and Prevention (NOAPPP) Outstanding Program Award in 1993. A Peer Educator from the Health Connection, Collin Sears, was recently invited by President Clinton to the White House ceremonies announcing the appointment of Dr. Henry Foster as Senior Advisor to the President on teen pregnancy prevention. Mr. Sears, now eighteen years old, was enrolled as original project participant at the age of thirteen through outreach by the Male Involvement Coordinator. All three projects have hosted visits from State legislators, congressional office staff, federal officials, and most recently from a delegation of public health officials from the People's Republic of China.

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Pregnant Women Treatment Initiative

On July 25, 1989, a new Alcohol and Drug Abuse Administration (ADAA) policy was promulgated requiring substance abuse treatment programs to establish procedures regarding admission of the pregnant addict "on a priority basis." The policy mandated that pregnant clients "not be placed on the waiting list or be subject to involuntary termination." This policy supports a major goal of Department of Health and Mental Hygiene (DHMH) which is the promotion of good maternal and child health.

A major DHMH/ADAA initiative to provide gender specific treatment designed to attract and retain pregnant and post partum mothers has been in the advent of specific programs developed; traditional barriers have restricted women from accessing treatment: child care, transportation, poverty, etc.

Since 1989, a number of model programs for women and children have been established. Several of those program descriptions are attached.

Additionally, ADAA participates in several interdisciplinary State initiatives such as the Systems Reform Initiative (SRI), The Family To Family Initiative and the Drug Exposed Infant's Pilot Project. ADAA's participation insures that all agencies, professionals and community members involved are continuously educated about substance abuse and the devastating impact of chemical dependency on women, children, families and communities. ADAA advocates for and assists in the development of additional funding resources to meet the demands which the Pregnant Women Treatment Initiative continues to make on our treatment system. ADAA's treatment system standards promote holism, and healing for women, their children, families and communities.

Program Description

Safe Harbor at Mountain Manor

Safe Harbor at Mountain Manor is a long term residential treatment program for chemically dependent pregnant and post partum women and their children. Phased treatment includes Detoxification (1-5 days); Intensive (14-45 days) assessment, treatment planning and implementation, active 12-step recovery program involvement and preparation for independent living; Transitional (12 months to 1 year) for improving health and psychological growth, life skills enhancement, social interaction and self-sufficient and continuing care (after care) (up to 5 years). Services offered during treatment phases include: chemical dependency education, pre-natal and obstetrical care; pediatric and adult medical care; psychiatric assessments and treatment; parenting skills and support, nutritional education and meal preparation, child care, case management, remedial education and vocational counseling, transportation for referral appointments and interviews, discharge planning for sober living arrangements, etc.

Aftercare Description

The continuing care phase of treatment for each Safe Harbor women and her family may last up to 5 years. Individualized treatment plans for each family are formalized prior to the family leaving inpatient treatment and reviewed throughout the continuing care phase. Treatment plans are updated as each family achieves the goals specifically set for them. Specific elements of treatment include individual counseling, family counseling, therapy, and regular home visits. Each family is closely monitored to ensure family stability. All Safe Harbor women are strongly encouraged to attend 12-step meetings for on-going support and continued growth in their recovery process.

Program Description

Center 4 Clean Start

Center 4 Clan Start is an intensive out patient treatment program for pregnant and post-partum substance abusing women. Located in Wicomico county, the program serves pregnant women in Worcester, Somerset, Dorchester and Wicomico Counties with the cooperation of all four Health Departments under the lead of the Worcester County Health Department. There are case managers located in each county for outreach and follow-up services. Treatment services include: individual and group counseling, prenatal health care, child care, transportation, mental health assessments, life skills, parenting skills.

Aftercare Description

The aftercare program is offered to all clients who successfully complete treatment at Center 4 Clean Start. Aftercare is free of charge and has the objectives of providing reinforcement of treatment goals after discharge: assisting client with changes and problems encountered in work, family and daily life; supporting client motivation in recovery and in remaining stable. After care regimen includes: individual counseling once per month for three months; telephone contact for the following three months; pre-stamped postcard and letter sent for five months; individual counseling to close out aftercare plan at twelve months.

Program Description

P.G. CAP

The Prince George's County Health Department's Center for Addiction and Pregnancy (CAP) is an intensive outpatient program which provides addiction and mental health services to substance abusing pregnant and post-partum women. Treatment services include: substance abuse education, counseling and relapse prevention, child care transportation, parenting education, mental health assessment and treatment, maternal health care, family planning and WIC nutrition program, family education and counseling, career development, independent living skills, therapy for sexual and physical abuse issues, HIV/AIDS awareness, self-help program involvement, etc.

Aftercare Description

The aftercare protocol for the CAP Program is structured into four phases with the first three phases consisting of regular involvement in all components of the program. There is, however, a gradual decrease in number of days that a women attends as she progresses through the first three phases. Phase IV is the aftercare phase where the client is seen on an individual basis at least once a month to provide continuing support for her as she adjusts to new endeavors she is involved with, such as employment education/vocational training. During this aftercare phase, the client's involvement in outside support groups is monitored to insure that she is effectively utilizing the support system she has established during the course of the program. After care is discontinued when the client and her counselor determine that it is no longer needed.

Program Description

John Hopkins Bayview Medical Center's Center for Addiction and Pregnancy (CAP)

The Johns Hopkins Bayview Medical Center's Center for Addiction and Pregnancy (CAP) is both a residential and intensive outpatient treatment program for pregnant substance abusing women. Treatment is provided for the duration of pregnancy and up to 12 months. Treatment services include: individual and group alcohol and drug treatment, obstetric, gynecologic and family planning services, child care, pediatric assessment and medical services, methadone maintenance referral services, case management, mental health treatment for HIV+ clients, family education and therapy, parenting skills, etc. This multi-disciplinary treatment program is composed of three treatment phases with decreasing intensity of services as patient progresses from 7 days per week (residential) to 1 day per week (outpatient).

Aftercare Description

In the third phase of CAP care (post-partum/intensive outpatient), in addition to continued relapse prevention training, treatment also focuses upon acquisition and maintenance of adaptive living skills. Patients are encouraged to explore greater community involvement, volunteer work, job skills training, etc. Effective April, 1996, CAP in Baltimore will be the primary site for a NIDA-funded pilot study of the effectiveness of vocational skills training for post partum drug dependent women. Women will receive computer skills training while they maintain sobriety and continue care in CAP. They will then be referred to community resources for employment opportunities. In addition, CAP will be implementing a GED program effective 6/1/96. Women will have the opportunity to learn additional skills and prepare for the GED examination. In addition, intensive parenting skills training is provided to assist clients with their infant and other children.

Currently, when patients compete the third phase of CAP treatment, they are typically referred to community aftercare (i.e., NA/AA, Women for Sobriety). If women need additional assistance with parenting or other family/social problems, they are often referred to community resources through Kennedy Krieger or other organizations in Baltimore City. If a patient is in need of additional treatment, she may be referred to a community methadone program (for several opiate-dependent women) or a less intensive women's program. Some patients continue to volunteer at CAP and serve as role models for new patients in the program. Many continue to bring their children for pediatric care which enables CAP to track patient progress and recommend intervention if needed.

The East Baltimore Mental Health Partnership

The goal of the East Baltimore Mental Health Partnership is to design and implement a comprehensive system of services for children and adolescents with serious emotional disturbances living in East Baltimore.

Services are targeted for children who:

- Are 18 years of age or younger.
- Have a DSM-IV Axis-1 Diagnosis.
- Show evidence of a substantial inability to perform in family, school, and/or community.
- Are currently being served, or are in need of services, by two or more agencies.
- Have problems that have persisted, or are expected to persist, for more than year.

The Partnership was developed by a coalition of state, city, and local leaders, including representatives from local family advocacy groups.

ALLIANCE FOR THE MENTALLY ILL

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BALTIMORE CITY POLICE

BALTIMORE CITY HEALTH DEPT.

CLERGY UNITED FOR THE RENEWAL OF EACH BALTIMORE

FAMILY PRESERVATION INITIATIVE

FAMILIES INVOLVED TOGETHER

DURBAR PROJECT

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BALTIMORE CITY DEPT. OF SOCIAL SERVICES

LIBRARY MEDICAL CENTER

MARYLAND DEPT. OF JUVENILE SERVICES

MARYLAND MENTAL HYGIENE ADMINISTRATION

MAYOR'S OFFICE

MAYOR'S OFFICE OF CHILDREN AND YOUTH

UNIVERSITY OF MARYLAND

The East Baltimore Mental Health Partnership is based on three basic principles:

- A system of care should be child centered and family focused, with the needs of the child and the family dictating the types and mix of services provided.

- The system of care should be community-based with the focus on services as well as the management and decision-making responsibility resting at the community level.

- Services should help individuals empower themselves to achieve the highest level of participation in community life.

Consistent with this vision, the Partnership emphasizes the support and empowerment of families and other care givers. Although children with serious emotional disturbances require access to effective professional services, the foundation of any system of care must be the parent, family, and others who care for the child.

The partnership uses a three-pronged approach to improving the quality of services experienced by identified children and their families:

- Increasing the capacity of parents and care takers to participate in the planning and implementation of services, both for themselves and for others.

- Improving the services infrastructure.

- Working with community agencies and leaders to ensure maximum participation of children with serious emotional disturbances in community activities.

The Partnership's efforts are guided by eight priorities:

- Developing a coordinated, comprehensive system of services for children with serious emotional disturbances and families where services are provided in the least restrictive setting possible.

- Developing an integrated program of intensive case management for children being served by multiple agencies.

- Empowering consumers (parents, other care givers, and the child when appropriate) to become true partners in the development and implementation of services, and the inclusion of the parent in the development of procedures for client identification, treatment, and program evaluation.

- Enhancing the cultural competence of service providers and the cultural appropriateness of programs.

- Strengthening mechanisms for the early detection of children with serious emotional disturbances and the reduction of disability accompanying these disorders.

- Integrating "adult" and "child" services in order to develop a transition program for children with serious emotional disturbances living with an adult with a chronic mental illness.

- Modifying funding streams as health care policy and funding opportunities change.

- Integrating service delivery and training efforts so that adequate personnel will be available for the implementation of model services, elsewhere in Baltimore and Maryland and so that personnel working in health, social service, educational, and juvenile services are capable of collaborating with care givers in the development and implementation of services.

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