

CARROLL COUNTY LOCAL ACCESS PLAN

Jurisdiction: Carroll County Local Management Board

Contact Person: Mary Scholz

Telephone: 410-386-3600 *Email:* mscholz@ccg.carr.org

Section 1. PLANNING PROCESS

In an effort to develop and refine its Local Access Plan (LAP), Carroll County underwent a two-phase planning process. In Phase I, the Local Management Board formed The Local Access Plan (LAP) Committee comprised of roughly 30 parent, consumer and agency representatives. The goal of Phase I was to establish the Planning Committee, to begin to identify gaps in services, and to develop a draft LAP to address needs. In Phase I, the group met a total of seven times (4 full committee meetings and 3 sub-committee meetings) in the first half of 2005. Karen Finn of Finncore, Inc. facilitated the group's meetings and guided the process for developing the plan. At the end of Phase I, in June 2005, the draft LAP was submitted to the state for review. The state provided very helpful feedback that the Planning Committee has acted upon in Phase II.

Phase II began in Fall 2005 with an expanded Planning Committee that included individuals from organizations that were not fully represented in Phase I. Michele Sadler and Teresa Shattuck of Shattuck & Associates, Inc. facilitated meetings and conducted Phase II data collection activities. The full Committee met four times in Phase II with the primary goal of refining the LAP plan. This was done in two ways. First, the Planning Committee reviewed the original LAP, the state's feedback to that plan, and then modified key aspects of the plan (e.g., Family Navigators roles). Next, the more detailed LAP was focus group tested with three groups of parents, all of whom had high intensive needs children. Parent feedback was summarized in a detailed focus group report. All parent recommendations were very carefully considered in preparing the refined LAP that is presented here.

A. Planning Team

1. See attached membership list

B. Assessment of Capacity

1. Number of families to be served

- a. The total number of children estimated to have intensive needs in Carroll County is 8,938 (based on prevalence of 20% of total child/adolescent population aged 17 and younger, US Census 2000 plus 6.9% increase- the percent increase in population projected by 2010, Carroll County Planning Department). Young adults with intensive needs aged 18 through 21 is estimated to be 1,487 (based on prevalence of 20% of total young adult population aged 18 through 21, US Census 2000 plus 6.9% increase- the percent increase in population projected by 2010, Carroll County Planning Department).
- b. The estimated number of children with intensive needs who currently use services is based on the information listed below (FY04). There may be overlap in these numbers:
 - 1) Number of children receiving special education services = 3,713

- 2) Number of children with 504 plans = 410
- 3) Number of children in non-public placements = 125
- 4) Number of children in residential educational placements = <5
- 5) Number of foster care placements = 18 (includes 7 voluntary placements and 11 regular foster care placements)
- 6) Number of children in out-of-home placements through the Department of Juvenile Services = 70
 - RTC = 15
 - Group Home = 20
 - Youth Detention Center = 35
- 7) Number of cases seen by the Local Coordinating Council = 39
- 8) Number of LCC approved out-of-home placements = 30
- 9) Number of families receiving Family Preservation Services = 60

c. Estimated number of families expected to use the Local Access Mechanism:

	Information & Referral	Family Navigator	Total
FY 2006	0	0	0
FY 2007	800	70	870
FY 2008	1680	140	1820
FY 2009	2160	175	2335
FY 2010	2640	210	2850

2. Current Status

a. Resources and Capacity

Secure 24 hour service with psychiatric management

Carroll Hospital Center:

- o Comprehensive Emergency Room evaluations (mental health and addictions)
- o Inpatient psychiatric unit – 12 years and up (average daily capacity = 20)

Intensive Outpatient

Carroll Hospital Center:

- o Intensive Outpatient Program - 12 years and up (average daily capacity=12)
- o Partial Hospitalization Program - 12 years and up (average daily capacity=12)
- o Partial Hospitalization - Co-occurring disorders – 12 years and up (average daily capacity=10)

Carroll County Youth Service Bureau

- o Intensive Family Preservation Program - 50 families per year
- o Safe and Stable Family Preservation Program - 0-5 years old /15 families per year (waiting list)
- o Mobile Treatment – 12 years and up with M.A. / 20 individuals per year (waiting list)
- o Community Service Initiatives – 7 youth are provided intensive case management and wrap-around services.

Outpatient Services

- Private providers MA/DD/long waiting lists – varies
- Three mental health clinics
 - Carroll County Youth Service Bureau
 - Granite House
 - Villa Maria
- Threats of Violence Program – serves 56 students per year
- Brief Strategic Family Therapy – serves 45 families per year
- Acts of Violence Assessment Program – assesses 20 students per year
- Suicide and Self-injury Assessment – serves 38 student per year – over capacity
- DJS: Family Intervention Specialist – capacity varies
- Pride Program – capacity varies

Recovery Maintenance and Health Management

- Private physicians – over capacity
- Parent support groups – capacity varies based on need

b. Partnerships

- Numerous memorandum's of understanding (MOU's) exist between public, private and non-profit agencies in the community, including the Local Management Board, Department of Social Services, Department of Juvenile Services, Carroll County Youth Service Bureau, Maryland Coalition of Families for Children's Mental Health, Carroll County Public Schools, Carroll County Core Service Agency.
- Regular participation in Multi-Disciplinary Team (Multi-D) and Local Coordinating Council (LCC). The LCC and Multi-D meet every two weeks, as needed.
- The LCC and Multi-D teams consist of representatives from the following agencies: Department of Juvenile Services, Junction, Inc., Public Schools, Developmental Disabilities Administration, Western Region, Department of Social Services, Local Management Board, Core Service Agency, MD State Department of Education, Division of Rehabilitative Services, Youth Service Bureau and a parent representative from the local community.
- Core Service Agency and LMB work with, and monitor, various community programs
- Numerous advisory boards and community networking groups work together on planning and coordination of services
- Parent support groups work collaboratively with state and local planning entities

c. Areas for improvement/barriers

In Phase I, the Planning Committee brainstormed gaps in current resources, as well as other barriers to achieving the vision. The following is the list of items the group developed:

- Lack of single point of entry and easy access to services

- Lack of flexible funding
- Difficulty in gaining community acceptance of community-based residential programs
- Lack of parental involvement in assessment/treatment process
- Lack of full stakeholder commitment to process and resource development

d. Resources needed

The Planning Committee was then asked to brainstorm ideas for addressing the above barriers/gaps in current resources. The following list was developed:

- Start-up and ongoing commitment to funding LAM
- In-home early intervention services
- Respite – emergency, planned, medical, etc.
- One to one therapeutic in-home aides
- Crisis Response Team (24 hours a day, 7 days a week) for children and adolescents
- More mental health, developmental disabilities providers, especially child and adolescent psychiatrists
- Psychiatric rehabilitation program for children and adolescents
- Psychiatric inpatient beds for 12 and under
- Therapeutic group homes
- Transitional housing DD/MH
- Child and adolescent detox unit
- Mentors
- 24-hour hotline/crisis support

Section 2. LOCAL ACCESS MECHANISM

Carroll County envisions a seamless, family-driven, community-based system of care for all families of children and adolescents including those with "intensive needs". A child with "intensive needs" is defined according to HB 1386 as: a child who has intensive behavioral, educational, developmental, or mental health needs that cannot be met through available public agency resources because: 1) the child's needs exceed the resources of a single agency; and 2) There is no legally mandated funding source to meet the child's needs.

Carroll County's Local Access Plan, and the functions described therein, will be put out to bid through a competitive Request For Proposal (RFP) process. The Local Management Board and the Carroll County Office of Purchasing will craft and issue RFP. Two or more organizations can submit a single proposal, but the lead organization must be clearly defined. Partnerships are encouraged Although the review/selection committee remains anonymous; it will be reflective of the community, including parents of children with intensive needs. The goals of the Carroll County Local Access Mechanism are:

- To provide immediate screening and response to all who contact the 1-800 number.
- To provide linkages to services for families calling the 1-800 number.
- To provide assessment and care coordination to families with children with intensive needs.

- To ensure ongoing development of prioritized resources to support a comprehensive system of care.

As previously indicated, the primary goal of Phase II was to refine the LAP based on continued feedback from the Planning Committee as well as direct input from parents in the community. With support from the Planning Committee, parents of children with intensive needs who live in Carroll County were recruited for the focus groups. Three focus groups lasting approximately 90 minutes were conducted in March 2006 in Westminster. Participants represented parents having varying levels of experience with community services. The first group consisted of 12 parents who were members of the Families of Children with Autism Support Group (FOCAS). The second group was comprised of 8 parents of children with mental health needs. The third group was made up of 9 parents who have younger children involved in the school system and its programs.

The focus groups were structured around the following three objectives:

1. To assess parents' experiences finding services for their child(ren)
2. To gather parents' feedback on two parts of the LAP – the Centralized Information and Referral Center (heretofore referred to as the Center) and Family Navigators (FNs)
3. To gather parents' feedback on various aspects of LAP marketing and logistics.

The major highlights of the focus group study were that parents were highly frustrated in their efforts to obtain services for their children; they desperately wanted a Center with a 1-800 number (and other resources) and FN services; and they had numerous concrete recommendations for optimizing the likelihood of success of the LAP. The following pages provide descriptions of the Center and FN roles. The details stem largely from parents' suggestions.

FUNCTIONS AND ASSOCIATED TASKS:

The Carroll County Local Access Mechanism will provide access to services and improved coordination and utilization of existing services through a two-pronged approach:

- The Center and its 1-800 number
- Family Navigators

A full-time Program Director and six (6) full-time FNs over a 5 year period will staff the Center. The Program Director will have professional experience in administration and supervision as well as training in care coordination; while the FNs will be parents who have personal experience 'navigating the system. The Program Director will oversee the entire Center and will develop policies and procedures, compile resources, and provide staff training and oversight to ensure an integrated, family-centered approach. In addition, the Program Director will be responsible for ensuring the sustainability of the Center, providing outreach to the community and potential partners, and resource development. The FNs will work directly with families providing referral information, developing Family Care Plans, and assisting families to coordinate services. FNs will communicate with families over the phone, via email and in-person. The Center will open with a program director and up to 2 FNs. Additional FNs will be phased in over a five (5) year period.

The Center will be housed in a comfortable, neutral, and stigma-free location such as a storefront, medical office building, or senior center. The space will have private offices, a meeting room and a resource room/library with a space for children to play. The atmosphere will be inviting and homey with comfortable seating such as sofas in the meeting room. Parents will be able to browse through and borrow materials from the resource room/library. There they would also have access to the internet and a database of local resources. In the same room, there will be a safe, engaging play area for children.

The Center will be open during non-business hours to accommodate working parents. Possible hours include 12:00 PM – 8:00 PM; 9:00 AM to 9:00 PM or splitting the day – 9:00 AM to 1:00 PM and 5:00 PM to 8:00 PM. The Center will also have some weekend hours. After hours coverage will be provided by an answering services or on-call staff.

The sections below describe the Center in more detail.

Outreach and Referral

The Center will provide outreach and referral services primarily through its 1-800 number. The 1-800 number will serve as an umbrella number for all Carroll County families including those with high intensive need children. Highly trained FNs will field the 1-800 calls and will provide parents with immediate information and referral. FNs will be trained to ask targeted questions and to actively listen so that they can quickly determine caller needs (e.g., referral information or more intensive FN services). The Center will maintain a detailed and updated notebook as well as a database of available resources throughout the county.

Center staff, under the leadership of the Program Director, will market its services to a variety of audiences such as community members, school personnel, pediatricians, clergy, law enforcement, and mental health workers using the following mechanisms:

- On-going public forums
- School communications
- Existing fairs
- Communications through the media (newsletters, newspapers, billboards, radio, local TV)
- Faith-based Centers and Organizations
- Family Support ListServes
- Electronic Bulletin Boards and/or Website
- Mental Health Providers
- Health community
- Local state agencies serving children and family
- Libraries
- Support groups

System Entry/Access & Screening/Assessment/Evaluation

Access & Screening

In addition to referral services, the Center will also be the point of access for families needing more intensive services. FNs taking 1-800 calls will use a carefully developed screening tool to assess caller need during the initial call. It is important to note however that families

experiencing a crisis or emergency situation will immediately be referred to 911 and will not participate in the screening process. The screening tool will aid the FN in determining which level of service the family may need.

Level I – information and referral only

Level II – targeted intervention/care coordination

Level III – most intensive/care coordination

Level I (referral only):

It is anticipated that about 80% of the calls received will only require a referral phone number to another service. These callers will be encouraged to contact the Center again if they are not helped by the referring agency. Referrals will also include peer support network (e.g., support groups and mentors).

Level II (targeted intervention):

It is anticipated that about 15% of the callers will fit into this category which will include families who are in the midst of a serious, although not a crisis, situation. It is anticipated that if these serious situations are not addressed that they may become crisis situations in the near future. These children may not fit into the system's criteria for services and, thus, they may "fall through the cracks" of existing services. These children include those who have complex problems and possible family issues, and who do not qualify or meet thresholds for existing services. These children may have a multitude of problems such as:

- Learning/developmental disabilities
- Social/emotional difficulties
- Behavioral concerns
- Attention Deficit/Hyperactivity Disorder

Level III (most intensive):

It is anticipated that about 5% of the calls will be in this category. Children and families who fall into this category will generally be children who:

- Were briefly treated for mental health issues (2-3 days in a hospital) or untreated for mental health issues and are a:
 - Suicide danger
 - Danger to other family members
 - Sexually acting out
 - Serious substance abuser (such as heroin);
- Are not having their needs met by the public mental health system;
- Have been arrested, are involved with Juvenile Services and have mental health, substance abuse or other serious issues;
- Have developmental disabilities with additional diagnoses and/or physical, mental health, or behavioral issues;
- Have multiple diagnoses and are receiving services from a system that is designed to treat one disability.
- Those families that have a lead agency (e.g., DJS, DSS, or School System Special Ed) may be referred to the LCC for a community service initiative or residential placement.

The families who call may also be experiencing crisis situations such as:

- Economic stress

- Parental mental health/substance abuse issues
- Parents experiencing a high stress level
- Families who have very few supports
- Family violence issues
- Divorce/separation issues

Assessment and Evaluation

Following the initial call and screening, a more detailed assessment will be offered to families by the FNs. This assessment will assist families in identifying their strengths and areas of need. For example, using the CANS comprehensive tool. Families that are determined to have children with "intensive needs" will be eligible for FN services including the development of a Family Care Plan and care coordination. Families that opt for FN services will be scheduled for a subsequent meeting with their assigned FN to develop a Family Care Plan. The ultimate goal of FNs will be to aide parents in developing the skills that empower them to access and navigate their children's care independently.

The Family Navigator position will require proficient communication and interpersonal skills and knowledge of service systems and specialty areas including:

- Insurance and the extent to which various types of coverage impact the ability to get services
- Mental Health
- Developmental Disabilities
- Education and academic development
- Medical and physical health
- 'Real Life Needs' (e.g., finding a dentist, a place to get child's haircut)

Family Navigators will NOT provide therapy or diagnostic assessments.

The Director and the FNs will participate in trainings offered by the Governor's Office for Children. In addition, through weekly staff meetings, FNs will continually provide cross-training and support for one another. FNs will also participate in regularly scheduled meetings with the Program Director to discuss their experiences, strategies, and recommendations.

Family Navigator Qualifications:

- Parents of children with intensive needs preferred
- Bachelor's degree preferred (other commensurate experience or training may be substituted)
- Excellent communication/listening skills
- Knowledge of community resources
- Proficient organizational skills

Care Coordination

Temporary care coordination will be available for families of children who fall into the level II and level III categories. Care coordination will include the development of a Family Care Plan, which will be developed using a family-centered, strengths-based approach, while identifying gaps and barriers to receiving or accessing needed services.

Utilization Management

Program Director will:

- Develop database of resources;
- Hire Family Navigators;
- Develop policies and procedures manual;
- Provide staff oversight;
- Develop and implement staff training plan;
- Monitor the number and types of referrals coming into the Center;
- Provide utilization oversight;
- Supervise outreach and marketing activities

In the initial call, FNs will:

- Ask for the caller's zip code;
- Ask if caller's first time calling the Center;
- Ask the caller's permission to conduct a follow-up call after one week to determine whether the family was able to connect with the needed service;
- Ask callers how they learned about their service;
- Performance evaluations tied to:
 - Target numbers
 - Successful connections

External and Internal Communication

Internal communication will take place via weekly meetings of the FNs, as well as quarterly stakeholder meetings. These meetings will include discussion of issues, gaps in services, and brainstorming solutions. Internal communication will be promoted through the development of MOU's with community service providers and key stakeholders, as well as through the creation of a membership-only website. This website will be available for stakeholders to maintain a continuous flow of communication with FNs in order to address gaps, barriers, or any other concerns.

External communication will be ensured using web-based methods and an annual community forum. Parents will have the opportunity to communicate on a regular basis with one another using Center sponsored bulletin boards and chat rooms. This service will better enable parents to guide, support, and empower each other. The annual community forum will give the program the opportunity to share the programs annual report with the community. The community forum will include a parent forum, training available to all community members, resource sharing, an expo of services and disability-specific break-out sessions.

Ensuring Rights

Center staff will be trained in HIPPA regulations, as well as State and Federal regulations regarding confidentiality. Follow-up calls with families will be used to assure that referral agencies ensure family rights. The list of referral resources utilized by the FNs will routinely be reviewed and any agencies found to have violated a client's rights will be informed, and an immediate plan of correction will be required to remain a referral source. Compliance will be monitored by the program director.

Information Management

The information management system must be coordinated to effectively measure the utilization and impact of the program. Carroll County currently utilizes a web-based information management system called Community Service Point. Developed by Bowman Systems, Inc., Service Point provides easy access, unduplicated counts, a database to collect and store client information, and an excellent case management tool. In addition, Service Point is HIPAA compliant. Numerous agencies throughout the county presently use Service Point and more are encouraged to do so as it is already paid for with blended funding.

Evaluation

- Immediate assessment of caller’s satisfaction (1-3 questions);
- Follow-up calls one week later;
- Satisfaction survey for families who have received system navigation (level II and III) services;
- Process evaluation to include number of families served, number of calls received, calls by presenting problem, age, race and gender of at-risk child, number of successful referrals, number of live hand-offs, number of repeat calls, number of staff trainings.

A continuous quality improvement mechanism will be put in place to review the effectiveness and feasibility of the local access plan.

Section 3. QUALITY ASSURANCE PLAN

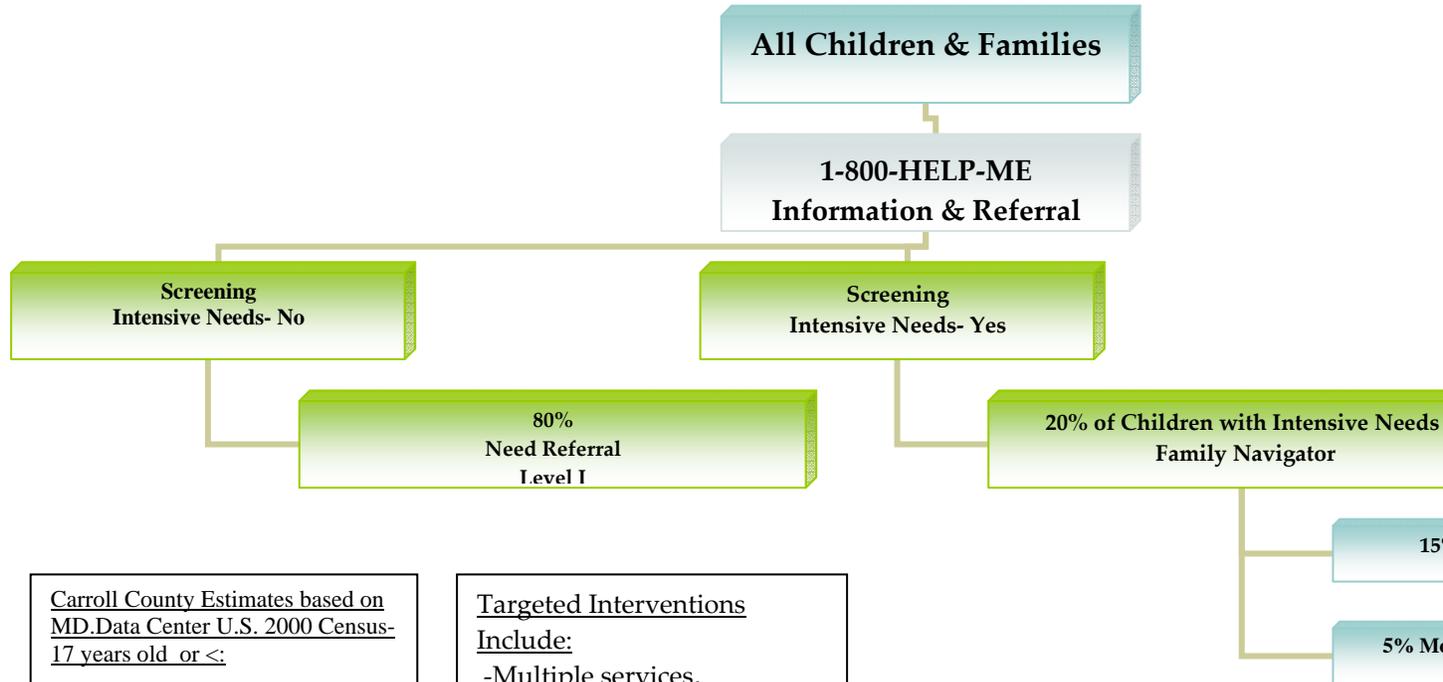
It is recommended that a LAP Advisory Committee be developed. This committee will be composed of child-serving agencies, disability and advocacy support groups, other providers and parents.

Domain	Proposed Activities
Coordination and collaboration among public agencies to assure accurate information & live “hand-off”	<ul style="list-style-type: none"> • Weekly staff meetings will be held where FNs can discuss challenges and barriers as well as successes and brainstorm possible solutions • Quarterly Planning and Review Committee meetings will be held where staff and all stakeholders will have the opportunity to discuss challenges and barriers, as well as successes and brainstorm possible solutions • Members-only electronic bulletin board where staff and partners can post pertinent information • Program Director will evaluate satisfaction survey results and facilitate removal of referral barriers
Ongoing partnership with public and private providers of services	<ul style="list-style-type: none"> • MOU’s with all major stakeholders • Outreach will be done in order to ensure broad membership on the stakeholders committee • Stakeholders will be encouraged to be part of the LAP Advisory Committee
Connection to and access of natural supports and natural helping networks (e.g.,	<ul style="list-style-type: none"> • Inter-Faith Council and Carroll County Ministerial Society will be out reached and included in LAP Advisory Board. • Other natural supports can include Department of Recreation, Arts Council, 4-H, Scouts, After School Programs and support groups.

faith-based and community organizations) by families	
Customer satisfaction with services	<ul style="list-style-type: none"> • Immediate assessment of caller's satisfaction (1-3 questions) • Follow-up calls one week later • Satisfaction survey for families who have received system navigation services administered after services have ended • Director will develop policies and procedures manual
Family member partnership/leadership in planning, implementation, and oversight	<ul style="list-style-type: none"> • Family/Parent membership on LAP Advisory Committee • Family Navigator positions advertised so as to attract parents of children with intensive needs • Parent members will be part of vendor selection committee
Cultural and linguistic competency	<ul style="list-style-type: none"> • Staff education and training • Vendor will be encouraged to hire multi-ethnic, multi-linguistic staff • Vendor will coordinate efforts with LMB Diversity Subcommittee
Effectiveness of the outreach and marketing to families in the community	<ul style="list-style-type: none"> • Callers will be asked how they learned about the service • Range of calls will be tracked by zipcode and concern

Section 4. SCHEMATIC OR FLOW CHART

The flow chart below helps to describe the envisioned system.



Carroll County Estimates based on MD.Data Center U.S. 2000 Census- 17 years old or <:

15% estimated to include 6,217 youth
 5% estimated to include 2,090 youth

Targeted Interventions Include:

- Multiple services, multiple providers
- Extensive collaboration between providers/agencies

Carroll County LAP Committee Members

***Denotes Consumer, Advocacy, Support Groups**

NAME	AGENCY
Joyce Agatone	Carroll County Youth Service Bureau/CSI
Kevin Amado	Carroll County Detention Center
Amy Baker	Core Service Agency/LCC
Linda Barton	Carroll County Public Schools/ LCC
Donna Benson	Parent, Speech/Language Pathologist*
Joanne Buell	SOAR/Parent*
Colleen Baumgartner	Carroll County Grants Office
Jodi DaRoja	Carroll County Youth Service Bureau
Victoria Duerr	Parent, Carroll Co. SECAC/MD Coalition* of Families for Children's Mental Health*
Lynn Davis	Carroll County Youth Service Bureau
Rachel DiFurio	Judy Center
Jenny Filipovits	Carroll County Local Management Board
Reverend Ronald Fisher	Faith Community
Dr. Harry Fogle	Carroll County Public Schools
George Giese	Carroll Co. Department of Social Services
Sharon Glass	Parent, FOCAS, FIT, Carroll Co. SECAC*
Cheryl Holl	Parent/Carroll Co. Government*
Lynne Humphries-Russ	Maryland Coalition of Families*
Mike Jones	Department of Juvenile Services/LCC
Larry Leitch	Carroll County Health Department
Kelli Nelson	Parent*
Pam Maranto	NAMI*
Beverly Massicot	Carroll County Local Management Board
Mike McGrew	Carroll County Public Schools
Master Kathryn Brewer-Poole	Carroll County Juvenile Court
Laura Rhodes	Partnership for a Healthier Carroll Co.
Madeleine Ryan	Carroll County Youth Service Bureau
Mary Scholz	Carroll County Local Management Board
Dale Sears	Carroll County Youth Service Bureau/LCC
Cindy Senseney	Partners for Success*
Connie Sgarlata	Family and Children's Services of Central Maryland
Tina Swink	Developmental Disabilities Administration/LCC
David Tucker	Department of Juvenile Services
Larry Welsh	Carroll Hospital Center
Mark Yount	Junction, Inc.

