

Attachment 4

Baltimore City Department of Social Services

# Behavioral Health Plan

June 30, 2021





## **Background:**

Under the L.J. v Massinga Consent Decree, modified in 2009, Additional Commitment 4 of Part Two, Section III, “Health Care”, the Baltimore City Department of Social Services (BCDSS) agreed to complete the following:

*By December 31, 2010, DHR/BCDSS shall operationalize a system to meet the mental health needs of children in OHP. The system will include access to mental health screening and assessment as well as a continuum of treatment services designed to secure ongoing treatment that meets the needs of the children in OHP. DHR/BCDSS will seek the advice and input from the Health Care Advisory Group in the development and implementation of this system.*

Plaintiffs’ counsel requested BCDSS provide an updated plan to address the current mental health needs for children in the Baltimore City foster care system on June 12, 2019.

The BCDSS plan for reform uses the strong elements of the existing system, strengthens areas of needs, and connects essential components to ensure a sustained system of providing the right services are available at the right time to vulnerable children and families.

*As the system stands today:*



BCDSS had 1,821 children in foster care as of July 1, 2019. In state fiscal year 2019, the focus on permanency planning, particularly for children placed in kinship care or restrictive foster care, was very successful. Presently, 75 percent of children and youth in foster care are placed in a family setting. BCDSS is focused on increasing the numbers of children who are in family settings. The current break down of placements is as follows:

- Regular Foster Care: 304
- Restrictive Foster Care: 161
- Kinship Care: 387
- Treatment Foster Care: 525
- Group Home: 133
- RTC: 101
- SILA: 55
- Trial Home visit: 33
- Runaway/Incarcerated/Other: 122





The plan is built on four (4) core and connected strategies that comprise fundamental components of a comprehensive behavioral health system serving out-of-home youth. These are:

- initial mental health assessments
- psychiatric oversight
- crisis interventions and stabilization services
- mental health navigators

To properly address the mental health needs and provide a continuum of care plan, BCDSS accepted an offer to partner with Casey Family Programs for technical assistance. Casey Family Services provided nationwide best practices and assistance from national expert Nadezhda Sexton, PhD. BCDSS continues to have regular conference calls and meetings with colleagues from across the country to develop the most effective mental health plan for Baltimore City's foster children. BCDSS included Behavioral Health Systems Baltimore (BHSB) which played an active role in the planning process. BCDSS will continue to have these conversations as the plan continues to evolve.



### *Initial Mental Health Assessments:*



BCDSS begins its work with an initial mental health assessment for children entering out-of-home care. This assessment identifies strengths, needs and vulnerabilities to guide the agency in determining the appropriate level of placement for children. The assessment is also a tool for planning treatment options for any identified mental health needs.

BCDSS and BHSB maintain an Intergovernmental Agreement wherein BHSB provides the initial mental health assessment for every child entering foster care regardless of age or living arrangement. BHSB contracts with Associated Catholic Charities to provide this service to BCDSS. Associated Catholic Charities' licensed social workers meet with each child face to face. Assessments include the use of valid and reliable screening/assessment tools and are completed within 30 days of entry into care.<sup>1</sup> As part of their assessment, social workers also speak with current mental health providers, when applicable, and review any psychiatric records available.

A copy of the full assessment goes into the state database. Due to HIPAA constraints, MATCH is unable to send the entire initial mental health assessment directly to the youth's primary care physician. However, the youth's primary care provider receives a copy of the Comprehensive Health Assessment, which includes a summary of the initial mental health assessment and recommendations.

When a child is not involved in mental health treatment, but it is recommended, MATCH staff and the BCDSS foster care team will identify (with the assistance of BHSB) the appropriate mental health provider and make the necessary referral. For any child under 3 years old with suspected delays or in need of additional assessments, immediate referrals are made to early intervention programs.

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<sup>1</sup> For example, UCLA PTSD Assessment, Columbia Suicide Scale Assessment, Juvenile Sex Offender Assessment, and Infants & Toddlers Development Scale

The current process is working well, and BCDSS continues to refine and strengthen the pathway to care.

An immediate area for improvement is in serving those youth in acute psychiatric crises. BCDSS will provide additional psychiatric oversight through a comprehensive case review. The BCDSS Foster Care Team, including BCDSS Psychiatrist and Mental Health Navigators, will procure and review all available documents, consult with the community-based providers on discharge planning, and develop a plan of care for high-needs youth.



BCDSS and BHSB maintain an Intergovernmental Agreement for the provision of a board-certified child psychiatrist performing the following activities:

- psychopharmacological chart reviews
- psychotropic medication management
- congregate care case reviews
- clinical direction on children with mental health diagnoses

Health Care Access Maryland (HCAM) and BCDSS staff may access a child psychiatrist for consultation and direction on complex psychiatric diagnoses. A primary role for the child psychiatrist is to review psychotropic medication consents and provide feedback prior to the agency signing consents. Currently, the child psychiatrist is available onsite 2 days a week and available by phone for emergencies. Recently, the child psychiatrist was co-located in the BCDSS office to ensure better communication with BCDSS staff. Since co-location has

occurred, there has been an increase in utilization of the child psychiatrist. More frequent case consultation has occurred for youth with complex mental health needs.

BCDSS is working to leverage this asset more strategically and will begin using the services of the psychiatrist more robustly in the next fiscal year. These changes include but are not limited to:

- An increase from 0.5 FTE to 0.8 FTE
- Case consultation for all youth entering or referred for residential treatment
- Participation in team review for all children under 13 placed in congregate care
- Coaching and consulting with the Mental Health Navigators.
- Establish standard operating procedures for review of all psychotropic medication consents and monitoring

### *Crisis Intervention and Stabilization Services:*



The BCDSS community-based crisis response supports children's ability to manage daily activities, establish clear connections for the child and family, links with community supports, and provides expert clinical interventions. On July 1, 2019, BCDSS entered into an Intergovernmental Agreement with Behavioral Health Systems Baltimore (BHSB) to provide crisis intervention services to the 2,000 children served through the foster care system in Baltimore City each year. The purpose of this program is to maximize diversion of children in crisis from (or shorten) inpatient psychiatric hospitalization, stabilize children in their current foster care placement, and link children and caregivers to appropriate and necessary long term community services.

The program, called Baltimore Child and Adolescent Response System (BCARS), is operated by Associated Catholic Charities. The BCARS program uses Roberts' Seven Stage Crisis Intervention Model as a structure for service provision. Staff are extensively trained in Mental Health First Aid. BCARS supports inpatient psychiatric diversion or shortening through active partnerships and coordination with emergency departments and inpatient psychiatric unit staff. BCARS provides a community-based, comprehensive continuum of brief and intensive crisis response services in Baltimore City for children/youth ages 0-21 in foster and kinship care (not inclusive of group home setting) and also to families being serviced in Family Preservation. This comprehensive continuum is available 24 hours per day, 7 days per week with a direct line for BCDSS to call.

BCARS provides intensive services including, but not limited to:

- parent support and assistance in behavior management techniques
- behavior contracting
- establishment of structure/daily routines
- individual and family therapy
- psychiatric assessments
- medication management
- school based interventions
- academic support

After the initial assessment, the child receives six weeks of intensive crisis stabilization wrap-around services and is linked with a long-term provider. After the first six weeks, if the child experiences another crisis, the child can be readmitted for services through BCARS.

BCDSS staff can make referrals directly to BCARS. In a situation of imminent crisis, there is a one (1) hour response time. Most assessments for children are completed in the foster home, however children may be seen in the BCARS office if more appropriate. The following tools are utilized during the assessment:

- CANS Crisis Assessment Tool
- Columbia Suicidal Risk Screening, Risk, and Protective Factors for Suicide
- UCLA PTSD
- CRAFFT (Alcohol and Addictive Behavior Screening)
- Child Sexual Behavior Inventory
- JSOAP-II
- SCUFF (Eating Disorder Screening)
- Vanderbilt for ADHD

The optimal goal at the end of six weeks or any time during those six weeks of service is for the youth to be set up with a continuing care provider so that there is no lapse in care of service. In addition, BCARS provides a discharge summary to the BCDSS caseworker, current caretaker, and any involved biological parent.



As part of rolling out the services of BCARS, BCDSS will educate staff, public foster care providers, and private treatment foster care providers. The mental health navigators will assist in educating BCDSS and MATCH staff to ensure proper use of the service. In January, BCARS was featured in the *Friday Focus* agency-wide newsletter. Additionally, BCDSS has instituted regular meetings with the placement provider community and will continue to inform the providers about this resource.

### **MATCH Case Management Support**

MATCH has a total of 9 licensed Social Worker MCM's (SW/MCM) and 1 licensed Social Worker Supervisor (LCSW-C), 3 Care Coordinators (CC) and 1 CC Supervisor. The unit is managed by the Senior Program Manager of Behavioral Health and Quality Assurance who is also an LCSW-C. The social workers and care coordinators provide supportive medical case management services to the permanency workers and caregivers for all children with behavior health needs. This includes but is not limited to completing a detailed health care plan outlining medical and mental health information, finding resources, assisting with referrals and helping with medical assistance issues. The SW/MCM's and CC's work directly with the permanency team, medical and behavioral health providers, caregivers and placement agencies directly involved with the youth.

Children in OOH who have high-risk behavioral health needs are assigned to our MATCH SW/MCM's. These children's cases are reviewed every 6 months. During the review process, a detailed health care plan is completed outlining all current and past medical and mental health needs with recommendations and next steps identified for the caregivers and the permanency workers. For this population of children, reviews can be done more frequently if needed, depending on the needs of the youth.

Children who have been diagnosed with less significant behavioral health needs are assigned to our CC's. The CC's who oversee these cases receive support and assistance from the Senior Program Manager of Behavioral Health and Quality Assurance to ensure accuracy of services. These children's cases are reviewed once a year with a detailed completed health care plan that includes current and past medical and mental health information. For this population of children, if the behavioral health needs escalate, the Senior Program Manager automatically reassigns the case to a licensed SW/MCM for immediate case management and continued oversight.

Both the licensed SW/MCM's and the CC's work closely with the permanency team caregivers, placement agencies, and medical and behavioral health providers during the review period to get current medical and mental health information. Collaboration with this team of individuals helps to ensure a detailed health care plan is completed. In addition to the review period, MATCH workers are also in contact with the permanency team and caregivers, to provide ongoing case management support when a medical or mental health need arises.

The MATCH workers consult with the child psychiatrist for the mentally complex youth. If emergent issues arise, the team relies on the expertise of the child psychiatrist and consultation

for guidance. The MATCH team also uses BHSB and SAMSHA websites for additional mental health resources. For questions around certain medical diagnoses and/or issues our team utilizes the medical director, Dr. Jenene Washington, as a resource. In some instances, she has been able to provide mental health consultation alongside Dr. Barnett.

Currently, the MATCH workers are participating in case staffings with the Intensive Case Management Unit alongside the BCDSS mental health navigators.

Total Licensed SW/MCM cases = 568 Total of 9 SW/MCM's = 1:63 ratio of cases

Total CC/MCM cases (ages 6-17) = 400 Total of 3 CC's = 1:133 ratio of cases

### *Peer Support Services*

MATCH also ensures the execution of contracted services with an organization which utilizes individuals with the personal experience of caring for loved ones with behavioral health needs to connect, support and empower families involved with BCDSS and advocate to improve systems that impact individuals with behavioral health challenges. Since 2016, the identified organization fulfilling these supports has been [Maryland Coalition of Families](#) (MCF). MCF provides one Full Time Equivalent (FTE) Family Peer Support Specialist (FPSS) to provide services to families that have a youth experiencing behavioral health challenges and Department of Social Services involvement.

The FPSS leads processes with families to: clarify the problem(s); provide emotional support; identify needs and strengths; improve advocacy and partnership skills; identify resources including: appropriate levels of services, entitlements, community resources and natural supports; share networking resources to encourage natural and informal supports and encourage wellness and self-care. MCF also plans and implements family workshops, conducts peer led support groups for families and provides information to families about local behavioral health resource-, including state information and referral resources, support meetings, screening and referrals for behavioral health treatment, caregiver education groups, therapeutic and/or pro-social recreation, volunteer training opportunities and other services designed to meet the needs of caregivers and adolescents.

MCF also provides services across the State of Maryland. Therefore, should a family relocate, services are able to be continued without disruption- leveraging the full benefit of services. Services are provided to all families at no cost regardless of income or insurance status.

### *Mental Health Navigators:*



In August 2019, DHS approved BCDSS to hire three (3) social work therapists to provide mental health navigation services and crisis intervention when needed for children in foster care. The social work therapist positions require employees to be Licensed Certified Social Worker-Clinical and have experience providing mental health services to children.

The consulting social workers will serve the Foster Care Team as expert and trusted partners skilled in system navigation. To strengthen accessibility and monitor the mental health therapy/services being provided to our children, the social work therapists will have four core functions:

- Review comprehensive health record
  - Records may be limited and fragmented. Consulting social workers will draw information into a narrative of rich information and actionable next steps
- Provide guidance to Foster Care Team on diagnosis and evaluations
  - Consulting social workers will build BCDSS Foster Care Team capacity to ask specific questions of evaluators, review evaluations for usefulness and accuracy, and formulate case and treatment plans on the basis of evaluations.
- Make recommendations for types of therapy
  - Mental health interventions that are timely, appropriate, and sensitive to individual needs are the most successful. Consulting social workers will help



BCDSS reduce the use of generic services for families and youth thereby maximizing outcomes.

- Act as a mental health navigator
  - Consulting social workers will help develop the BCDSS's vocabulary, knowledge of, and facility with, the mental health provider community and service array. Consulting social workers will develop Foster Care Team members' capacity to ask critical questions of providers, identify case needs, and pursue/monitor appropriate treatment.
  - Ensuring that the behavioral health needs of the youth are being addressed in order to promote accomplishment of the permanency plan as soon as possible. This includes ensuring that biological parents, guardians, foster parents, caseworkers, etc. are a part of the treatment process.
- Provide mental health first aid for high risk out-of-placement youth.
  - High-risk youth in the midst of placement disruption require a constant and supportive relationship that maximizes strength and helps move the youth to permanent connections when they are made available.
- In collaboration with the child psychiatrist and DHS, develop standard operating procedures for Intensive Case Management and psychotropic medication oversight.
- Resource Development
  - Create partnerships with community partners for the purpose of connecting youth and families to supportive services, thereby yielding positive outcomes as it relates to placement stability and reunification.

### *Resource Homes Development*

BCDSS is currently exploring the Trust Based Relational Intervention (TBRI) model to adopt for our public resource homes. Trust-Based Relational Intervention (TBRI) is a therapeutic model that trains caregivers to provide effective support and treatment for children and youth. TBRI is a holistic, attachment based, trauma-informed, and evidence-informed intervention for children who have experienced relational trauma.

BCDSS is working closely with Casey Family Programs and the Annie E Casey Foundation to assess readiness for this model and design an implementation plan.

### *Continuous Quality Improvement:*



BCDSS is committed to becoming a continuous learning organization and creating a robust continuous quality improvement system. BCDSS, in partnership with BHSB, will utilize our internal Quality Service Review (QSR) process to gain insight into the effectiveness of these services and processes. Our current QSR tool has indicators to measure each reviewed child's behavioral health status, behavioral risk/safety factors and the system's response and coordination of necessary service delivery to address any behavioral health needs. BCDSS will also explore developing and applying an ad hoc targeted qualitative analysis to assess the quality of behavioral health assessment and service delivery for this population. From these analyses, recommendations and strategies will be developed to address any identified areas needing improvement.

The Behavioral Health Plan is a framework and an evolving practice guide to meet the needs of our youth and families and promote safety, permanency, and well-being.

