

Ready By 21 Overview

The Ready By 21 Team, chaired by Department of Human Resources (DHR) Secretary Brenda Donald, was established in January 2008 to oversee the implementation of the Maryland Children's Cabinet's Ready By 21 Action Plan.

The following are the goals outlined in the Ready By 21 Five Year Action Agenda:

1. All Marylanders will understand the urgency of providing supportive services and resources, are aware of existing gaps, and are supportive of investments that will improve the odds for youth to be Ready By 21.
2. All Maryland's youth, especially older youth (14+), will have the support of capable, competent and caring adults.
3. All Maryland's transition-aged youth, with an emphasis on youth transitioning out of public systems, will have access to safe and affordable housing that is convenient to services, supports, transportation, schools, employment and other youth.
4. All Maryland's youth, especially transition-aged youth, will receive necessary supports to ensure health and well-being.
5. All Maryland's youth, with an emphasis on vulnerable youth, will be prepared to successfully transition into post secondary education, advanced training and the workforce.
6. Maryland's social service and juvenile service systems will treat all young people equally and fairly.
7. Maryland will have an infrastructure that promotes sufficient funds and is held accountable for the preparedness of transition-age youth for college, work and life.

The Ready By 21 Leadership Team convened four subcommittees whose membership included local providers, stakeholders and state child serving agency staff to develop benchmarks in the areas of Education, Employment, Health, and Housing. Cross-cutting issues, which cross multiple age groups and subject areas, and corresponding benchmarks, were also identified. The Ready By 21 Action Plan is the compilation of all five areas, with corresponding strategic action steps. The Action Plan is intended to benefit all youth; unless otherwise specified, benchmarks and action steps apply to all youth. Benchmarks are listed according to the age level or range when services should commence and continue through adulthood, as appropriate.

Health Benchmarks

Age	Benchmark
14	<ul style="list-style-type: none"> Youth will have complete medical records.
	<ul style="list-style-type: none"> Youth will have the opportunity to review their medical records with a caseworker annually.
	<ul style="list-style-type: none"> Service providers will receive information and professional development on youth development, best practices, and locally available resources.
	<ul style="list-style-type: none"> Youth will receive comprehensive health assessment, including mental health, and quality services in a timely manner to address their needs.
	<ul style="list-style-type: none"> Youth will identify the providers he/she will use.
	<ul style="list-style-type: none"> Youth will receive information about the adverse consequences of substance abuse.
15/16	<ul style="list-style-type: none"> Youth will have an understanding of and strategies for interacting with the health and mental health care systems and managing any medical conditions they may have.
17/18	<ul style="list-style-type: none"> Older youth will access services through multiple avenues.
	<ul style="list-style-type: none"> Youth will have an understanding of health care coverage options.
	<ul style="list-style-type: none"> Youth with mental health issues transitioning out of child serving systems will be educated on their specific health needs and will have a plan to obtain services in the adult mental health care system.
19-21	<ul style="list-style-type: none"> Youth will progressively demonstrate increased ability to interact with the health and mental health care systems and manage their health, including avoiding high-risk behaviors.
	<ul style="list-style-type: none"> Health care coverage will be available for all youth (at least to the age of 22).

<p style="text-align: center;">Action Steps Current status/implementation of each step in Harford County</p>	<p style="text-align: center;">MD State Responsible Agencies/HC Responsible Agencies</p>	<p style="text-align: center;">MD Timeframe/HC Timeframe</p>
<p>(3.1) Encourage mental health providers' adoption of the Transitioning into Independence (TIP) Program, an evidence-supported set of principles and practices for working with youth age 16-25 who have mental health conditions.</p>	<p>DHMH</p>	<p>September 2009</p>
<p>CSA: The TIP program is currently provided in Washington and Fredrick County through a Federal Grant. According to MHA it is not expected to be implemented in any other county at this time.</p>	<p>CSA</p>	
<p>(3.2) A) Support statewide efforts to ensure portability of medical records; B) Require DHR and DJS caseworkers to review medical records as part of transition planning process.</p>	<p>DHR, DJS, DHMH</p>	<p>October 2009</p>
<p>DSS: All children in Out of home care have a Health Passport that contains documentation of health care appointments, treatment, medications etc. The Passport is a folder that travels with the child from placement to placement. As children age out of foster care, copies of the information in their Health Passport is provided to them. All children who enter the foster care system are required to have a physical examination within 5 days of placement. For older youth in care, casework activities and Life Skills training include information about accessing health care after aging out of the foster care system. The new Health Care Reform bill will allow children aging out of the system to keep Medical Assistance coverage to age 26.</p> <p>HD: More than two years ago, the Harford County Health Department started using PatTrac, a patient tracking software, in many of its programs. When fully utilized, this software should allow us a complete electronic record on every patient. However, numerous issues, including connectivity between sites, have not allowed us to use the software to its full potential. In FY 2010, the Harford County Health Department purchased DocStar, a document tracking software that will eventually allow us to digitalize currently archived paper files. Final installation of the hardware necessary to utilize DocStar and the training necessary will not be complete until FY 2011.</p>	<p>DSS, DJS, HD</p>	<p>Ongoing</p>
<p>(3.3) A) Present the Healthy Adolescent Development Guide to the Children's Cabinet; B) Infuse the guide into established trainings for state child serving agencies; C) Assist in the dissemination of the Healthy Adolescent Development Guide to youth serving agencies and; D) Require state contractors to participate in this training.</p>	<p>Children's Cabinet</p>	<p>October 2009- March 2010</p>
<p>Healthy Adolescent Development guide is available online at http://www.jhsph.edu/bin/s/e/Interactive%20Guide.pdf</p>		

<p>(3.4)</p> <p>A) Map out potential providers of free or low cost insurance for specific groups of youth (dependent minors, college youth, independent out of school youth, etc.) and determine which youth are not covered;</p> <p>B) If there is sufficient capacity, identify methods of outreach needed, e.g. a state sponsored web based database, informational packet, Medicaid training, etc;</p> <p>C) If there is insufficient capacity, identify funding for expansion, and entities to provide insurance coverage, e.g. community colleges</p>	<p>RB21 Health Subcommittee</p>	<p>October 2009- March 2010</p>																								
<p>Upper Chesapeake: In April, 2006 a survey was conducted to determine the number of primary care providers in Harford County that accept Medicaid and/or a Sliding Fee Scale for uninsured patients. Providers surveyed include Internal Medicine, Family Practice, Pediatricians and General Practitioners. What was not included in the survey is the “cap” that each provider places on the number of patients they will accept in each category. The following are the results of the survey.</p> <table border="1" data-bbox="94 618 1501 841"> <thead> <tr> <th>Type of Provider</th> <th>Total Number in Sample</th> <th>Accepts Medicaid</th> <th>Offers a Sliding Fee Scale</th> </tr> </thead> <tbody> <tr> <td>Internal Medicine</td> <td>52</td> <td>37% (19/52)</td> <td>23% (12/52)</td> </tr> <tr> <td>Family Practice</td> <td>30</td> <td>20% (6/30)</td> <td>40% (12/30)</td> </tr> <tr> <td>Pediatricians</td> <td>33</td> <td>42% (14/33)</td> <td>24% (8/33)</td> </tr> <tr> <td>General Practitioner</td> <td>5</td> <td>60% (3/5)</td> <td>20% (1/5)</td> </tr> <tr> <td>TOTAL</td> <td>120</td> <td>35% (42/120)</td> <td>28% (33/120)</td> </tr> </tbody> </table>	Type of Provider	Total Number in Sample	Accepts Medicaid	Offers a Sliding Fee Scale	Internal Medicine	52	37% (19/52)	23% (12/52)	Family Practice	30	20% (6/30)	40% (12/30)	Pediatricians	33	42% (14/33)	24% (8/33)	General Practitioner	5	60% (3/5)	20% (1/5)	TOTAL	120	35% (42/120)	28% (33/120)	<p>Upper Chesapeake</p>	
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<p>(3.5)</p> <p>A) Identify existing health resource websites and arrange importation of data into the youth resource website;</p> <p>B) Work with the Employment Subcommittee to supply the health related content for the proposed website.</p>	<p>a) RB 21 Health Subcommittee b) RB 21 Health & Employment Subcommittee</p>	<p>December 2009</p>																								
<p>HD: Comprehensive, authoritative, and reliable health informational websites for youth and adolescents include: www.kidshealth.org, www.kids.gov (selections include categories for health and safety), www.nlm.nih.gov/medlineplus/teenspage.html, www.hhs.gov/kids/, and www.healthyharford.org. The Health Department is in the process of revamping their website. Once updated the above links will be provided on this site as well.</p>	<p>HD</p>																									
<p>(3.6) Determine whether plans are underway to expand the school based health and mental health services. If not, recommend that MSDE and DHMH increase capacity and outreach.</p>	<p>DHMH, MSDE</p>	<p>December 2009- June 2010</p>																								
<p>CSA & HCPS: The school based mental health program has had great success. The program has expanded over the last 5 years. Each year another school has been added. The program currently consists of 15 schools and has partnered with 4 mental health providers: Alliance Inc, Key Point, Upper Bay counseling, and Villa Maria.</p>	<p>CSA, HCPS</p>																									

<p>(3.7) Make the Voluntary State Curriculum the “Mandatory State Curriculum” in order to ensure that every child has access to physical and health education programs, including information regarding substance abuse, mental health, and HIV/AIDS.</p>	<p>MSDE</p>	<p>June 2010</p>
<p>HCPS: Current focus is on Common Core Standards. As part of Race to the Top curriculum changes will be forthcoming which will include health issues. CSA: In partnership with the Harford County Public School Board, the Garrett Lee grant was awarded and is currently being implemented. Through this grant, the health curriculum has been updated to include mental health awareness and suicide prevention.</p>	<p>HCPS</p>	
<p>(3.8) Coordinate efforts with the federal Substance Abuse and Mental Health Services Administration (SAMSHA) Children’s Mental Health Initiative grant for federal fiscal years 2009-2014 entitled MD CARES, which will develop a service delivery model to address the mental health needs of youth in foster care in Baltimore City, and fund policy and fiscal analysis, training, and infrastructure development to support adaptation and replication of the model statewide.</p>	<p>DHR & MD CARES staff</p>	<p>Ongoing</p>
<p>Specific to Baltimore City only</p>		

Acronyms

BHYI	Baltimore Homeless Youth Initiative
CSA	Core Service Agency (Office on Mental Health)
CBO	Community-based organization
CTE	Career and Technology Education
DDA	Maryland Developmental Disabilities Administration
DHCD	Maryland Department of Housing & Community Development
DHMH	Maryland Department of Health and Mental Hygiene
DHR	Maryland Department of Human Resources
DJS	Maryland Department of Juvenile Services
DLLR	Maryland Department of Labor, Licensing and Regulation
DOD	Maryland Department of Disabilities
DSS	Department of Social Services
GEEF	Greater Edgewood Education Foundation
HCC	Harford Community College
HCPS	Harford County Public Schools
HD	Health Department
IDA	Individual Development Account

IEP	Individualized Education Plan
ILP	Independent Living Program
LMB	Local Management Board
LSS	Local School System
LWIB	Local Workforce Investment Board
MANSEF	Maryland Association of Non-Public Special Education Facilities
MHA	Mental Health Administration
MHEC	Maryland Higher Education Commission
MSDE	Maryland State Department of Education
MSDE-DORS	Maryland State Department of Education, Division of Rehabilitation Services
MSDE-CTAL	Maryland State Department of Education, Career technology and Adult Learning Services
MSDE-DSE/EIS	Maryland State Department of Education, Division of Special Education/Early Intervention Services
MVA	Motor Vehicle Administration
OST	Out of School Time
ROP	Rites of Passage (Harford Community College Program)
RTC	Residential Treatment Center
SES	Supplementary Education Services
SPP	State Performance Plan (SPP)
SWD	Students With Disabilities
SWN	Susquehanna Workforce Network
USM	University System of Maryland
WIA	Workforce Investment Act