

YOUTH AT RISK IN MONTGOMERY COUNTY PART 2

INTRODUCTION

In the spring of 2013 the League of Women Voters of Montgomery County adopted a two-year study of Youth at Risk, concentrating on youth of middle and high school ages. In November of 2014 we looked at the role of the public schools with youth at risk, the influence of gangs, the County Executive's Positive Youth Development Program, the risk of human trafficking and the County Council's oversight of programs and policies for the welfare of children and youth. This spring we consider issues of behavioral health, youth homelessness, challenges for youth aging out of foster care and bullying.

Children and youth across the United States, in every state, city and rural town are experiencing what Studs Terkel and Charlie Chaplin coined as "Hard Times." Statistics from government and non-government research groups show a high increase in homelessness, malnutrition, low school attendance, low educational achievement, and emotional and mental stress among young people. Since the recession of 2008, the U.S. Congress has cut back its aid to the states and to the socio-economic needs of children, youth, families and the elderly. The social needs related to unemployment, low-wage jobs or part-time employment have been shifted over to states and cities with less and less federal help for the "safety net."

Montgomery County also experienced the consequences of the recession and federal cuts. To its credit, the county had as a priority to protect the "safety net" as much as possible so the effect of cuts was less daunting than in other parts of the country. This study presents some of the programs and projects that the county and other non-profit agencies provide to help youth at risk and to alleviate the stress and fear that accompany "hard times."

This final segment of the Youth at Risk study will cover the following issues:
Behavioral Health, Homeless Youth, Transitioning from Foster Care and Bullying.

BEHAVIORAL HEALTH

Behavioral Health includes mental health, substance use or abuse and tobacco use. Four million children and adolescents in this country suffer from a serious mental disorder that causes significant functional impairments at home, at school and with peers. Although half of all lifetime cases of mental disorders begin by age 14 in any given year only 20 percent of children with mental disorders are identified and receive mental health services. Suicide is the third leading cause of death among American youth 13 to 18 years of age.

Mental Health Status of Adolescents

Healthy Montgomery's Behavioral Health Data Profile, compiled by the Behavioral Health Action Planning Workgroup in 2011-12 reported limited data that may provide an estimate of the rate of mental health illness specific to Montgomery County youth. These data are derived from inpatient hospital discharge records of youth with mental illness (ages 10 to 19) per 10,000 county residents in the years 2000 to 2009:

Mental Health Disorders 34.1; Mood Disorders 24.3; Bipolar Disorders 14.3; Depressive Disorders 10; Schizophrenia and Other Psychotic Disorders 3.2; Substance-Related Disorders 1.2.

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Nearly one in five Montgomery County high school students reported using any kind of tobacco in the month preceding the Maryland Youth Tobacco Survey in 2010.

The information provided in the next few paragraphs applies to State of Maryland youth, including Montgomery County.

Behavioral Health Barometer: Maryland, 2013, of the Substance Abuse and Mental Health Services Administration (SAMHSA) lists the following data for Maryland youth:

About 31,000 youth 12 to 17 years of age (6.9% of all Maryland youth) per year had at least one Major Depressive Episode (MDE). Of these, only 36% (11,000 youth) received treatment for their depression within the year prior to being surveyed.

The mean age of first use among 12-17 year-olds was reported for the following substances as: 14.0 years, Marijuana; 13.2 years, Non-medical use of Psychotherapeutics; 13.4 years, Cigarettes; 13.6 years, Alcohol.

The Maryland Youth Risk Behavior Survey (YRBS) taken by Maryland students in 2011 provides a valuable insight on the self-reported health and practices of teenage youth. Percentages shown represent the number of students out of the total number of Maryland students participating in the survey. Selected items from students' responses are shown below:

Attempted suicide one or more times—10.9%

Suicide attempt resulted in injury, poisoning or overdose requiring treatment by a doctor/nurse—5.2%

Are current alcohol drinkers— 34.8%; binge drinkers, defined as 5 or more drinks on one occasion for men, 4 or more for women—18.4%

Driven a car after drinking in last 30 days—7.7%

Ever took steroid pills or shots without a doctor's prescription one or more times—5.0%

Ever used needle to inject illegal drug into their body one or more times—4.1%

Offered, sold or given an illegal drug by someone—30.4%

Hit, slapped or physically hurt on purpose by their boyfriend or girlfriend—16.0%

Rarely or never used a bicycle helmet—80.4%

Rarely or never used a seat belt—11.8%

The 2013 YBRS will be disaggregated and analyzed so that results specific to Montgomery County students will be available in the very near future and will contain more extensive details on youth health and practices.

Public Mental Health Services

Many children and youth with mental health needs in Montgomery County are treated by private clinicians whose services are paid for by family. Many others turn to the public sector where they must qualify financially. The Child and Adolescent Outpatient Mental Health Services clinics in Silver Spring and Rockville accept county residents between the ages of 5 and 18 years of age who have Medical Assistance (Medicaid) or those who have no health insurance. Fees for the latter are based on a sliding scale ability to pay. There is no requirement that youth or the parents be documented for acceptance to the clinics. Staffed by 12 professionals, the service team in the clinics provides individualized assessment and psychiatric and therapeutic services to youth with emotional and behavioral issues in a linguistically and culturally appropriate manner. The clinics also work with youth who present with dual diagnoses, both substance abuse and mental health problems.

A Home-Based Treatment Team provides specialized mobile treatment specifically for children and families involved with Child Welfare Services, and the System of Care Development and Management Team collaborates with local and state partners to plan, develop and manage publicly funded mental health and care coordination services.

Crisis Center—The center provides 24/7 coverage through phone, walk-in and mobile crisis outreach for people of any age suffering from situational, emotional, or mental health crises. Much of the staff's work is to provide the least restrictive, community-based services appropriate to a client's situation. Psychiatric crisis resources are used to prevent suicides and avoid hospitalizations. During FY14, the Crisis Center provided behavioral assessment, referrals, and recommendations for follow-ups to 1,035 children and adolescents referred by Montgomery County Public Schools.

In the first segment of Youth at Risk, we described the role of the MCPS in providing counseling services to youth through the Linkages to Learning program and wellness centers. Aside from these programs, many teachers have taken the Youth Mental Health First Aid course to learn to recognize signs of mental illness, refresh their basic crisis intervention skills with a focus on middle and high school- aged students and to help teachers to discuss mental health issues with students and their families. The courses have been given by the Montgomery County Mental Health Association

Tree House— This center is a private/public partnership of the Primary Care Coalition and DHHS. As Montgomery County's Child Assessment Center, the Tree House evaluates and treats children and adolescent victims of sexual, physical, and emotional abuse, along with their non-offending family members. Services include forensic interviewing, nurse case management, pediatric medical evaluation, mental health assessment and ongoing therapy and advocacy. In 2014, they treated 700 young people. Abused youth formerly were subjected to continuing trauma, needing to repeat over and over painful events, as they navigated through emergency rooms, police stations and complicated medical and legal investigations and prosecutions. The tree House was founded to protect youth from further trauma and promote healing by providing all services in one place by sensitive, trained staff.

The Collaboration Council for Children, Youth and Families—The Council is a non profit organization established under state law and local resolution to be the Local Management Board in Montgomery County. Its mission is to promote the well-being of children through collaborative partnerships within the community. Children or their families may self refer, but most are referred by MCPS, Juvenile Justice, or Child Protective Services. The ages of youth with the largest number of referrals were 14 to 17 years. Many have been referred at the point where they are being considered for out-of-county placement. The council's program is designed to maintain youth at home and in their own communities whenever possible. "Children with Intensive Needs" are children with severe emotional disabilities and/or substance abusing, or have developmental disabilities and they require a level of intensive services that can only come from cross-agency collaboration in service planning and delivery. A few children with intensive and complex needs can receive coordinated "wrap around" services from a number of agencies. These limited-time services are state-funded and may serve only seventy children at a time. The Collaboration Council has been a champion for the Positive Youth Development Program activities such as the after school activities projects and Excel Beyond the Bell. The Collaboration Council created InfoMontgomery, a continually updated web-based directory of information on community human service agencies (public and non-public).

HOMELESS YOUTH

The Homeless are not new to American culture. The homeless are people who, by virtue of natural disasters, economic upheavals, or major long-term illness, have no home. Now, in this 21st century the homeless are veterans, the elderly, over 50s singles, families with very young children, and outcast, alienated youth.

Montgomery County's population of 1,016,677 is one of the wealthiest and best educated counties in the US. However, close to 7 per cent of residents live below the poverty line. Housing costs are high, and finding a place to live in the county is a major problem for people with low and moderate incomes.

The latest report from the American Institutes of Research estimates that 2.5 million young people experience homelessness annually. The difficulty in gathering data on homeless youth is finding them. The duration of their homelessness may be long, short, or "off-and-on" depending on how many family or friends might house them or for how long.

The Montgomery County Department of Health and Human Services conducted a survey from January 26 through January 28, 2015 of all persons living in emergency shelters and on the streets. A total of 377 single homeless adults were surveyed including 143 women and 234 men. No doubt some youth and young adults are included in those numbers.

The major causes of homelessness in the nation include poverty, lack of affordable housing, the continuing impact of the 2008 Recession, racial disparities and the challenges of single parenting. In addition, traumatic experiences, especially domestic violence, precede and prolong homelessness for families (especially youth 12-20). Homelessness is not just the loss of a home but it is significantly related to the economic issues of unemployment, underemployment, low wages and poverty.

In 2002 Montgomery County became one of the first in the country to develop a ten year plan to end homelessness. That plan had three basic strategies (a) prevent homelessness, (b) move homeless people as rapidly as possible into permanent housing and (c) set up a system of social support and social services. Over the past decade significant progress has been made including a 60% reduction of homeless people living on the streets (from 240 to 95 individuals) and a six-fold increase in permanent supportive housing for formerly homeless individuals (from 308 beds to 1,886 beds), incorporating social services, employment and/or education and health care along with housing to support their independence. The progress made led the Strategic Planning Committee of the Homeless Continuum of Care (CoC) to develop a new 10-year plan to prevent and end homelessness.

The 2012, CoC Ten Year Plan has eight objectives to continue progress toward preventing and ending homelessness. Within one of the objectives are a number of specific strategies and action steps to prevent and end youth homelessness in the county. These action steps demonstrate an understanding that collaboration and coordination between agencies and organizations is necessary to aid and guide youth, to remove barriers that impede their development, to improve access to health care and stable living conditions and increase educational, vocational and employment opportunities. Another important action step is to improve discharge planning for youth discharged from the foster care system, the juvenile justice system or from hospitals and connect them to education, and housing and health benefits prior to discharge.

A most important element of the CoC mission is to advocate and engage the public about homelessness and the need to take action. As the Ten Year Plan to End Homelessness states in its first objective:

“educate the community about homelessness, best practices, resources needed to reduce homelessness, and long term savings achieved by providing permanent stable housing.”

As members of the LWV of Montgomery County we are fortunate to be part of this “public” and live in a county that is ahead of much of the rest of the country in being aware of, and taking action, to alleviate homelessness.

TRANSITIONING FROM FOSTER CARE

Foster care services are provided to abused or neglected children who are unable to remain safely in their homes. These are usually temporary placements whose purpose is twofold:

- 1--to protect the child by providing a safe home with a foster family that has been approved by the local child welfare agency (which also provides funding and support services to the foster parents and the child),
- 2--to provide services to the parent(s) of the child to enable them to resolve the issues underlying the abuse or neglect and to resume care of their child.

If family reunification is not possible, then a permanent alternate living arrangement is sought, sometimes with other family members, sometimes through adoption. Older youth are harder to place than young children and thus, the older ones are most likely to remain in foster care.

When they reach the age of 18, young people who have remained in foster care can be released from court supervision, at the judges’ discretion, and begin independent lives. An accurate statistical picture of the success of these newly-independent youth is not available, but according to national statistics, many of them will have a difficult time. National studies suggest that former foster children who age out of care do not have a stable life style that includes permanent housing, education and/or employment. In 2009 a National Youth in Transition Database was initiated that may eventually provide some insight into the outcomes for these young people. However its usefulness may be compromised by the difficulty of locating former foster children and their possible refusal to answer questions about their situations.

The State of Maryland issued statistics that suggest a more stable picture. Thirty days prior to their 21st birthday 90% of former foster youth have a stable place to live, 91% have state-issued identification, 76% have a high school diploma, training certificate, or degree and 70% have a job or are enrolled in school or a job training program.

In Montgomery County, the foster care program is under Child Welfare Services (CWS) which is part of the Department of Health and Human Services (DHHS). At present, CWS has contact with 95 young people between the ages of 18 and 21. Due to their negative life experiences, many of them have not reached the appropriate level of maturity for their age. Although some of the young people who age out of the system continue to live with their foster families, the majority leave their foster homes.

Aware of the risks these young people will face, CWS provides a number of services to help with the transition from foster care, where needs are met by foster parents, to adult, independent living. Beginning at age 14, CWS social workers provide information sessions for all adolescent in six core areas: employment, housing, education, mental and physical health, family and friends, and financial literacy. A social worker from the Transition Unit is assigned to youths who have reached their 16th

birthday and reviews progress in each of these areas, with increasing frequency, as the foster child progresses toward independence.

Health insurance is now available through the Affordable Care Act to youth aging out of foster care. CWS makes available counseling on birth control to sexually active teens. Young women who become pregnant, in foster care or afterwards, are referred to appropriate agencies for further help.

Finding affordable housing is a major challenge for these young people. The high rents in the county force many to move to outside areas, far from work or school, and transportation costs and long commutes add to the problem. From age 18 to 21 a former foster child is eligible to receive \$600 to \$800 per month to help pay rent, but this funding is contingent on being employed or in school. To get the subsidy, the young person must present a budget and a lease that demonstrates an ability to pay the rent with the supplementary funds. CWS had a FreddyMac grant that paid for the services of a housing counselor who helped young people find affordable housing accessible to public transportation and also taught them budgetary skills. Unfortunately, the grant was not renewed, leaving a critical need.

Some of the youth coming out of foster care have problems with employment due to lack of appropriate workplace attitudes, such as on-time arrival, regular attendance, and proper attire. There are a variety of public and private support services for youth aging out of foster care, but not enough to reach all those who need them. Examples of private programs include:

The National Center for Children and Families (NCCF) runs a successful Futurebound Independent Living Program to prepare young people to live independently prior to aging out of the CWS or Juvenile Services systems and a Transitional Housing Program that provides housing support, case management and workforce development. However, NCCF is able to serve only a limited number of those needing such help.

Montgomery College provides a program called Future Link for incoming students who may not be well prepared for college. However, it requires attendance at one evening session a week for 14 weeks, and that presents a challenge for young people living or working far away from the Rockville campus.

The 3 L Academy: Live, Learn Lead is an effort currently funded by the Trawick Foundation to help transitioning youth through counseling and group support. The program is now serving 18 young people; and more young women are participating than men.

As foster children mature, they need to take increasing responsibility for assuming the roles that CWS had been providing. They need to attend meetings and follow through on their appointments to get the services they want and need. At age 18, some foster children want to leave CWS supervision. In that case, the Juvenile Court judge, under whose control the young person was placed originally, decides whether the case can be closed. The judge's decision allows CWS to discontinue efforts to maintain contact with the youth. However, even if the case is closed, former foster children under 21 years old can have their cases reopened if they later decide that the services of CWS can be helpful to them.

BULLYING

Bullying is defined as repeated aggressive behavior intended to cause harm or distress in a relationship in which there is an imbalance of strength and power between or among participants of either gender. Bullying, harassment or intimidation are intentional behaviors that may be expressed through physical, verbal, written or electronic communication that is intended to harm.

All bullying is harmful to the victim's physical or psychological wellbeing and, in a school setting, it can also substantially affect a student's performance and achievement. Although bullying is found in all ages, this fact sheet will concentrate on bullying among children and youth in school.

Both research and experience suggest that most bullying incidents do not merely involve a single bully and his or her target. Research completed on an elementary school playground revealed that often many children take part in a particular bullying incident, particularly on the playground. Sometimes students join in the activity, or they can be passive observers, or they can be active participants trying to stop the bullying. The target can also be an aggressor.

In 2005 a committee of the Maryland State Department of Education created, and the legislature passed, THE SAFE SCHOOLS REPORTING ACT OF 2005 which requires all school systems in the state of Maryland to report any incidents of bullying, harassment or intimidation against students attending any public school. The law provides that any student, parent/guardian, close adult relative of the student, or a school staff member may report, by filing a form, incidents of bullying, harassment, or intimidation that occur on school property, on a school bus, or at a school sponsored activity.

The Bullying, Harassment and Intimidation Form can be found and down-loaded from the Montgomery County Public Schools (MCPS) website. This form may be completed by the observer whenever he or she experiences or witnesses an incident of bullying. When the initial form is submitted, the principal or designee is required to conduct an investigation of each incident. When the investigation has been completed, the Principal or designee must fill out a Bullying, Harassment, or Intimidation Incident School Investigation Form (MCPS Form 230-36.).

Upon becoming aware of a bullying incident, the school administrator promptly notifies the parents or guardians of students involved in the bullying incident. Staff members conduct individual and private conferences with the student who was bullied and the student who bullied to determine if the bullying, harassment or intimidation has continued. Support services are made available to all students who participated in the incident. MCPS staff maintains and makes readily available to students and their families a list of available support services for those who request them.

In conformance with current legislation and educational philosophy, MCPS is avoiding the use of suspension as a disciplinary tool in schools. Although some suspensions are necessary for reasons of safety, automatic suspensions or expulsions are no longer used. Rather, Restorative Justice, a way of dealing with infractions by "talking through" and examining with the offender the injurious effect of his/her infractions, is a means of satisfying the student who was wronged, as well as the offender, to restore feelings of equilibrium.

Restorative Justice means that each case must be evaluated individually, on a case-by-case basis, and must ensure that the victim's injury is validated and that the bully recognizes the harm and is less likely to repeat the behavior. It has been reported that students often feel that adult intervention is infrequent and unhelpful in cases of bullying. Students frequently believe that "telling the teacher" will only make life worse; the students fear further harassment from the bullies.

As schools work toward reducing suspensions and providing positive behavioral interventions, direct interaction with students and parents are regarded to be more effective ways to change behaviors.

Increasing incidents of cyber-bullying can have devastating effects upon children and teens. Because of easy access to cell phones and the internet, bullying can take place through these media and result in

serious repercussions. The incidence of cyber bullying among children and youth in Montgomery County is not known, and is probably not reported through the existing school forms.

The policy on Bullying, Harassment and Intimidation generated by the Montgomery County Board of Education states that there must be periodic and ongoing professional development for administrators and staff members to increase understanding and awareness of the prevalence, causes, and consequences of bullying and to increase the use of research-based strategies to reduce or eliminate it. Professional development also should include a process for responding to students who are bullied, students who bully, and students who are bystanders. It will be up to the superintendent of MCPS to develop educational and professional development programs for both students and staff which will ultimately help to rid schools of bullying, harassment and intimidation and help to create an atmosphere of mutual respect.

The school system offers many supports and services to help prevent bullying, including the efforts of school psychologists, social workers, counselors and pupil personnel workers who help to organize individual and group therapy groups as well as promoting prevention activities.

In MCPS in the 2012-2013 school year 83.7% of the bullying, harassment, or intimidation incidents occurred on school property; 10.6% occurred on the school bus and 9.1% occurred as students traveled to and from school. The number of reported bullying, harassment or intimidation incidents in MCPS in 2010-2011 was 437 and rose to 524 in 2012-2013. It is possible for anyone in the public to call MCPS and ask for specific data regarding bullying in any county school.

In the 2012-2013 school year twelve year olds were the most frequent victims of incidents of bullying and harassment. The number of incidents decreases for each age group from age 12 through age 17 and continues to decline progressively to age 19 and older. The pattern has been consistent over the 9 years that data have been collected. The majority of victims were between the ages of 11 -14, and attending middle school. This indicates that there is more bullying in middle school than in elementary school or high school.

SOURCES

The Committee relied heavily on County Council Committee information packets including:

Joint briefing, on July 26, 2012, of Education and Health and Human Services Committees on Youth Risk Behavior Survey

Joint hearing, on February 24, 2015, of Health and Human Services and Planning, Housing and Economic Development Committees on the subject of Homelessness and Emergency Shelter Services

This fact sheet was prepared by members of the Youth at Risk Committee: Debbie Ehrenstein, Eva Feder, Carol Gross, Chris Hager, Edna Miller, Judy Morenoff and Connie Tonat.

We remember and miss two committee members who worked enthusiastically with us on this study before their untimely deaths: Jean Clarren who died in October of 2014 and Yvonne Hudson who died in February of 2015.