



# FY 2016 NEEDS ASSESSMENT

## Calvert County Results for Child Well-Being

Prepared by the Calvert County Family Network



*"FY 2016 Needs Assessment,  
Calvert County Results for Child Well-Being"*

**Completed January 2016**

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## VISION STATEMENT

Calvert County Family Network is committed to achieving a community where all children, youth, and families thrive.



## MISSION STATEMENT

Calvert County Family Network will pursue our vision through interagency collaboration and coordination that provides support for comprehensive services to address the needs of children, youth, and families.



## CALVERT COUNTY FAMILY NETWORK BOARD OF DIRECTORS

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Coordinator  
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# **LOCAL MANAGEMENT BOARDS IN MARYLAND**

Legislation to create Local Management Boards (LMBs) was enacted in 1990 and renewed in 2006. This legislation created a partnership between state and local jurisdictions with the goal of improving service delivery to children, youth, and families (Human Services Article §8-301-305). LMBs receive funding and oversight from the Children's Cabinet through the Governor's Office for Children (GOC) and employ it to coordinate programs, services, and initiatives. Calvert County Family Network (CCFN) is Calvert County's Local Management Board.

CCFN does not provide direct services, but focuses on assessing critical needs, planning and implementing strategies, and monitoring services to children and families. CCFN brings together community partners to facilitate local decision making and action to build caring communities and ensure that services are coordinated, locally driven, and of high quality.

## **CALVERT COUNTY'S LOCAL MANAGEMENT BOARD**

In 1999, Calvert County's LMB officially became an instrumentality of local government (Resolution 38-99). In that capacity CCFN is charged to advise the Board of County Commissioners on matters concerning the promotion of a stable, safe and healthy environment for youth and families within Calvert County.

CCFN consists of a Board of Directors and a Coordinator under the supervision of the Director of Calvert County's Department of Community Resources. The state recommends that the Board of Directors include representation from the local school system, health department, social service agency, core service agency or behavioral health services, juvenile services, family members or advocates, and youth or youth advocates. Other citizen members are appointed by the Board of County Commissioners to provide representation from across the spectrum of community sectors.

In 2015, the CCFN Board conducted a needs assessment for children, youth, and families. Qualitative data on the Governor's Office for Children's indicators was examined from secondary sources such as vital statistics. Additionally, qualitative data was collected from 13 key informant interviews and 6 community focus groups. Parents, youth, key leaders, and community stakeholders were engaged in this process.

With the guidance and expertise of epidemiologist Amber Starn and CCFN Strategic Planning Committee, the Board prioritized three result areas and corresponding indicators for targeted focus from FY 2017 through FY 2019. Board members used the Multi-Voting Technique to ensure objective selection of priorities. After multiple rounds of voting, the list was narrowed down to 3 priorities for CCFN focus: Substance Use, Suicide, and Hunger.

# RESULTS BASED ACCOUNTABILITY FRAMEWORK

The Governor's Office for Children (GOC) encourages LMBs to review local data and trends as they relate to Maryland's Results for Children and Families and their corresponding indicators. (Refer to pages 6-9 for information on the eight Result Areas.) This community "needs assessment" provides the foundation for developing/updating a strategic plan. GOC recommends that the LMBs use the Results Based Accountability (RBA) format in the needs assessment and strategic planning process.

## Steps for the Results Based Accountability (RBA) framework:

1. **Identify Results** – three to four priority results areas for targeted focus.
2. **Select Indicators** – one to five primary indicators that are easily accessible, reliable, and closely linked to the identified result areas to use to measure results for the selected priority result area.
3. **Analyze the Story Behind the Data** – identify indicators that are headed in the wrong direction and analyze the causes for that movement.
4. **Identify Key Partners** – promote effective collaboration among community partners.
5. **Identify Strategies** – that have the potential to improve ("turn the curve on") the primary indicators, possibly programs or services that are already in place. If strategies need to be explored, identifying effective programs may be the best strategy.
6. **Prioritize Strategies** – programs and practices by examining their:
  - Specificity – Is the strategy specific enough to be implemented?
  - Leverage – does the strategy have a high degree of leverage to "turn the curve" on the primary indicators?
  - Values – does the strategy meet the LMB's organizational and community's values?
  - Reach – is the strategy sustainable? Is it feasible and affordable?
7. **Identify Funding** – for the prioritized strategies.

## RBA Terminology:

**Results (or outcomes)** – The conditions we want to exist for children, families and the community as a whole.

**Indicators and trends** – Specific data that is used to measure these conditions. An indicator is a measure, for which we have data that helps quantify the achievement of a desired result.

**Story behind the curve** – A description of the forces that have produced the existing trends. Focus group responses, interviews, and the professional experience of the key partners are used to tell the story.

**Key partners** – Individuals impacted by the result (unless they are too young to advocate for themselves) along with any organizations public or private, profit or non-profit that have a stake in the outcomes or who have the best chance of working together effectively to improve conditions.

**Key strategies** – Programs or initiatives that have the best chance of producing an improvement in conditions. If effective strategies need to be explored, identifying what might work best can be listed as a strategy.

**Action steps** – The top 3 to 5 steps that should be taken to implement the strategies within a one to five-year timeline. It is recommended that no more than five action steps be selected under each Result Area. Information on estimated cost should be included for each action step. Identifying "no cost" or "low cost" action steps is imperative. It is important to brainstorm ways to share existing resources, build relationships, and acknowledge existing community assets and resources.

# MARYLAND RESULT AREAS

Maryland's Children's Cabinet focuses on eight key result areas to improve the condition of well-being for children, families and communities in the state of Maryland. In Calvert County's Needs Assessment, Calvert County Family Network looks at these result areas on a county level, examining trend data to look for disparities across sub-groups and in comparison to other counties.

Babies Born Healthy

Healthy Children

Children Enter School Ready to Learn

Children are Successful in School

Youth will Complete School

Youth have Opportunities for Employment or Career Readiness

Communities are Safe for Children, Youth and Families

Families are Safe and Economically Stable



# RESULTS & INDICATORS

Indicators listed alphabetically in each result area.

Source: Governor's Office for Children, Accountability (<http://goc.maryland.gov/results/>)

## Babies Born Healthy

### Page #

- 12 **Births to Adolescents:** The rate of births to adolescent females ages 15 through 19 years per 1,000 in the age-specific population.
- 13 **Infant Mortality:** The number of deaths occurring to infants under one year of age per 1,000 live births, for all infants, and for infants in selected racial groups.
- 15 **Low Birth Weight:** The percent of all births and births in selected racial groups with birth weight less than 2,500 grams (approximately 5.5 pounds).

## Healthy Children

- 17 **Deaths:** The rate of deaths to children ages 0-21 per 100,000 in the age-specific population.
- 19 **Health Insurance Coverage:** The percent of children who have health insurance coverage.
- 20 **Hospitalizations:** The rate of non-fatal injury hospitalizations to children ages 0-18 years, 19-21 years, and 0-21 years per 100,000 in the age-specific population for selected categories of injury (unintentional, self-inflicted, assault).
- 22 **Immunizations:** The percent of children ages 19 through 35 months who have received the full schedule of recommended immunizations.
- 23 **Obesity:** The percent of Maryland public school students in grades 9-12 who are overweight or obese.
- 24 **Substance Use:** The percent of Maryland public school students in grades 9-12 who have ever had a drink of alcohol.

## Children Enter School Ready to Learn

- 27 **Kindergarten Assessment:** The percent of composite scores for Maryland Kindergarten students based on their readiness in the domains of the Maryland Kindergarten Assessment.

## RESULTS & INDICATORS (CONTINUED)

### Children are Successful in School

#### Page #

- 29 **Academic Performance:** The average percent of public school students in grades 3 through 8 performing at or above proficient levels in reading and mathematics on the Maryland School Assessment (MSA).
- 32 **Alternative Maryland School Assessment:** The percent of students, grades 3 through 8, scoring at or above proficient on the Alternative Maryland School Assessment, by academic year.
- 34 **Bullying and Harassment:** Total number of bullying, intimidation, or harassment incidents reported, by academic year.
- 36 **High School Assessment:** The percent of public school students in grades 9 through 12 performing at the passing level in three or four core subjects of the Maryland High School Assessment (HSA): Algebra, Biology, English 2, and Government.
- 37 **Truancy:** The percent of students in all grades (public schools) absent more than 20 days of the school year (excluding summer school).

### Youth will Complete School

- 38 **Educational Attainment:** The percent of young adults ages 18 through 24 who have not completed high school, have completed high school, completed some college or an associate's degree, or attained a bachelor's degree or higher.
- 40 **High School Completion:** The percent of high school graduates who successfully completed the minimum course requirements needed to enter the University System of Maryland or complete an approved Career and Technology Education program.
- 41 **High School Dropout:** The percent of public school students, grades 9-12, who withdrew from school before graduation or before completing a Maryland-approved educational program during the July to June academic year and are not known to have enrolled in another high school program during the academic year.
- 43 **Program Completion of Students With Disabilities:** The percent of students with disabilities, ages 14 through 21, who graduate or complete school.

### Youth have Opportunities for Employment or Career Readiness

- 45 **Youth Employment:** The percent of young adults ages 16 through 24 who are in the labor force. The percent of young adults, ages 16-24, who are unemployed.

## RESULTS & INDICATORS (CONTINUED)

### Communities are Safe for Children, Youth and Families

#### Page #

- 47 **Child Maltreatment:** The number of unduplicated children (ages 0 through 17) with indicated/ unsubstantiated child abuse/neglect findings per 1,000 in the age-specific population.
- 48 **Crime:** The number of violent crimes that are committed per 1,000 persons.
- 49 **Juvenile Felony Offenses:** The rate of referrals, per 100,000 youth ages 10 through 17, for felony offenses, including both violent and non-violent charges.
- 51 **Juvenile Recidivism:** The 12, 24, and 36 month recidivism rates for juvenile and/or criminal justice.

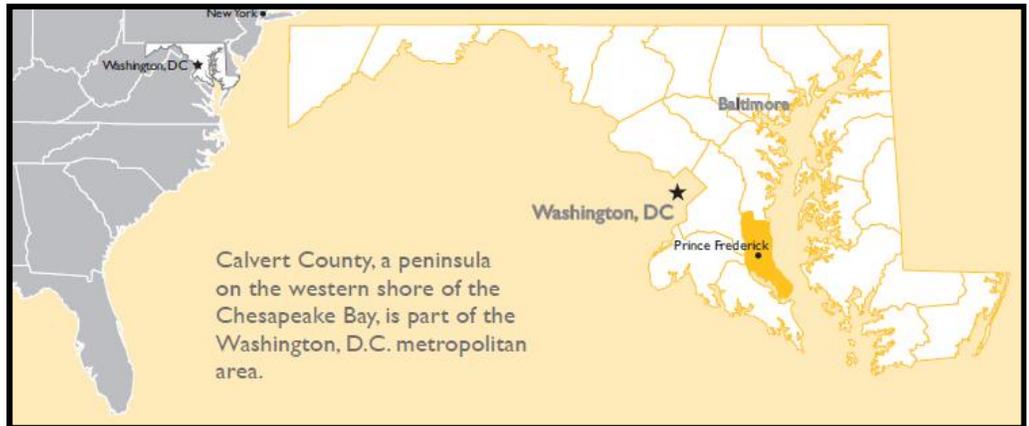
### Families are Safe and Economically Stable

- 53 **Child Poverty:** The percent of children under age 18 whose family income is equal to or below the federal poverty threshold.
- 55 **Homelessness:** The percent of children enrolled in the public school system who lack a fixed, regular, and adequate nighttime residence or who are awaiting foster-care placement.
- 57 **Hunger:** The percent of families who experience a lack of access, at times, to enough food for an active, healthy life for all household members; limited or uncertain availability of nutritionally adequate foods.
- 60 **Out-of-Home Placement:** The number of out-of-home placements that occur per 1,000 children in the population.



# CALVERT COUNTY DEMOGRAPHICS

Calvert county is part of the Washington, D.C. metropolitan area. Calvert County is a peninsula located on the western shore of the Chesapeake Bay.



At only 213 square miles, Calvert is Maryland's smallest county. The United States Census Bureau 2014 population estimate is 90,613.

According to the 2014 Maryland Report Card, there were a total of 16,221 students enrolled in Calvert County Schools for the 2013-2014 school year. Calvert's is a young population with the majority of its citizens between the ages of 25-54 years. Gender breakdown is approximately half male and half female. The majority of the Calvert's population is Caucasian (81.8%). Minorities make up 18.2% of the population. African Americans are the largest minority, making up 13.2% of the population.

Subject	Calvert County, Maryland			
	Estimate	Margin of Error	Percent	Percent Margin of Error
<b>SEX AND AGE</b>				
Total population	89,332	*****	89,332	(X)
Male	44,122	+/-116	49.4%	+/-0.1
Female	45,210	+/-116	50.6%	+/-0.1
Under 5 years	4,871	+/-83	5.5%	+/-0.1
5 to 9 years	5,934	+/-380	6.6%	+/-0.4
10 to 14 years	7,351	+/-394	8.2%	+/-0.4
15 to 19 years	7,055	+/-92	7.9%	+/-0.1
20 to 24 years	4,994	+/-83	5.6%	+/-0.1
25 to 34 years	9,152	+/-118	10.2%	+/-0.1
35 to 44 years	11,755	+/-137	13.2%	+/-0.2
45 to 54 years	16,652	+/-166	18.6%	+/-0.2
55 to 59 years	6,213	+/-346	7.0%	+/-0.4
60 to 64 years	5,115	+/-330	5.7%	+/-0.4
65 to 74 years	6,031	+/-84	6.8%	+/-0.1
75 to 84 years	2,966	+/-204	3.3%	+/-0.2
85 years and over	1,243	+/-200	1.4%	+/-0.2

## RESULT: BABIES BORN HEALTHY

Indicators: Births to Adolescents, Infant Mortality, Low Birth Weight

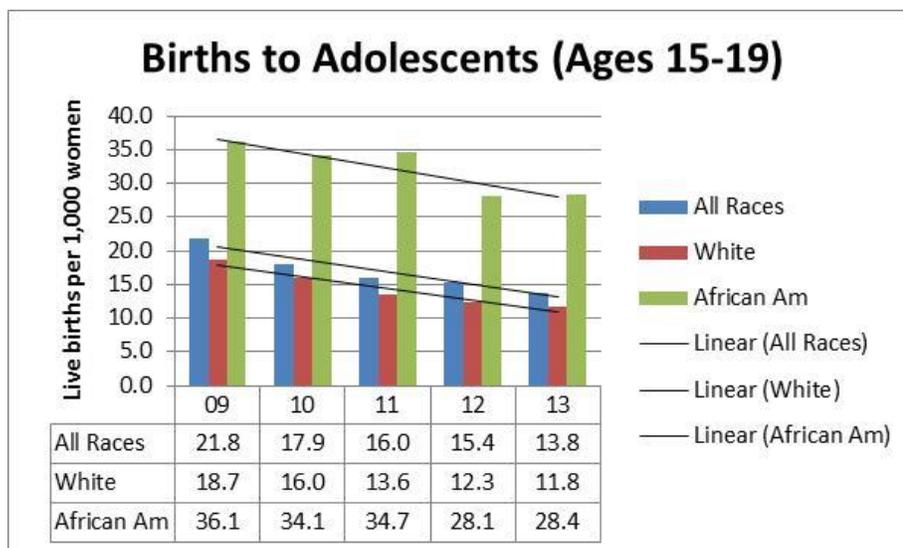
### ***INDICATOR - Births to Adolescents***

**GOC Definition:** The rate of births to adolescent females ages 15 through 19 years per 1,000 in the age-specific population. (<http://goc.maryland.gov/2013births-to-adolescents/>)

#### **Why is this important?**

Teen birth is of concern for the healthy outcomes of both the mother and the child. Pregnancy and delivery can be harmful to teenagers' health, as well as their social and educational development. Babies born to teen mothers are more likely to be preterm and/or low birth weight. Teen mothers tend to be from disadvantaged backgrounds, however research shows teen parenthood is linked to greater welfare dependence, poorer long-term educational outcomes, and family instability.

Source: Child Trends, <http://www.childtrends.org/?indicators=teen-births>



#### **Rate of Teen Births per 1,000 women from 2009-2013**

Source: Maryland Department of Vital Statistics, Annual Reports, 2009-2013, Table 11G, "General Fertility Rates and Birth Rates by Age of Mother, Race of Mother, Region, and Political Subdivision, Maryland," <http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>

#### **The story behind the data:**

The overall county birth rate for teen mothers (adolescents aged 15-19 years) has seen a steady decrease in Calvert County since 2009. The 2013 Calvert County teen birth rate was 13.8 per 1,000 women compared to 21.8 per 1,000 women for 2009.

Racial disparities are seen for teen birth rates in Calvert County. The 2013 Calvert County African American birth rate was 36.2 per 1,000 women, almost 3 times higher than the rate for Calvert County's White population (11.8). The rates for Calvert County's African American population have remained steady while the rates for White teens have seen a yearly decrease.

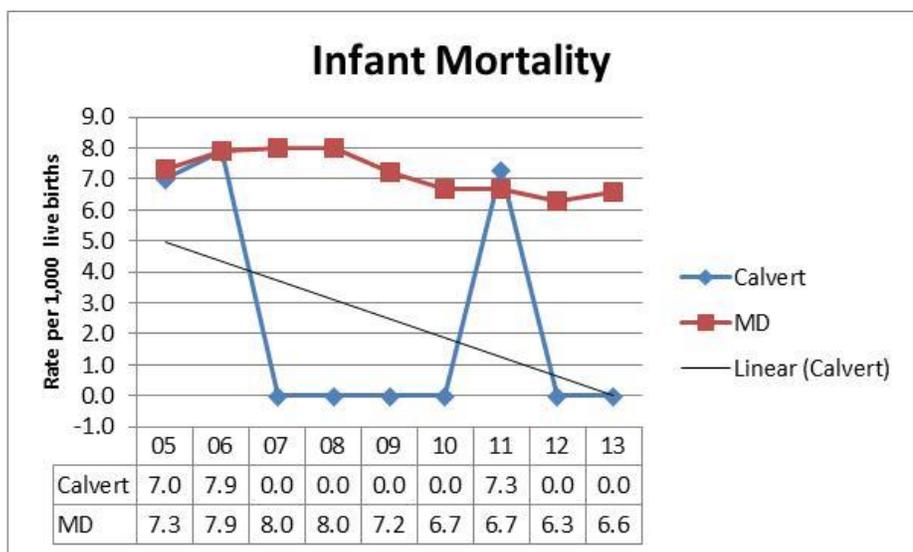
Discussions surrounding teen mothers in focus groups and key informant interviews focused on the need to prioritize education and job opportunities for pregnant and young mothers. It is important to engage these mothers in early childhood programming. With this population, programs must target the education and wellbeing of both the young mother and the child.

**INDICATOR - Infant Mortality**

**GOC Definition:** The number of deaths occurring to infants under one year of age per 1,000 live births, for all infants, and for infants in selected racial groups. (<http://goc.maryland.gov/2013infant-mortality/>)

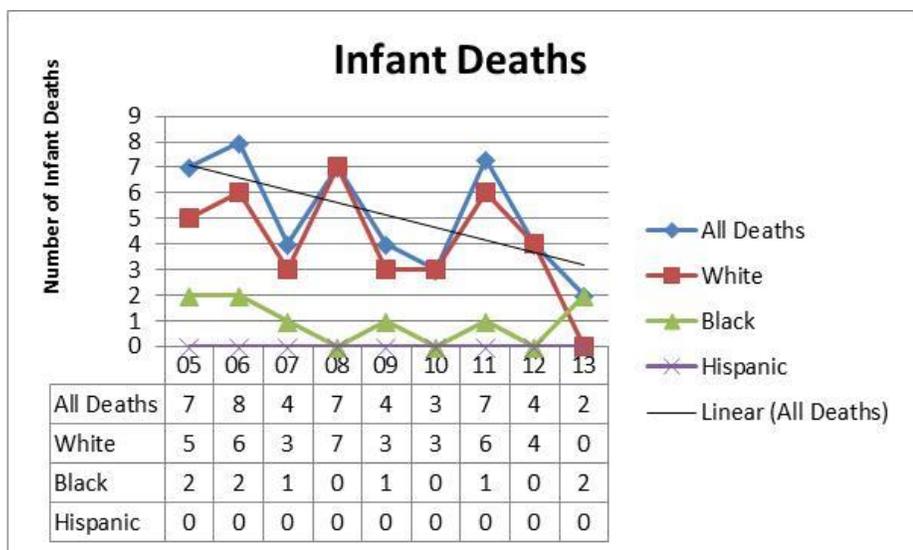
**Why is this important?**

Infant mortality rate is an indication of the quality and accessibility of prenatal and birth care. The infant mortality rate is a critical indicator in the overall health and welfare of a community. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy.



**Rate of Infant Deaths per 1000 births from 2005 to 2013**

*Source:* Calvert Memorial Hospital, Community Dashboard, Healthy Communities Institute, [www.calvertmemorialhospital.net/CMHCommunityHealthNeedsAssessment](http://www.calvertmemorialhospital.net/CMHCommunityHealthNeedsAssessment)



**Number of Infant Deaths by Race, Hispanic Origin from 2005 to 2013**

*Source:* Maryland Department of Vital Statistics, Annual Reports, 2005-2013, Tables 29 & 33, <http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>

**Note:** Deaths per 1,000 live births within first year of life; 0 = less than 5 reported cases.

## **INDICATOR - Infant Mortality (continued)**

### **The story behind the data:**

In 2013, there were 2 deaths in Calvert County in infants under the age of 1 year. An infant mortality rate could not be calculated due to the low case count. From 2005-2013, rates could only be calculated for 3 years. Because the total number of infant deaths in Calvert County is so small, a couple cases can cause a large spike in rates on a yearly basis.

Inadequate prenatal care services have been linked to higher rates of infant mortality, low birth weights, and pre-term deliveries. Calvert County's low infant deaths may be due to the high percentage of women who receive prenatal care in the first trimester. For 2013, 75.7% of Calvert County women reported having prenatal care in the first trimester. This is higher than the Maryland state average of 61.9%. (Source: 2013 Maryland Vital Statistics Data Maryland Department of Health and Mental Hygiene. Extracted from the Maryland State Health Improvement Process site: <http://dhmh.maryland.gov/ship/SitePages/Home.aspx>).

While Maryland and Calvert County rank better than the National average and the Healthy People 2020 Target, disparities still exist. The highest percentage of prenatal care is seen among Calvert County Whites at 78.7%, followed by 71.4% for Calvert County Asians. The lowest percentages of prenatal care in the first trimester were among the Calvert County African Americans (62.5%) and Calvert County Hispanics (64.4%). (Source: 2013 Maryland Vital Statistics Data Maryland Department of Health and Mental Hygiene. Extracted from the Maryland State Health Improvement Process site: <http://dhmh.maryland.gov/ship/SitePages/Home.aspx>).

When asked to talk about programs and services that are working well in Calvert County, focus group participants and key informants highlighted successful programs and services that support the birth to 5 population, including Healthy Families. In 2014, the Calvert County Health Department launched "Healthy Beginnings," to improve coordination of care for pregnant women in need of behavioral health services. This grant program, funded by the Maryland Community Health Resource Commission, assists pregnant substance using women by providing education on pregnancy, childbirth, and infant care with the goal of keeping both mother and baby healthy. This and other programs serving the birth to 5 population combine to create a seamless continuum of early childhood services.

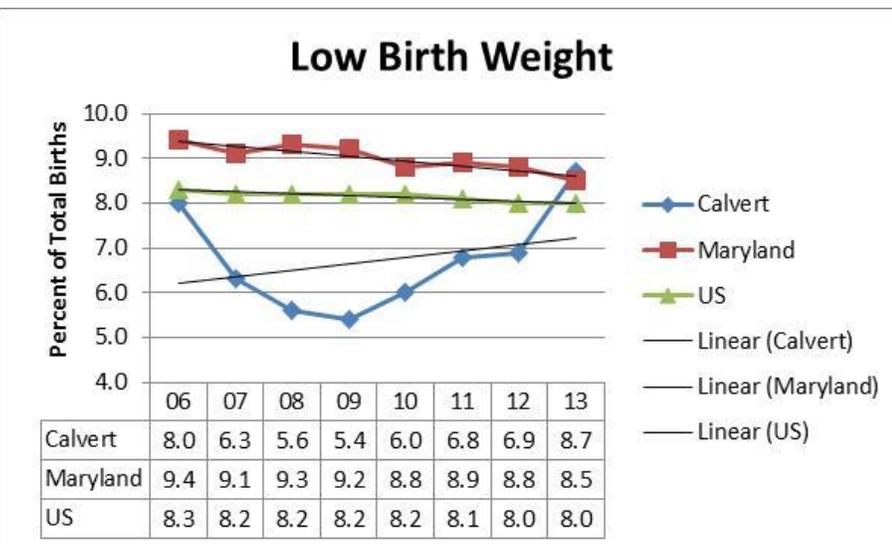
## ***INDICATOR - Low Birth Weight***

**GOC Definition:** The percent of all births and births in selected racial groups with birth weight less than 2,500 grams (approximately 5.5 pounds). Very low birth weight (1,499 grams or less) (not included here). Calvert's rate of "very low birth weight" was lower than the state levels through 2012. In 2013 Calvert's rate was 1.9 compared to the Maryland rate of 1.6. (<http://goc.maryland.gov/2013low-birth-weight/>)

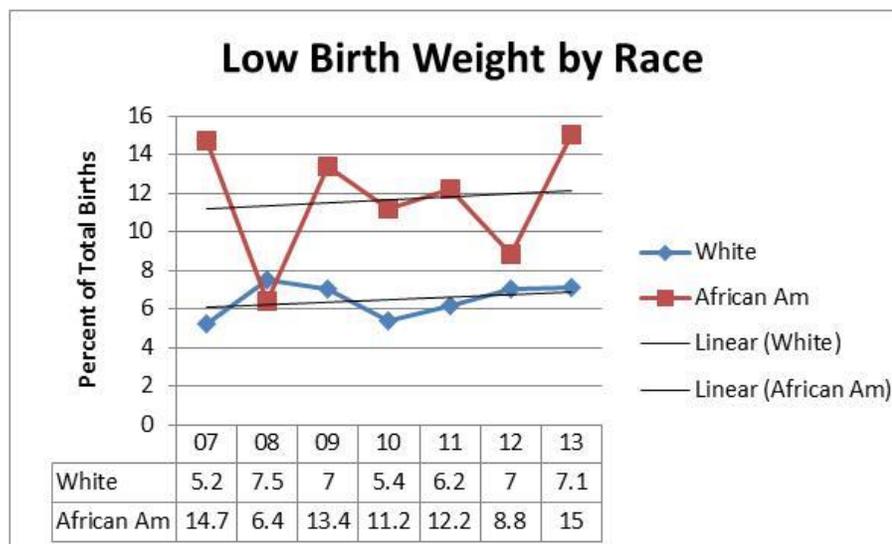
### **Why is this important?**

Babies born with low birth weight are more likely than babies of normal weight to have health problems and require specialized medical care in the neonatal intensive care unit. Low birth weight is typically caused by premature birth and fetal growth restriction, both of which are influenced by a mother's health and genetics. The most important things an expectant mother can do to prevent low birth weight are to seek prenatal care, take prenatal vitamins, stop smoking, and stop drinking alcohol and using drugs.

**Source:** Calvert Memorial Hospital, Community Dashboard, Healthy Communities Institute, [www.calvertmemorialhospital.net/CMHCommunityHealthNeedsAssessment](http://www.calvertmemorialhospital.net/CMHCommunityHealthNeedsAssessment)



**Percent of Low Birth Weight from 2006 to 2013**



**Percent of Low Birth Weight in Select Racial Groups from 2006 to 2013**

**Source:** Maryland Department of Vital Statistics, Annual Reports, 2006-2013, Table 21A. <http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>

**The story behind the data:**

Babies born at a low birth weight are at risk for serious health consequences including disabilities and death. The 2013 Calvert County low birth weight percentage was 8.7% of the total county births. This percentage is similar to the Maryland state percentage of 8.5% and the national percentage of 8.0%. Percentages for Calvert County have fluctuated each year since 2006 with a low of 5.4% in 2009. This is due to small case counts on a yearly basis.

Disparities in low birth weight exist by race in Calvert County. Calvert's 2013 African American low birth weight percentage was 15% compared to 7.1% for Caucasians. At 11.1%, the low birth weight percentage was also higher in Calvert's Hispanic population. This disparity mirrors that seen on a state and national level.

Low birth weight babies are often the result of preterm deliveries. In 2014, 8% of Calvert County babies were born before 37 weeks gestation. Calvert's African American population, at 15.4%, had the highest rate of preterm births. Compare this to the rate for Caucasians at 6.8%. (Source: 2014 Maryland Vital Statistics Report, Maryland Department of Health and Mental Hygiene. Available at: <http://dhmh.maryland.gov/vsa/AnalyticsReports/2014.pdf>).

Access to early prenatal care is critical to the delivery of full-term babies at a healthy weight. While Maryland and Calvert County rank better than the National average and the Healthy People 2020 Target for access to prenatal care in the first trimester, disparities still exist. The highest percentage is seen among Calvert County Whites at 78.7%, followed by 71.4% for Calvert County Asians. The lowest percentages of prenatal care in the first trimester were among the Calvert County African Americans (62.5%) and Hispanics (64.4%). (Source: 2013 Maryland Vital Statistics Data Maryland Department of Health and Mental Hygiene. Extracted from the Maryland State Health Improvement Process site: <http://dhmh.maryland.gov/ship/SitePages/Home.aspx>).

## RESULT: HEALTHY CHILDREN

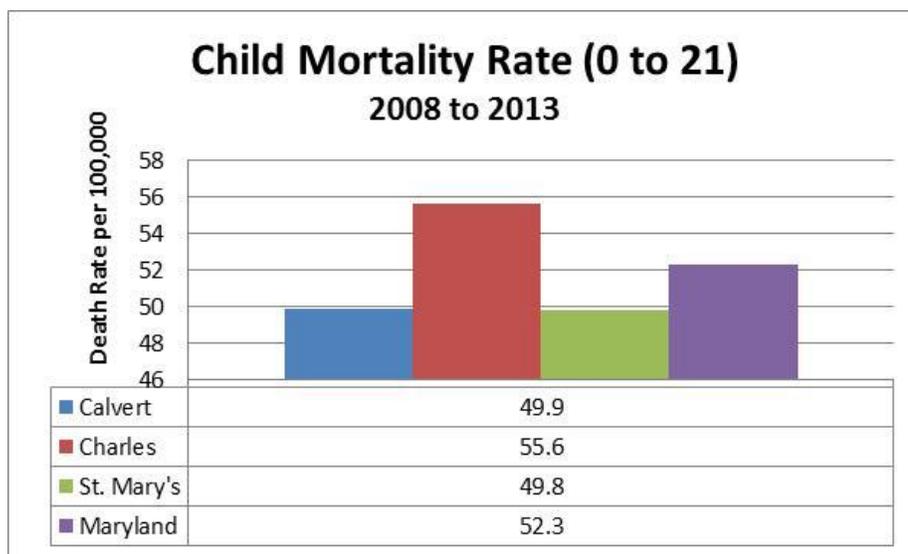
Indicators: Child Deaths, Health Insurance Coverage, Hospitalizations, Immunizations, Obesity, Substance Use

### ***INDICATOR - Child Deaths***

**GOC Definition:** The rate of deaths to children ages 0-21 per 100,000 in the age-specific population. (<http://goc.maryland.gov/2013child-deaths/>)

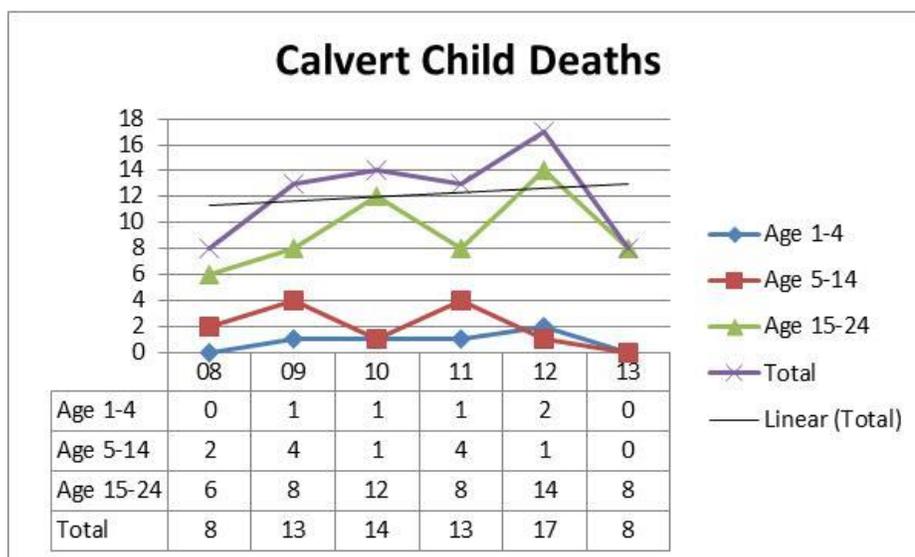
### **Why is this important?**

Child deaths due to homicide, suicide, and unintentional injury are all deemed potentially preventable, and responsive to interventions.



### **Rate of Deaths to Children Ages 0 to 21, 2008-2013**

*Source:* MD DHMH, Vital Statistics Administration, <http://goc.maryland.gov/2013child-deaths/>



### **Child Death Counts, By Ages Groups**

*Source:* Maryland Department of Vital Statistics, Annual Reports, 2008-2013, Table 39B, "Number of Deaths by Age, Region and Political Subdivision, Maryland," <http://dhhm.maryland.gov/vsa/SitePages/reports.aspx>

## ***INDICATOR - Child Deaths Continued***

### **The story behind the data:**

Because Calvert County is a small county, only case counts can be reported for child deaths. There is a good deal of fluctuation in the yearly totals of child deaths due to small case counts.

The majority of the child deaths in Calvert County are among the 15-24 year old age groups. These deaths may be due to a number of reasons including but limited to motor vehicle incidents, drug or alcohol-related overdose, suicide, assault, or other health conditions.

Key informant interviews and focus group discussions listed many possible reasons for deaths among children in Calvert County. Many of the key informant interviewees expressed the need for safe neighborhoods, roads, and homes for Calvert County children. Safety was one of the most commonly cited characteristics they would like to see in their community.

The 2011-2013 average suicide rate for Calvert County was 14.7 per 100,000 population. This rate is significantly higher than the Maryland state suicide rate of 9.0 per 100,000 population. Suicide is a serious public health problem that can have lasting effects on individuals, families, and communities. Behavioral health disorders have been found in the great majority of people who died by suicide. (Source: 2011-2013 Maryland Vital Statistics Administration Data. Extracted from the Maryland State Health Improvement Process site: <http://dhmh.maryland.gov/ship/SitePages/Home.aspx>).

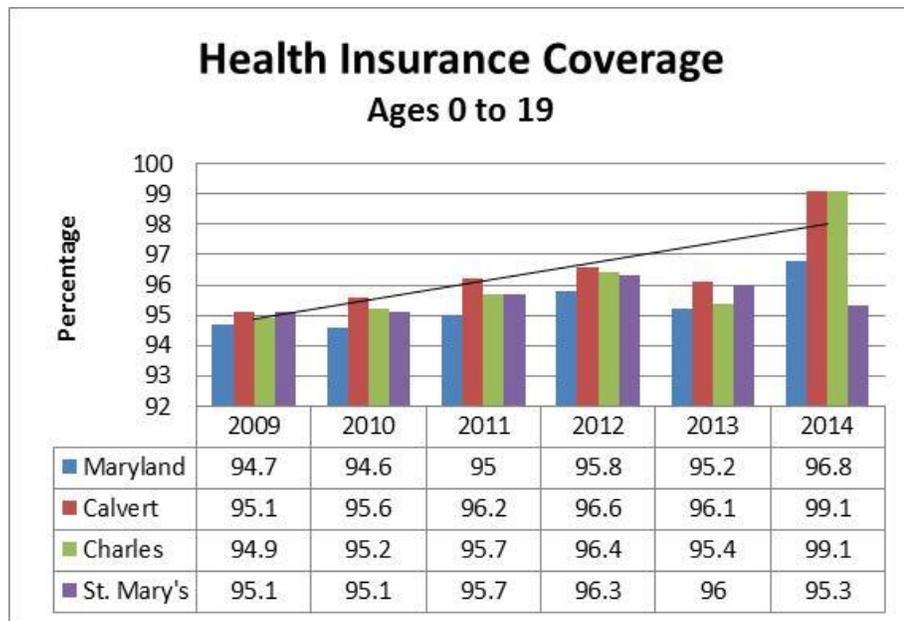
Focus groups participants highlighted the need for additional funding for treatment for behavioral health conditions as well as the need for more evidence-based interventions such as Mental Health First Aid.

**INDICATOR - Health Insurance**

**GOC Definition:** The percent of children who have health insurance coverage. (<http://goc.maryland.gov/2013health-insurance-coverage/>)

**Why is this important?**

To stay healthy, children require regular checkups, dental and vision care, and medical attention for illness and injury. Children with health insurance are more likely to have better health throughout their childhood and adolescence. They are more likely to receive required immunizations, fall ill less frequently, obtain necessary treatment when they do get sick, and perform better at school. Having health insurance lowers barriers to accessing care, which is likely to prevent the development of more serious illnesses. This is not only of benefit to the child but also helps lower overall family health costs. The Healthy People 2020 national health target is to increase the proportion of people with health insurance to 100%.



**Source:** Calvert Memorial Hospital, Community Dashboard, Healthy Communities Institute, [www.calvertmemorialhospital.net/CMHCommunityHealthNeedsAssessment](http://www.calvertmemorialhospital.net/CMHCommunityHealthNeedsAssessment)

**Percentage of Children with Health Insurance Coverage, Calvert County**

**Source:** Data Source: United States Census Bureau, Small Area Health Insurance Estimates, <http://www.census.gov/did/www/sahie/>

**Secondary Source (2014 only):** American Community Survey 1 year Estimates, Percent of Children without Health Insurance Coverage Under 18 years, <http://factfinder.census.gov/>

**The story behind the data**

From 2011 to 2013, Calvert County saw a small decrease in the percentage of children with health insurance, however the long term trend points upward. With the advent of the Affordable Care Act in 2014 and the presence of the health benefits exchange through Calvert Health Connections, this percentage is expected to show an increase for 2014 and 2015.

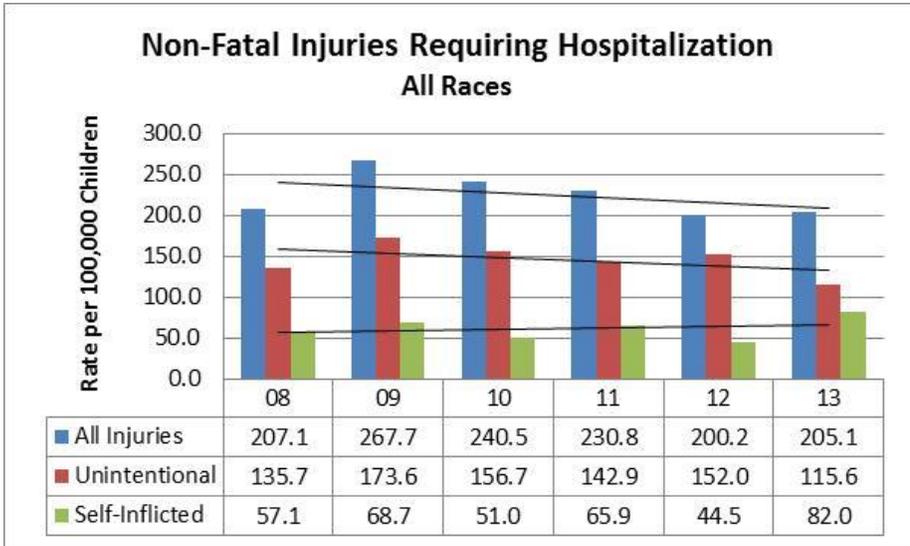
Even with the presence of the Maryland Children’s Health Insurance Program and other medical assistance programs for children and families, there is still a small percentage of the county population without health insurance. Many do not have access to health care due to social determinants of health, including income and geography. Transportation was a commonly cited barrier by focus group participants. Without a means of transportation, people can not access available services and programs. A lack of health insurance often results in individuals going without needed preventative care, which can be detrimental for children with chronic health conditions, like asthma and diabetes.

**INDICATOR - Hospitalizations**

**GOC Definition:** The rate of non-fatal injury per 100,000 children (ages 0-18 years, 19-21 years, and 0-21 years) that require inpatient hospitalization in three broad injury categories: 1) unintentional injuries, 2) assault, and 3) self-inflicted. (<http://goc.maryland.gov/2013hospitalizations/>)

**Why is this important?**

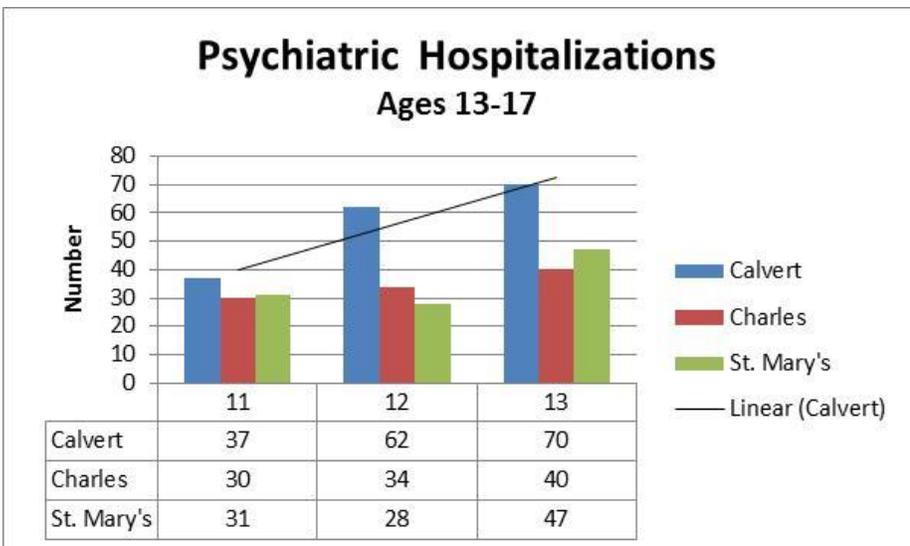
Childhood injuries requiring inpatient hospitalization present risks of long-term illness and disability. Injuries may be the result of unintentional or intentional events. Most unintentional injuries are related to motor vehicles, falls, fires and burns, poisonings, choking and suffocation, and drowning. Intentional injuries include assaults and self-inflicted injuries.



**Injury-related Hospitalization Rates per 100,000 Children from 2008-2013, Calvert County**

*Source: Governor's Office for Children Accountability Data, Hospitalizations, <http://goc.maryland.gov/jurisdictional-data/>*

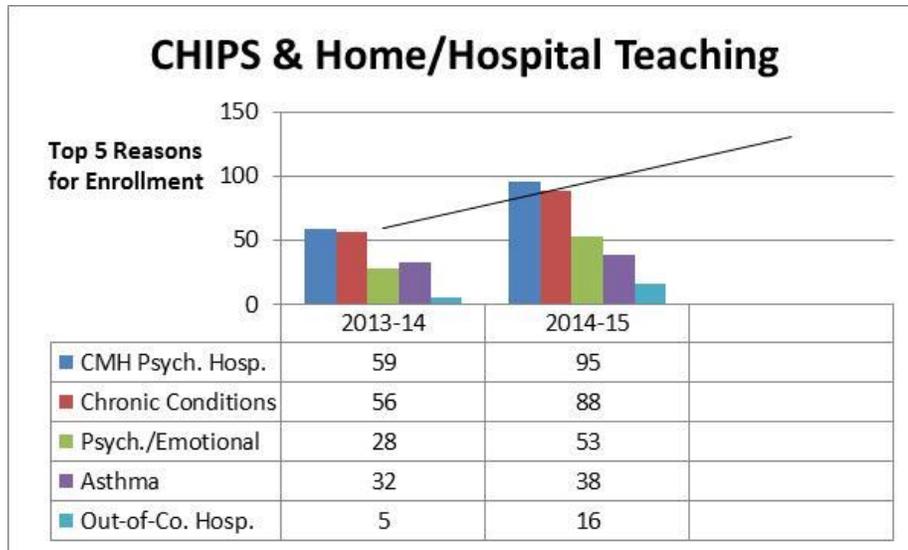
**Note:** Numbers in the "Assault" and "Other" categories are not reported because there were fewer than 6 hospitalizations.)



**Number of Psychiatric Hospitalizations of Ages 13 - 17 from 2011-13, Southern Maryland**

*Source: Calvert County Health Department, Core Service Agency*

***INDICATOR - Hospitalizations Continued***



**Number of Reasons for Enrollment in Chronic Health Impaired Program for Students (CHIPS) and Home/Hospital Teaching from 2013/14 to 2015/16.**

*Source: Calvert County Public Schools State of the Department Student Services Report, 2014-15*

**Story behind the data**

The 2013 Calvert County Injury-related hospitalization rate was 205 per 100,000 children. This rate has remained fairly consistent since 2009. The majority of these injury-related hospitalizations are due to unintentional events such as motor vehicle incidents and poisonings.

The self-inflicted non-fatal injury hospitalization rate has seen a dramatic increase from 2009 to 2013. The 2009 Calvert County self-inflicted injury hospitalization rate was 57.1 per 100,000 children. The 2013 Calvert County self-inflicted injury hospitalization rate was 82.0 per 100,000 children.

Calvert County has seen a large increase in psychiatric hospitalizations for youth aged 13 to 17 years from 37 in 2011 to 70 in 2013. The 2013 Calvert County psychiatric hospitalization count is much higher than the other Southern Maryland jurisdictions: 40 in Charles County and 47 in St Mary’s County. The Calvert County Public School’s 2015 Student Services Report indicates the vast majority of enrollment for CHIPS & Home/Hospital Teaching is for psychiatric hospitalization at Calvert Memorial Hospital, with a dramatic increase of 57 students in 2013-14 school year to 95 students in 2014-15.

Both focus group participants and key informant interviewees highlighted the need for increased pediatric specialists in Southern Maryland for behavioral health conditions. Child psychiatry is limited within the county and the region. Licensed therapists and psychiatrists must be trained to provide trauma-informed care to even the youngest of patients.

Community leaders and stakeholders felt that the county’s healthcare infrastructure does not support the needs of county families. Families must go to Children’s Medical Center or Johns Hopkins to access specialists. This creates a logistical challenge for parents, including difficulties arranging transportation and child care. Family support services are needed when behavioral health conditions are identified.

Some of the stakeholders surveyed felt that improvements have been made recently to address the need for psychiatric services for children including an increase in school-based therapists, 2 new psychiatrists at Shah Associates, a nurse practitioner at the Health Department, and a pilot mental health program in 2 middle schools and 1 high school.

## **INDICATOR - Immunizations**

**GOC Definition:** The percent of children ages 35 months through 19 years who have received the full schedule of recommended immunizations. The recommended full schedule is 4 doses of diphtheria vaccine, 3 doses of polio vaccine, 1 dose of measles-containing vaccine, 3 doses of Hib vaccine, 3 doses of hepatitis B vaccine, and 1 dose of varicella vaccine (4:3:1:3:3:1 series) (<http://goc.maryland.gov/2013immunizations/>).

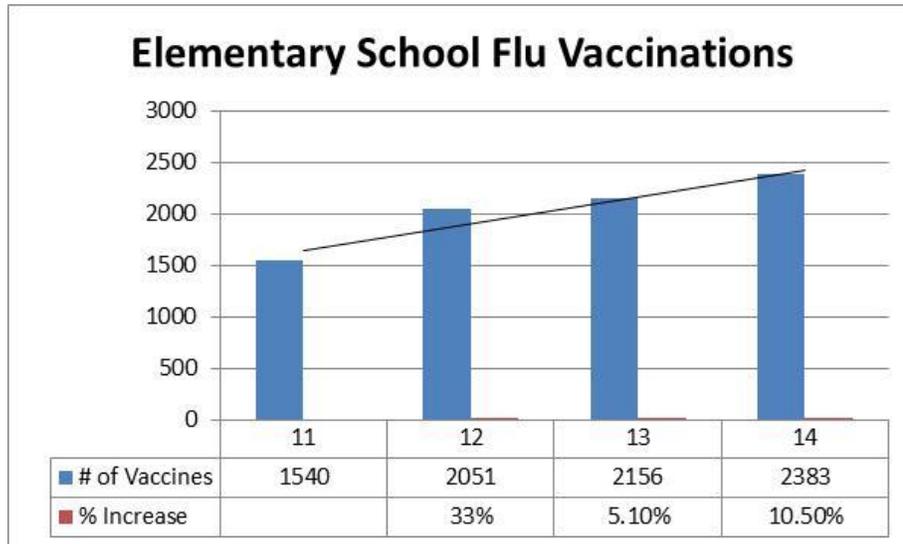
### **Why is this important?**

The immunization of young children is a positive predictor of avoidance of illness, death, disability, or developmental delay associated with immunization-preventable diseases. Additionally, childhood immunization is an important step in maintaining high vaccination levels within the population, which prevent outbreaks of such diseases.

### **Percent Estimates of Vaccination among Children Enrolled in Kindergarten/Maryland**

School Year	2009	2010	2011	2012	2013
MD	84.0	73.3	81.1	73.0	81.9
US	76.0	74.9	77.0	71.9	77.7

Source: Governor's Office for Children Accountability Data, Immunizations (<http://goc.maryland.gov/jurisdictional-data/>)



### **Flu Vaccinations among Calvert County's Elementary School Children in 2011-2014**

Source: Calvert County Health Department Semi-Annual Update to the Board of County Commissioners, October 28, 2014, Slide 29.

### **The story behind the data:**

In 2013, the majority, 81.9%, of Maryland children entered kindergarten with all of their recommended vaccinations—higher than the national average percentage of 77.7%.

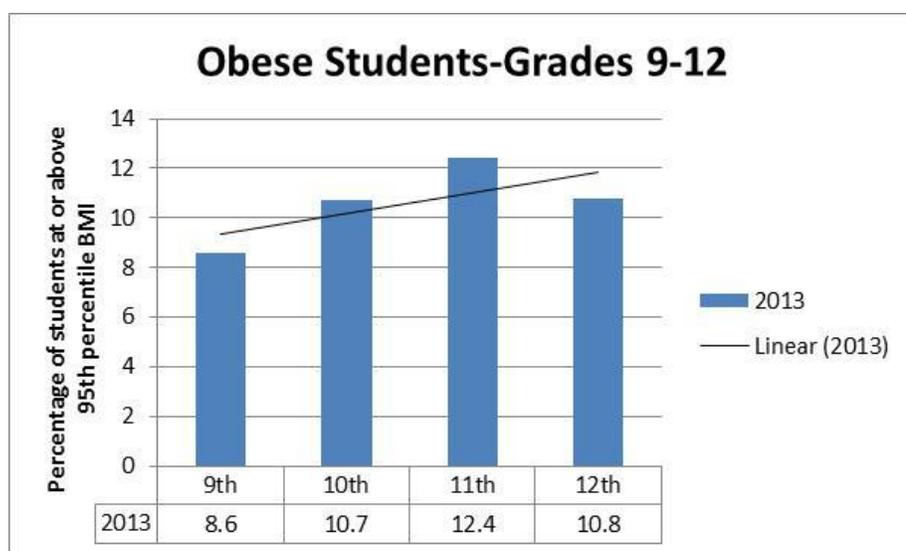
Additionally, yearly vaccinations for influenza are recommended for all children over the age of 6 months. The number of flu vaccinations administered to elementary school aged children through the Calvert County Health Department increased each year from 1540 in 2011 to 2383 in 2014.

## ***INDICATOR - Obesity***

**GOC Definition:** The percent of Maryland public school students in grades 9-12 who are overweight or obese (<http://goc.maryland.gov/2013obesity/>).

### **Why is this important?**

Childhood obesity has both immediate and long-term health impacts. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and are more likely than their normal weight peers to be teased and stigmatized which can lead to poor self-esteem. Moreover, obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. Finally, overweight and obese youth are more likely than normal-weight peers to be overweight or obese adults and are therefore at risk for the associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis. Childhood obesity has more than tripled in the past thirty years. Healthy eating and regular physical activity can lower the risk of becoming obese.



**Percent of Calvert County Students in Grade 9 to 12 who are Overweight and Obese.**

*Source: Governor's Office for Children Accountability Data, Obesity, 2013 Youth Risk Behavior Survey, <http://goc.maryland.gov/jurisdictional-data/>*

### **The story behind the data:**

The 2013 Maryland Youth Risk Behavior Survey (YRBS) found that 10.7% of Calvert County high school students were obese with a BMI at or above the 95th percentile for age and gender. This percentage was similar to the Maryland state average percentage of 11.0%. The 2013 Calvert County obese high school percentage is a decrease from 12.0% reported in the 2010 Maryland YRBS.

Disparities exist by race for obesity. The percentage of Calvert County African American high schools students who are obese was 17.5%. This percentage was significantly higher than the 9.1% among Calvert's Hispanics and 9.4% for Calvert County Caucasians.

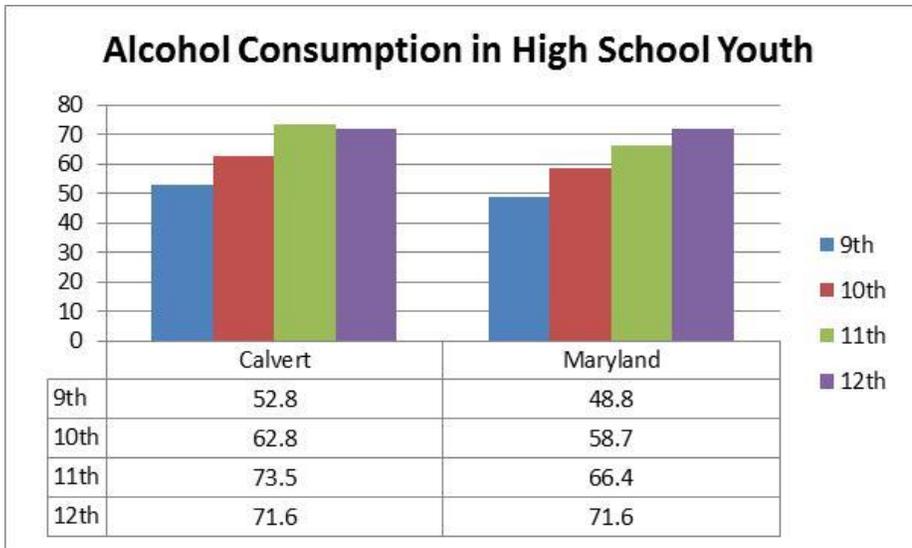
The rise in obesity and the need for free and low cost recreational opportunities were reoccurring themes in all key informant interviews and focus groups. When asked what the most important issues and concerns are for children in Calvert County, opportunities for recreation and physical activity were the most commonly reported theme. Key informant interviewees wanted a healthy community with opportunities to combat obesity. Participants felt that there are wonderful outdoor, scenic opportunities within the county for physical activity, but resources are limited for recreation centers for families. Some families cannot access the available programs due to cost and transportation.

**INDICATOR - Substance Abuse**

**GOC Definition:** The illegal use of alcohol, tobacco, and other drugs (ATOD) by Maryland youth (<http://goc.maryland.gov/2013substance-use/>).

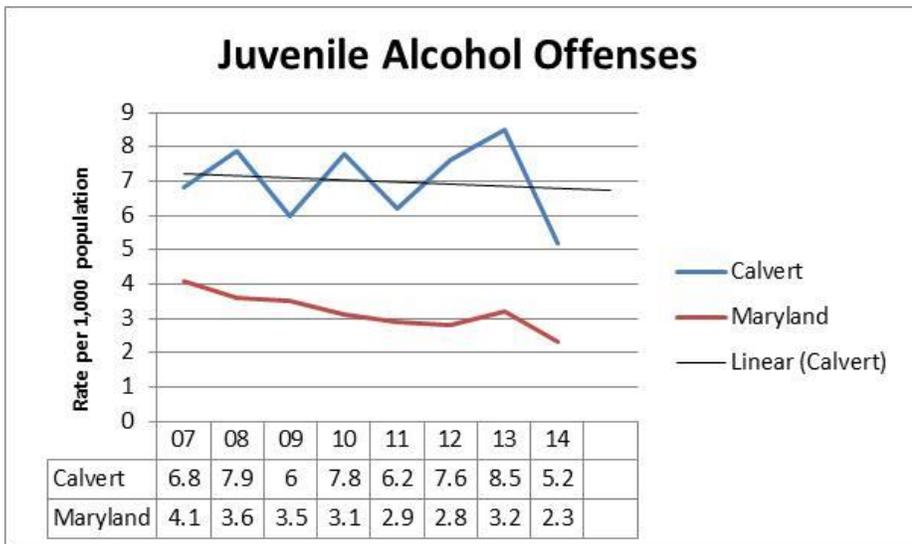
**Why is this important?**

Use of alcohol, tobacco, and other drugs (ATOD) poses many health risks for youth. Early use of some substances (e.g. alcohol, tobacco, and marijuana) is associated with later drug use and the prevalence of high-risk behaviors. Healthy behavior patterns formed in adolescence play a crucial role in health throughout life. Use of substances, whether it be alcohol, tobacco or drugs, decreases ability to make good choices, engage in learning, develop age-appropriate maturity levels, and remain disease-free. The increase in the use of opiate drugs, whether prescription or heroin, endangers the life of the users, especially teens who do not have knowledge of lethality or the ability to gauge risk.



**Percent of Calvert County & Maryland High School Youth who have Ever Had a Drink of Alcohol**

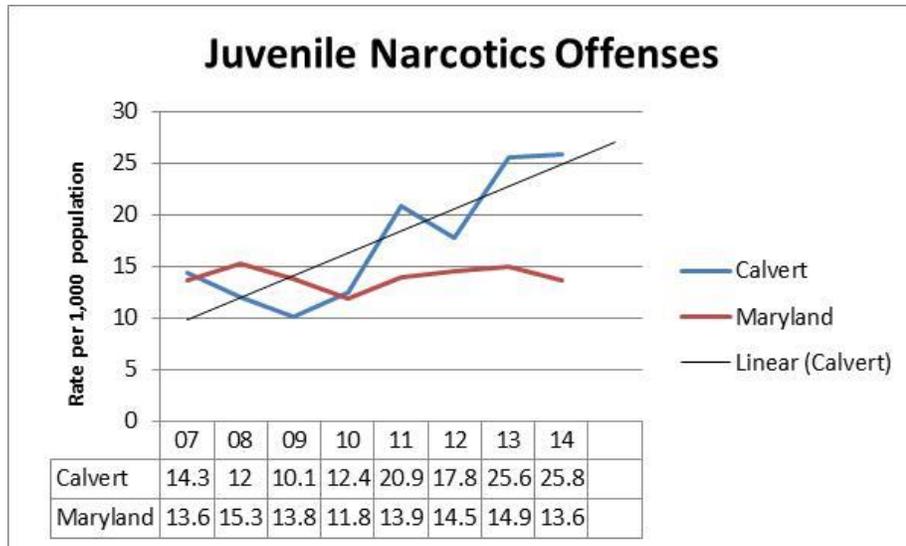
*Source:* 2013 Maryland Youth Risk Behavior Survey Results, <http://phpa.dhmh.maryland.gov/cdp/Documents/2013-YRBS-Calvert-HS-Summary-Tables.pdf>



**Percent of Juvenile Alcohol Offenses from 2007 to 2014**

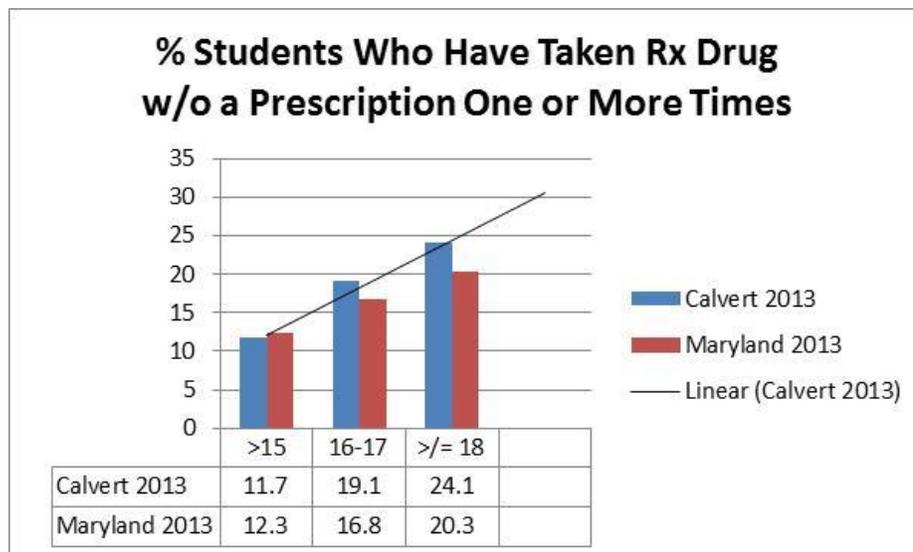
*Source:* 2007, 2008, 2009, 2010 Department of Juvenile Services (DJS) Annual Statistical Reports, <http://www.djs.state.md.us/annual-statistical-reports.asp> and 2011, 2012, 2013, 2014 DJS Data Resource Guides, <http://www.djs.state.md.us/data-resource-guides.asp>

***INDICATOR - Substance Abuse Continued***



**Percent of Juvenile Narcotics Offenses from 2007 to 2014**

*Source:* 2007, 2008, 2009, 2010 Department of Juvenile Services (DJS) Annual Statistical Reports, <http://www.djs.state.md.us/annual-statistical-reports.asp> and 2011, 2012, 2013, 2014 DJS Data Resource Guides, <http://www.djs.state.md.us/data-resource-guides.asp>



**Percent of Students Who Have Ever Used a Prescription Drug Without a Doctor's Prescription**

*Source:* 2013 Maryland Youth Risk Behavior Survey <http://phpa.dhmh.maryland.gov/cdp/Documents/MD-YRBS-Report.pdf>

2013 Calvert County High School YRBS Drug and Alcohol Lifetime Usage	Percent of Total Calvert County High School Population Reported Use During Their Life
Alcohol	65.2%
Marijuana	36.7%
Cocaine	6.7%
Inhalant	9.4%
Heroin	5.0%
Methamphetamine	5.1%
Ecstasy	9.1%
Steroids without a doctor's prescription	4.9%
Prescription drugs without a doctor's prescription	16.7%
Drugs injected into the body using a needle	4.3%

## **INDICATOR - Substance Abuse Continued**

### **The story behind the data:**

Calvert County has seen increases in the number of juvenile alcohol and narcotic offenses from 2007 to 2013. The 2013 Calvert County Juvenile Alcohol Offense rate was 8.5 per 1000 population. This rate was more than double the state average rate of 3.2 per 1000 population. The 2013 Calvert County Narcotic Offense rate was 25.6 per 1000 population. This is a dramatic increase from 14.3 reported in 2007. The 2013 rate is also higher than the state average rate of 14.9 per 1000 population.

The 2013 Maryland Youth Risk Behavior Survey asked high school students to report on their lifetime usage of alcohol and drugs. The most commonly used substance among Calvert County high school students was alcohol—65.2% of Calvert County high school students reported having at least one alcoholic drink in their life. The second most commonly used substance reported was marijuana (36.7%).

The emerging issue among youth is the use of prescription drugs without a doctor's prescription. The reported use of prescription drugs among high school students was 16.7%. The percentage increased to 24.1% among students 18 years of age and older. This percentage is greater than the Maryland state average percentage of 20.3% for this age group.

Qualitative data collection from both key informant interviews and focus groups discussed the issues surrounding substance use. Topics included the increased use of substance among youth as well as the effects of adult substance use on children and families. Substance use is the third most commonly reported issue or concern among key informant interviewees and the most commonly reported issue or concern among the focus group participants.

When asked what they would like to see happen in their community, focus group participants often spoke of the need for additional resources to address substance use including prevention, treatment, and family support.

There are many organizations and agencies working collaboratively to address the issues of substance use, but the problems persist. Some of the barriers cited include a lack of transportation to appointments/services, lack of social activities, lack of parental supervision, and lack of providers to address pediatric mental health and substance use disorders.

Beyond youth substance use, key stakeholders discussed the need for support services for vulnerable populations like parents with substance use disorders. They often have a difficult time in recovery in due to their lack of options for living environments. They may have added stressors when locating housing, transportation, and employment to support their families. Single parents without support may not be able to enter in-patient detoxification programs.

Some suggestions include increased funding for local treatment and prevention education. Collaboration with other agencies such as Healthy Families, may help to provide the intensive home visiting that is needed for this population.

Successful programs highlighted include the increase of school-based therapists and behavioral health providers within the county.

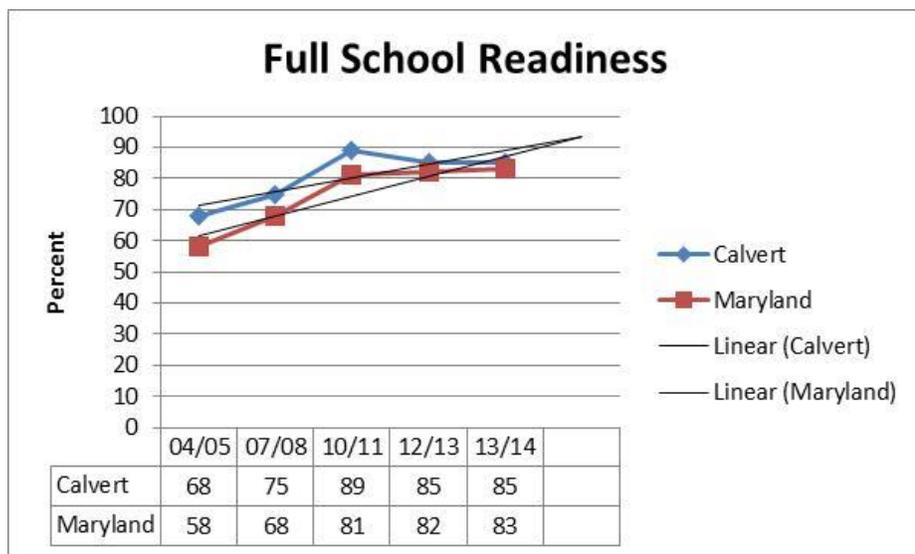
# RESULT: CHILDREN ENTER SCHOOL READY TO LEARN

## ***INDICATOR - Kindergarten Assessment***

**GOC Definition:** The percentage of composite scores for Maryland Kindergarten students based on their readiness in the domains of the Maryland Kindergarten Assessment (<http://goc.maryland.gov/2013kindergarten-assessment/>).

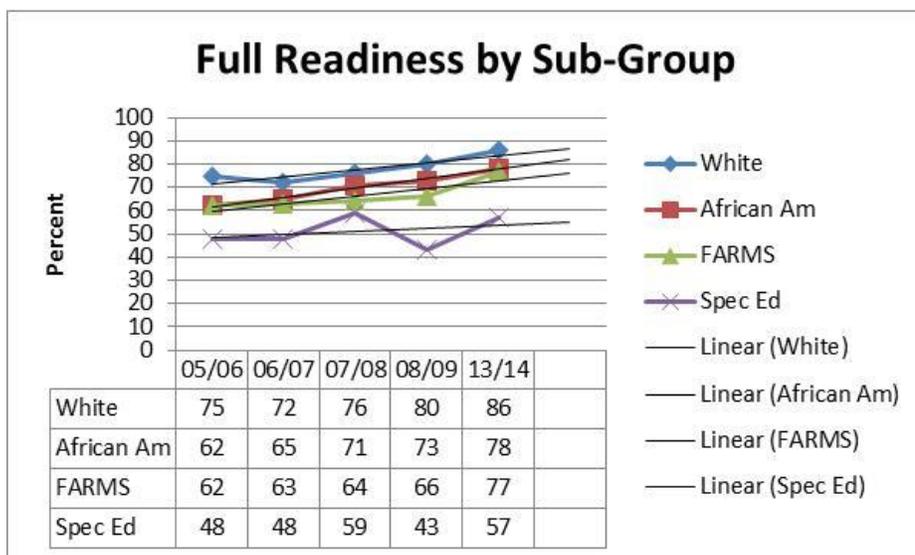
### **Why is this important?**

Children who enter school with high levels of readiness are more likely to succeed academically throughout their school careers, as well as later in life. Research indicates that early experiences have a profound effect on brain development. Children’s early years are the most important in shaping their formative growth and learning abilities.



**Percent of Students Entering Kindergarten Fully Ready to Learn from 2004/05 - 2013/14**

*Source: Ready at Five*  
<http://www.readyatfive.org/download-document/getting-ready/getting-ready-1/files/pdf-3/664-calvertdata2014/file.html>



**Percent of Students Entering Kindergarten Fully Ready to Learn by Sub-Group from 2004/05 - 2013/14**

*Source: Ready at Five*  
<http://www.readyatfive.org/download-document/getting-ready/getting-ready-1/files/pdf-3/664-calvertdata2014/file.html>

## **INDICATOR - Kindergarten Assessment Continued**

### **The story behind the data:**

The vast majority of Calvert County children (85%) are fully ready to enter kindergarten at age 5. This percentage is slightly above the Maryland state average percentage of 83%. The Calvert County school readiness percentages have increased significantly from 68% in 2004/2005 to 85% in 2013/2014.

An examination of sub-groups, reveals some disparities in levels of readiness. The highest percentage of school readiness falls among Calvert County Caucasians at 86%, followed by Calvert County African Americans at 78%. Calvert County children receiving free or reduced meals were at high level of readiness to enter kindergarten (77%). Among Calvert's special education children, 57% were at high level of readiness to enter kindergarten.

When focus group participants were asked what they would like to see happen in their community, programs surrounding school readiness were the second most commonly cited suggestions. Students who are falling behind by 1st and 2nd grade, are more likely to have a future jeopardized by the poor choices that result when education is not a priority. Education for and engagement of the parents can help to ensure the educational success of a child.

## RESULT: CHILDREN ARE SUCCESSFUL IN SCHOOL

INDICATORS: ACADEMIC PERFORMANCE (MARYLAND SCHOOL ASSESSMENT), ALTERNATIVE MARYLAND SCHOOL ASSESSMENT, BULLYING & HARASSMENT, HIGH SCHOOL ASSESSMENT, TRUANCY

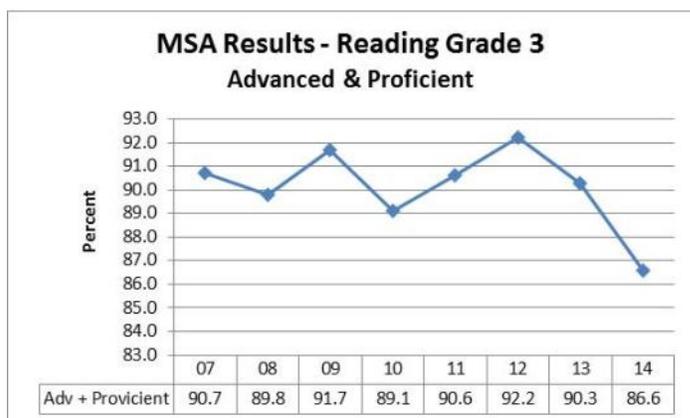
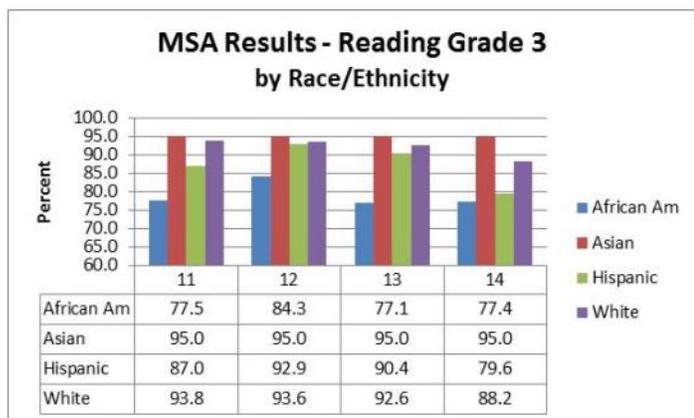
### INDICATOR - Maryland School Assessment (MSA)

**GOC Definition:** The average percent of public school students in grades 3 through 8 performing at or above proficient levels in reading and mathematics on the Maryland School Assessment (MSA) (<http://goc.maryland.gov/2013maryland-school-assessment/>).

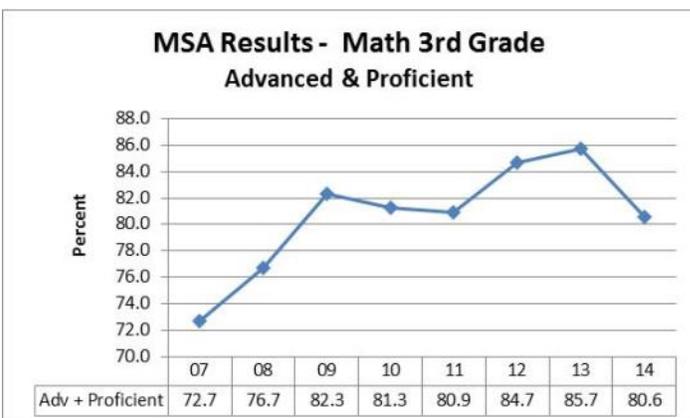
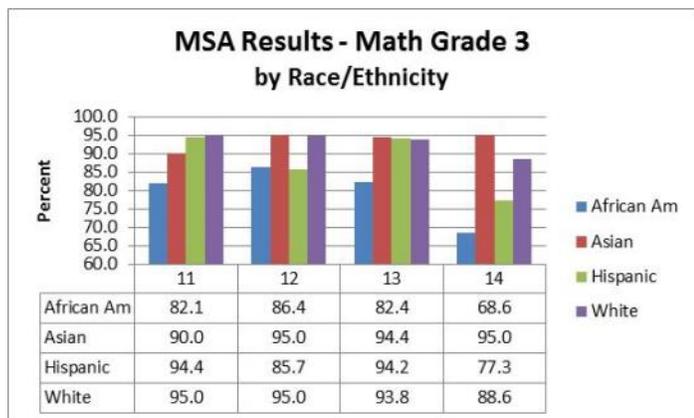
#### Why is this important?

The MSA test measures basic as well as higher levels skills. The MSA test produces a score that describes how well a student masters the reading, math, and science content specified in the Maryland Content Standards. Each child will receive a score in each content area that will categorize their performance as basic, proficient, or advanced.

#### Percent of Students in Grade 3 Performing at Proficient or Above in the Reading MSA from 2011– 2014

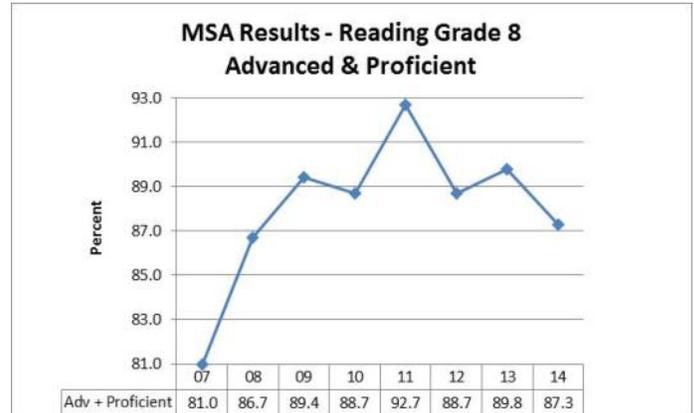
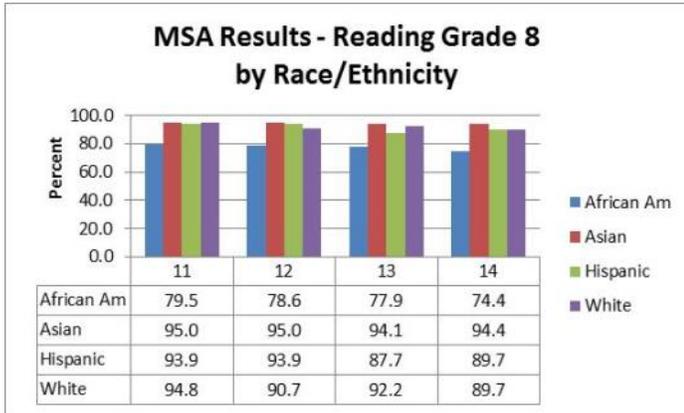


#### Percent of Students in Grade 3 Performing at Proficient or Above in the Math MSA from 2011– 2014

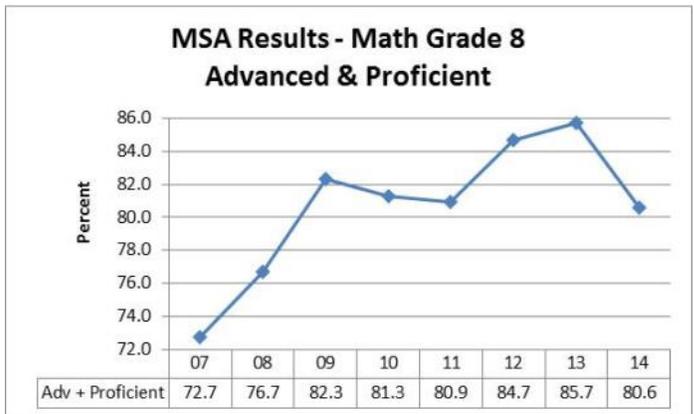
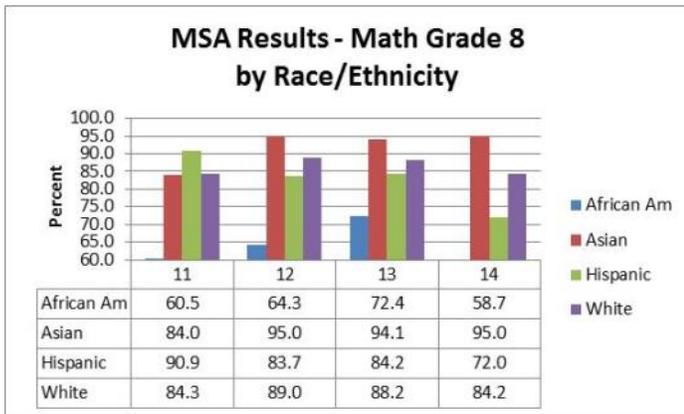


**INDICATOR - Maryland School Assessment (MSA) Continued**

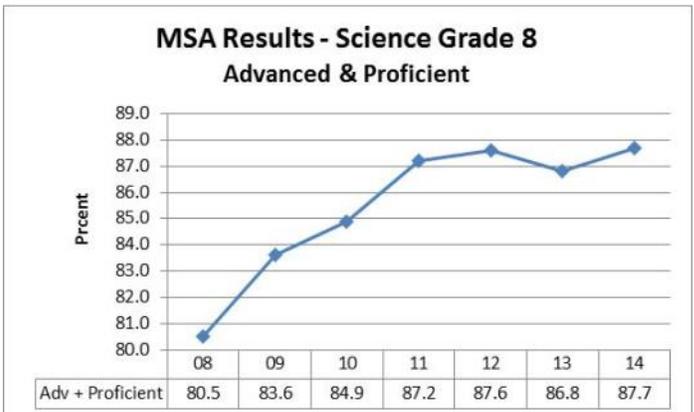
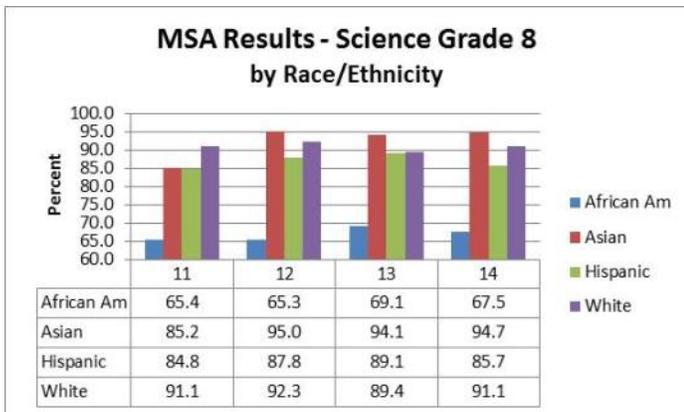
**Percent of Students in Grade 8 Performing at Proficient or Above in the Reading MSA from 2011– 2014**



**Percent of Students in Grade 8 Performing at Proficient or Above in the Math MSA from 2011– 2014**



**Percent of Students in Grade 8 Performing at Proficient or Above in the Science MSA from 2011– 2014**



Source: Maryland State Department of Education, 2014 Report Card, Calvert County MSA Results, <http://www.mdreportcard.org/Entity.aspx?K=04AAAA>

## **INDICATOR - Maryland School Assessment (MSA) Continued**

### **The story behind the data:**

The majority of Calvert County 3rd graders and 8th graders are performing at or above the basic level for reading, science, and mathematics on the Maryland School Assessment. Scores for each topic for each grade have remained fairly consistent over the past few school years.

The percentages of Calvert County 8th grade students at an advanced or proficient level has increased from 2007 to 2014 for reading, math, and science.

Disparities can be seen by race for both the 3rd grade and 8th grade. Third grade and 8th grade percentages for Calvert County African Americans and Hispanics were lower than the percentages for Calvert County Whites and Asians. This was true for each subject tested.

One key informant interview discussed the need for increased programming to address those students who did not reach the basic levels of proficiency on the Maryland School Assessment. Programs are needed that close the gaps and address the social determinants that hinder the success of students in certain populations.

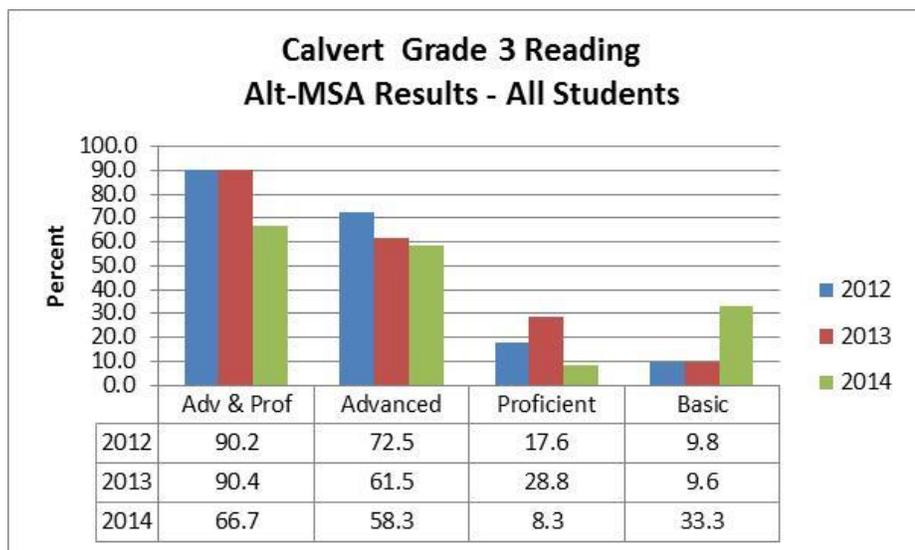
There are many community partners, including libraries, churches, and non-profit agencies, working with children to increase educational opportunities and assistance.

***INDICATOR - Alternative Maryland School Assessment***

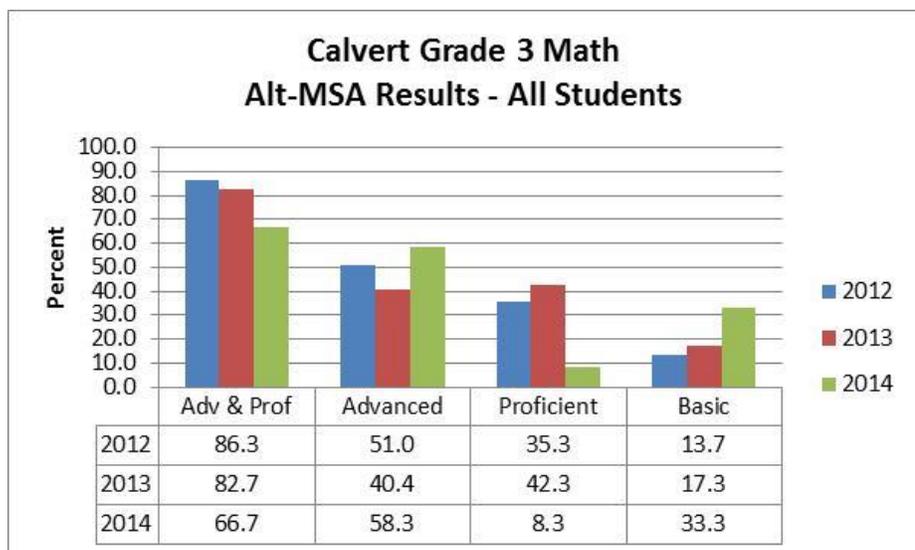
**GOC Definition:** The Alternate Maryland School Assessment (Alt-MSA) tests the areas of math, reading, and science and is administered to students with disabilities in grades 3 through 8 and grade 10 when a student’s IEP (individualized education plan) team finds that the Alt-MSA is the most appropriate assessment for the students’ educational needs. (<http://goc.maryland.gov/2013alternative-maryland-school-assessment/>).

**Why is this important?**

The Alt-MSA allows students with disabilities, those who are unable to participate in the (MSA) even with accommodations, to take part in Maryland’s state assessment program and school accountability system. The Alt-MSA meets the requirements of the federal “No Child Left Behind Act” (NCLB) and the Individuals with Disabilities Education Act (IDEA).



**Percent of Alternative Education Students in Grade 3 by Proficiency Level for Reading MSA**



**Percent of Alternative Education Students in Grade 3 by Proficiency Level for Math MSA**

*Source: MSDE 2014 MD Report Card, Calvert County Alt-MSA Results, <http://www.mdreportcard.org/AltMsaResults.aspx?PV=15:3:04:AAAA:2:N:0:13:1:1:0:1:1:1:3>*

**Note:** ALT-MSA given to students with disabilities; requires IEP and determination that student cannot participate in the (MSA) even with accommodations. Per MSDE 2014 MD Report Card, for Reading & Math, Grades 4, 5, 6, 7, 8 and 10, and Science, Grades 5 and 8, there were “too few students for reporting requirements.”

**INDICATOR - Alternative Maryland School Assessment (Continued)**

**The story behind the data:**

The majority of Calvert County 3rd grade students tested through the alternative MSA in 2014 scored both "Advanced and Proficient" for reading and math (66.7% for both math and reading). These were decreases from the percentages seen for reading and math in previous testing years. A breakdown of the 66.7% reveals 58.3% were considered advanced and 8.3% were proficient.

It is recommended by the state of Maryland that children with Individualized Education Programs (IEPs) spend at least 80% of their time in a regular classroom setting. Currently, Calvert County special education students spend 52% of their time in a regular classroom. This is the 2nd lowest percentage among Maryland jurisdictions. Calvert County Public Schools has a heightened focus on increasing the percentage of special education students mainstreamed into regular classroom settings.

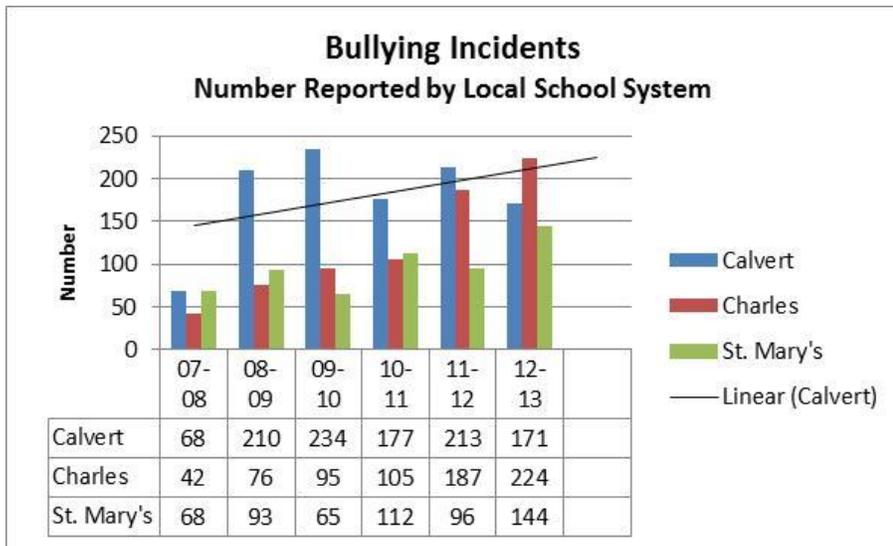
***INDICATOR - Bullying & Harassment***

**GOC Definition:** Bullying is a form of aggression between a more powerful antagonist and his/her victim. Bullying can be physical, verbal, and/or psychological, and can be direct or indirect. Bullying occurs across all age groups and includes sexual harassment, dating violence, gang attacks, domestic abuse, child abuse, and elder abuse. For this indicator, GOC tracks "Total Number of Bullying or Harassment Incidents Reported, by Academic Year." (<http://goc.maryland.gov/2013bullying-and-harassment/>).

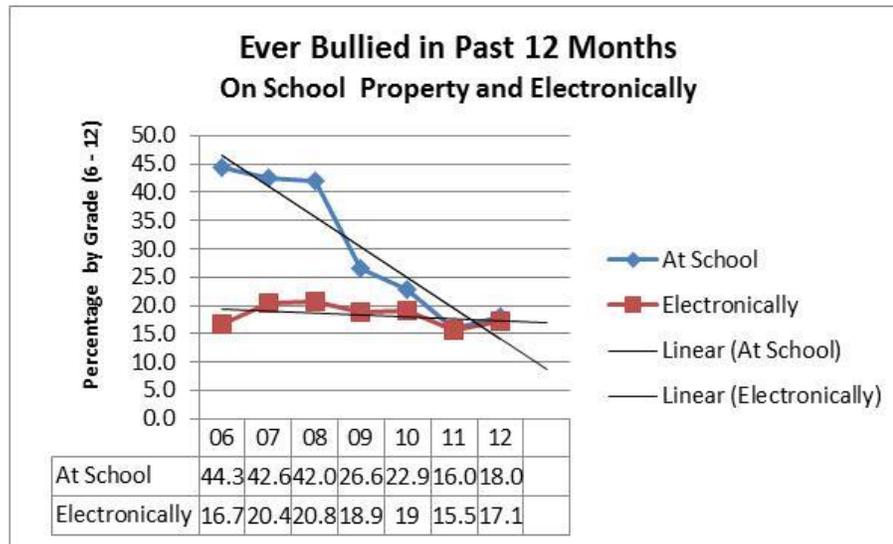
**Why is this important?**

Chronic victims may experience mental health problems such as anxiety, academic difficulties, poor concentration, and withdrawal.

**Number of Bullying Incidents Reported by School Year**



**Percentage of Students Reporting Incidence of Bullying In Past 12 Months, By Grade**



*Source: 2013 Maryland Youth Risk Behavior Survey Report, Calvert County High School and Middle School Summary Tables <http://phpa.dhmh.maryland.gov/cdp/SitePages/youth-risk-survey.aspx#calvert>*

## **INDICATOR - Bullying & Harassment Continued**

### **The story behind the data:**

The percentage of students reporting bullying on school property decreases from grades 6th to 12th. However, the presence of electronic bullying remains consistent throughout the grades. The number of bullying incidents has increased from 68 incidents in the 2007-2008 school year to 171 in the 2012-2013 school year. Qualitative data collection focused on the need for new mechanisms for improved bullying response and more evidence-based interventions.

Calvert County Public Schools (CCPS) has demonstrated a commitment to actively address bullying. Five Calvert County schools have been trained in the Olweus Bullying Prevention Program (Barstow ES, Calvert ES, Saint Leonard ES, Calvert MS, and Calvert HS) with plans, as funds allow, to implement the program in two additional schools each summer until all schools are trained.

Olweus is a comprehensive approach designed and evaluated for use in Kindergarten through 12th grade. Olweus includes school-wide, classroom, individual, and community components with a focus on long-term change that creates a safe and positive school climate. Olweus has been found to reduce bullying among students, improve the social climate of classrooms, and reduce related antisocial behaviors, such as vandalism and truancy. The Olweus Program has been implemented in more than a dozen countries around the world, and in thousands of schools in the United States.

In addition in 2012, CCPS began hosting an annual "Make the Difference" Anti-Bullying Summit. The event features inspirational speakers and breakout sessions covering topics such as school bus safety, cyber bullying, bullying and social isolation, and bullying the mentally/physically challenged.

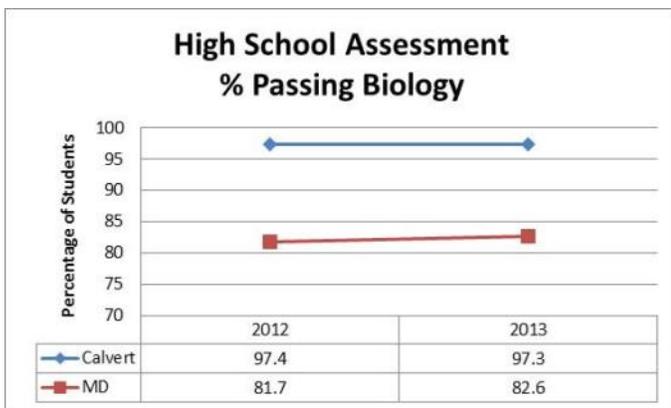
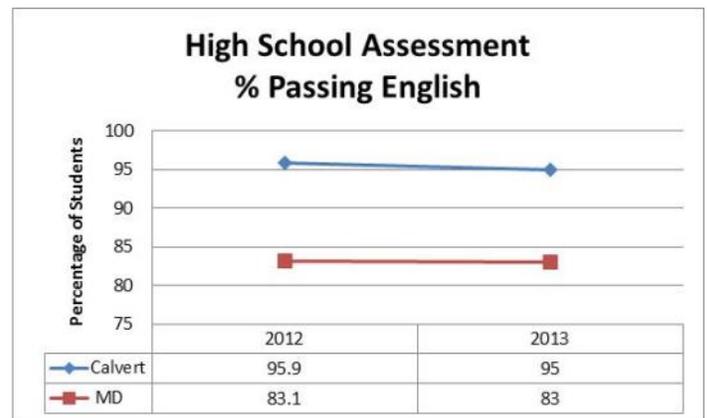
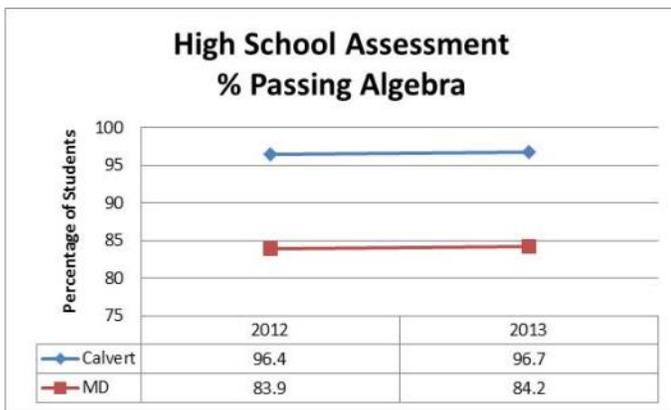
## **INDICATOR - High School Assessment (HSA)**

**GOC Definition:** The percentage of public school students in grades 9 through 12 performing at the passing level in three or four core subjects of the Maryland High School Assessment (HSA): Algebra, Biology, English2, and Government (<http://goc.maryland.gov/2013high-school-assessment/>).

### **Why is this important?**

The achievement of minimum academic standards affects graduation, adult achievement, future academic pursuits, and ultimately contributes to the competitiveness of the Maryland workforce and to community stability.

### **Percent of Students Passing the High School Assessment by Subject Area**



*Source: GOC, Accountability, High School Assessment, Jurisdictional Data, <http://goc.maryland.gov/2013high-school-assessment/>*

### **The story behind the data:**

The overwhelming majority of Calvert County students pass the core subjects of algebra, biology, and English on the Maryland High School Assessment (HSA). The focus group and key informant participants felt that the Calvert County schools were a strong asset to the community, and one of the things that the community is doing well. School Readiness and Academic Performance were two of the most commonly reported strengths in the community by focus group participants.

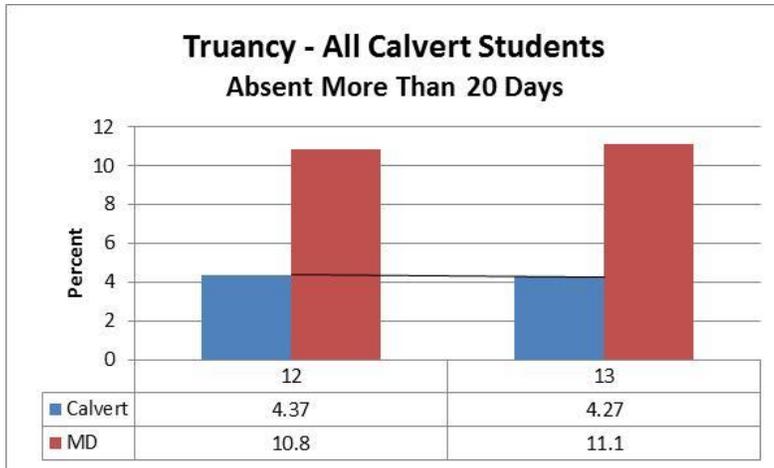
Calvert County Public Schools is working to close the gap on the small percentage of students who do not pass the core subjects of the HSA. The school board has identified new goals for the Superintendent, such as interfacing with the Closing the Achievement Gap Committee to increase minority recruitment. County schools are attempting to change the staff culture.

**INDICATOR - Truancy**

**GOC Definition:** Percentage of students in all grades (public schools) absent more than 20 days of the school year (excluding summer school). (<http://goc.maryland.gov/2013truancy/>)

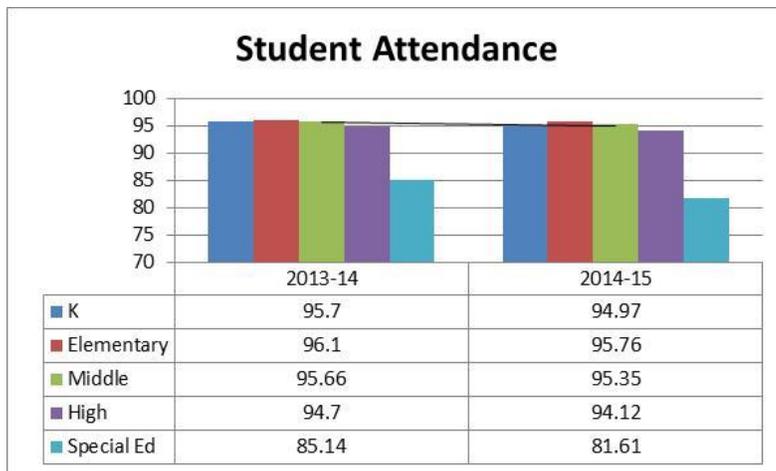
**Why is this important?**

School attendance is essential to academic success. Missing 10 percent of the school year, or just 2-3 days every month, can translate into 3rd graders unable to master reading, 6th graders failing courses and 9th graders dropping out of high school. The impact is particularly significant for low-income students, who most depend on school to provide opportunities to learn.



**Percent of Students In All Grades Absent More than 20 Days**

*Source: Governor's Office for Children Accountability Data, Truancy, MD State Department of Education, <http://goc.maryland.gov/jurisdictional-data/>*



**Percent of Students with Regular Student Attendance by Grade Level\***

*Source: Calvert County Public Schools State of the Department Student Services Report, 2014-15*

\* at a state satisfactory standard of 94% attendance or higher

**The story behind the data:**

In 2013, Calvert County experienced a truancy percentage of 4.27%, which is much lower than the Maryland state average percentage of 11.1%. An annual report provided by Student Services indicates the highest student attendance is in the elementary schools, and the lowest is in special education programs.

## RESULT: YOUTH WILL COMPLETE SCHOOL

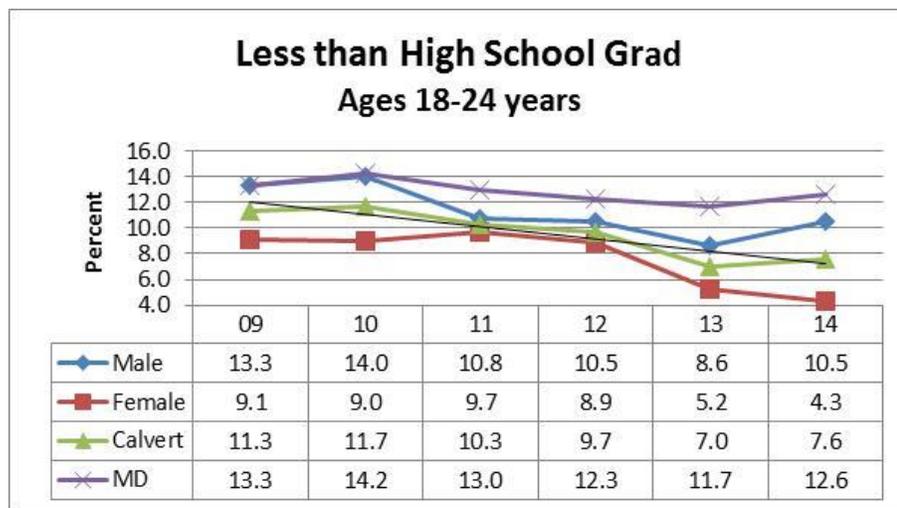
Indicators: Educational Attainment, High School Program Completion, High School Dropout, Program Completion of Students with Disabilities

### ***INDICATOR - Educational Attainment***

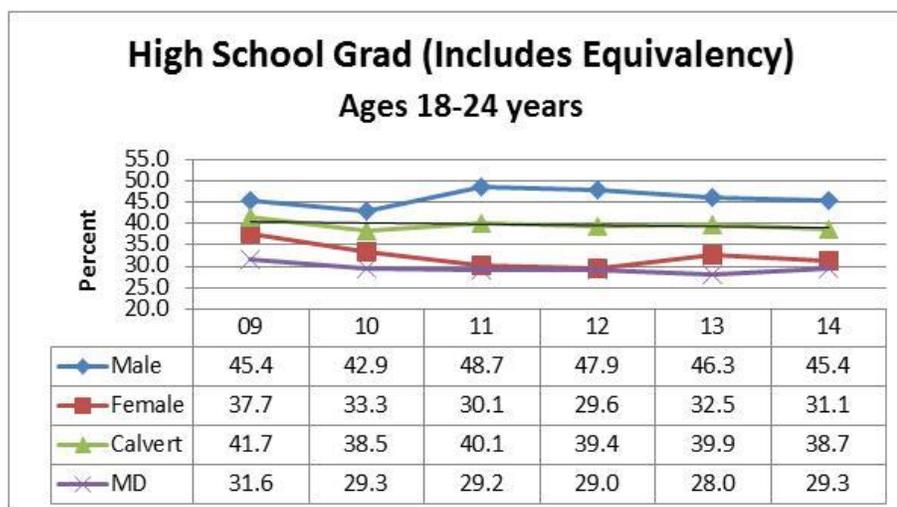
**GOC Definition:** The percent of young adults ages 18 through 24 who have not completed high school, completed high school, completed some college or an associate's degree, or attained a bachelor's degree or higher (<http://goc.maryland.gov/2013educational-attainment/>).

### **Why is this important?**

Educational attainment is a powerful predictor of well-being. Young adults who have completed higher levels of education are more likely to achieve economic success than those who have not. In addition to qualifying one for a broader range of jobs, completing more years of education also protects against unemployment.



**Percent of Young Adults Age 18 through 24 Who Have Not Completed High School**

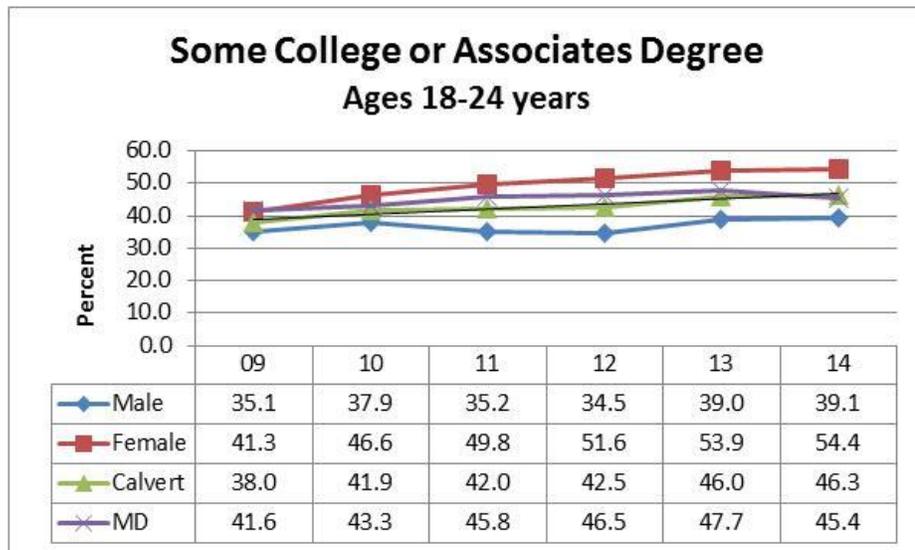


**Percent of Young Adults Age 18 through 24 Who Have Completed High School or Equivalency\***

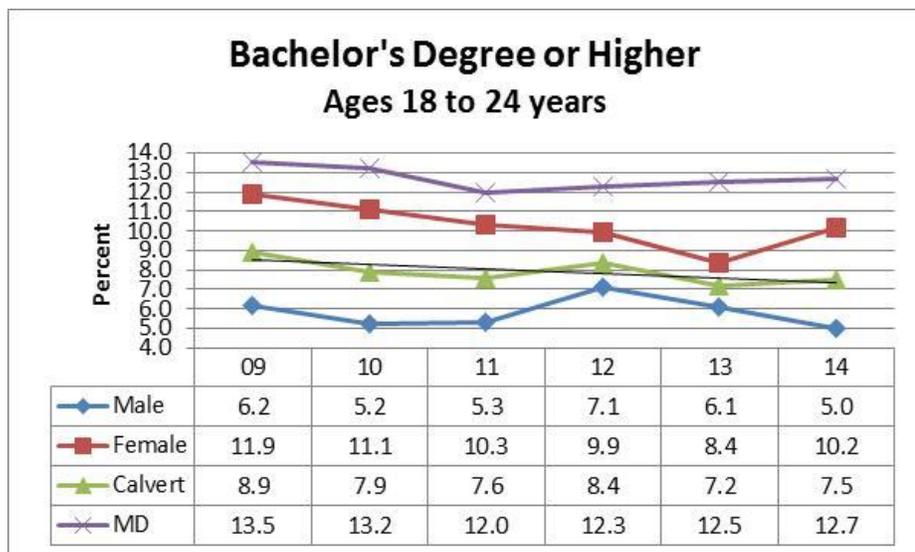
Source: US Census, America FactFinder, Calvert County, Educational Attainment, <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

\* Indicates highest level of educational attainment

***INDICATOR - Educational Attainment Continued***



**Percent of Young Adults Age 18 through 24 Who Have Completed Some College or an Associates Degree\***



**Percent of Young Adults Age 18 through 24 Who Have Completed a Bachelor's Degree or Higher\***

*Source: US Census, America FactFinder, Calvert County, Educational Attainment, <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>*

**The story behind the data:**

In 2014, 7.6% of Calvert County young adults reported that they had less than a high school diploma. The percentage has been steadily decreasing since 2009 when 11.3% of the county young adult population did not possess a high school diploma. This percentage was higher for Calvert County males than Calvert County females (8.6% vs. 5.2%). The Calvert County percentage is less than the Maryland state average percentage of 11.7%.

In 2014, 38.7% of Calvert County young adults reported that their highest level of education was a high school diploma. This is a slight decrease from the 2009 percentage of 41.7%. More Calvert County males reported having a high school diploma as their highest level of education than Calvert County females (45.4% vs. 31.1%). The Calvert County percentage is higher than Maryland (29.3%).

In Calvert County, 46.3% of young adults reported their highest level of education as some college or an associates degree, very close to Maryland's rate of 45.4%. However 7.5% reported a bachelor's degree or higher, which is approximately 5% below Maryland's average percentage. Females were more likely to report some college/bachelors degree than men.

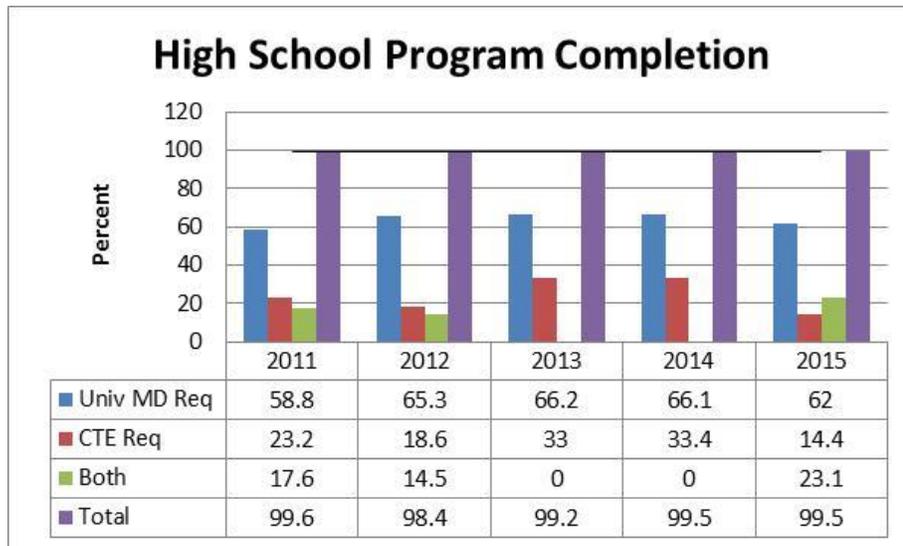
\* Indicates highest level of educational attainment

**INDICATOR - High School Program Completion**

**GOC Definition:** The percentage of high school graduates who successfully completed the minimum course requirements needed to enter the University System of Maryland, complete an approved Career and Technology education program, or who completed requirements for both, by Academic Year (<http://goc.maryland.gov/2013program-completion/>).

**Why is this important?**

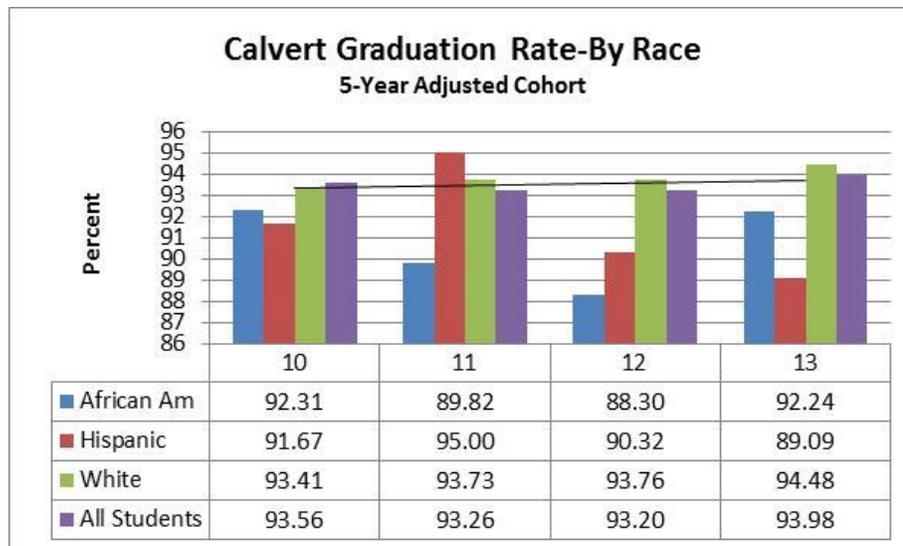
A high school diploma is associated with higher incomes and occupational status, and young adults with low education and skill levels are more likely to live in poverty and to receive government assistance. See High School Dropout below for additional considerations.



**Percent of High School Graduates Completing University System of Maryland Course Requirements and/or Completing an Approved Career and Technology Education Program**

*Source: MSDE MD Report Card, High School Completion Data, Calvert County, 2011 - 2015. <http://reportcard.msde.maryland.gov/downloadindex.aspx?K=99AAAA>*

Note: "0" Indicates less than or equal to 5% of graduating high school students



**Percent of Graduating Seniors by Race, Calculated By Graduating Class**

*Source: MSDE MD Report Card, Adjusted Cohort Dropout Rate, Graduating Class of 2010 to 2013. <http://reportcard.msde.maryland.gov/downloadindex.aspx?K=99AAAA>*

**INDICATOR - High School Dropout**

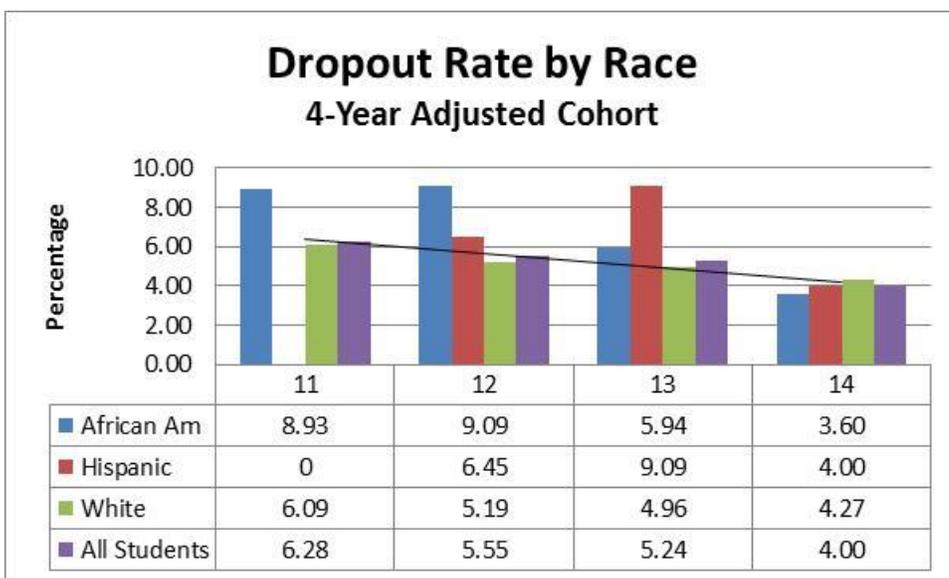
**GOC Definition:** The percentage of public school students, grades 9-12, who withdrew from school before graduation or before completing a Maryland-approved educational program during the July to June academic year and who are not known to have enrolled in another high school program during the academic year. However, federal law now requires that Maryland use an adjusted cohort dropout rate, which is defined by the number of students who leave school, for any reason other than death, within the four year period divided by the number of students who form the adjusted cohort. The dropout rate calculates dropout events, whereas the cohort dropout rate is adjusted to show rate of individuals. Both indicators appear below. (<http://goc.maryland.gov/2013high-school-dropout/>)

**Why is this important?**

Dropping out from high school is associated with negative employment and life outcomes. Young people who drop out of high school are unlikely to have the minimum skills/credentials necessary to function in an increasingly complex society and technology-dependent workplace. High school completion is a minimum requirement for most jobs. High school dropouts are also more likely to become involved in crime. Further, dropout status has been linked with poor health, including poor mental health. Such negative outcomes, along with diminished labor force participation, exact a high economic toll on society. *Source:* Child Trends Data Bank, <http://www.childtrends.org/?indicators=high-school-dropout-rates>

Calvert County Percent of Public High School Students-Grades 9-12 Who Drop Out of School				
	2011	2012	2013	2014
Calvert County	<=3.0	<=3.0	<=3.0	<=3.0
Maryland	3.18	3.45	<=3.0	2.94

*Source: Maryland Report Card, Dropout Rate, 2011 - 2014*



**Percent of Students Who Leave School for Any Reason (Other Than Death) Within 4 Year Period, Calculated With Graduating Class**

*Source: MSDE 2015 Maryland Report Card, Dropout Rate - 4 Year Adjusted Cohort, Class of 2011 to 2014*

Note: "0" Indicates less than or equal to 5% of graduating high school students

## **INDICATOR - High School Dropout (Continued)**

### **The story behind the data (For High School Completion & Dropout):**

Calvert County boasts impressive high school graduation rates. The percentage of Calvert County students in grades 9-12 who drop out of school is less than 3% and similar to the Maryland percentage. For the adjusted cohort dropout rate, the rate is dropping and the gap between white and minority students appears to be narrowing. After combining cohort rates for both dropout and graduation, it is likely the small percentage remaining is still in school working to graduate or received certificate of completion in the special education program.

Education was a reoccurring theme throughout all focus groups and key informant interviews. Academic Performance was seen as one of the most important issues in the county, falling just below substance use. Participants stressed the importance of education to break cycles of poverty, to provide for families and children, to increase quality of life, to be competitive in local job markets, and to afford housing and living expenses in the community.

Respondents felt that programs should support the education of young parents from vulnerable populations. They suggested increased information dissemination on available services and programs geared toward education. They also felt increased community engagement would lead to increased academic performance and school readiness.

Key informant interviewees felt that the county public school system was one of the things going well in the community. Increases in educational opportunities, such as STEAM (Science, Technology, Engineering, Arts, and Mathematics) support a college preparatory mentality in the community.

When asked what services and programs they would like to see in the community, many focus groups and key informant interviewees talked about the need for mentoring opportunities for youth. Those not on the college track could greatly benefit from apprentice-level job training and volunteer opportunities to feel useful.

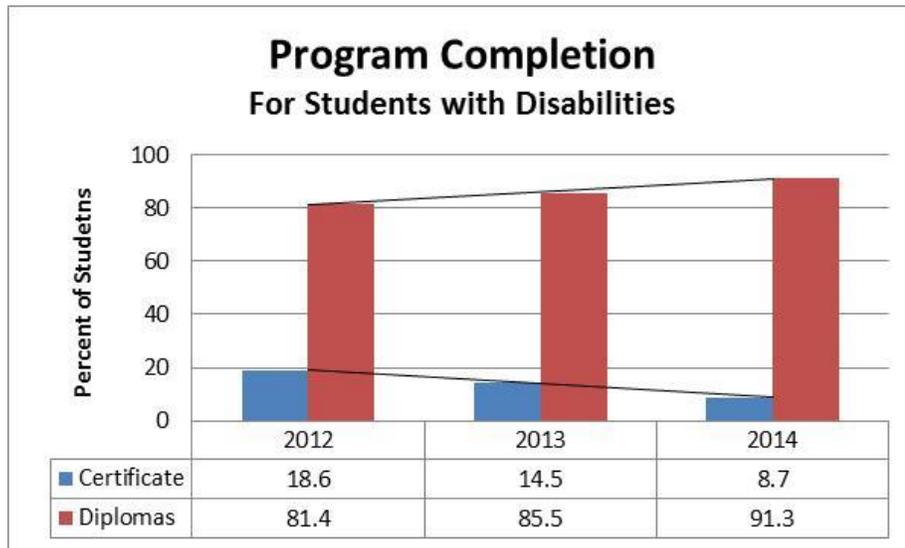
**INDICATOR - Program Completion of Students with Disabilities**

**GOC Definition:** The percentage of students with disabilities ages 14 through 21, who graduate or complete school (<http://goc.maryland.gov/2013program-completion-of-students-with-disabilities/>). High school program completion reflects the percentage of students obtaining diplomas and certificates. This data looks at the percentage of special education program participants, students with disabilities who have current Individualized Education Plans (IEPs), who complete a high school certification or receive a diploma

**Why is this important?**

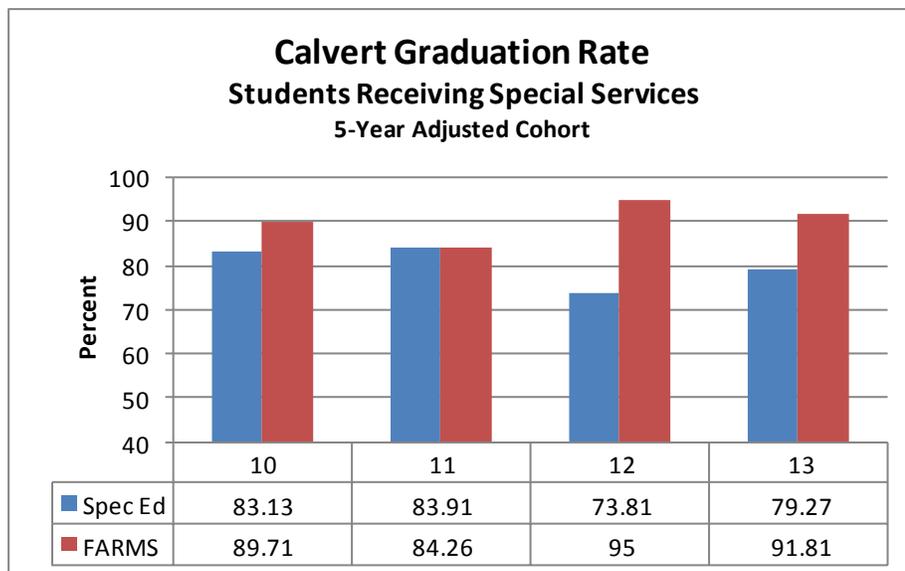
In an increasingly competitive labor market, ensuring students with disabilities are college and career ready is an important and challenging goal. Employment and postsecondary education participation rates are lower for students with disabilities who dropped out of school compared to students without disabilities who did not complete high school. Gaps in earnings also have increased over time for those who earn postsecondary degrees compared to those with high school diplomas.\*

\*Source: National Center on Educational Outcomes, Graduation Requirements for Students with Disabilities, [achieve.org](http://achieve.org)



**Percent of Students with Disabilities, ages 14 to 21, Receiving a Certificate or Diploma**

Source: Maryland Report Card, High School Program Completion by Certificate or Diploma, Special Education, 2011 - 2014



**Percent of Students Graduating that Receive Special Services, Calculated By Graduating Class**

Source: MSDE 2014 MD Report Card, Graduation Rate, Students Receiving Special Services, <http://www.mdreportcard.org>

Note: Limited English Proficient category is not reported as data indicates no students or fewer than 10 students in the category for 2010 through 2013.

## **INDICATOR - Program Completion of Students with Disabilities Continued**

### **The story behind the data:**

The rate of students with special needs receiving a high school diploma (91.3%) versus a certificate of completion (8.7%) has seen a gradual increase over the past few years. Research suggests that employers prefer diplomas and postsecondary institutions place less value on alternative certificates.\*

The majority of Calvert County students receiving free and reduced meals graduated in 2013 (91.81%). This percentage has increased from 89.71% in 2010. However, the 2013 percentage is still below the Calvert County overall graduation rate.

Approximately 80% of those receiving special education services graduated in 2013. This percentage has decreased slightly since 2010 (83.13% to 79.27%).

Youth with disabilities have multiple barriers to successful completion of high school. Having to navigate the system to meet their needs can require a major time and financial commitment by parents or caregivers. Children whose parents have only a high school diploma or some college and children in families living below the federal poverty line were more likely to be identified as having a learning disability. \*\*

Statewide, public schools are currently engaged in a diverse number of targeted, evidence-based interventions to improve graduation/school completion rates for all students, such as: Positive Behavioral Intervention and Supports (PBIS), Universal Design for Learning, mentoring programs, transition supports, and recovery and re-entry programs.

*\*Source: National Center on Educational Outcomes, Graduation Requirements for Students with Disabilities, [achieve.org](http://achieve.org)*

*\*\*Source: Child Trends, Learning Disabilities Indicator, [childtrends.org](http://childtrends.org)*

## RESULT: YOUTH HAVE OPPORTUNITIES FOR EMPLOYMENT OR CAREER READINESS

### ***INDICATOR - Youth Employment***

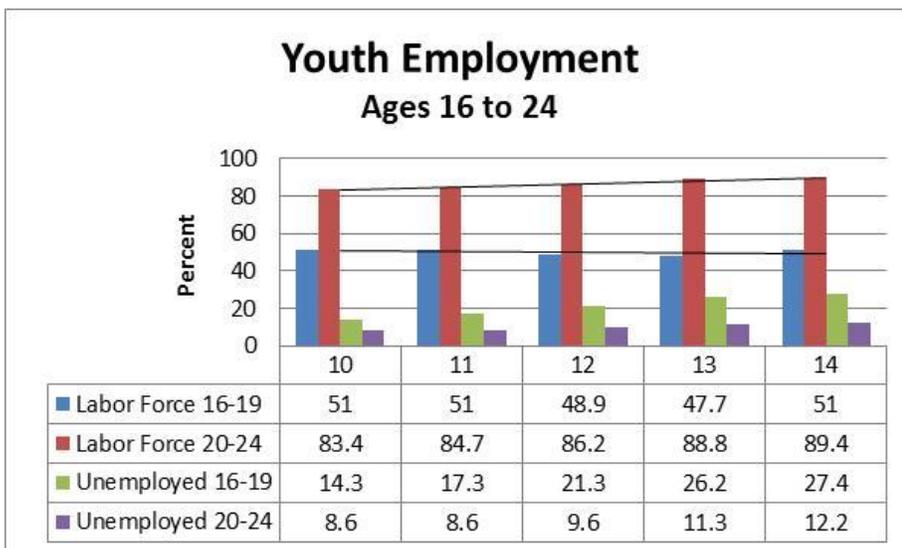
**GOC Definition:** The percentage young adults ages 16 through 24 who are in the labor force (<http://goc.maryland.gov/2013youth-employment/>).

#### **Why is this important?**

Disconnected youth are young people ages 16 to 24 who are neither working nor in school. According to the most recent Measure of America report, there are 5.8 million, or one in every seven, American young people in this age group who are not connected to either of these anchor institutions.

Emphasis is placed upon this group because the years between the late teens and the mid-twenties are believed to be a critical period during which young people form adult identities and move toward independence. The effects of youth disconnection—limited education, social exclusion, lack of work experience, and fewer opportunities to develop mentors and valuable work connections—can have long-term consequences that snowball across the life course, eventually influencing everything from earnings and self-sufficiency to physical and mental health and marital prospects. There has been much discussion on how to reach these young people and connect them with broader social institutions in order to prevent these negative consequences.

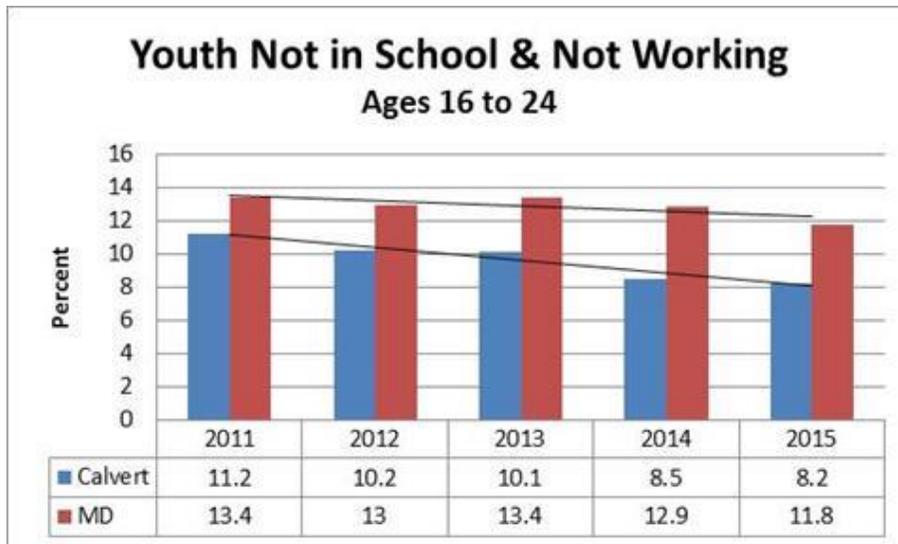
The economic impact of youth disconnection has also been examined. According to the Measure of America report, the average disconnected youth costs \$37,450 a year in government services.



#### **Percentage of Young Adults ages 16 through 24 who are in the Labor Force or Unemployed**

*Source:* American Community Survey 5 Year Estimates, Calvert County, Employment Status, 2010 - 2014. <http://factfinder.census.gov>

## ***INDICATOR - Youth Employment Continued***



**Percentage of Young Adults ages 16 through 24 who are Not Working & Not in School**

*Source: Opportunity Index, Calvert County and Maryland, 2011 to 2015, <http://opportunityindex.org>*

### **Story Behind the Data:**

More than 1 in 10 youth in Maryland is disconnected, making it a statewide issue.

For Calvert County, there were a total of 870 youth in 2015, which represents 8.2% of the total county youth population, below the Maryland and National percentages. Calvert County is ranked 21st statewide for percent of youth population that is disconnected.

According to the 2014 Documented Decisions report for Calvert County in the Maryland State Report Card, the majority of Calvert County graduates reported that they plan to seek some level of postsecondary education after graduation. 17.2% reported immediate employment and 5% reported no response.

In Calvert County, youth have opportunities for job mentoring through the Career and Technology Academy. Calvert County's Job Center prepares youth ages 14 to 21 for employment and/or post-secondary education through strong linkages between academic and occupational learning. Additional supported employment programs are available through local agencies that serve individuals with disabilities.

## RESULT: COMMUNITIES ARE SAFE FOR CHILDREN, YOUTH AND FAMILIES

*Indicators: Child Maltreatment, Crime, Juvenile Felony, Juvenile Recidivism*

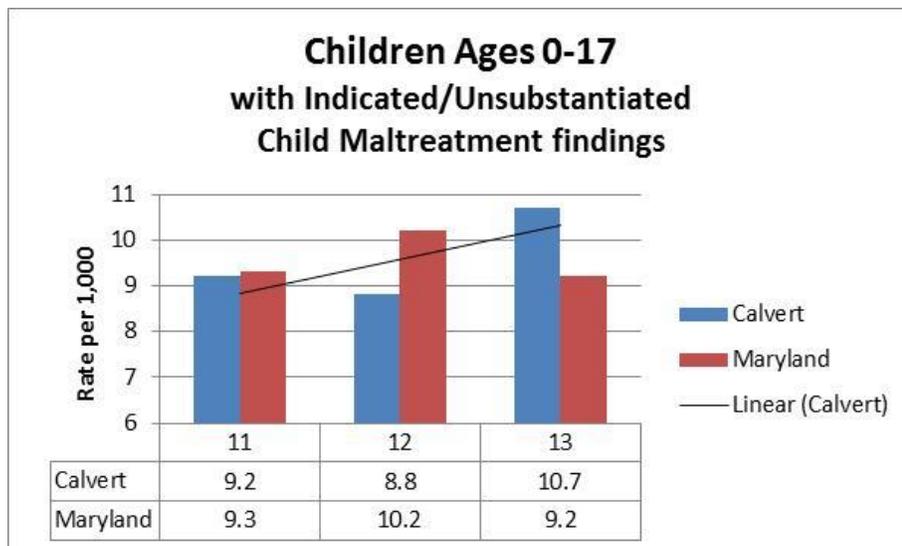
### ***INDICATOR - Child Maltreatment***

**GOC Definition:** Child Protective Services (CPS) investigations are ruled “indicated” where credible evidence is not satisfactorily refuted, or “unsubstantiated” where insufficient evidence is found to support a finding as either indicated or ruled out. (<http://goc.maryland.gov/2013child-maltreatment/>)

DHR has revised the methodology for this indicator to align with the federal measure for child maltreatment. Calculation rate – the rate is calculated per 1,000 children under age 18 in Maryland. Data on CPS findings is from MD CHESSIE (Maryland’s Stateside Automated Child Welfare Information System). FY2011-2013 rates were calculated using CDC Bridged-Race Population Estimates. The calculation (FY2011-2013) = (unduplicated number of children with at least one indicated or unsubstantiated maltreatment finding during the FY/population) \* 1,000.

### **Why is this important?**

Child abuse and neglect can result in mild to severe physical injuries, and in some instances, death. Victims of child abuse and neglect are also susceptible to possible attachment disorders, mental health issues, developmental delays, educational challenges, and behavioral problems. Identifying families and children at risk for abuse or neglect, addressing these risk areas, and ensuring safety for children are essential to protecting children from harm.



**Number of Unduplicated Children per 1000 in their age population with Indicated/Unsubstantiated Child Abuse and Neglect Findings**

*Source: GOC, Accountability, Maryland's Results for Child Well-Being 2013, Child Maltreatment, <http://goc.maryland.gov/2013child-maltreatment/>, from DHR (MD CHESSIE)/CDC Bridged-Race Population Estimates*

### **The story behind the data:**

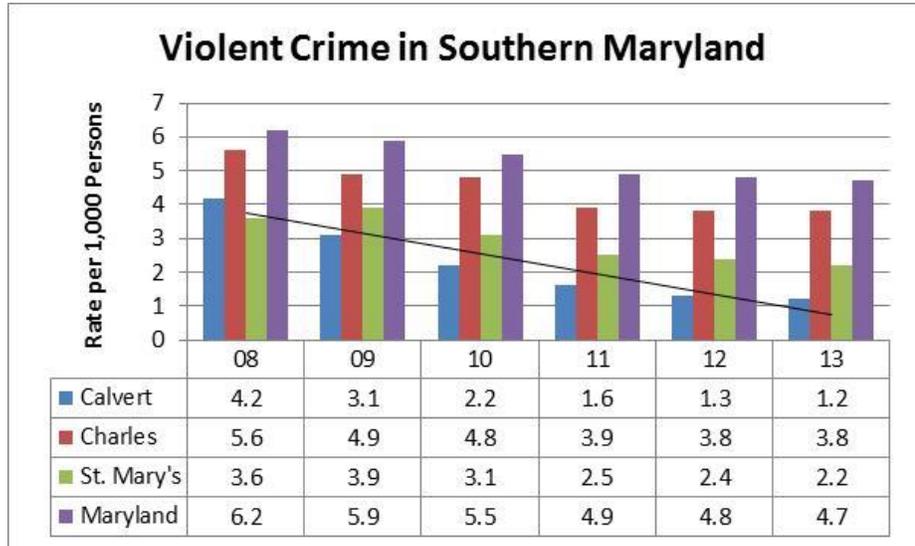
Rates of Child Maltreatment in Calvert County are similar to the state average child maltreatment rates. The Calvert County child maltreatment rates have increased slightly from 9.2% in 2011 to 10.7% in 2013. Yearly fluctuations in rate are expected on a county level with small case counts.

**INDICATOR - Crime**

**GOC Definition:** The rate of violent crimes (murder, rape, robbery, and aggravated assault) that are committed per 1,000 persons.

**Why is this important?**

Crime has a negative impact on communities and childhood development.



**Rate of Violent Crimes by County in Southern Maryland**

*Source: Table 1M: Violent Crime in Maryland per 1,000 Persons, 2005-2013, [http://www.mdp.state.md.us/msdc/md\\_statistical\\_handbook13.pdf](http://www.mdp.state.md.us/msdc/md_statistical_handbook13.pdf)*

*\*Linear Trend Line for Calvert County.*

**The story behind the data:**

The rate of violent crimes remains low in Calvert County. The 2013 Calvert County violent crime rate was 1.2 per 1000 population, much lower than the state average rate of 4.7. The Calvert County rate was also lower than the neighboring jurisdictions of Charles and St Mary’s Counties.

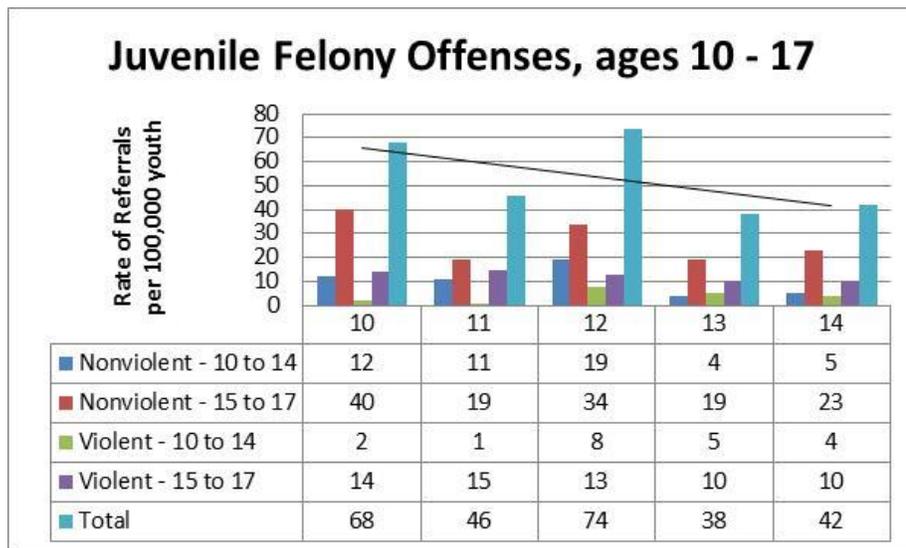
There has been a dramatic decrease in the Calvert County violent crime rate—from 4.2 per 1000 population in 2008 to 1.2 per 1000 population in 2013.

**INDICATOR - Juvenile Felony Offenses**

**GOC Definition:** The rate of referrals to the Department of Juvenile Services (DJS), per 100,000 youth ages 10-17, for felony offenses, including both violent and non-violent charges-- based on the Maryland Sentencing Commission which utilizes the definition of "crime of violence" found in the Md. Code, Correctional Services Article, § 7-101(m) which defines violent crime as a crime of violence as defined in §14-101 of the Criminal Law Article, or burglary in the 1st, 2nd, or 3rd degree. Md. Code, Criminal Law Art., §14-401 lists violent offenses as: murder; manslaughter, except involuntary manslaughter; forcible rape; first degree sex offense; second degree sex offense with force or threat; robbery; use of a hand gun in the commission of a felony or other crime of violence; child abuse; carjacking; aggravated assault; and arson – first degree. Non-violent felony offenses include breaking and entering, theft, motor vehicle theft, controlled dangerous substance (CDS) distribution and manufacturing, assault on police officer, third degree sex offense with or without force, arson–second degree, destructive devices and conspiracy to commit any felony offense. (<http://goc.maryland.gov/2013juvenile-felony-offenses/>)

**Why is this important?**

Juvenile delinquency has potentially high stakes for both individuals and society as a whole. Delinquency is linked to higher crime rates in adulthood and other negative outcomes. One estimate suggests that between 50 and 75 percent of adolescents who have spent time in juvenile detention centers are incarcerated later in life.\*

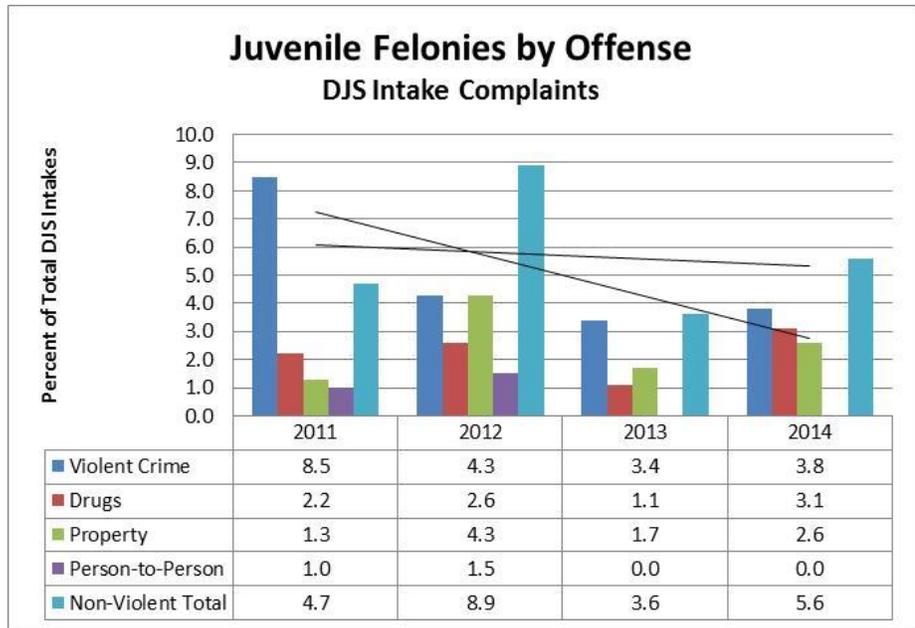


**Rate of Referrals, per 100,000 youth, Ages 10 through 17 for Felony Offenses, Violent and Non-Violent, Calvert County**

*Source: Department of Juvenile Services, Reports to GOC, 2010 to 2014, <http://goc.maryland.gov/2013juvenile-felony-offenses/>*

\* *Source: Child Trends, Juvenile Incarceration Indicator, [childtrends.org](http://childtrends.org)*

***INDICATOR - Juvenile Felony Offenses (Continued)***



**Rate of DJS Intake Complaints for Violent and Non-Violent Felonies, Calvert County**

*Source: MD DJS Data Resource Guides, 2011-2014, <http://www.djs.state.md.us/data-resource-guides.asp>*

**The story behind the data:**

Juvenile violent crimes in Calvert County make up a small portion of the total statewide (1.6%). Calvert County has seen a decrease in the total percent of DJS intake complaints for juvenile violent felony crimes from 4.3% in 2012 to 3.8% in 2014. The only increase was in drug-related violent crimes which increased from 2.6% to 3.1%.

While the number of overall juvenile intakes has decreased significantly during the period of 2011 through 2014, this could be attributed to a decrease in the juvenile population. But there has been an increase in the number of serious felony offenses and committed dispositions. This appears to indicate a smaller cohort of juveniles committing more serious crimes.

Minor infractions by juveniles have decreased, indicating a more engaged and productive general juvenile population. Moreover, in FY15 Calvert County’s Department of Juvenile Services felt the impact of Maryland Public School’s new regulations that require local school systems to adopt policies that reduce long-term out-of-school suspensions and expulsions, imposing in-school asset based interventions. However, there is a worrisome trend of a smaller number of juveniles involved in serious felony offenses, which points to a need to determine what factors, such as family dynamics, school participation, and behavioral health services are impacting the behavior.

Juvenile offenses were listed by the focus group participants as the second most commonly reported concern/issue for Calvert County.

**INDICATOR - Recidivism**

**GOC Definition:** Juvenile and adult re-adjudicated/convicted recidivism rates for youth released from DJS committed programs after 12, 24, and 36 months (<http://goc.maryland.gov/2013recidivism/>).

The juvenile justice community has not reached a consensus on one measure to capture recidivism. Therefore, DJS measures re-entry into both the juvenile and adult systems, and at the stages of re-arrest, reconviction and a new commitment or incarceration. DJS prepares the combined juvenile and/or criminal re-referral/arrest, re-adjudication/conviction and re-commitment/incarceration recidivism rates.

**Re-referral/arrest** refers to any subsequent contact a youth has either in the juvenile or adult system.

**Re-adjudication/conviction** refers to any youth who has a judiciary hearing and is adjudicated delinquent by the juvenile court or is arrested and has a criminal hearing, and is convicted as an adult offender.

**Re-commitment/incarceration** refers to any juvenile with an new offense who is subsequently committed to DJS’s custody for placement, or is incarcerated in the adult system.

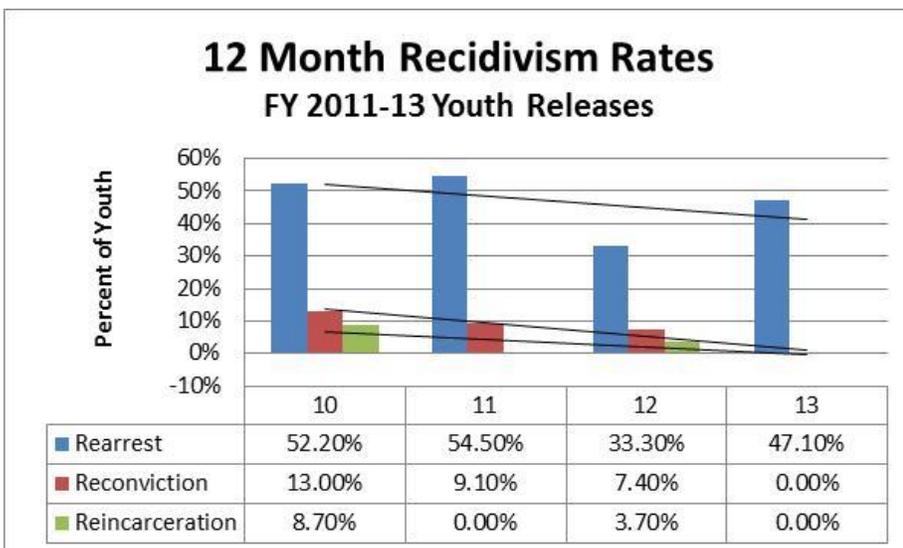
**Why is this important?**

Measuring recidivism is the primary indicator of success for criminal and juvenile justice systems. While other measures of youth development are important, the primary mission of juvenile justice is to reduce delinquency, which is best captured by measuring recidivism.

**Maryland Re-Adjudication/Conviction Recidivism Rates for Committed Program Releases 12, 24, and 36-Month Juvenile and/or Criminal Justice Recidivism Rates**

Follow-Up Period	FY2009	FY2010	FY2011
12 Months	19.2%	19.2%	20.6%
24 Months	34.8%	35.3%	36.1%
36 Months	45.5%	45.5%	46.9%

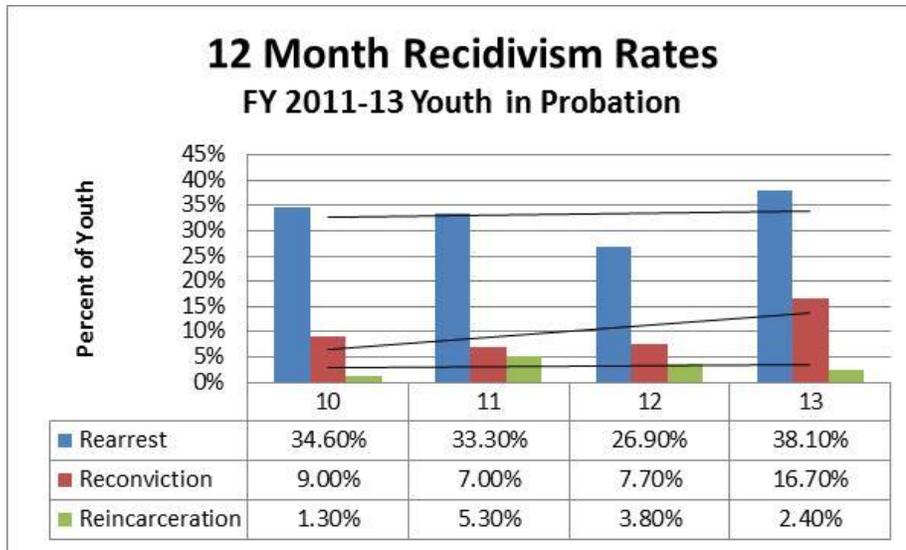
Source: MD DJS, Data Resource Guide: Fiscal Year 2014



**12-Month Juvenile and/or Criminal Justice Recidivism Rates for FY 2011-2013 Releases (Calvert County)**

Source: MD DJS Data Resource Guide, FY 13 and FY 14, Section V:Recidivism Rates, Calvert County, <http://www.djs.state.md.us/data-resource-guides.asp>

**INDICATOR - Recidivism Continued**



**12-Month Juvenile and/or Criminal Justice Recidivism Rates for FY 2011-2013 New Probation Youth (Calvert County)**

*Source: MD DJS Data Resource Guide, FY 13 and FY 14, Section V: Recidivism Rates, Calvert County, <http://www.djs.state.md.us/data-resource-guides.asp>*

**The story behind the data:**

County specific data is currently only available for 12-month recidivism rates, but the statewide data is available for 12, 24, and 36 month recidivism rates. Maryland has seen small increases in the re-adjudication/conviction recidivism rates at 12 months, 24 months, and 36 months. Calvert County has experienced a slight decline in recidivism rates for youth released from a committed program. However, there is an increase of re-arrest and reconviction among new probation youth, which includes youth newly placed on probation or sentenced to in-home supervision.

**INDICATOR - Child Poverty**

**GOC Definition:** The percent of children under age 18 whose family income is equal to or below the federal poverty threshold. (<http://goc.maryland.gov/2013child-poverty/>)

**Why is this important?**

Psychological research has demonstrated that living in poverty has wide ranging negative effects on children’s physical and mental health and wellbeing. Poverty is linked with negative conditions such as substandard housing, homelessness, inadequate nutrition and food insecurity, subpar child care, and lack of access to health care which adversely impact children. Poorer children and teens are at greater risk for negative outcomes such as poor academic achievement, school dropout, abuse and neglect, behavioral and socio-emotional problems, physical health problems, and developmental delays. These effects are compounded by the barriers children and their families encounter when trying to access physical and mental health care.

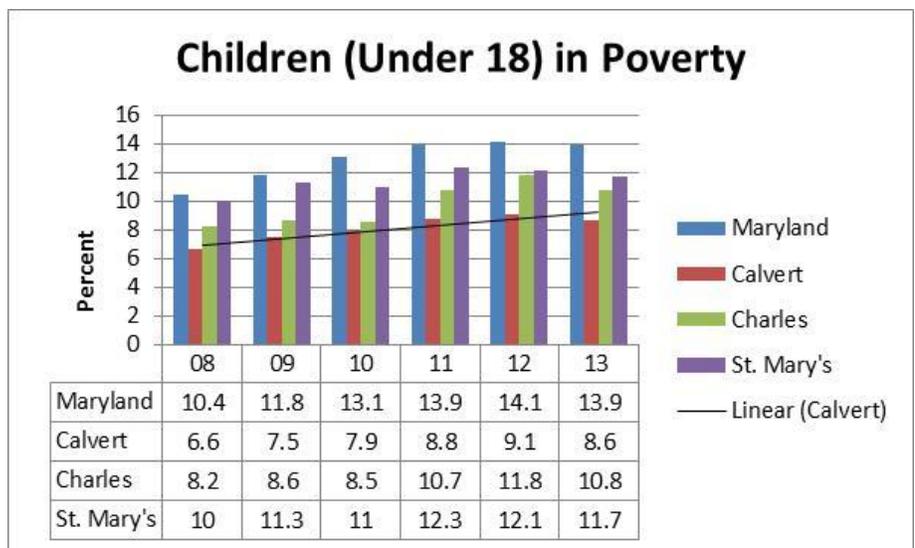
Chronic stress associated with living in poverty has been shown to adversely affect children’s concentration and memory which may impact their ability to learn. Inadequate education contributes to the cycle of poverty by making it more difficult for low-income children to break the cycle of generational poverty.

Children living in poverty are at greater risk of behavioral and emotional problems including impulsiveness, aggression, attention-deficit/hyperactivity disorder (ADHD) and conduct disorder. Emotional problems may include feelings of anxiety, depression, and low self-esteem.

Poverty and economic hardship is particularly difficult for parents who may experience chronic stress, depression, marital distress and exhibit harsher parenting behaviors. These are all linked to poor social and emotional outcomes for children.

Children and teens living in poorer communities are at increased risk for a wide range of physical health problems including, low birth weight, nutritional deficiencies, food insecurity/hunger, obesity, chronic conditions such as asthma, anemia, and pneumonia, risky behaviors such as smoking or early sexual activity, exposure to environmental contaminants, (e.g., lead paint).

Source: American Psychological Association, <http://www.apa.org/pi/families/poverty.aspx>



**Percent of children under age 18 who live in families with incomes below the federal poverty level**

Source: Kids Count Data Center, Annie E. Casey Foundation derived from U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE), <http://datacenter.kidscount.org/data/tables/4460-children-in-poverty?loc=22&loct=2#detailed/5/3304,3308,3318/true/36,868,867,133,38/any/10017,10018>

## **INDICATOR - Child Poverty Continued**

### **The story behind the data:**

Federal poverty measure does not account for cost of living differences from one location to another. Seventeen (17) of twenty-four (24) Maryland's jurisdictions have a higher cost of living than the national average. As a result, Maryland has sought to raise the eligibility threshold for certain benefits, including the Food Supplement Program, where many Maryland families at or below 185% of the federal poverty level are able to receive food assistance. In addition, Maryland expanded Medicaid coverage for a number of populations up to 133% of the poverty level.

Calvert County child poverty rates have traditionally fallen below Maryland state rates and those of the neighboring Southern Maryland jurisdictions. However, Calvert County has seen an increase in the child poverty rate from 6.6% in 2008 to 8.6% in 2013.

Many of the focus group and key informant themes centered on the disparities and disadvantages seen among those living in poverty. Other key indicators, such as health and education, are not prioritized when families are struggling to provide the basic necessities of food, clothing, and shelter. Therefore, kids are not engaged in social, physical, educational, and recreational activities, even when they are free or reduced cost. Other barriers such as affordable transportation or childcare hinder their involvement. Those children often end up isolated and may also be fall behind in school.

## **INDICATOR - Homelessness**

**GOC Definition:** The percentage of children enrolled in the public school system who lack a fixed, regular, and adequate nighttime residence or who are awaiting foster-care placement (<http://goc.maryland.gov/2013homelessness/>).

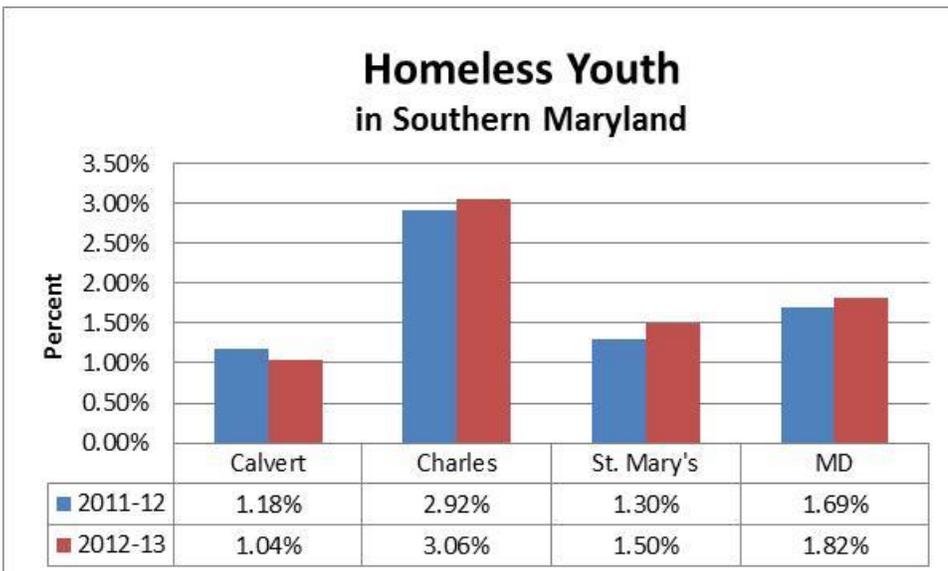
### **Why is this important?**

Homeless children are sick four times as often as middle class children and have high rates of acute and chronic illnesses. In addition, they suffer from emotional or behavioral problems that interfere with learning at almost three times the rate of other children. Homeless children between 6 and 17 years struggle with high rates of mental health problems. For example, 47% (compared to 18% of other school-age children) have problems such as anxiety, depression, or withdrawal, .

Homeless children who are able to attend school have more problems learning in school. Compared with other children, homeless children are:

- Four times as likely to have developmental delays.
- Twice as likely to have learning disabilities.
- Twice as likely to repeat a grade, most often due to frequent absences and moves to new schools (28% of homeless children go to three or more schools in a single year).

**CCG Definition:** the number of services provided to Calvert's homeless by any of the following seven agencies: 1) Project ECHO, 2) Safe Harbor, 3) Department of Social Services (DSS), 4) Southern Maryland Community Network, 5) Hughesville Angel's Watch Shelter, 6) Safe Nights of Calvert County, and 7) Southern Maryland Tri-County Community Action Committee. Dependents = Homeless households with dependent children.



### **Percent of Public School Children Who Are Homeless Out of Total Enrollment on September 30th of Each School Year**

**Source:** Report to GOC from Maryland State Department of Education, Division of Accountability and Assessment (DAA), <http://goc.maryland.gov/2013homelessness/>

## **INDICATOR - Homelessness Continued**

### **The story behind the data:**

For the 2012-2013 school year, a total of 170 children in the Calvert County School system were classified as homeless. This represents 1.04% of the school aged population, which is lower than the state percentage of 1.85% and a reduction from the 1.18% reported for the previous school year.

The Calvert County Public Schools (CCPS) 2015 Student Services State of Department report indicates that 66% of homeless students are doubled up with other families, 19% reside in shelters, 14% live in motels and the remaining 1% are unsheltered.

Affordable housing is a theme that was often discussed in key informant interviews and focus groups. Without affordable housing options, youth must leave the county and seek jobs elsewhere. Calvert County has few affordable housing options, like section 8, for low income families and long wait lists for low-income housing apartment communities. It operates three shelter programs that house children - Project ECHO homeless shelter, Safe Harbor domestic violence shelter and Safe Nights, an emergency shelter program that runs in the winter months. There are other options available in the surrounding counties. According to the 2014 Calvert County Annual Homeless Survey prepared by the Calvert County Government Department of Community Resources, the most recent addresses of households provided with homeless services are in the Prince Frederick, Lusby and Chesapeake and North Beach Communities. These are the same communities whose schools see the highest rate of withdrawals in the CCPS Student Mobility Report.

On the Homeless Survey, heads of households indicated not having money, family eviction, mental illness and substance abuse at the top reasons for becoming homeless. Focus groups discussed the need for additional local funding to address current homelessness and homelessness prevention. One suggestion was that county agencies offer additional programming to help adult crisis cases for homeless prevention such as evictions, utility assistance, etc. This would be similar to the programs offered by the Core Service Agency to help those in the public mental health system.

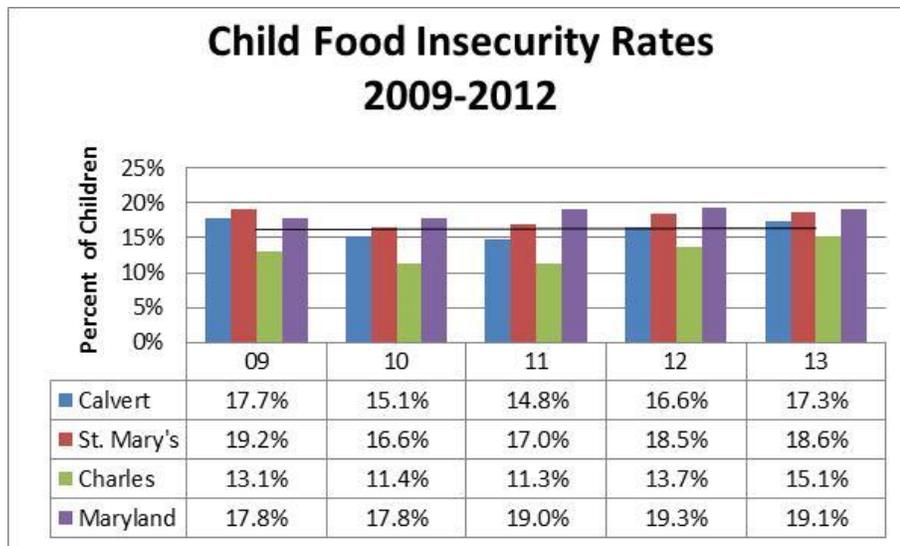
Key informants highlighted the difficulties of tracking the homeless population, as they are often transient and unstable. Even when programs are available, they are limited due to lack of follow-up.

**INDICATOR - Hunger**

**GOC Definition:** The percentage of families who are food insecure. The US Department of Agriculture (USDA) defines food insecurity as a measure of the lack of access, at times, to enough food for an active, healthy life for all household members; limited or uncertain availability of nutritionally adequate foods (<http://goc.maryland.gov/2013hunger/>).

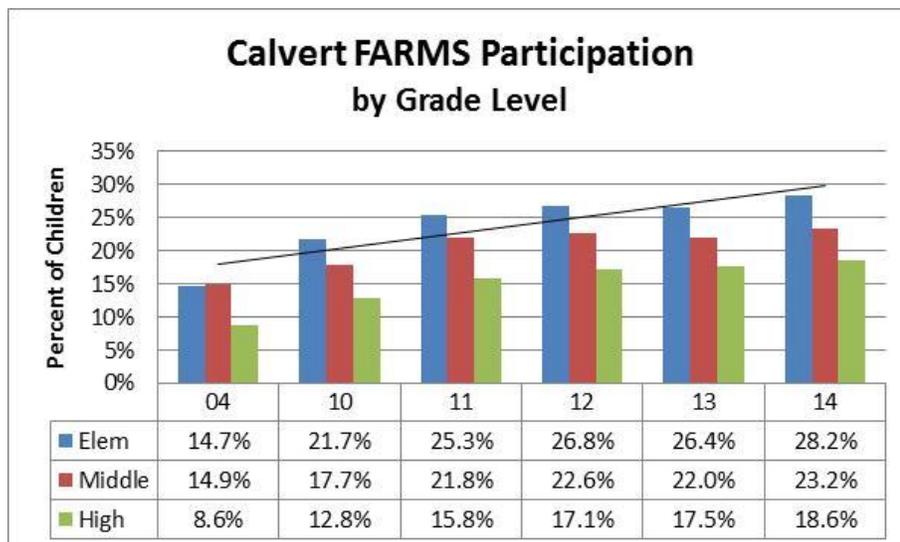
**Why is this important?**

According to the United States Census Bureau’s 2012 Small-Area Income and Poverty Estimate (SAIPE), six Maryland counties (Howard, Montgomery, Charles, Calvert, Anne Arundel, and St. Mary’s Counties) are within the top thirty median incomes in the United States, making Maryland the wealthiest State in the country. There is no Maryland community, however, that is free from the effect of hunger; 13.3% or about 1 in 8 households in Maryland face a constant struggle against hunger. Availability of adequate healthy food is critical to a child’s physical and emotional development as well as their ability to achieve academic success.



**Percent of Food Insecure Children under the Age of 18**

*Source: Feeding America Map the Meal Gap Child Food Insecurity Rates By County, <http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/data-by-county-in-each-state.html>*



**Percent of Children Participating in Free and Reduced Meals (FARMS), by Grade Level**

*Source: MSDE 2014 Maryland Report Card, Calvert Demographics, <http://www.mdreportcard.org/Demographics>*

## **INDICATOR - Hunger Continued**

### **Free and Reduced Price Breakfast Penetration Analysis**

Calvert County experienced low average daily participation in free and reduced price breakfast. The penetration rate for 2015 was only 33.9%, well below the state recommendation of 70%.

County Schools	Mar-14			Mar-15			Breakfast ADP Change	Increase Need to Reach State Goal - 70%
	Breakfast ADP	Lunch ADP	Penetration Rate	Breakfast ADP	Lunch ADP	Penetration Rate		
Calvert	783	2427	32.3%	802	2369	33.9%	19	856
Charles	4487	6783	66.2%	4993	6947	71.9%	506	N/A
St. Mary's	2547	4142	61.5%	2726	4165	65.5%	179	190

Note: ADP refers to Average Daily Participation

*Source: Partnership to End Childhood Hunger Monthly Reports (June 2015 and July 2014)*

### **Free and Reduced Price Afterschool Meal Penetration Analysis**

Calvert County does not provide afterschool meals for free and reduced price meal participants. The only county in Southern Maryland who is participating in this program is Charles County.

County Schools	Free/Reduced Rate 2014-15	ADP Lunch	ADP Afterschool	Penetration Rate Afterschool
Calvert	23.7%	2306	0	0.0%
Charles	35.2%	6749	863	12.8%
St. Mary's	32.7%	4130	0	0.0%

Note: ADP refers to Average Daily Participation

*Source: Partnership to End Childhood Hunger Monthly Reports (June 2015 and July 2014)*

### **Free and Reduced Price Summer Meal Penetration Analysis**

For 2014, all Southern Maryland counties, including Calvert County, had a summer meal penetration rate of 7%. The average daily participation in Calvert County was 163 participants. Summer meals are offered at 4 sites throughout Calvert County. A total of 3458 meals were served during the summer with an average daily participation of 163 participants.

County Schools	Free/Reduced Rate 2014-15	ADP Lunch	ADP Summer	Penetration Rate Summer
Calvert	23.7%	2306	163	7.0%
Charles	35.2%	6749	521	7.0%
St. Mary's	32.7%	4130	303	7.0%

Note: ADP refers to Average Daily Participation

*Source: Partnership to End Childhood Hunger Monthly Reports (June 2015)*

## **INDICATOR - Hunger Continued**

### **The story behind the data:**

The Calvert County food insecurity rates have remained consistent from 2009 to 2012 with some variation on a yearly basis.

Calvert County free and reduced priced meal participation has increased steadily each year for elementary, middle, and high school students. The biggest increase was among the high school students where the percentage enrolled in free and reduced price meals increased from 8 to 18%.

However, participation in free and reduced price breakfast is under-utilized with only 1/3 of eligible students participating in the program. At this time, Calvert County does not offer an after-school meal program. The summer meal program is successful with 4 different sites and an average daily participation of 163 youth.

Focus group participants discussed the need for additional programming such as an after-school meal program where children take the meal home in a backpack. This model is currently being used in select Southern Maryland Title 1 schools.

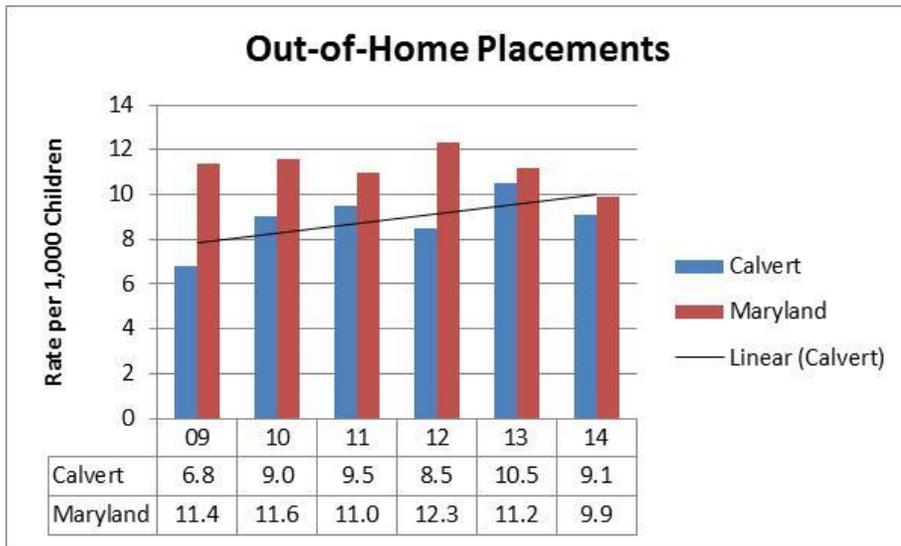
Key informant interviewees expressed the need for a community where children are safe and healthy, free from hunger and homelessness. Calvert County has some good examples of successful programs to address hunger such as Farming 4 Hunger and Heart Felt backpack program. Focus group participants would like to have more programs like this in the county.

**INDICATOR - Out-of-Home Placement**

**GOC Definition:** The number of out-of-home placements that occur per 1,000 children in the population.

**Why is this important?**

Out-of-Home (OOH) placement includes children who are in the care and custody of the State, including a Child In Need of Assistance (CINA), a Child In Need of Supervision (CINS), delinquent children, or a child placed voluntarily in the care of the state by their parents to receive necessary treatment. OOH placements are necessary to ensure the stability of a child or youth. However, the focus statewide and nationally is on a more community-based and family-centered approach to helping children, with family preservation and reunification as an important goal.



**Number of New Out-of-Home Placements (from birth to 19) per 1000 children in the population**

*Source: State of Maryland Out of Home Placement and Family Preservation Resource Plan: Fiscal Year 2014, Out-of-Home Placement-Rate of Entry, <http://goc.maryland.gov/2013out-of-home-placement/>*

**The story behind the data:**

Calvert County has seen an increase in the rate of OOH placements from 2009 to 2014, although actual numbers are likely low compared to other jurisdictions. The 2014 Calvert County out-of-home placement rate was 9.1 per 1000 children. This is similar to the Maryland state average rate of 9.9 per 1000 children, however Maryland and many other jurisdictions statewide have seen a decline in placements.

The increases in Calvert’s OOH placements may indicate a lack of available community services. Key informants cited the lack of in-home services and community supports available to low- and middle-income families with private insurance. One interviewer stated this trend often leads to increases in hospitalization, prescriptions and a higher level of care.

## **Conclusions:**

*Governor's Office on Children Indicators where Calvert County is doing well:*

- Teen birth rate: Decreased on county level
- Child deaths have remained steady
- Children with health insurance: Percent has remained fairly steady, only small decreases seen
- Vaccination Coverage: High rates among children entering kindergarten
- Infant Mortality: small number of infant deaths each year in county
- Calvert County Public Schools Test Scores for HSA, MSA, and Alt-MSA. High levels of students who are testing at advanced or proficient levels
- Graduation Rates: High graduation rates seen on county level
- Drop Out Rates: Low rates of drop out among 9-12 graders
- School Readiness: Similar to state levels, rates similar by race in county
- Truancy Rates: County rate much lower than state
- Disconnected Youth: County percentage below the state and national percentages, ranks 21st for % of young population who are disconnected
- Post graduation plans: High percentage of students seeking post secondary education
- Child Maltreatment: Similar to state average rates, only small increases seen on a county level
- Juvenile Violent Crimes (felonies): Decreases have been seen on county level.
- Bullying: Percent of kids reporting bullying is decreasing on a county level. Electronic bullying has remained steady. Calvert County Public Schools has demonstrated a strong commitment to addressing issues related to bullying.

## **Conclusions:**

*Governor's Office on Children Indicators where Calvert County is experiencing increases in rates, disparities in comparison to state and national rates, or disparities in terms of race or ethnicity:*

- Child Poverty: County rates have increased from 6.6% to 8.6%
- Suicide: Calvert County suicide rate is much higher than state average rate.
- Psychiatric hospitalizations: Number of hospitalizations higher than surrounding Southern Maryland counties
- Low Birth Weight Babies/Access to Prenatal Care in 1st Trimester: Racial disparities exist for the African American and Hispanic populations
- Childhood Obesity: Percent of children who are obese is increasing. Disparities exist for minority populations
- Juvenile Alcohol and Drug Related Offenses: Rates have increased and are higher than state rates.
- Substance Use: High lifetime usage of alcohol, marijuana, and prescription drugs.
- Out-of-home placement: Rate has increased on county level.
- Hunger: Use participation in summer meal program. County increases In Free and Reduced Price Meal Participants for elementary, middle, and high school students.
- Educational Attainment: Percent of young population in county with a bachelor's degree or higher is much lower than state percentage.

## Conclusions:

During the focus groups and key interviews, participants discussed the reasons behind some of these disparities and negative or declining outcome measures. The same key themes were reiterated throughout the data collection process. Those factors that the community believes to be impacting the health and well-being of children in Calvert County include:

- **Lack of infrastructure to support population:** Participants discussed the social determinants and barriers that prevent children and youth from accessing the health care and social services needed to grow up to be healthy and successful adults. Some of the determinants cited include transportation, accessible community centers, and specialty physicians. Due to the smaller size of the county, some of these needed resources are not available locally.
- **Lack of acknowledgement of the struggles of people in severe need** (homelessness, poverty, substance use): The political climate appears to be more focused on economic growth. Issues surrounding those with homelessness, poverty, and behavioral health impact all aspects of a person's life and ability to provide for their family or self.
- **Stress/isolation in a community with a high cost of living and high commuter population:** This impacts the entire family and a child's ability to learn and be a part of recreational, educational, and social activities. Limited time, access to transportation, and expense all play a factor in a child's participation in available programming. High costs of living and limited access to livable wages within the county lead to youth moving out of the county and region.

# CALVERT COUNTY FAMILY NETWORK FY16 NEEDS ASSESSMENT EXECUTIVE SUMMARY



The Calvert County Family Network (CCFN) serves as the local management board for Calvert County. Local Management Boards (LMB) are encouraged to conduct reviews of local data and trends as they relate to Maryland’s Results for Children and Families and their corresponding indicators. CCFN then uses this data to identify priority result areas for targeted focus within their jurisdiction and primary indicators that will be used to measure results for each priority indicator selected.

The Governor’s Office for Children recommends that each LMB complete a community needs assessment every three (3) years prior to developing or updating their strategic plan. This effort shall include a review of data and trends as they relate to the eight child-well being Result Areas in Maryland. The Governor’s Office for Children recommends that the LMBs follow the Results Based Accountability (RBA) format in the needs assessment and strategic planning process.

In 2015, the CCFN Board conducted a needs assessment for children, youth, and families. Qualitative data on the Governor’s Office for Children’s indicators was examined from secondary sources such as vital statistics. Data indicators were presented under the following 8 child-well being Result Areas: babies born healthy; healthy children; children entering school ready to learn; children are successful at school; youth will complete school; youth have opportunities for employment or career readiness; communities are safe for children, youth, and families; and families are safe and economically stable. Additionally, qualitative data was collected from 13 key informant interviews and 6 community focus groups. Parents, youth, key leaders, and community stakeholders were engaged in this process.

Local county-level data was presented for each indicator with an examination of how that data compared to regional, state, and national averages. Any data highlighting disparities due to factors, such as race, ethnicity, or age, were also discussed for each indicator.

After a thorough assessment of the data, those indicators with clear disparities and negative or declining outcome measures were identified. The Governor's Office on Children Indicators where Calvert County is experiencing increases in rates, disparities in comparison to state and national rates, or disparities in terms of race or ethnicity include:

- **Child Poverty:** County rates have increased from 6.6% to 8.6% from 2008 to 2013.
- **Suicide:** Calvert County suicide rate (14.7 per 100,000) is much higher than state average rate (9.0).
- **Psychiatric hospitalizations:** In 2013, the number of psychiatric hospitalizations in Calvert County was 70, compared to 40 for Charles County and 47 for St Mary's County.
- **Low Birth Weight Babies/Access to Prenatal Care in 1st Trimester:** Racial disparities exist for the African American and Hispanic populations in Calvert County. 15.4% of Calvert County African American babies were born before 37 gestation compared to 6.8% of Calvert County Caucasian babies. The lowest percentages of prenatal care in the first trimester were among the Calvert County African Americans (62.5%) and Calvert County Hispanics (64.4%).
- **Childhood Obesity:** Disparities exist by race for obesity. The percentage of Calvert County African American high schools students who are obese was 17.5%. This percentage was significantly higher than 9.1% among Calvert County Hispanics and 9.4% for Calvert County Caucasians.
- **Juvenile Alcohol and Drug Related Offenses:** The 2013 Calvert County Juvenile Alcohol Offense rate was 8.5 per 1000 population. This rate was more than double the state average rate of 3.2 per 1000 population. The 2013 Calvert County Narcotic Offense rate was 25.6 per 1000 population. This is a dramatic increase from 14.3 reported in 2007. The 2013 rate is also higher than the state average rate of 14.9 per 1000 population.
- **Substance Use:** The most commonly used substance among Calvert County high school students was alcohol. 65.2% of Calvert County high school students have had at least one alcoholic drink in their life. The second most commonly used substance reported was marijuana (36.7%). The reported use of prescription drug among high school students was 16.7%. The percentage increased to 24.1% among students 18 years of age and older. This percentage is greater than the Maryland state average percentage of 20.3% for this age group.
- **Out of Home Placement Rate:** Calvert County has seen an increase from 6.8 to 9.1 per 1000 children in the rate of OOH placements from 2009 to 2014, although actual numbers are likely low compared to other jurisdictions. The 2014 Calvert County out-of-home placement rate was 9.1 per 1000 children. This is similar to the Maryland state average rate of 9.9 per 1000 children, however Maryland and many other jurisdictions statewide have seen a decline in placements.
- **Hunger:** Calvert County free and reduced priced meal participation has increased steadily each year for elementary, middle, and high school students. The biggest increase was among the high school students where the percentage enrolled in free and reduced price meals increased by 10% from 8% to 18%.
- **Educational Attainment:** 7.5% of young adults aged 18-24 years reported a bachelor's degree or higher, which is approximately 5% below Maryland's average percentage. Females were more likely to report some college/bachelors degree than men.

During the qualitative data collection, key informant interviewees and focus group participants discussed the reasons behind some of these disparities and negative or declining outcome measures. The same key themes were reiterated throughout the data collection process. Those factors that the community believes to be impacting the health and well-being of children in Calvert County include:

- **Lack of infrastructure to support population:** Participants discussed the social determinants and barriers that prevent children and youth from accessing the health care and social services needed to grow up to be healthy and successful adults. Some of the determinants cited include transportation, accessible community centers, and specialty physicians. Due to the smaller size of the county, some of these needed resources are not available locally.
- **Lack of acknowledgement of the struggles of people in severe need** (homelessness, poverty, substance use). The focus is more on economic growth. Issues surrounding those with homelessness, poverty, and behavioral health impact all aspects of a person's live and ability to provide for their family or self.
- **Stress/Isolation in a community with high cost of living, high commuter population, etc.** This impacts the entire family and a child's ability to learn and be a part of recreational, educational, and social activities. Limited time, access to transportation, and expense all play a factor in a child's participation in available programming. High costs of living and limited access to livable wages within the county lead to youth moving out of the county and region.

**With the guidance and expertise of epidemiologist Amber Starn and CCFN Strategic Planning Committee, the Board prioritized areas for targeted focus from FY 2017 through FY 2019. Board members used the Multi-Voting Technique to ensure objective selection of priorities. After multiple rounds of voting, the list was narrowed down to the following prioritization of results and indicators:**

## **Result: Healthy Children**

**Indicators:**

**Suicide**

**Substance Use**

## **Result: Families are Safe and Economically Stable**

**Indicators:**

**Hunger**