



2020 NEEDS ASSESSMENT

Calvert County Results for Child Well-Being

Prepared by the Calvert County Family Network



2020 Needs Assessment:
Calvert County Results for Child Well-Being

Completed October 2020

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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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Citizen

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LOCAL MANAGEMENT BOARDS IN MARYLAND

Legislation to create Local Management Boards (LMBs) was enacted in 1990 and renewed in 2006 (Human Services Article §8-301-305). This legislation created a partnership between state and local jurisdictions with the goal of improving service delivery to children, youth and families. LMBs receive funding and oversight from the Children’s Cabinet through the Governor’s Office of Crime Prevention, Youth, and Victim Services (The Office) 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 coordinated, locally driven and high quality services.

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 related to promoting 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, 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 across community sectors.



RESULTS BASED ACCOUNTABILITY FRAMEWORK

The Office 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 and updating a strategic plan. The Office recommends that the LMBs use the Results Based Accountability (RBA) framework 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 with data that is 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** – the organizations/agencies that could most effectively collaborate to make a positive impact.
5. **Identify Strategies** – that have the potential to improve ("turn the curve on") the primary indicators.
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 the community's values?
 - Reach – is the strategy sustainable? Is it feasible and affordable?
7. **Identify Funding** – for the prioritized strategies, with a focus on sustainability.

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 three to five steps that should be taken to implement the strategies within a one to five-year timeframe with information on estimated cost for each action step. It is important to identify "no cost" or "low cost" action steps and to brainstorm ways to share existing resources, build relationships and employ 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

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 Economically Stable



RESULTS & INDICATORS

Babies Born Healthy

Page No.

- 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).
- 17 **Early Prenatal Care:** The percent of women with prenatal care in the first trimester.
- 19 **Preterm Births:** Percent of preterm births (<37 weeks).

Healthy Children

- 21 **Child Deaths:** The rate of deaths to children ages 0-21 per 100,000 in the age-specific population.
- 23 **Depressive Episode:** Percent of public school students (grades 9-12) reporting depressive episode.
- 24 **Health Insurance Coverage:** The percent of children who have health insurance coverage.
- 25 **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).
- 31 **Immunizations:** The percent of children ages 19 through 35 months who have received the full schedule of recommended immunizations.
- 32 **Obesity:** The percent of Maryland public school students in grades 9-12 who are overweight or obese.
- 34 **Physical Activity:** Percent of public school students in grades 6-8 and grades 9-12 reporting physical activity for 60 minutes in last 7 days.
- 35 **Substance Use:** The percent of Maryland public school students in grades 9-12 who have ever had a drink of alcohol.

RESULTS & INDICATORS (CONTINUED)

Children Enter School Ready to Learn

Page No.

- 40 **Kindergarten Readiness:** Percent of composite scores for Maryland kindergarten students based on their readiness in the domains of the Maryland Kindergarten Assessment.

Children are Successful in School

- 42 **Academic Performance:** The average percent of public school students in grades 3-8 performing at or above proficient levels in reading and mathematics on the Partnership for Assessment of Readiness for College and Careers.
- 44 **Bullying and Harassment:** Total number of bullying, intimidation, or harassment incidents reported by academic year.
- 46 **Tuancy:** The percent of students in all grades (public schools) absent more than 20 days of the school year.

Youth will Complete School

- 48 **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.
- 50 **High School Program 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.
- 52 **High School Dropout:** The percent of public school students in 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.
- 54 **Program Completion of Students With Disabilities:** The percent of students with disabilities, age 14 through 21, who graduate or complete school.

Youth have Opportunities for Employment or Career Readiness

- 56 **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

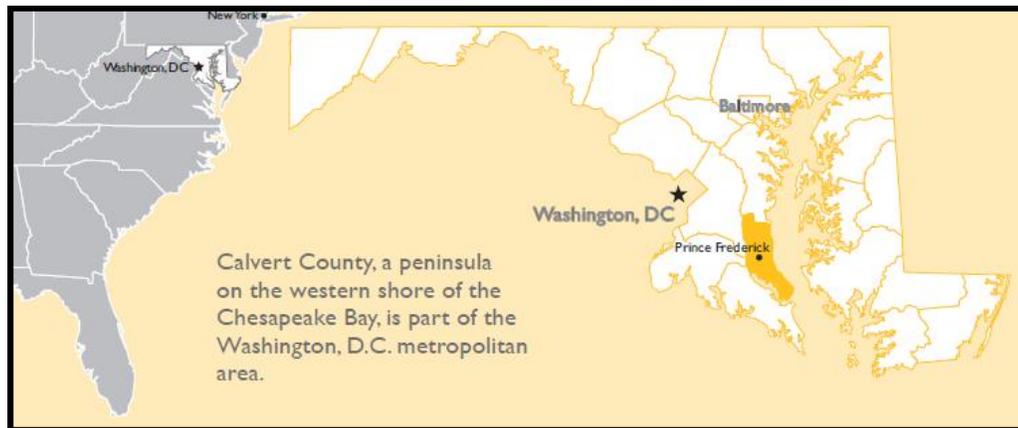
Page No.

- 58 **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.
- 61 **Crime:** The number of violent crimes that are committed per 1,000 persons.
- 62 **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.
- 64 **Juvenile Recidivism:** The 12, 24 and 36-month recidivism rates for juvenile and/or criminal justice.
- 66 **Out-of-Home Placement:** The number of out-of-home placements that occur per 1,000 children in the population.

Families Economically Stable

- 68 **Child Poverty:** The percent of children under age 18 whose family income is equal to or below the federal poverty threshold.
- 69 **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.
- 71 **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.

CALVERT COUNTY DEMOGRAPHICS



Calvert County, a peninsula located on the western shore of the Chesapeake Bay, is part of the Washington, D.C. metropolitan area. At only 213 square miles, Calvert is Maryland's smallest county. The United States Census Bureau 2019 population estimate is 92,633.

According to the 2019 Maryland Report Card, there were a total of 15,936 students enrolled in Calvert County Schools for the 2018-2019 school year. Calvert is a young population with the majority of its citizens between the ages of 25-54 years. The median age is 40.8. Gender breakdown is approximately half male and half female. The majority of the Calvert's population is Caucasian (81.3%). Minorities make up 18.7% of the population. African Americans are the largest minority, accounting for 13.1% of the population.

RESULT: BABIES BORN HEALTHY

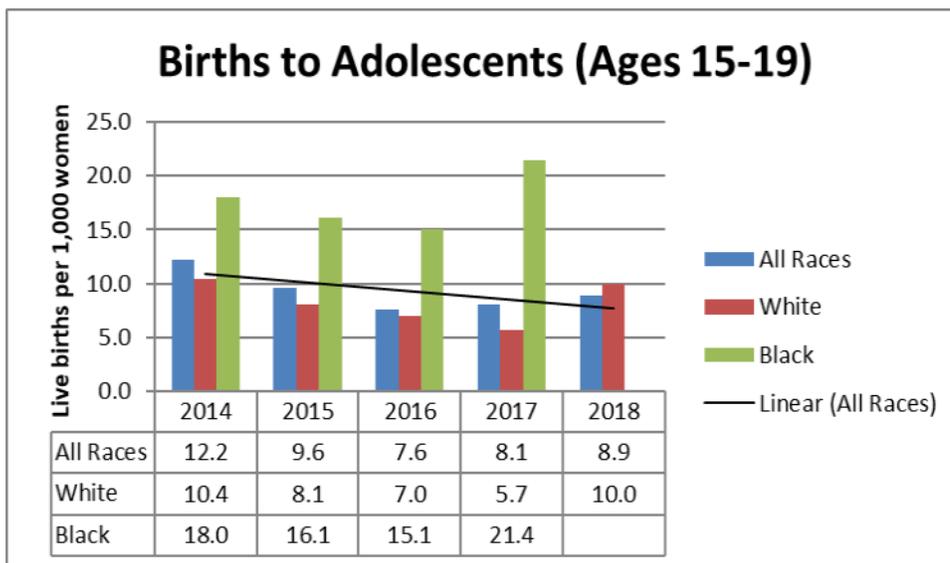
INDICATORS: BIRTHS TO ADOLESCENTS, INFANT MORTALITY, LOW BIRTH WEIGHT, EARLY PRENATAL CARE, PRETERM BIRTHS

INDICATOR - Births to Adolescents

Definition: The rate of births to adolescent females ages 15 through 19 years per 1,000 in the age-specific population. (<https://embed.resultsscorecard.com/Indicator/Embed/42661>)

Why is this important?

Pregnancy and delivery can be harmful to teenagers' health, as well as their social-emotional 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. 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 2014-2018

Source: Maryland Department of Vital Statistics, Annual Reports, 2014-2018, Table 11G, "General Fertility Rates and Birth Rates by Age of Mother, Race of Mother, Region, and Political Subdivision, Maryland, <https://health.maryland.gov/vsa/Documents/2018Annual.pdf>

No Data = less than 5 reported cases

The story behind the data:

The overall county birth rate for teen mothers (aged 15-19 years) have steadily decreased since 2009. The 2014, the teen birth rate was 12.2 per 1,000 women compared to 8.9 per 1,000 women in 2018.

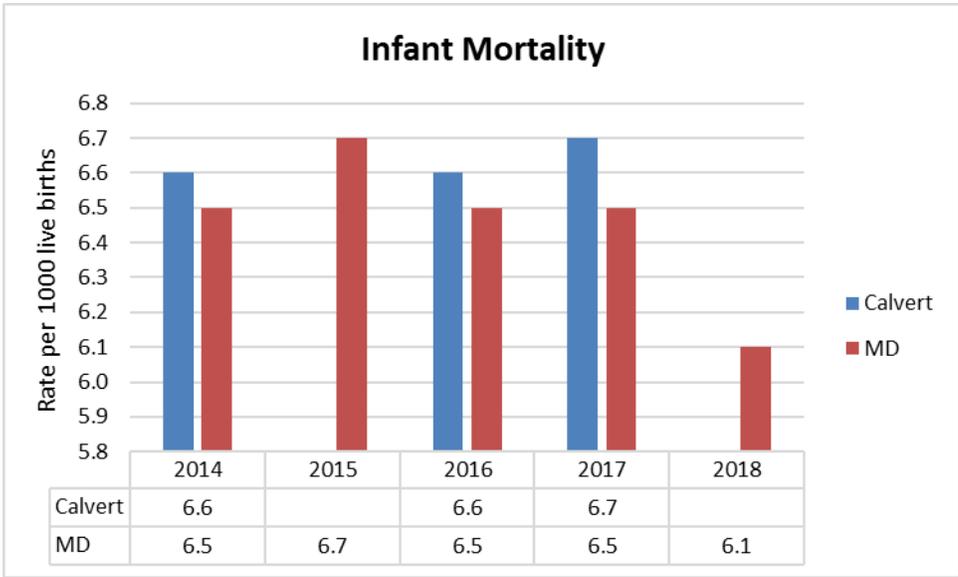
In Calvert County, racial disparities are evident among teen births. With the exception of 2018, the birth rate for Black teens is higher than for white teens. This disparity is most notable in 2017. The birth rate for Black teens was more than four times higher than the rate for white teens. With 2018 as an outlier, the teen birth rate for whites nearly doubled from 5.7 in 2017 to 10. In the same year, there were less than five births to Black teens—below the threshold considered statistically significant.

INDICATOR - Infant Mortality

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. (<https://goc.maryland.gov/infant-mortality/>)

Why is this important?

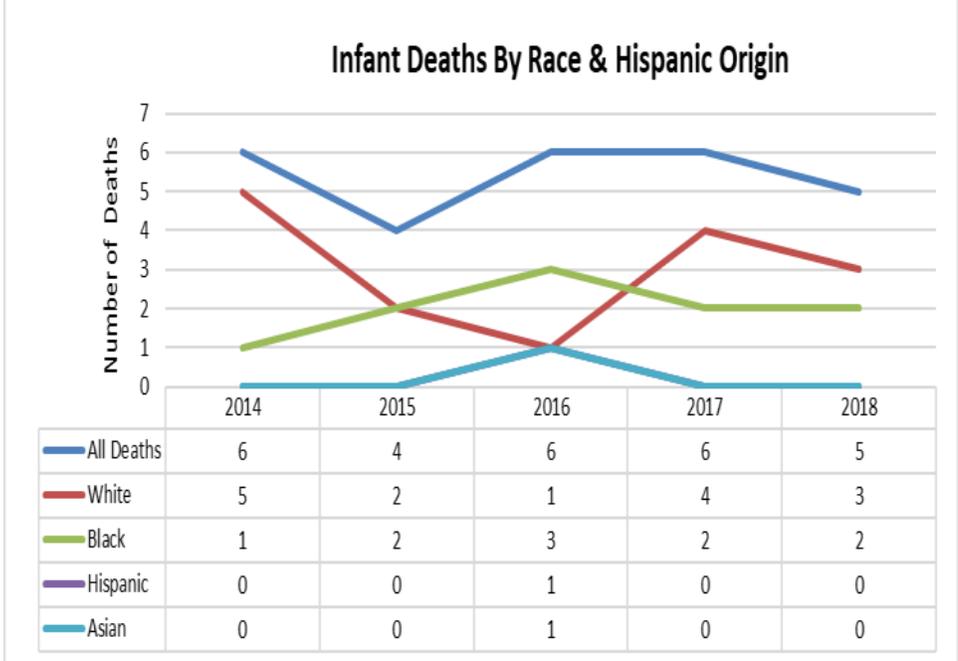
Infant mortality rate is an indication of the quality and accessibility of prenatal and childbirth care. The infant mortality rate is a critical indicator in the overall health and welfare of a community. The leading causes of death among infants are birth defects, preterm delivery, low birth weight,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



Rate of Infant Deaths per 1000 births from 2014 to 2018

Source: Maryland Department of Vital Statistics, Annual Reports, 2014-2018, Table 33, <https://health.maryland.gov/vsa/Documents/2018Annual.pdf>

No Data = less than 5 reported cases



Number of Infant Deaths by Race, Hispanic Origin from 2013 to 2018

Source: Maryland Department of Vital Statistics, Annual Reports, 2013-2018, Table 33, <https://health.maryland.gov/vsa/Documents/2018Annual.pdf>

INDICATOR - Infant Mortality, continued

The story behind the data:

An infant mortality rate could not be calculated for Calvert County in 2018 due to the low case count. To calculate a rate per 1000 live births, there must be at least 5 cases. In 2018, there were 4 infant deaths. Because the total number of infant deaths in Calvert County is so small, a couple of cases can cause a large spike in rates on a yearly basis.

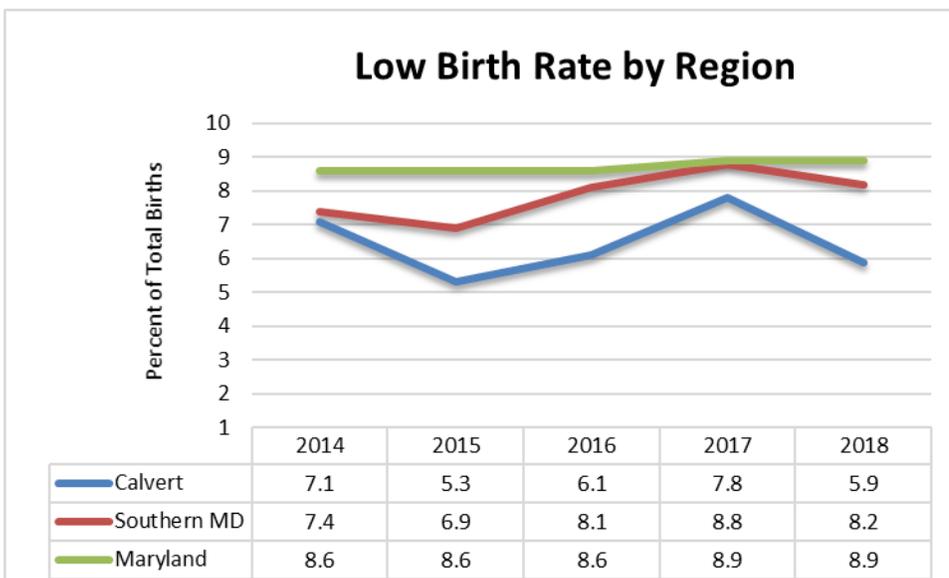
Inadequate prenatal care services have been linked to higher rates of infant mortality, low birth weights and preterm deliveries. Calvert County's low number of infant deaths may be due to the high percentage of women who receive prenatal care in the first trimester.

INDICATOR - Low Birth Weight

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) is 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. (<https://goc.maryland.gov/low-birth-weight/>)

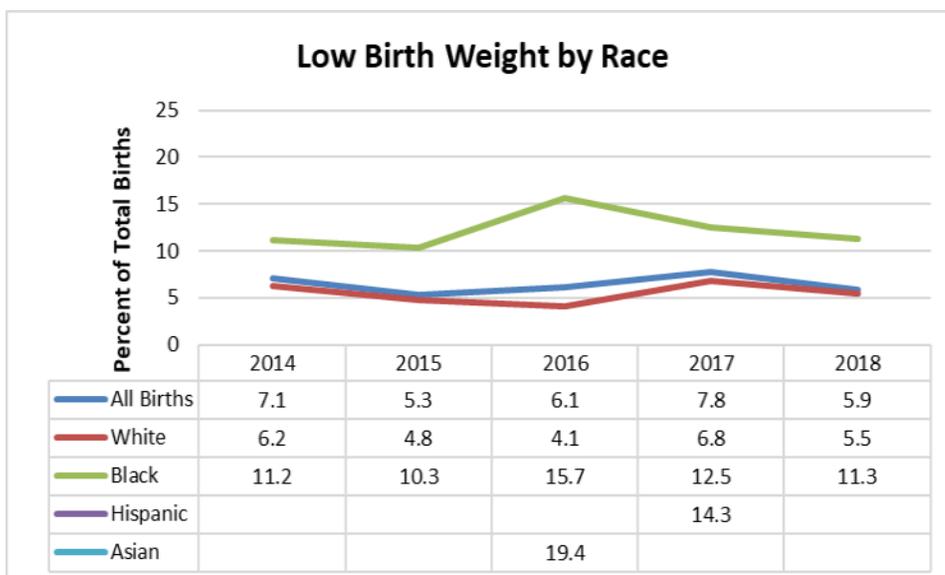
Why is this important?

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, access to early prenatal healthcare, and genetics.



Percent of Low Birth Weight from 2014 to 2018

Source: Maryland Department of Vital Statistics, Annual Reports, 2014-2018, Table 21A.
<https://health.maryland.gov/vsa/Pages/reports.aspx>



Percent of Low Birth Weight in Select Racial Groups from 2014 to 2018

Source: Maryland Department of Vital Statistics, Annual Reports, 2014-2018, Table 21B.
<https://health.maryland.gov/vsa/Pages/reports.aspx>

Note: No data = less than 5 cases

INDICATOR - Low Birth Weight, continued

The story behind the data:

In 2018, 5.9% of babies born to mothers in Calvert County had a low birth weight. The Maryland state average is 8.9% and the national average is 8.3%. Percentages for Calvert County have fluctuated each year since 2006 with an all-time low of 5.3% in 2015. The fluctuation is due to small case counts on an annual basis.

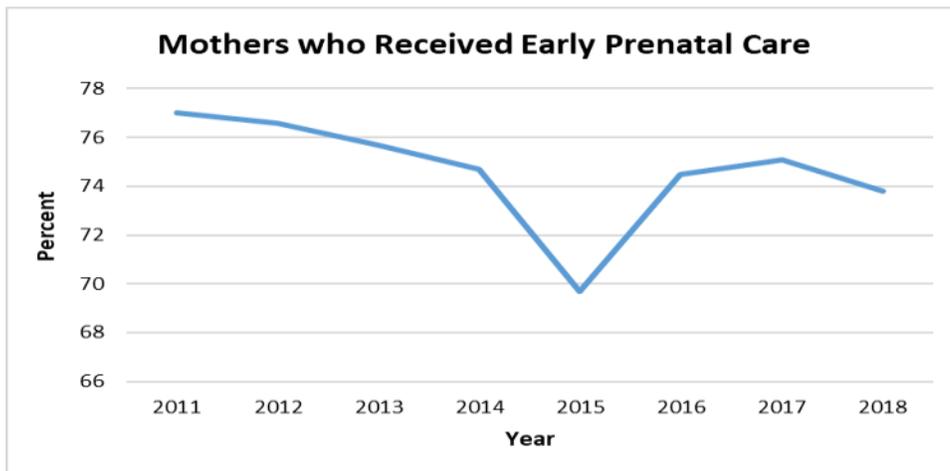
Racial disparities are evident for babies with low birth weight. In 2018, 11.3% of Black babies were born with a low birth weight, compared to 5.5% of white babies.

INDICATOR - Early Prenatal Care

Definition: The percent of all births and births in selected racial groups with prenatal care beginning in the first trimester.

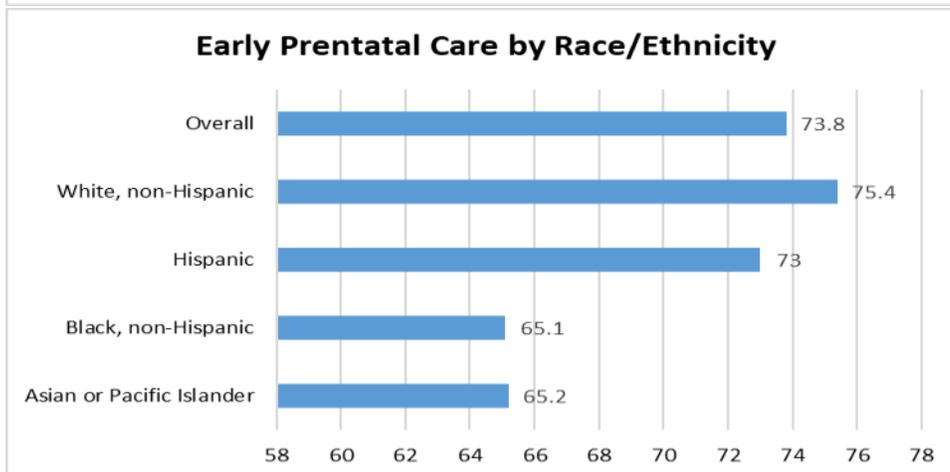
Why is this important?

Prenatal care is the foundation of a healthy pregnancy, labor and delivery. Prenatal care can help prevent complications and inform women about important steps they can take to protect their infant and ensure a healthy pregnancy. Inadequate prenatal care services have been linked to higher rates of infant mortality, low birth weights and preterm deliveries.



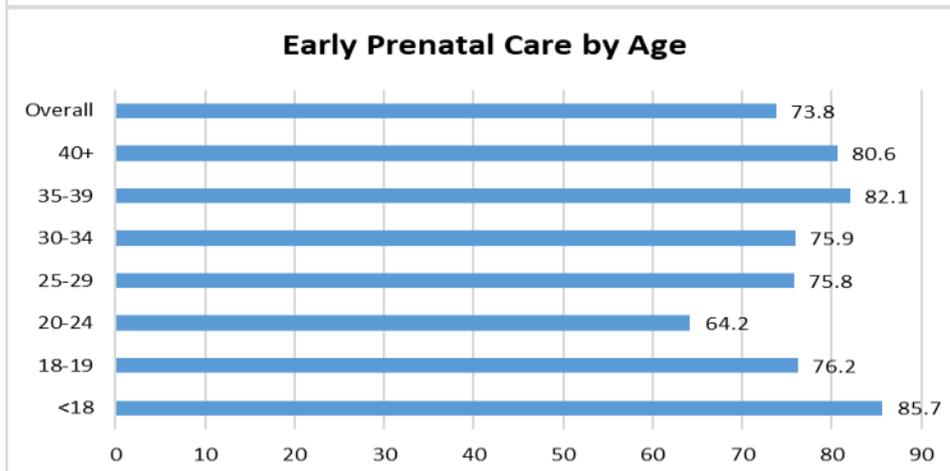
Percent of Mothers who Received Early Prenatal Care from 2011 to 2018

Source: Maryland Department of Vital Statistics, Annual Reports, 2011-2018, <https://health.maryland.gov/vsa/Pages/reports.aspx>



Percent of Mothers who Received Early Prenatal Care by Race/Ethnicity, 2018

Source: Maryland Department of Vital Statistics, Annual Reports, 2018, <https://health.maryland.gov/vsa/Pages/reports.aspx>



Percent of Mothers who Received Early Prenatal Care by Age, 2018

Source: Maryland Department of Vital Statistics, Annual Reports, 2018, <https://health.maryland.gov/vsa/Pages/reports.aspx>

INDICATOR - Early Prenatal Care, continued

The story behind the data:

In 2015, the percent of women in Calvert County receiving early prenatal care reached a 5-year low of 69.7%. Since that time, the percent has increased to 73.8% in 2018. Calvert County's Healthy People 2020 target for this indicator is 77.9%. The 2018 Maryland value for the percent of women receiving early prenatal care was 66.7%.

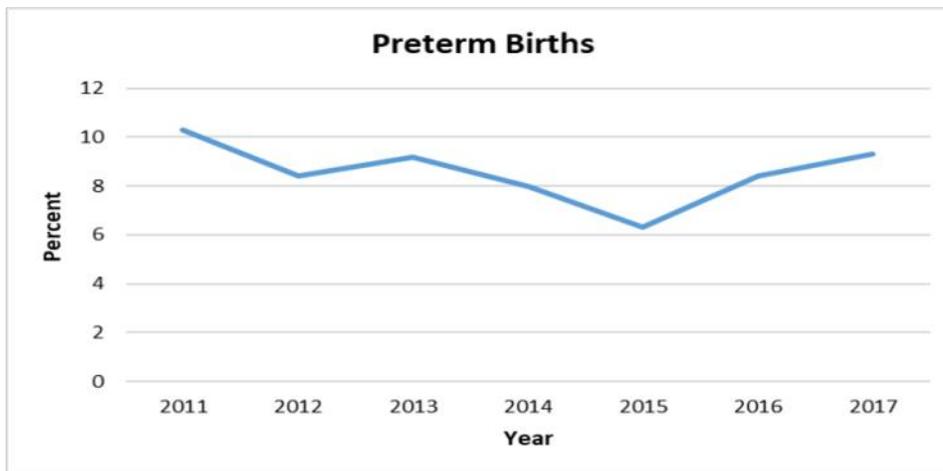
Racial and ethnic disparities exist among mothers who receive early prenatal care. In 2018, Asian or Pacific Islander (65.2%) and Black (65.1%) mothers were less likely to receive early prenatal care than Hispanic (73%) and White, non-Hispanic (75.4%) mothers. Women ages 35-39 (82.1%) are most likely to receive early prenatal care compared to 20-24 (64.2%) who were least likely to receive early prenatal care. Of adolescents less than 18 years of age, 85.7% received early prenatal care, the highest percent of care among all age groups.

INDICATOR - Preterm Births

Definition: The percent of all births and births in selected racial groups born prior to 37 weeks gestation.

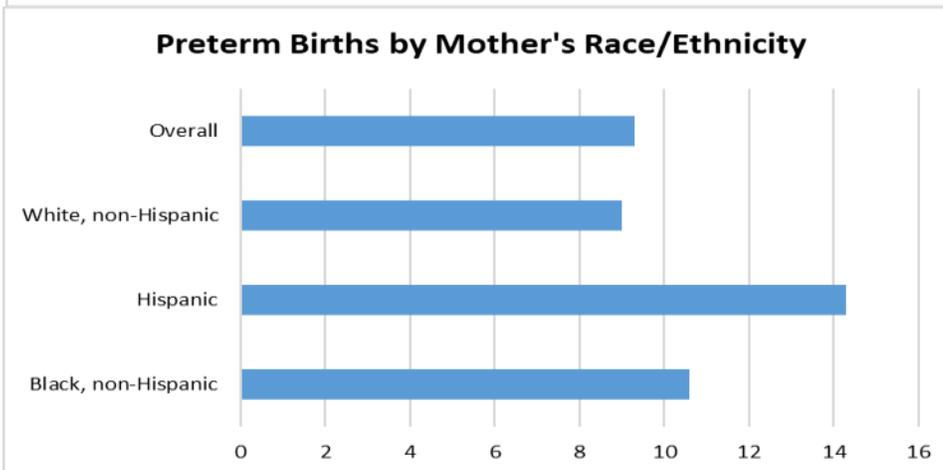
Why is this important?

A developing baby goes through important growth throughout pregnancy, including in the final months and weeks. Premature babies are more likely to have chronic health issues—some of which may require hospital care—than full-term infants.



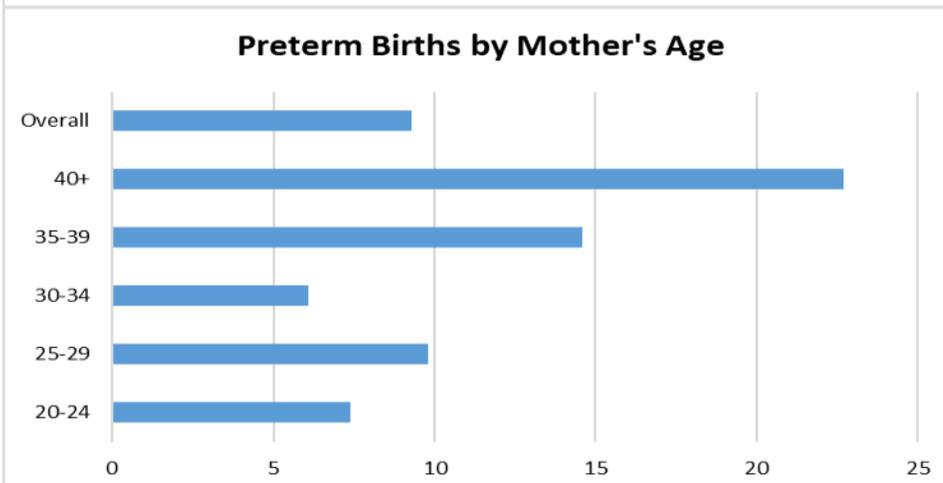
Percent of Mothers who Received Early Prenatal Care from 2011 to 2018

Source: Maryland Department of Vital Statistics, Annual Reports, 2011-2018, <https://health.maryland.gov/vsa/Pages/reports.aspx>



Percent of Mothers who Received Early Prenatal Care by Race/Ethnicity, 2018

Source: Maryland Department of Vital Statistics, Annual Reports, 2018, <https://health.maryland.gov/vsa/Pages/reports.aspx>



Percent of Mothers who Received Early Prenatal Care by Age, 2018

Source: Maryland Department of Vital Statistics, Annual Reports, 2018, <https://health.maryland.gov/vsa/Pages/reports.aspx>

INDICATOR - Preterm Births, continued

The story behind the data:

In 2015, the percent of preterm births in Calvert County reached a 5-year low of 6.3%. Since that time, the percent has increased to 9.3% in 2017. Calvert County's Healthy People 2020 target for this indicator is 9.4%. The 2017 Maryland value for the percent of preterm births is 10.5%

There are racial and ethnic disparities for mother's experiencing preterm births. Among Hispanic mothers in 2017, 14.3% of births were premature compared to 10.6% of births for Black mothers and 9% of births for white mothers.

Among women aged 40 and above, 22.7% of babies born were premature, compared to 6.1% of babies born to mothers ages 30-34.

Low birth weight babies are often the result of preterm deliveries. Babies born prematurely are likely to require specialized medical care, and often must stay in intensive care nurseries. The most important things an expectant mother can do to prevent prematurity and low birth weight are to take prenatal vitamins, stop smoking, stop drinking alcohol and using drugs and get prenatal care.

RESULT: HEALTHY CHILDREN

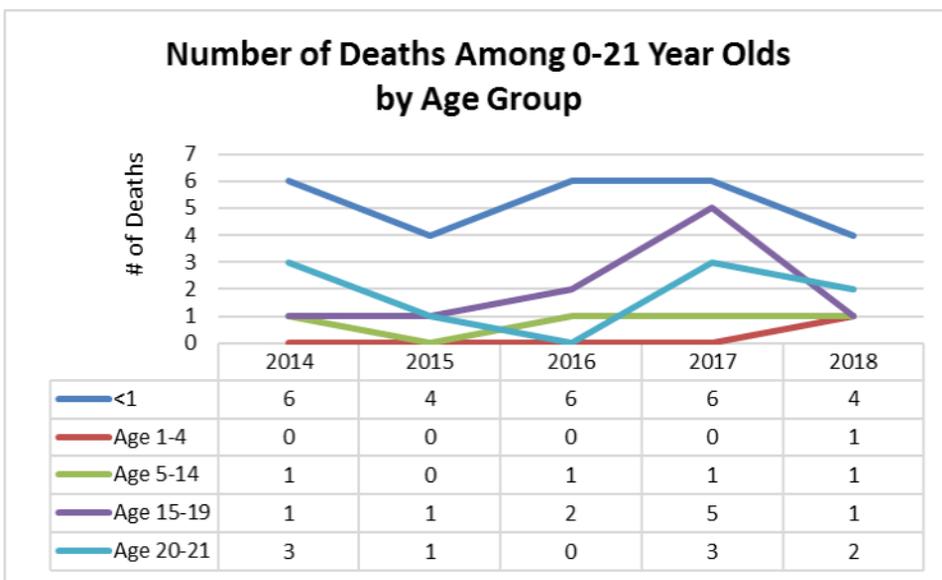
INDICATORS: CHILD DEATHS, DEPRESSIVE EPISODES, HEALTH INSURANCE COVERAGE, HOSPITALIZATIONS, IMMUNIZATIONS, OBESITY, PHYSICAL ACTIVITY, SUBSTANCE USE

INDICATOR - Child Deaths

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

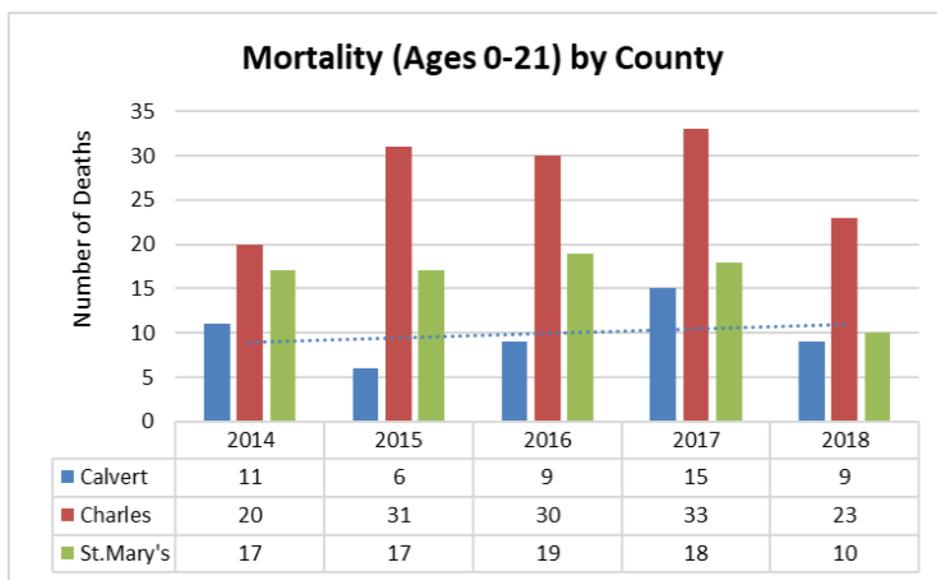
Why is this important?

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



Child Death Counts, By Age Group

Source: Maryland Department of Vital Statistics, Annual Reports, 2014-2018, Table 39B, "Number of Deaths by Age, Region and Political Subdivision, Maryland," <http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>



Number of Deaths to Children Ages 0 to 21, 2013-2018 by County

Source: Maryland Department of Vital Statistics, Annual Reports, 2014-2018, Table 39B, "Number of Deaths by Age, Region and Political Subdivision, Maryland," <http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>

INDICATOR - Child Deaths, continued

The story behind the data:

The number of child deaths in Calvert County fluctuate annually. The majority of the child deaths in Calvert County are among infants less than 12 months old. The leading causes of death among infants are birth defects, preterm delivery, low birth weight, Sudden Infant Death Syndrome (SIDS) and maternal complications during pregnancy. Youth ages 15-19 have the second highest number of deaths, with a spike of five (5) deaths in 2017. These deaths may result from a number of circumstances including, but not limited to, motor vehicle incidents, drug or alcohol-related overdose, suicide, assault or other health conditions. Although the number of child deaths in Calvert County is much lower than Charles and St. Mary's, it is slightly trending upward.

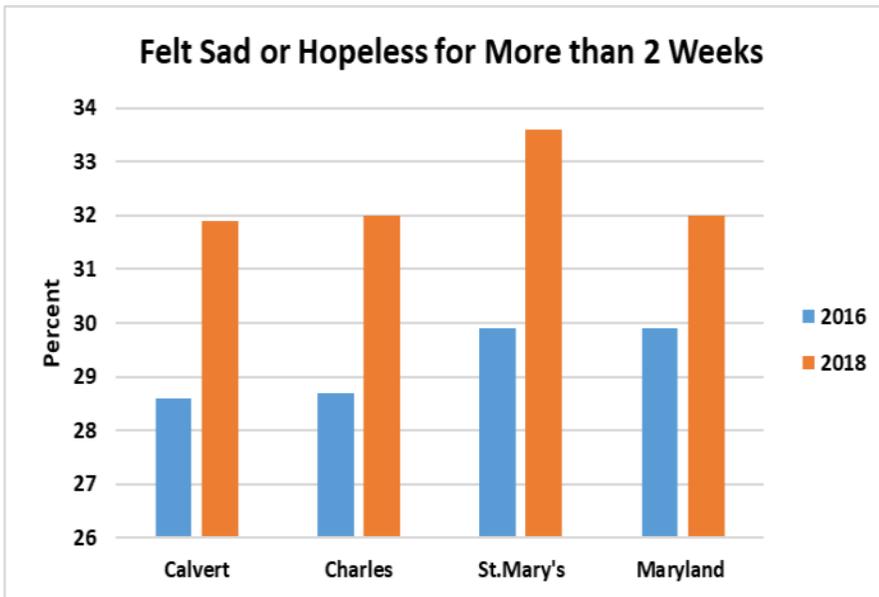
INDICATOR - Depressive Episode

Definition: The percent of public school students in grades 9-12 reporting a depressive episode.

Why is this important?

Teen depression is a serious mental health problem that causes a persistent feeling of sadness and loss of interest in activities. It affects how teenagers think, feel and behave, and it can cause emotional, functional and physical problems.

Source: <https://www.mayoclinic.org/diseases-conditions/teen-depression/symptoms-causes/syc-20350985>



Percentage of High School Students who Felt Sad or Hopeless (almost every day for ≥ 2 weeks in a row so that they stopped doing some usual activities, ever during the 12 months before the survey)

Source: 2018 Maryland Youth Risk Behavior Survey Results, <https://phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS2018.aspx#Calvert>

The story behind the data:

The percent of Calvert County high schoolers reporting a depressive episode increased from 28.6% in 2016 to 31.9% in 2018. The state average is 32%. The CCFN Board selected Pediatric Mental Health as a priority area of focus for the Community Needs Assessment Survey. Survey respondents identified an array of challenges youth face that negatively impact mental health, including stigma, family instability, chronic stress and bullying. Additionally, lack of providers for those with private insurance, lack of specialists, high staff turnover and transportation were commonly listed as barriers.

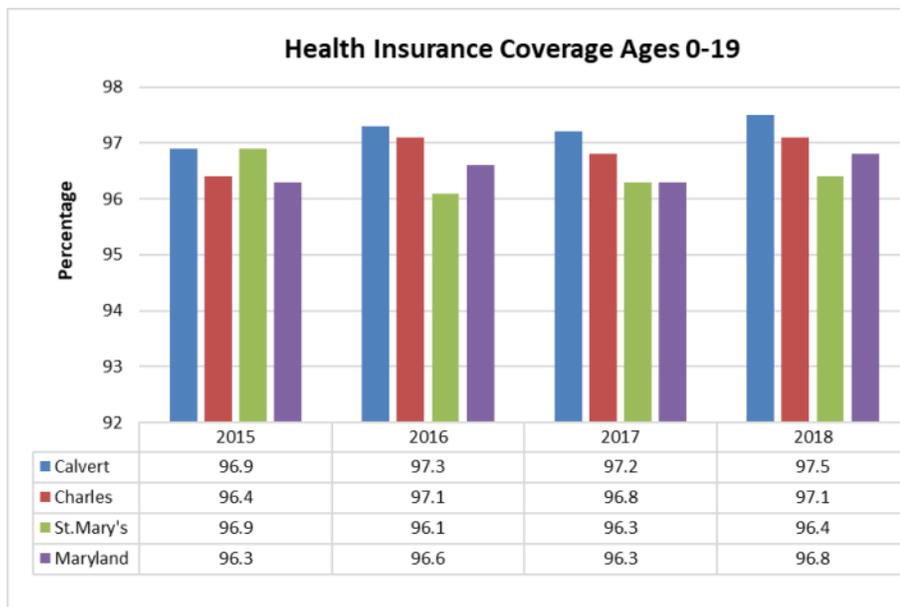
Survey respondents recommended using screening tools to identify and refer at-risk students and implementing programs that reduce stigma and build resiliency. Respondents also recommend programs that do not require parental consent to participate, offering more resources in the schools and acknowledging the impacts of racial injustice on youth mental health. Successful programs include accessible, low cost trauma-focused services that value the youth's voice in development and implementation. Programs should serve youth in a way that they feel comfortable, heard and empowered.

INDICATOR - Health Insurance Coverage

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

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*



Percentage of Children with Health Insurance Coverage, Calvert County

Source: Data Source: United States Census Bureau, Small Area Health Insurance Estimates, https://www.census.gov/data-tools/demo/sahie/#/?s_statefips=24&s_stcou=24017&s_agecat=4

The story behind the data:

In the Southern Maryland region, Calvert has the highest percentage of children with health insurance. 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 portion of the population without health insurance.

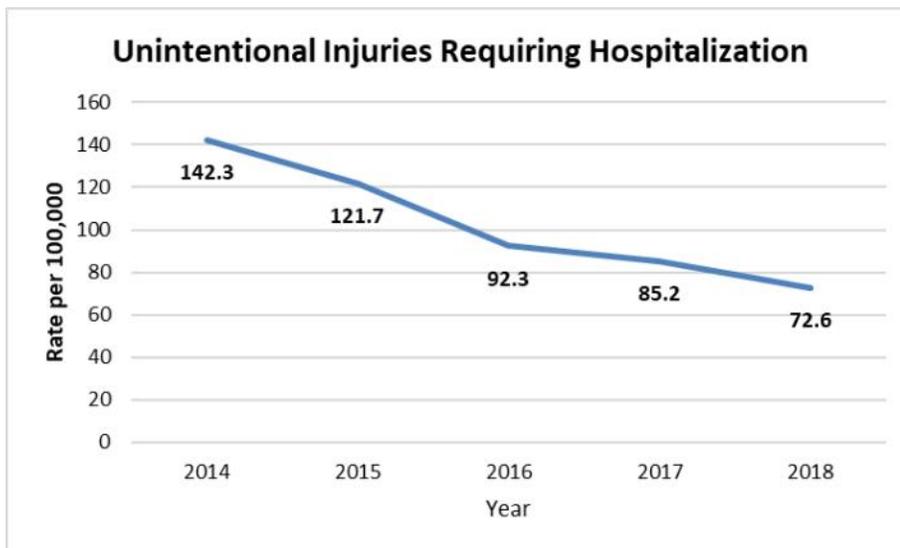
Many do not have access to health care because of the social determinants of health, including income and geography. Community Needs Assessment Survey respondents cited transportation as a common barrier. Without a means of transportation, people can not access available services and programs. A lack 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: Unintentional Injuries

Definition: The rate of non-fatal, unintentional injuries per 100,000 children (ages 0-21 years) that require inpatient hospitalization . (<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, burns, poisonings, choking and drowning. Intentional injuries include assaults and self-inflicted injuries.



Nonfatal Injury Hospitalization Rate for Unintentional Injuries to children ages 0-21 per 100,000 of the population

Source: Governor's Office for Children Accountability Data, <https://goc.maryland.gov/wellbeingscorecard/>

The story behind the data:

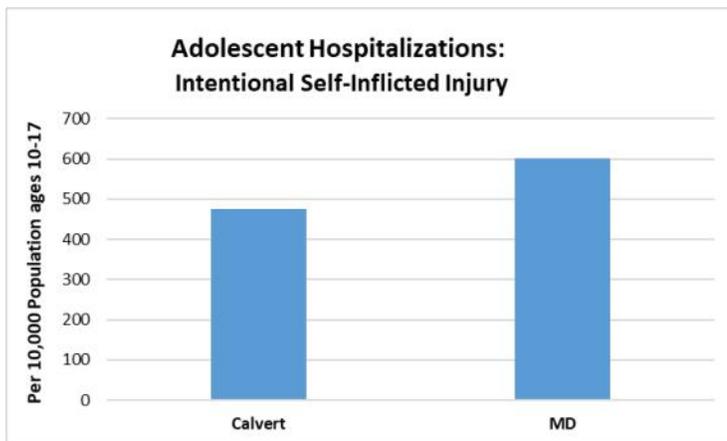
The rate of unintentional injuries requiring hospitalization has steadily decreased by nearly 70% since 2014.

INDICATOR - Hospitalizations: Self-Inflicted Injury

Definition: Age-adjusted hospitalization rate due to adolescent suicide and intentional self-inflicted injury per 10,000 population aged 10-17.

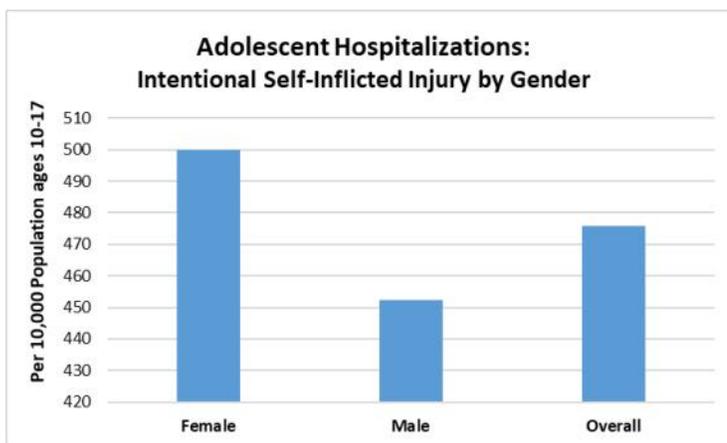
Why is this important?

Suicide among adolescents is a serious public health issue in the United States. It is a leading cause of death for youth; approximately 4,600 lives are lost each year to suicide. However, many more adolescents survive suicide attempts than actually die. Suffocation and poisoning are two of the most common forms of intentional, self-inflicted injury that lead to hospitalizations. Risk factors include depression, physical/mental illness, alcohol/substance abuse, incarceration, loss or other stressful life events. Studies show that addressing psychiatric illness through early recognition, intervention, and treatment is an effective way to reduce suicidal behavior



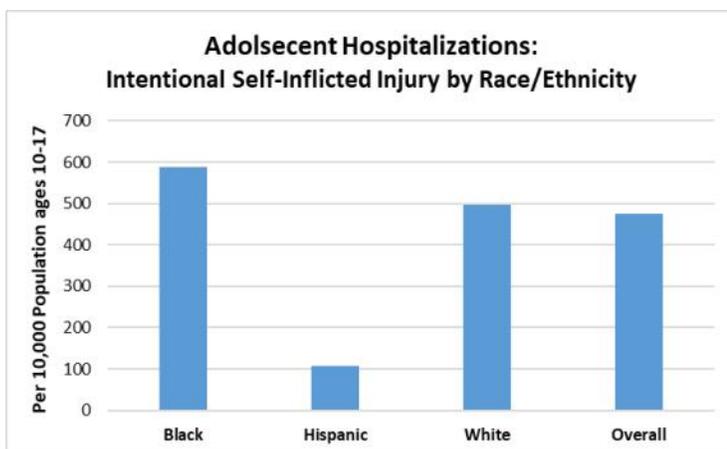
Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-Inflicted Injury per 10,000 population aged 10-17

Source: The Maryland Health Services Cost Review Commission (HSCRC) & Maryland Health Care Commission (MHCC) (2017-2019), retrieved from: www.HealthyCalvert.org



Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-Inflicted Injury per 10,000 population aged 10-17 by Gender

Source: The Maryland Health Services Cost Review Commission (HSCRC) & Maryland Health Care Commission (MHCC) (2017-2019), retrieved from: www.HealthyCalvert.org



Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-Inflicted Injury per 10,000 population aged 10-17 by Race/Ethnicity

Source: The Maryland Health Services Cost Review Commission (HSCRC) & Maryland Health Care Commission (MHCC) (2017-2019), retrieved from:

INDICATOR - Hospitalizations: Self-Inflicted Injury, continued

The story behind the data:

The hospitalization rate due to adolescent suicide and intentional self-inflicted injury is 475.9 per 10,000 population aged 10-17. This is lower than the state average of 602.4. Females (500) have a higher rate of hospitalization than males (452.4). Disparities exist among race/ethnicity. Black youth (587.8) have higher rates of hospitalization compared to white youth (496.8). Hispanic youth (107) have the lowest rate of hospitalizations.

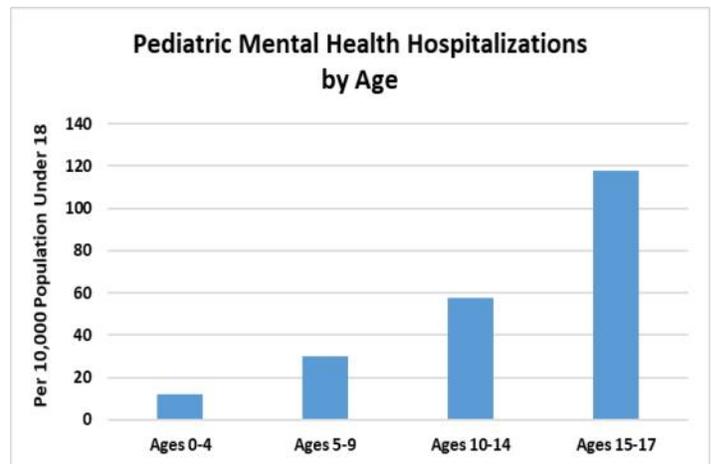
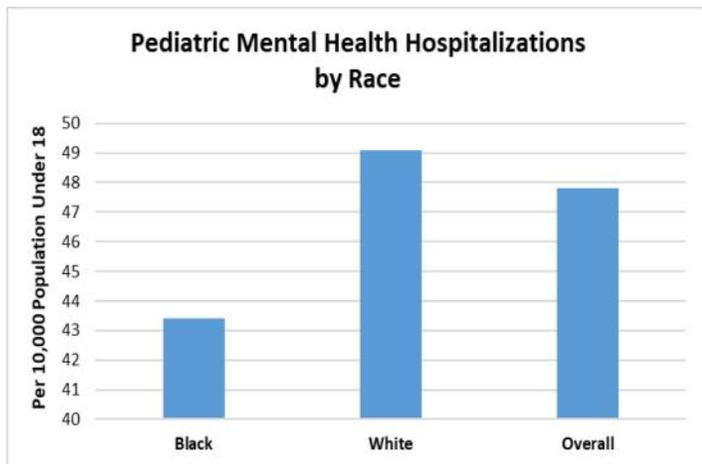
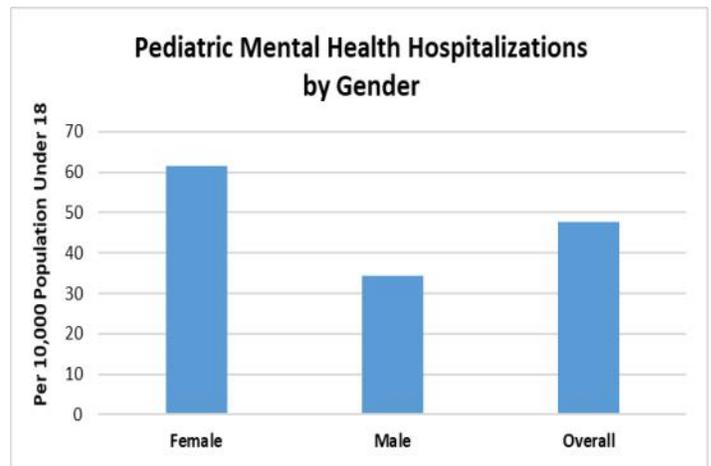
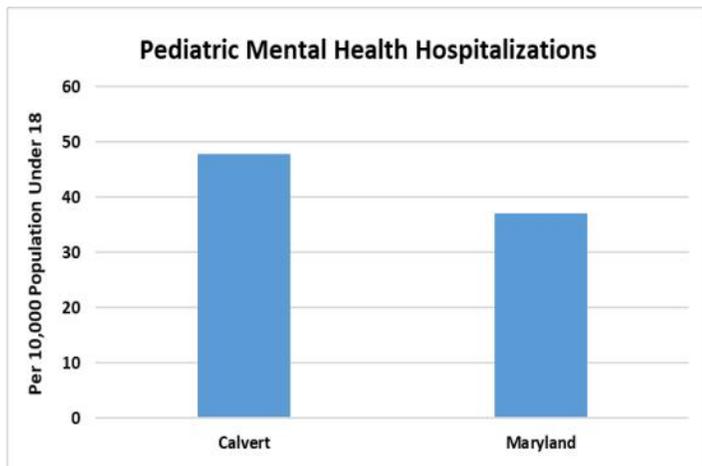
In the United States, youth suicidal ideation, attempt and completion are on the rise. Far more adolescents have suicidal thoughts or attempt suicide and survive than those who die by suicide. Results from the National 2019 Youth Behavioral Risk Factor Surveillance System show that in the past year 18.8% of high school students seriously considered attempting suicide and 8.9% attempted suicide. *Source: https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/teen_suicide/state/ALL*

INDICATOR - Hospitalizations: Pediatric Mental Health

Definition: Age-adjusted hospitalization rate due to mental health per 10,000 population under 18 years

Why is this important?

It is important to recognize and address potential psychological issues before they become critical. Occasional down days are normal, but persistent problems should be evaluated and treated by a qualified professional; proper management of mental/emotional health problems can prevent psychological crises warranting hospitalization. According to the National Center for Health Statistics, treatment for mental disorders is a major cause of hospitalization for children and adolescents between the ages of 10 and 21 years.



Source: *The Maryland Health Services Cost Review Commission (HSCRC) & Maryland Health Care Commission (MHCC) (2017-2019), retrieved from: www.HealthyCalvert.org*

INDICATOR - Hospitalizations: Pediatric Mental Health, continued

The story behind the data:

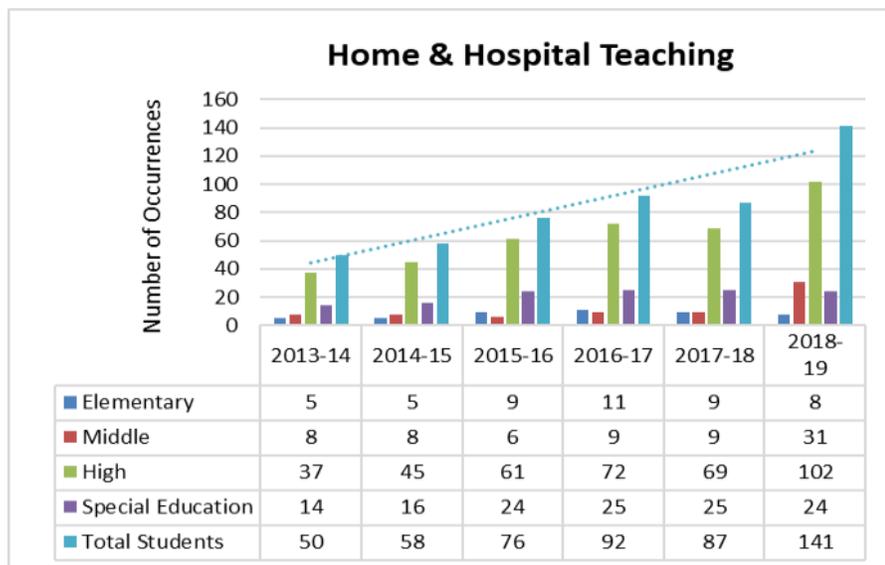
The hospitalization rate due to pediatric mental health per 10,000 population under 18 years of age is 47.8. This is higher than the state average of 37.1. These cases may not only represent youth residing in Calvert County. CalvertHealth Medical Center's Behavioral Health Unit is the only regional provider of in-patient pediatric behavioral health services. Residents from surrounding counties often access services at CalvertHealth Medical Center. Females (61.6) have a higher rate of hospitalizations than males (34.3). Disparities exist for race and age. White (49.1) youth have a slightly higher rate of hospitalizations compared to Black youth (43.4). As youth age, the rate of hospitalizations increase. For young children ages 0-4, the rate is 12 hospitalizations per 10,000 compared to 117.9 for youth ages 15-17.

INDICATOR - Hospitalizations: Home & Hospital Teaching, CCPS

Definition: The number of occurrences for home and hospital teaching per school year

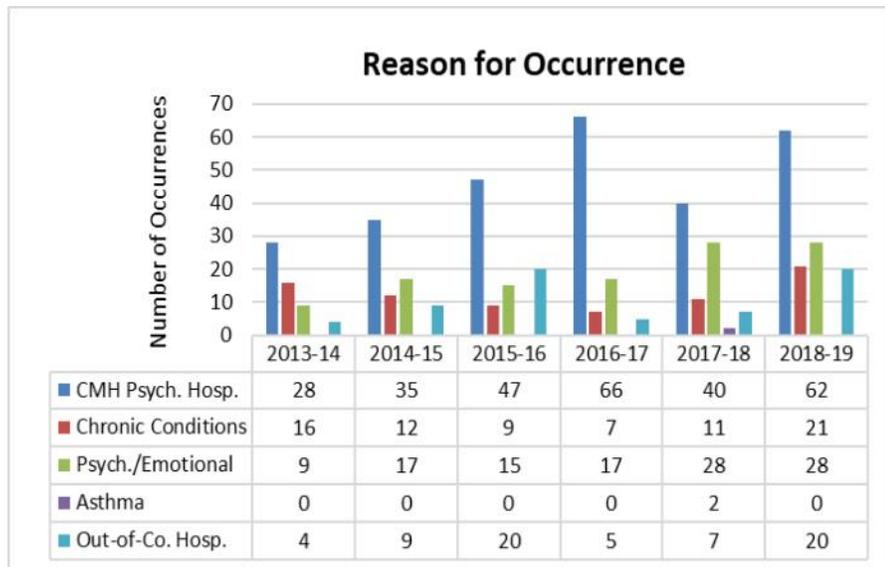
Why is this important?

Home and hospital teaching is designed to provide short-term instruction to public school students, who are unable to attend a regular school program due to a physical or emotional condition. The program provides access to instruction during convalescence or treatment time in a medical institution or therapeutic treatment center, or at the student's home.



Number of Occurrences for Home & Hospital Teaching per year by School Category, Calvert County Public Schools (CCPS)

Source: Department of Student Services, Home Hospital Teaching, CCPS



Reason for Home & Hospital Teaching Occurrence, CCPS

Source: Department of Student Services, Home Hospital Teaching, CCPS

The story behind the data:

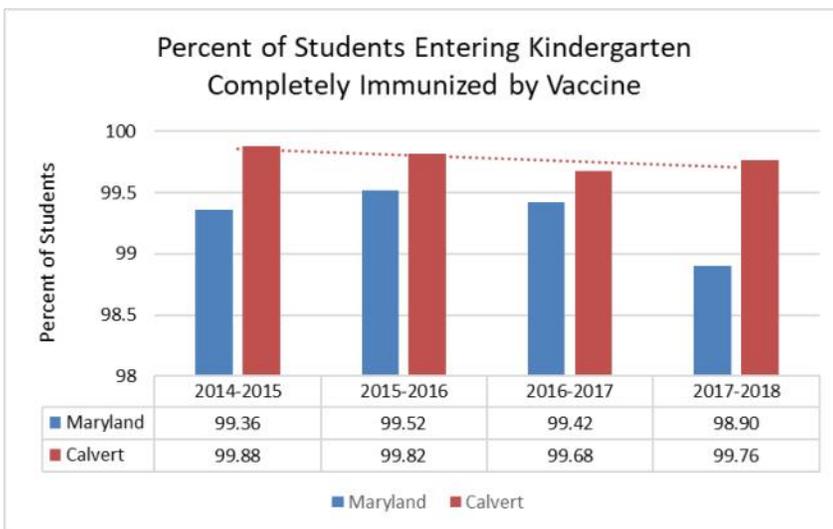
The number per year of students enrolled in Home & Hospital teaching has increased, particularly among high schoolers. In school year 2013-2014 there were 37 high school Home & Hospital Teaching occurrences. This number increased to 102 occurrences in school year 2018-2019. The majority of Home & Hospital Teaching occurrences are due to Psychiatric Hospitalizations at CalvertHealth and for psychiatric/emotional reasons.

INDICATOR - Immunizations

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 four doses of Diphtheria-Tetanus-Pertussis, three doses of Polio, two doses of Measles, Mumps, Rubella, three doses of Hepatitis B and two doses of Varicella. (<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 of Kindergarten Students Completely Immunized by Vaccine

Source: Maryland Department of Health, Annual Report of Immunization Status: Kindergarten Students. Retrieved from: https://phpa.health.maryland.gov/OIDEOR/IMMUN/Pages/Kindergarten_Immunization_Rates_by_County.aspx

The story behind the data:

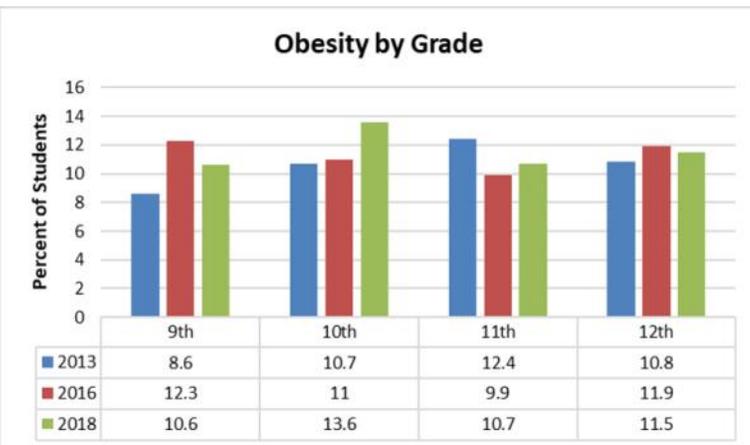
For the 2017-2018 school year, 99.76% of children entering kindergarten in Calvert County were completely immunized by vaccine. This data is based on self-reporting by public and private schools of all kindergarteners. The numbers reflect immunization status of surveyed students, not all students in the jurisdiction. On the day of assessment, student records are reviewed for compliance with Code of Maryland Regulations (COMAR 10.06.04).

INDICATOR - Obesity

Definition: The percent of Maryland public school students in grades 9-12 who are overweight or obese (<https://goc.maryland.gov/obesity-2/>).

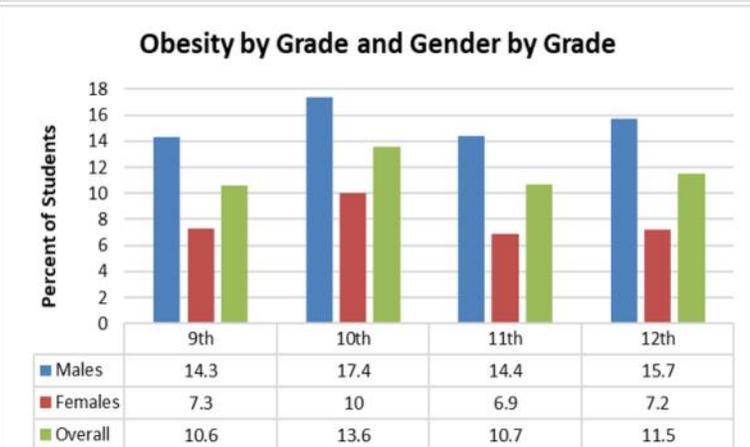
Why is this important?

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 to be teased, leading to poor self-esteem. 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. Improving the entire family’s diet and exercise habits is one of the best ways to achieve a healthy weight in the child.



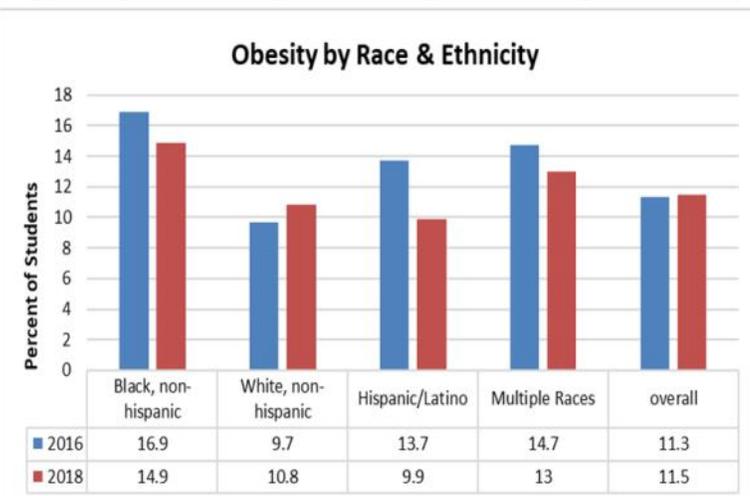
Percent of Calvert County Students in Grade 9 -12 who are Overweight and Obese, 2013, 2016, 2018

Source: Centers for Disease Control & Prevention, Youth Risk Behavior Survey, Retrieved from: <https://phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS2018.aspx#Calvert>



Percent of Calvert County Students in Grade 9 -12 who are Overweight and Obese by Gender and Grade

Source: Centers for Disease Control & Prevention, Youth Risk Behavior Survey, Retrieved from: <https://phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS2018.aspx#Calvert>



Percent of Calvert County Students in Grade 9 -12 who are Overweight and Obese by Grade & Gender, 2016 & 2018

Source: Centers for Disease Control & Prevention, Youth Risk Behavior Survey, Retrieved from: <https://phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS2018.aspx#Calvert>

INDICATOR - Obesity, continued

The story behind the data:

The 2018 Maryland Youth Risk Behavior Survey found that 11.5% of Calvert County high school students were obese, similar to the Maryland state average of 12.8%. Disparities exist by gender, race and ethnicity. In 2018, 14.9% of Black high schools students and 13% of mixed raced high school students were obese, compared to 9.9% of Hispanic/Latinos and 10.8% of whites. Male students have a higher rate of obesity than females. Twelfth grade male students are more than twice as likely to be obese as female students in the same grade.

The Community Needs Assessment Survey Results identified recreation and pro-social activities as a way to improve youth mental health and as a way to prevent youth from becoming disconnected. Recreational programs can also serve as a means to reduce youth obesity. Survey respondents identified cost, transportation and lack of activities for youth as barriers.

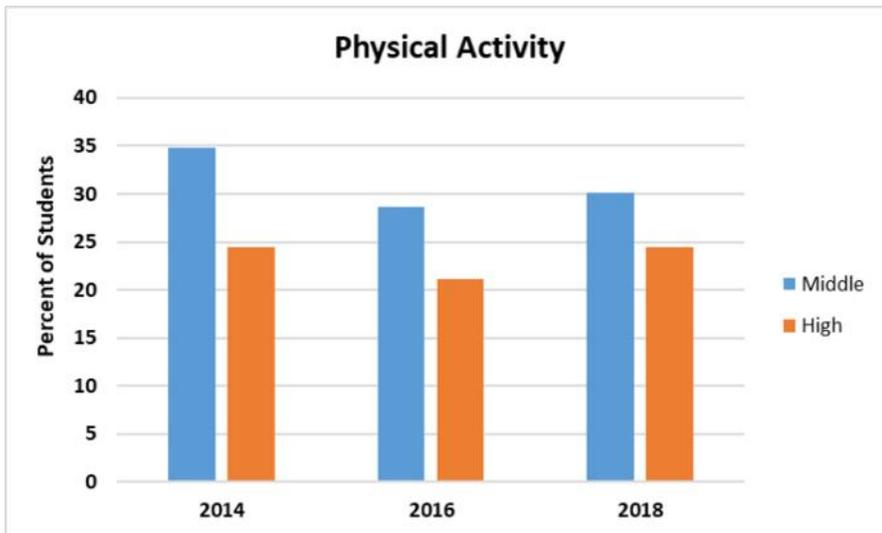
INDICATOR - Physical Activity

Definition: Percentage of students who were physically active at least 60 minutes per day on all seven days.

Why is this important?

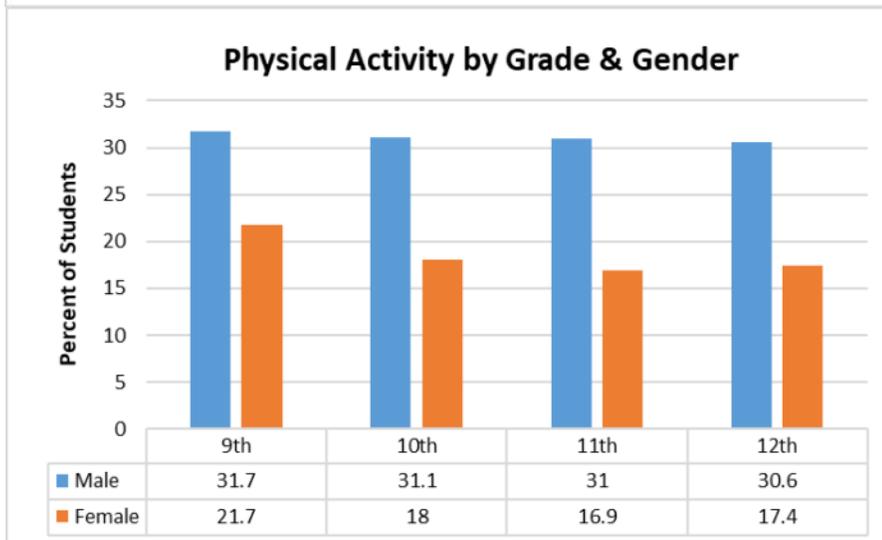
Regular physical activity can help children and adolescents improve cardiorespiratory fitness, build strong bones and muscles, control weight, reduce symptoms of anxiety and depression and reduce the risk of developing chronic health conditions. Students who are physically active tend to have better grades, school attendance, cognitive performance and classroom behaviors.

Source: <https://www.cdc.gov/healthyschools/physicalactivity/facts.htm>



The Percent of Public School Students (in Grades 6-8 and 9-12) Reporting Physical Activity for 60 Minutes in Last 7 Days

Source: 2014, 2016, 2018 Maryland Youth Risk Behavior Survey Results, <https://phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS2018.aspx#Calvert>



The Percent of Public High School Students Reporting Physical Activity for 60 Minutes in Last 7 Days by Grade and Gender

Source: 2018 Maryland Youth Risk Behavior Survey Results, <https://phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS2018.aspx#Calvert>

The story behind the data:

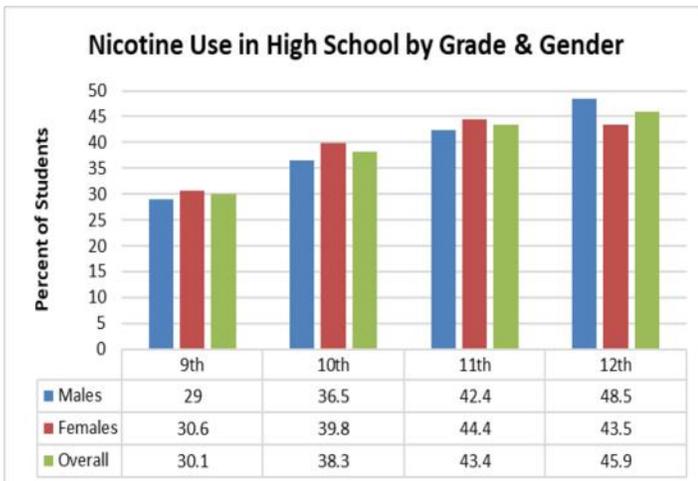
Middle school students report higher rates of physical activity than high school students. Even so, the percent of middle school students reporting regular physical activity has decreased from 34.8% in 2014 to 30.1% in 2018. For high school students, there was a slight reduction reported in 2016, however the rate remains steady in 2018 at 24.5%. Male students in high school report higher rates of physical activity than females. The percent of females reporting physical activity decreased from 21.7% in ninth grade to 17.4% in twelfth grade.

INDICATOR - Substance Use: Nicotine

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

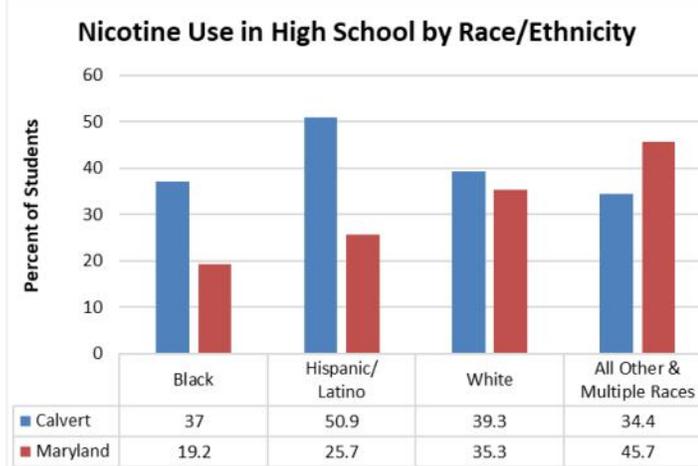
Why is this important?

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. Substance use decreases youth's ability to make good choices, engage in learning, develop age-appropriate maturity levels and remain disease free.



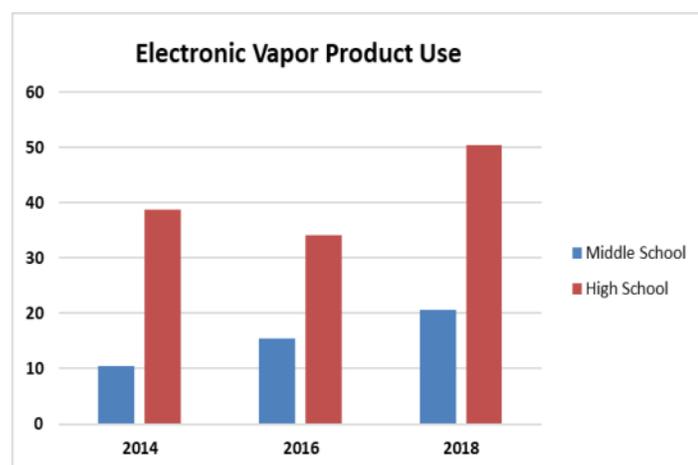
Percent of Calvert County High School Youth who Currently Smoke Cigarettes or Cigars or used Smokeless Tobacco or Electronic Vapor Products on at least one Day During the 30 Days Before the Survey

Source: 2018 Maryland Youth Risk Behavior Survey Results, <https://phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS2018.aspx#Calvert>



Percent of High School Youth who Currently Smoke Cigarettes or Cigars or used Smokeless Tobacco or Electronic Vapor Products on at least One Day During the 30 Days Before the Survey

Source: 2018 Maryland Youth Risk Behavior Survey Results, <https://phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS2018.aspx#Calvert>



Percent of Public School Students (in Grades 6-8 and 9-12) Reporting Electronic Vapor Product Use

Source: 2018 Maryland Youth Risk Behavior Survey Results, <https://phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS2018.aspx#Calvert>

INDICATOR - Substance Use: Nicotine, continued

The story behind the data:

Nicotine use in high school increases with age. Overall, 30.1% of ninth grade students report current cigarette, cigar, electronic vapor product or using smokeless tobacco use, compared to 45.9% of twelfth grade students. Nearly 51% of Hispanic/Latino students report current use compared to 39.3% of white students, 37% of Black students and 34.4% of mixed race students.

The percent of students that have ever used electronic vapor products has increased since 2014. High school students are 2.5 times more likely to have ever used electronic vapor products than middle school students. In 2018, 20.7% of middle school students reported ever using an electronic vapor product compared to 50.4% of high school students. The percent of middle school students reporting use, increased by 5% at each survey.

INDICATOR - Substance Use

Percent of Calvert County high school students who have ever used the substance one or more times during their lifetime

Calvert County High School YRBS Drug and Alcohol Lifetime Usage	Percent of Total Calvert County High School Population Reported Use During Their Life		
	2013	2016	2018
Alcohol (Past 30 Day Use)	34.4%	33.4%	30.8%
Marijuana	36.7%	30.4%	31.4%
Cocaine	6.7%	4.8%	4.6%
Heroin	5.0%	2.7%	2.8%
Methamphetamine	5.1%	3.3%	2.6%
Ecstasy	9.1%	4.6%	4.0%
Prescription drugs without a doctor's prescription	16.7%	13.4%	13.5%
Injected drugs into the body using a needle	4.3%	2.9%	2.8%

Source: 2013, 2016 & 2018 Maryland Youth Risk Behavior Survey Results, <https://phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS2018.aspx#Calvert>

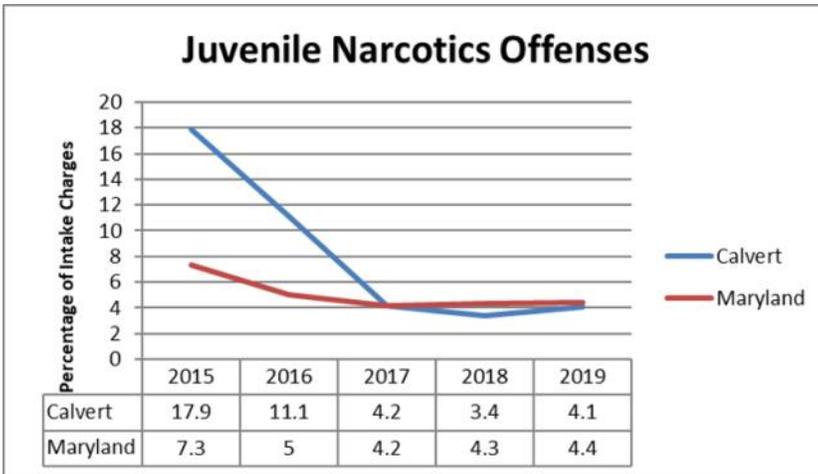
The story behind the data:

The Maryland Youth Risk Behavior Survey asks high school students to report on their lifetime use of alcohol and other drugs. Overall, lifetime use has decreased over the last five years. Alcohol is the most commonly used drug among high schools students with 30.8% reporting current use, compared to 19.1% reporting current marijuana use.

There are many organizations and agencies working collaboratively to address the issues of youth substance use. Though progress has been made, problems persist. Some of the barriers cited in the Community Needs Assessment Surveys 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. Survey respondents identified the stigma associated with seeking services for substance use as a barrier, for both youth and their guardians/caregivers.

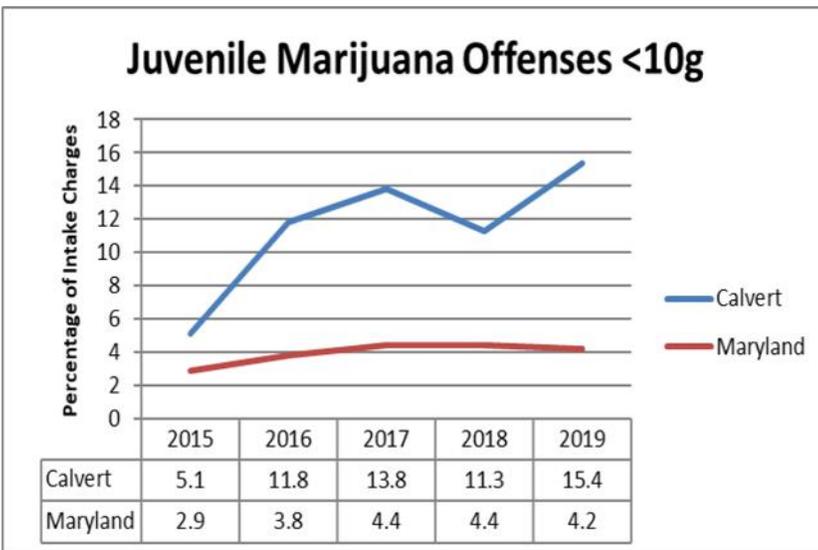
Beyond youth substance use, the need for support services for vulnerable populations like parents with substance use disorders was discussed. Some suggestions include one-stop shop models that serve the entire family, as well as, collaboration with other agencies already serving members of the family. Successful programs include trauma informed school-based therapy and increasing the number of behavioral health providers for youth in the county.

INDICATOR - Substance Use: Juvenile Offenses



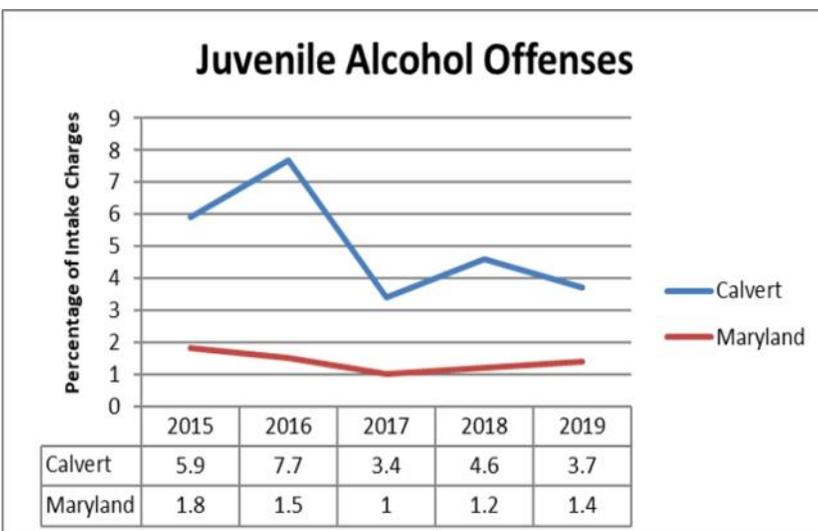
Percent of Juvenile Narcotics Offenses from 2015-2019

Source: Source: 2015, 2016, 2017, 2018 & 2019 DJS Data Resource Guides, <https://djs.maryland.gov/Pages/Data-Resource-Guides.aspx>



Percent of Juvenile Marijuana Offenses less than 10 Grams, from 2015-2019

Source: Source: 2015, 2016, 2017, 2018 & 2019 DJS Data Resource Guides, <https://djs.maryland.gov/Pages/Data-Resource-Guides.aspx>



Percent of Juvenile Alcohol Offenses from 2015 to 2019

Source: 2015, 2016, 2017, 2018 and 2019 DJS Data Resource Guides, <https://djs.maryland.gov/Pages/Data-Resource-Guides.aspx>

INDICATOR - Substance Use: Juvenile Offenses, continued

The story behind the data:

The percent of Department of Juvenile Services (DJS) intake charges for alcohol offenses have decreased from 5.9% in 2015 to 3.7% in 2019. Although this decrease is promising, Calvert's rate is more than double the state average of 1.4%. In 2014, possession of less than 10 grams of marijuana became a civil offense. This change in statute is reflected in the decrease of juvenile narcotic offenses and in the increase of juvenile marijuana offenses. The percent of DJS intake charges for marijuana offenses has steadily increased to 15.4%, which is nearly four times higher than the state average of 4.2%.

In January 2020, the CCFN hosted Juvenile Justice Reform Council Listening Sessions on behalf of the Southern Maryland Region. The Council's goal is to develop strategies to reduce youth recidivism through best practices and to mitigate risk factors that contribute to juvenile contact with the criminal and juvenile justice systems. Lack of Treatment Foster Care and Group Homes for youth, as well as, inadequate behavioral health services were highlighted as critical barriers for the council to address. Participants recommended community-based treatment with transportation options.

INDICATOR - Kindergarten Assessment, continued

The story behind the data:

In 2018, the percent of Calvert County students entering kindergarten demonstrating full readiness (45%) dropped below the Maryland state average (47%) for the first time in over 15 years. In 2019, Calvert County rebounded to 51% and surpassed the state average. Historically, disparities in levels of readiness exist among sub-groups. White students are more likely enter school fully ready to learn (54%) compared to Black (46%) students. Special education students (23%) and students from low income households (33%) were least likely to enter kindergarten demonstrating full readiness.

The CCFN Board selected Kindergarten Readiness as a priority area of focus for the Community Needs Assessment Survey. Survey respondents identified an array of challenges families and children face that may get in the way of kindergarten readiness, including: access to technology at home; subpar childcare; lack of socialization with children outside of the immediate family; lack of social-emotional training for parents; low literacy among parents and caregivers; families experiencing homelessness and substance use in the home. When asked to consider what supports ensure kindergartners enter school ready to learn, respondents overwhelming identified school-based programs for 3- and 4-year-olds and pre-k for all. Aside from early childhood education, training for parents and caregivers was a common theme. Providing parent education on what being “ready” looks like and ways to support early learning at home were recommended. Successful programs include evidence-based home visiting and community school models, like Judy Centers.

RESULT: CHILDREN ARE SUCCESSFUL IN SCHOOL

INDICATORS: ACADEMIC PERFORMANCE, BULLYING & HARASSMENT, TRUANCY

INDICATOR - Academic Performance

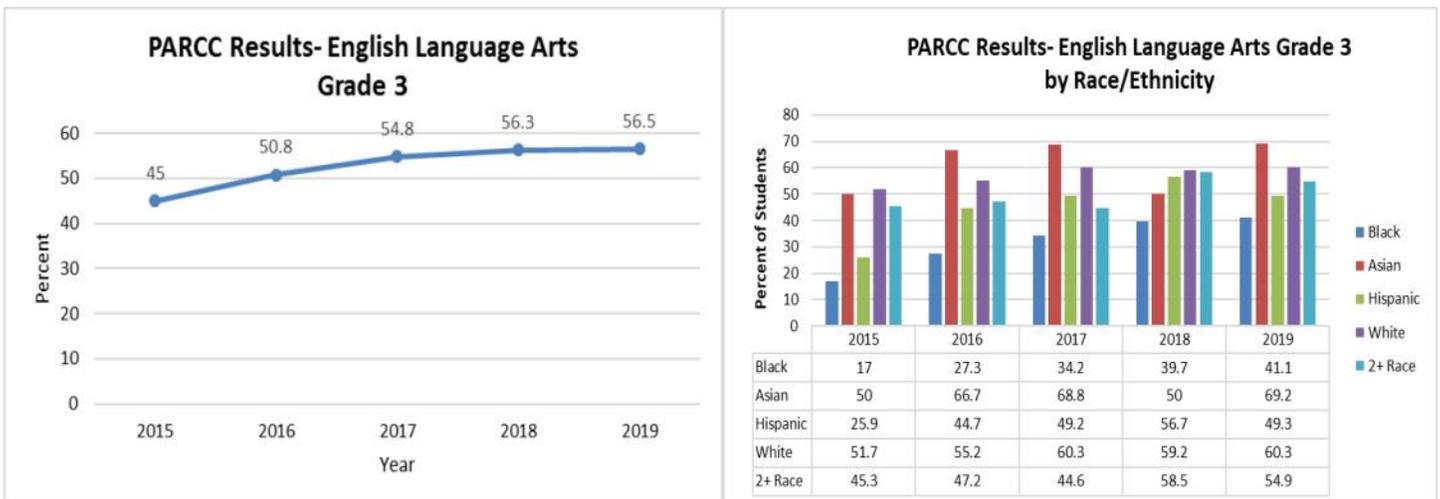
Definition: The average percent of public school students in third grade through eighth performing at or above performance level 4 on the Partnership for Assessment of Readiness for College and Career (PARCC) in English language arts and mathematics. (<https://goc.maryland.gov/maryland-school-assessment/>)

Why is this important?

The PARCC is a common set of K-12 assessments that build a foundation for college and career readiness by the end of high school, marking students progress toward these goals beginning in third grade. These assessments provide teachers with timely information to inform instruction and provide support to students.

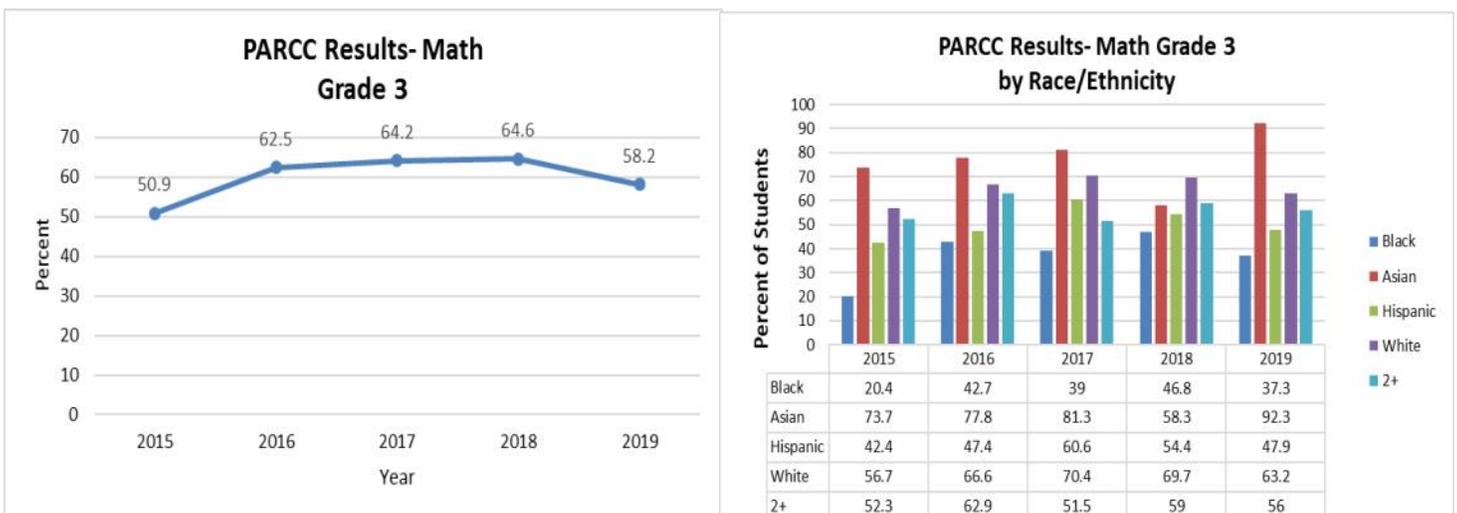
Percent of Students in Grade 3 Performing at Proficient or Above in English Language Arts, 2015-2019

Source: MSDE Report Card, <https://reportcard.msde.maryland.gov/Graphs/#/Assessments/ElaPerformance/1EL/3/6/3/1/04/XXXX>

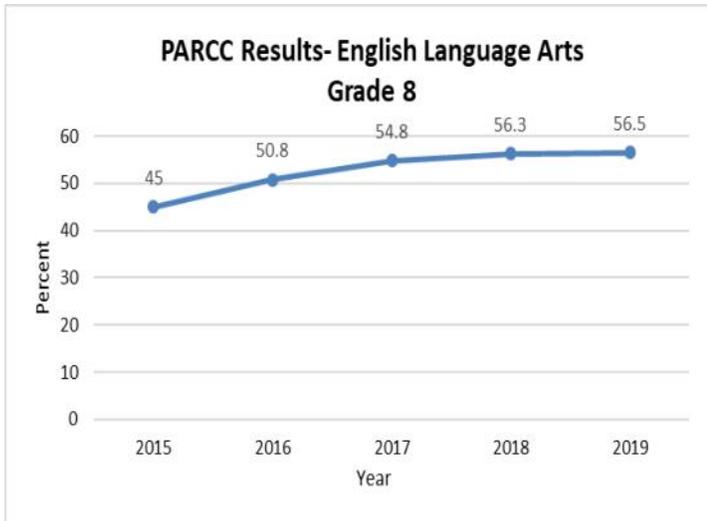


Percent of Students in Grade 3 Performing at Proficient or Above in Math on the PARCC, 2015-2019

<https://reportcard.msde.maryland.gov/Graphs/#/Assessments/MathPerformance/2MA/3/6/3/1/04/XXXX>

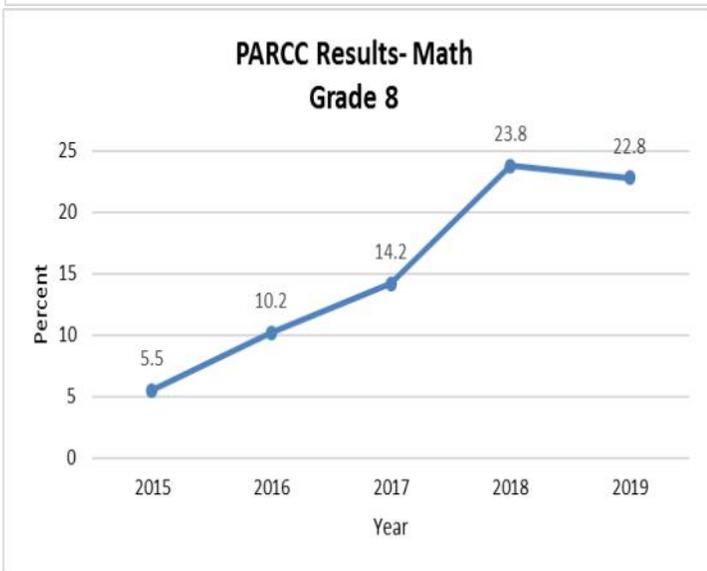


INDICATOR - Partnership for Assessment of Readiness for College and Career (PARCC)



Percent of Students in Grade 8 Performing at Proficient or Above in English Language Arts 2015-2019 *Source: MSDE Report Card,*

<https://reportcard.msde.maryland.gov/Graphs/#/Assessments/ElaPerformance/1EL/3/6/3/1/04/XXXX/2019>



Percent of Students in Grade 8 Performing at Proficient or Above in Math from 2015-2019

Source: MSDE Report Card

<https://reportcard.msde.maryland.gov/Graphs/#/Assessments/MathPerformance/2MA/3/6/3/1/04/XXXX/2019>

The story behind the data:

The majority of Calvert County third graders are performing at or above the basic level for reading, and mathematics on the PARCC. Although scores for English Language Arts have steadily increased, disparities among race exist. Asian (69.2%) and white (60.3%) students are more likely to perform at proficient or above, compared to Hispanic (49.3%) and Black (41.1%) students. Similar disparities are seen in math scores. In 2019, 58.2% of all third graders were performing at proficient or above compared to 37.3% of Black students.

The percent of eighth graders performing at an advanced or proficient level has steadily increased for reading, math and science. Racial and ethnicity data were not compared because they were routinely suppressed due to low case numbers.

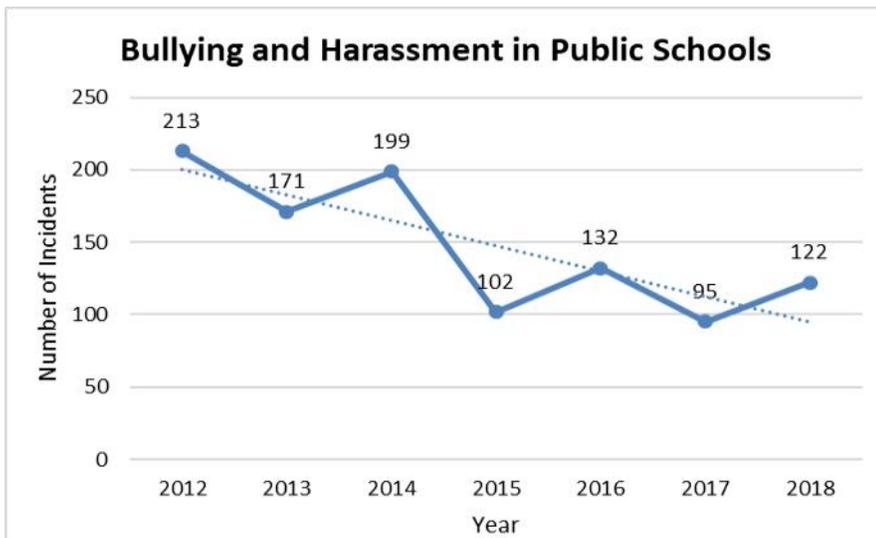
According to Community Needs Assessment Survey respondents, programs are needed that close performance gaps and address social determinants that hinder the success of students in certain populations. There are many community partners, including libraries, churches and non-profit agencies, working with children to increase educational opportunities and assistance. Additionally, thoughtful policy changes to address racial discrimination in institutions and systems is needed for a meaningful and sustainable impact.

INDICATOR - Bullying & Harassment

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, the office tracks "Total Number of Bullying or Harassment Incidents Reported, by Academic Year." (<https://goc.maryland.gov/bullying-and-harassment/>)

Why is this important?

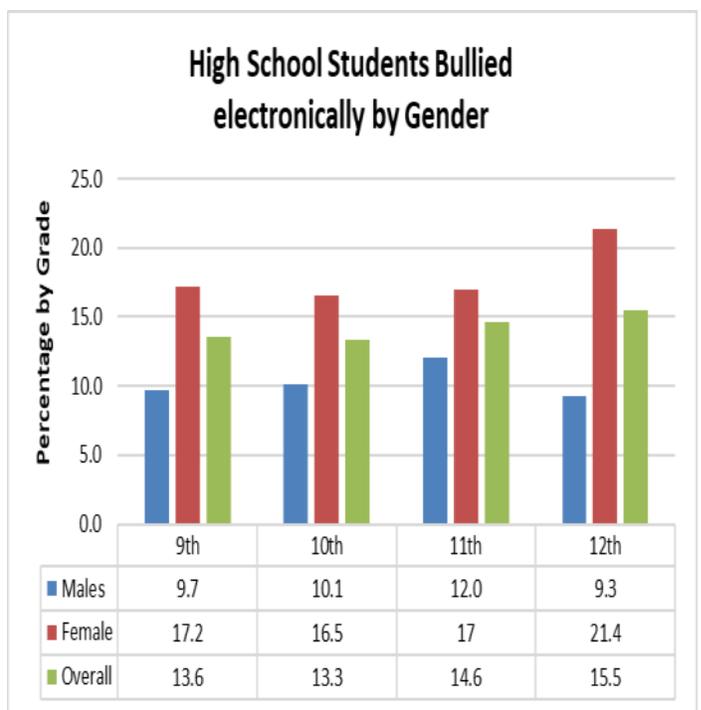
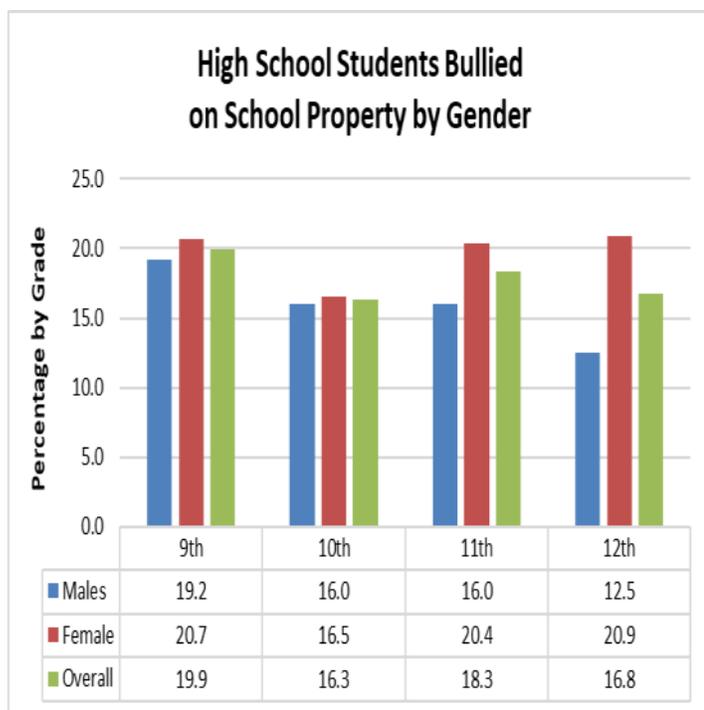
Chronic victims may experience mental health problems such as anxiety, academic difficulties, poor concentration and withdrawal.



Number of Bullying Incidents Reported by School Year

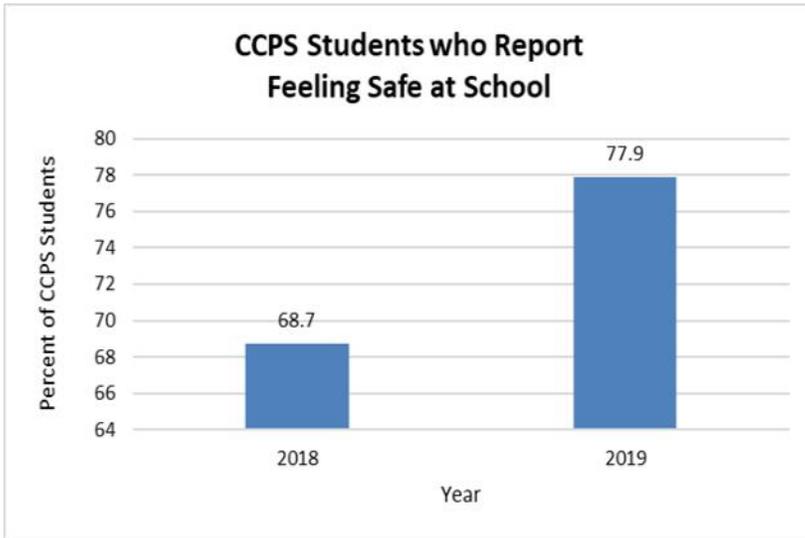
Source: Bullying, Harassment, or Intimidation in Maryland Public Schools, Retrieved from: <http://marylandpublicschools.org/about/Documents/DSFSS/SSSP/Bullying/BullyingHarassmentReport2018.pdf>

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



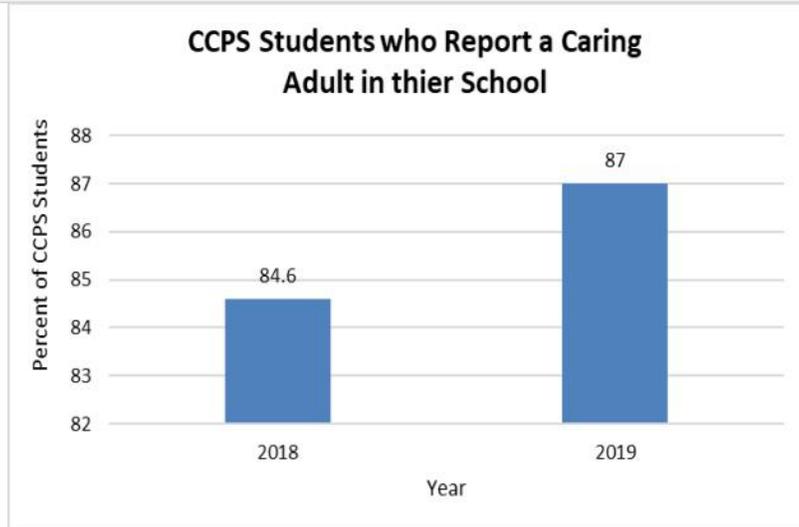
Source: 2018 Maryland Youth Risk Behavior Survey Report, Calvert County High School Summary Tables, Retrieved: <https://phpa.health.maryland.gov/ccdpc/Reports/Documents/2018%20YRBS%20YTS%20Reports/Calvert/2018MDHS6%20Summary%20Report.pdf>

INDICATOR - Bullying & Harassment, continued



Percentage of students who report feeling safe at school

Source: Calvert County Board of Education Strategic Plan Update, July 2019, Climate & Culture. Provided by Student Services.



Percentage of students who report that at least one adult in their school cares about them

Source: Calvert County Board of Education Strategic Plan Update, July 2019, Climate & Culture. Provided by Student Services.

The story behind the data:

The number of reported bullying incidents decreased from 213 in 2012 to 122 in 2018. The percent of high school students reporting bullying on school property slightly decreased, while reports of electronic bullying increased. Gender disparities exists, with 21.4% of twelfth grade females reporting electronic bullying versus 9.3% of twelfth grade males.

As a part of the Calvert County Board of Education Strategic Plan, the Department of Student Services issues a Climate & Culture Survey. In 2019, 77.9% of students surveys reported feeling safe at school and 87% of students reported at least one caring adult in their school.

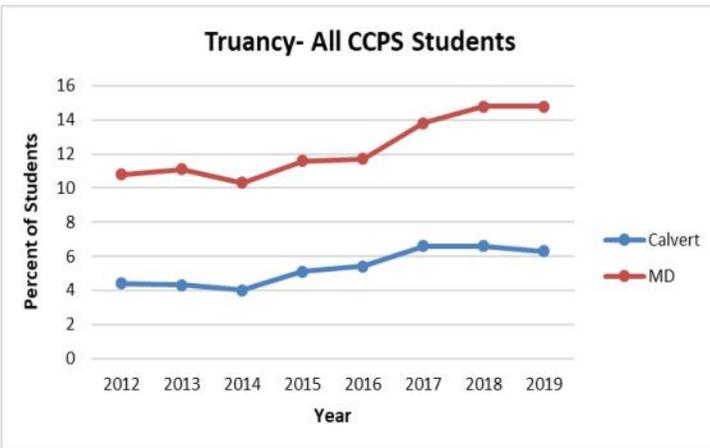
Respondents to the Community Needs Assessment Survey identified cyber bullying and bullying on school property as contributing factors to poor mental health outcomes. Each year, Calvert County Public Schools hosts a Kindness Summit. The event features inspirational speakers and breakout sessions covering topics such as school bus safety, cyber bullying, social isolation and special populations. Some respondents felt that more work to address bulling needs to be done, both in school and at home. Successful programs include components of mentoring, positive youth development and effective policy.

INDICATOR - Truancy

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/>)

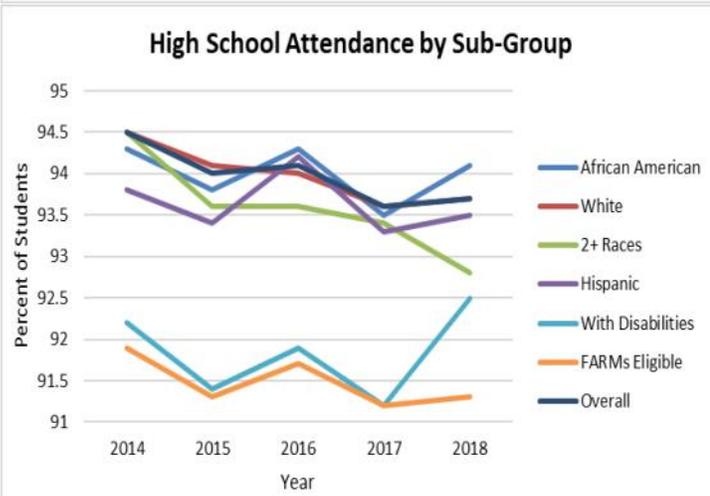
Why is this important?

School attendance is essential to academic success. Missing 10% of the school year, or just 2-3 days every month, can translate into third graders struggling to master reading, sixth graders failing courses and ninth 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.



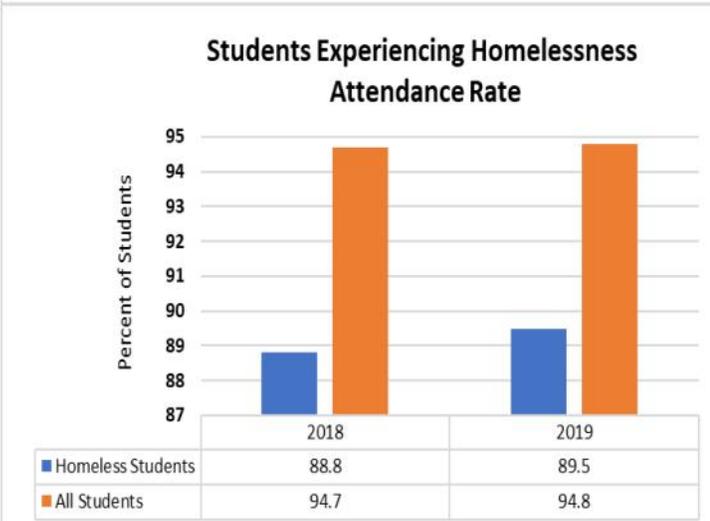
Percent of Students in all Grades Absent More than 20 Days

Source: Maryland Report Card, Absentee Rate, <https://reportcard.msde.maryland.gov/Graphs/#/Demographics/AbsenteeRate20/3/99/1/6/99/XXXX>



Percent of High School Students with Regular Student Attendance by Sub-Group

Source: Maryland Report Card, Demographics, Attendance rate, <https://reportcard.msde.maryland.gov/Graphs/#/Demographics/AttendanceRate/3/17/6/1/04/XXXX>



Percent of High School Students Receiving Homeless Education Services with Regular Student Attendance

Source: Maryland Report Card, Demographics, Attendance rate, <https://reportcard.msde.maryland.gov/Graphs/#/DemographicsAttendanceRate/3/17/6/1/04/XXXX>

INDICATOR - Truancy, continued

The story behind the data:

In 2019, 6.3% of students enrolled in Calvert County Public Schools were truant, compared to state average of 14.8%. According to the Maryland Report Card, students with disabilities and students eligible for Free and Reduced Priced Meals have the lowest attendance rates. Students experiencing homelessness also have a lower attendance. In 2019, 89.5% of students receiving Homeless Education Services had regular attendance compared to 94.8% of all students.

Community Needs Assessment Survey respondents identified unstable housing, family substance use, mental health and lack of family support as challenges faced by youth at risk of becoming disconnected. Successful programs include mentoring, alternatives to traditional four-year degrees, early identification of at-risk students through routine review of attendance data and support for young parents.

RESULT: YOUTH WILL COMPLETE SCHOOL

INDICATORS: EDUCATIONAL ATTAINMENT, HIGH SCHOOL PROGRAM COMPLETION, HIGH SCHOOL DROPOUT, PROGRAM COMPLETION OF STUDENTS WITH DISABILITIES

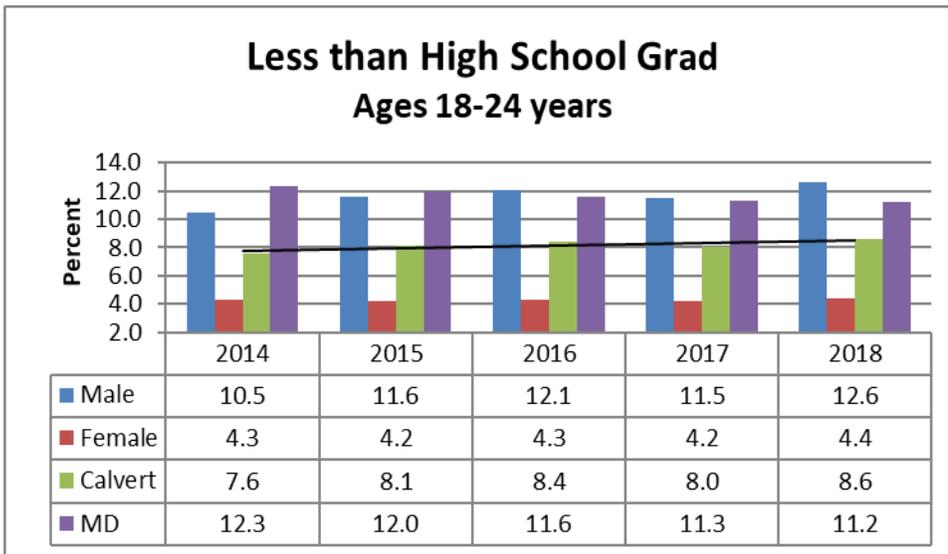
INDICATOR - Educational Attainment

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 (<https://goc.maryland.gov/educational-attainment/>)

Why is this important?

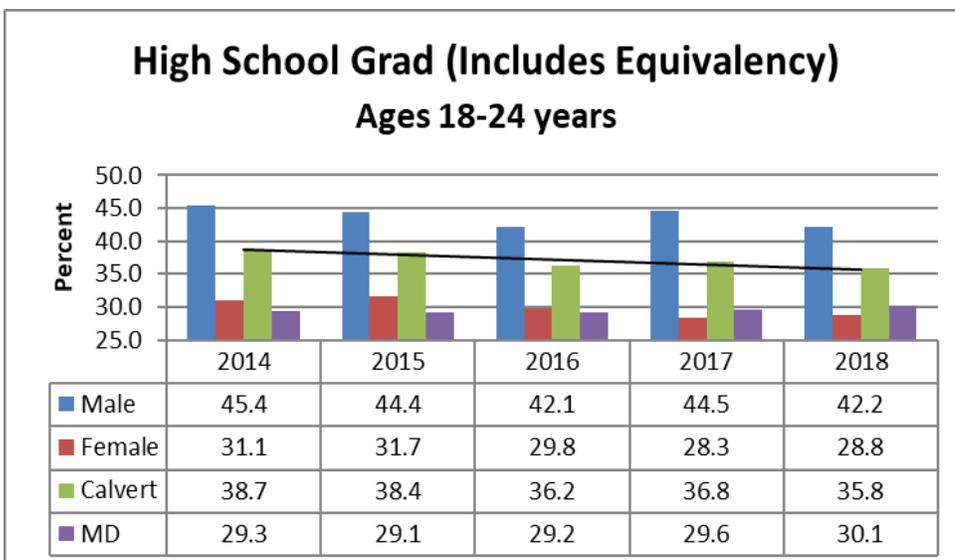
Educational attainment is a powerful predictor of well-being. Young adults who have completed higher levels of education are more likely to achieve economic success than those who have not. In addition to qualifying one for a broader range of jobs, completing more years of education also protects against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

* Indicates highest level of educational attainment



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

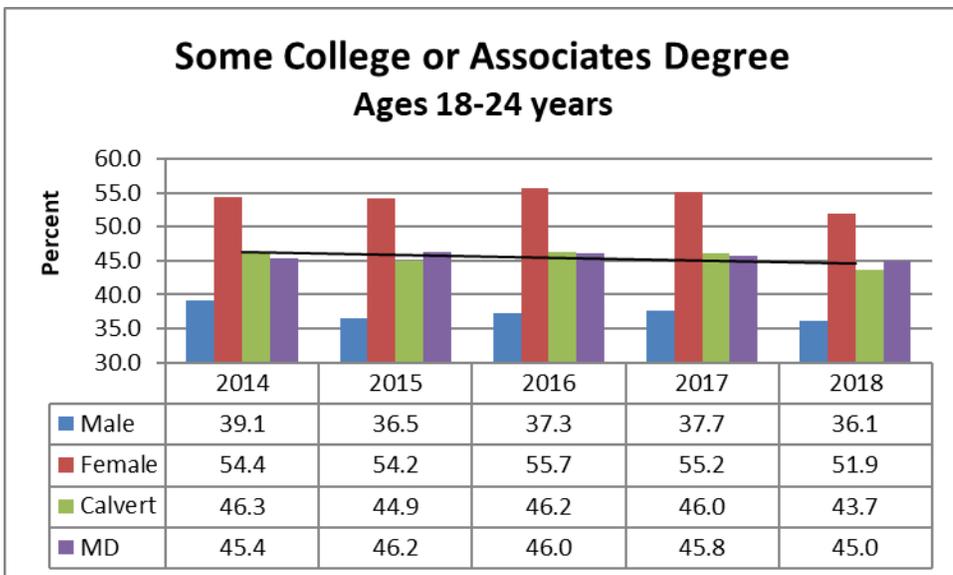
Source: US Census, America FactFinder, Calvert County, Educational Attainment, 5-Year Estimates, <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>



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

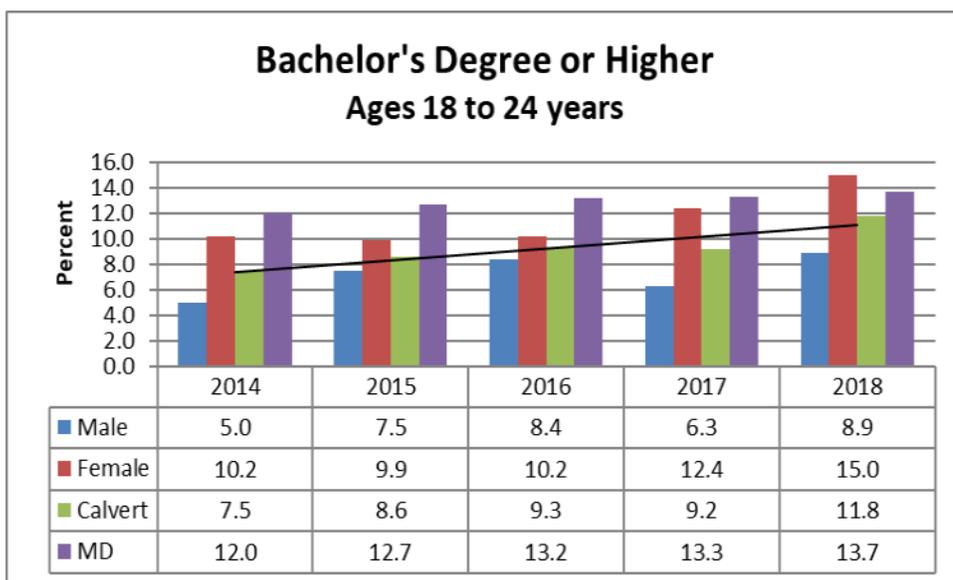
Source: US Census, America FactFinder, Calvert County, Educational Attainment, 5-Year Estimates, <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

INDICATOR - Educational Attainment



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

Source: US Census, America FactFinder, Calvert County, Educational Attainment, 5-Year Estimates, <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>



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, 5 Year- Estimates, <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

The story behind the data:

From 2014 to 2018, the percent of young adults in Calvert County without a high school diploma increased from 7.6% to 8.6%. More males (12.6%) than females (4.4%) have not completed high school. While the number of young adults with a high school education is higher than the state average, the percent of males without a high school diploma is higher. This discrepancy is due to the high percentage of females in Calvert County that have completed high school.

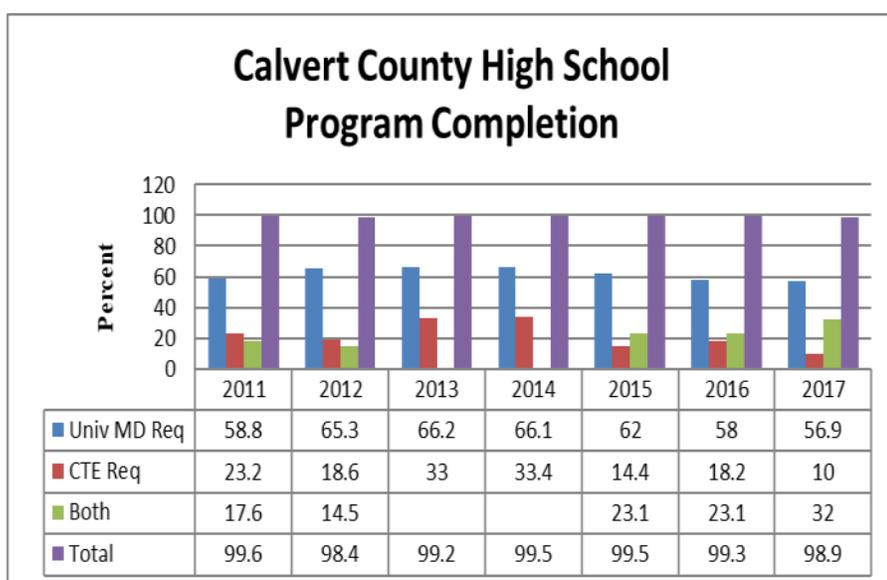
Most young adult males in Calvert County (42.2%) report completing high school/high school equivalency as their highest level of education compared to 28.8% of females. A majority of females (51.9%) report some college or an Associates Degree as their highest level of education compared to 36.1% of males. Overall, 11.8% of young adults in Calvert County report earning a Bachelor's Degree or Higher, which is slightly below the state average of 13.7%.

INDICATOR - High School Program Completion

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 (<https://goc.maryland.gov/program-completion/>).

Why is this important?

A high school diploma is associated with higher incomes and occupational status. Young adults with low education and skill levels are more likely to live in poverty and to receive government assistance. To ensure that Maryland students are prepared for college and competitive in a modern economy, students are encouraged to explore a range of career fields and to take advantage of early college credit options.



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 - 2017. <http://reportcard.msde.maryland.gov/downloadindex.aspx?K=99AAAA>

No data Indicates less than or equal to 5% of graduating high school students

Graduation Rate: 4 Year Adjusted Cohort					
	2015	2016	2017	2018	2019
Black	90.1%	89.4%	93.9%	91.9%	92.09%
Hispanic	87.9%	90.6%	92%	81.3%	93.15%
White	>95%	>95%	94.6%	94.6%	94.91%
All Students	94.2%	94.5%	94.6%	93.9%	94.12%

Percent of Graduating Seniors by Race and Ethnicity, Calculated By Graduating Class

Source: MSDE MD Report Card, Adjusted Cohort Graduation Rate, Graduating Class of 2015 to 2018. <https://reportcard.msde.maryland.gov/Graphs/#/Graduation/GradRate/1/6/3/1/04/XXXX>

INDICATOR - High School Program Completion, continued

The story behind the data:

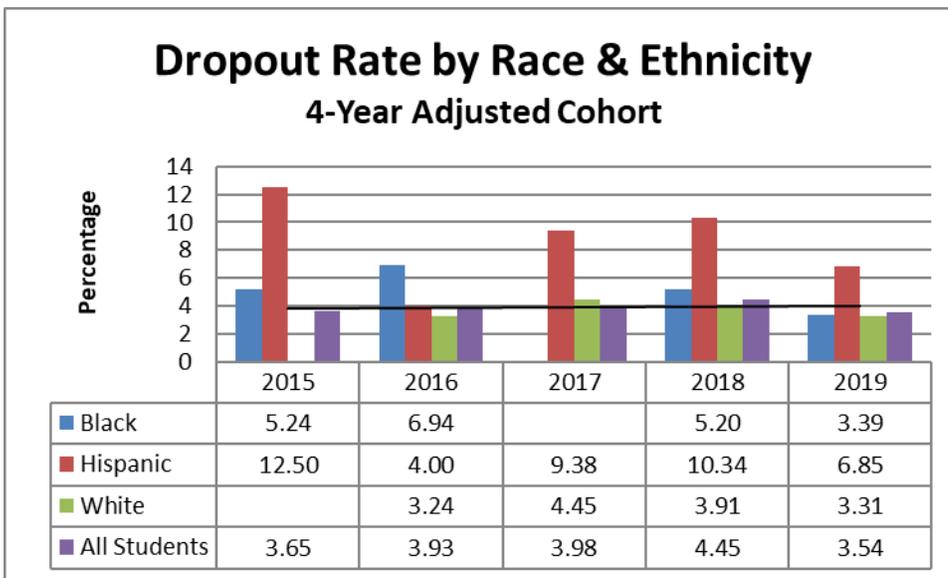
Calvert County boasts impressive high school graduation rates. The percentage of Calvert County students in grades 9-12 who drop out of school is less than 4% and similar to the Maryland percentage. For the adjusted cohort dropout rate, the rate is dropped to a 5-year low. The gap between white and minority 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 a certificate of completion in the special education program.

INDICATOR - High School Dropout

Definition: 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 cohort dropout rate is adjusted to show rate of individuals. (Source: <https://goc.maryland.gov/high-school-dropout/>)

Why is this important?

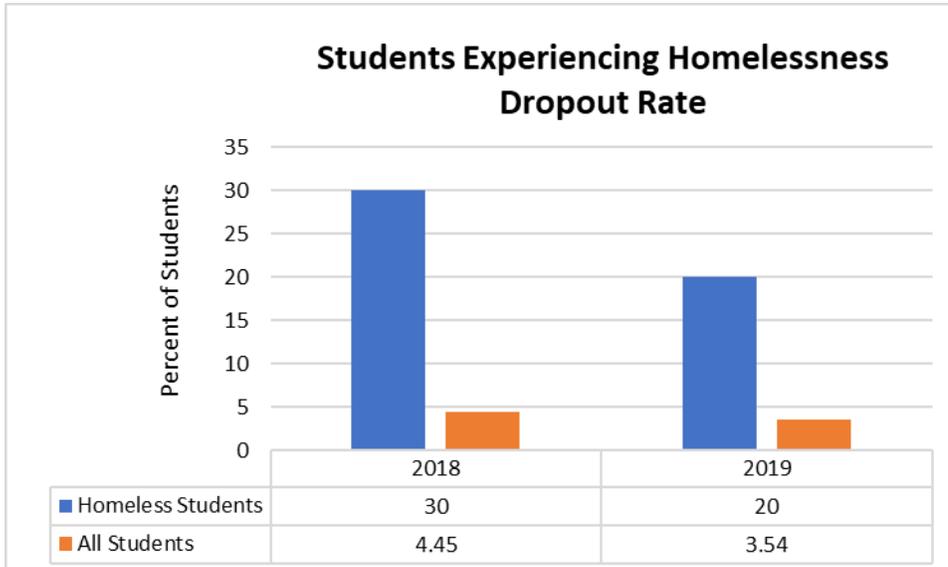
Dropping out from high school is associated with negative employment and life outcomes. Young people who drop out of high school are unlikely to have the minimum skills/credentials necessary to function in an increasingly complex society and technology-dependent workplace. High school completion is a minimum requirement for most jobs. Dropout status has been linked with poor health, including poor mental health.



Percent of high school Students withdrawing before Graduation or Before Completing a Maryland-Approved Educational Program, Calculated With Graduating Class

Source: MSDE 2019 Maryland Report Card, Dropout Rate - 4 Year Adjusted Cohort

Note: No data indicates less than or equal to 3% of students



Percent of high school Students Receiving Homeless Education withdrawing Before Graduation or Before Completing a Maryland-Approved Educational Program, Calculated With Graduating Class

Source: MSDE 2019 Maryland Report Card, Dropout Rate - 4 Year Adjusted Cohort

INDICATOR - High School Dropout, continued

The story behind the data:

Students experiencing homelessness are more likely to drop out of high school than students with adequate and stable housing. In 2019, 20% of students experiencing homelessness dropped out of school compared to 3.54% of their graduating class.

Respondents to the Community Needs Assessment Survey stressed the importance of education to break the cycle of generational poverty in families. Respondents recommended programs that support the education of young parents and their children. Promoting programs and services already in place is key to reaching families. Survey respondents talked about the need for mentoring and job shadowing opportunities for youth and young adults. Respondents recommended apprentice-level job training and volunteer opportunities for youth not on the college track.

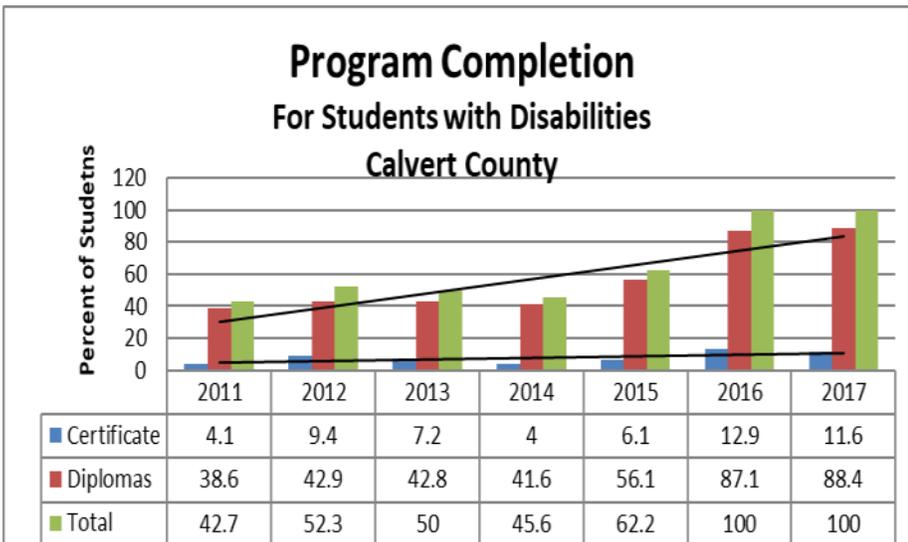
INDICATOR - Program Completion of Students with Disabilities

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 and students with current Individualized Education Plans (IEPs) who complete a high school certification or receive a diploma.

Why is this important?

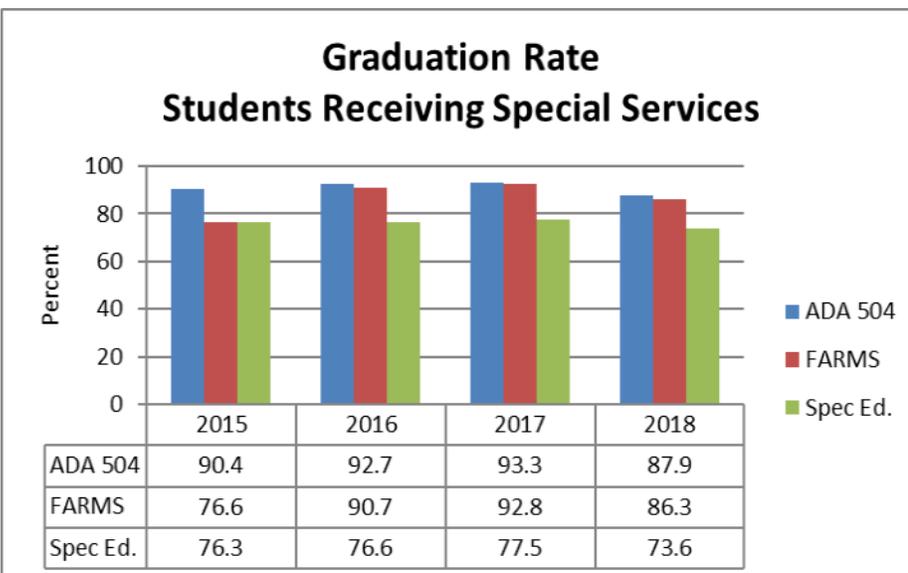
In an increasingly competitive labor market, ensuring students with disabilities are college and career ready is an important and challenging goal. Employment and postsecondary education participation rates are lower for students with disabilities who dropped out of school compared to students without disabilities. 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



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, 2012 - 2018



Percent of Students Graduating that Receive Special Services, Calculated By 4 Year Cohort

Source: MSDE 2018 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 2015 through 2018.

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 (88.4%) compared to a certificate of completion (11.6%) has steadily increased. The number of students with disabilities receiving a high school diploma has more than doubled since 2011. During the same period, the percent of graduating students receiving special services decreased. In 2018, 87.9% of students with an ADA 504 graduated, down slightly from 93.3% in 2017. In 2018, 73.6% of students receiving Special Education graduated, compared to 77.5% in 2017.

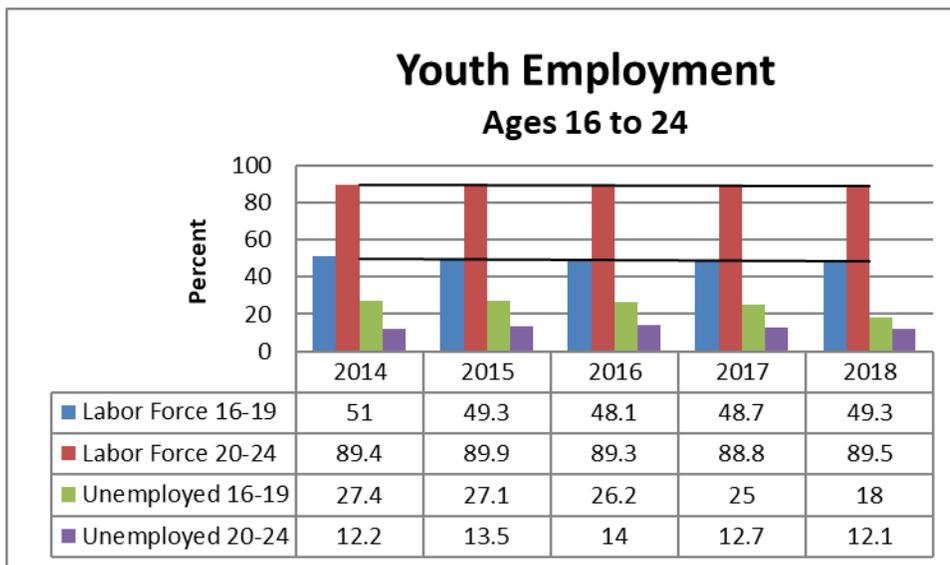
RESULT: YOUTH HAVE OPPORTUNITIES FOR EMPLOYMENT OR CAREER READINESS

INDICATOR - Youth Employment

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

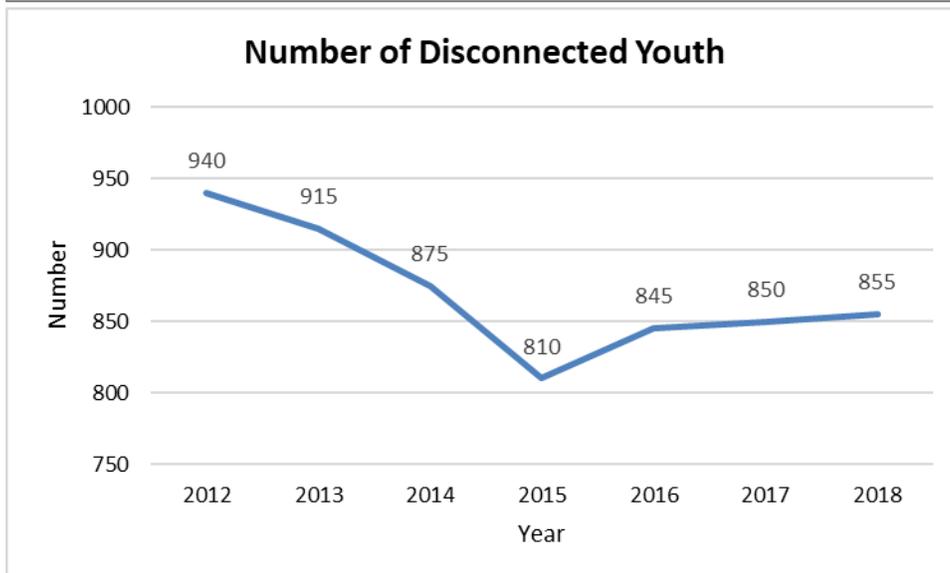
Why is this important?

Disconnected youth are young people ages 16 to 24 who are neither working nor in school. These years 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.



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

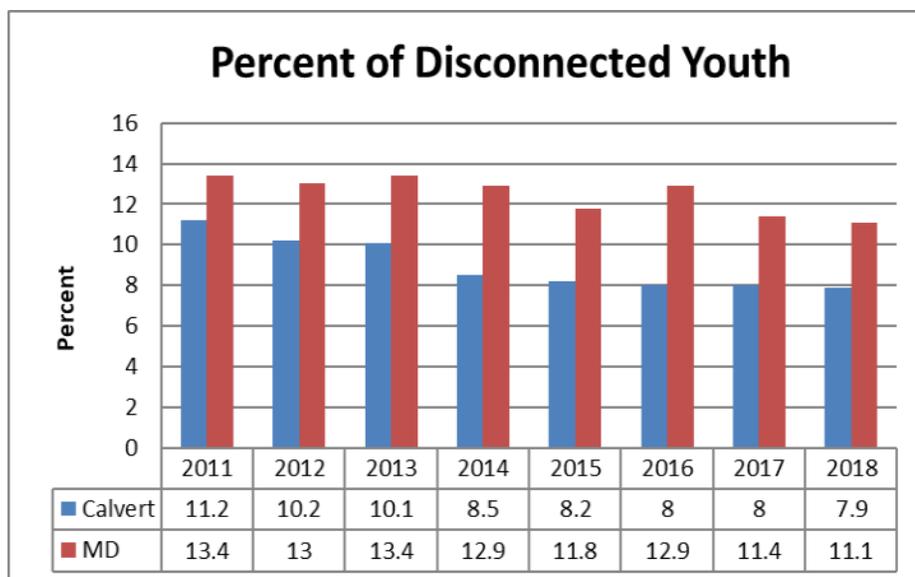
Source: American Community Survey 5 Year Estimates, Calvert County, Employment Status, 2010 - 2014. <http://factfinder.census.gov>



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

Source: Opportunity Index, Calvert County and Maryland, 2011 to 2018, <http://opportunityindex.org>

INDICATOR - Youth Employment



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

Source: Opportunity Index, Calvert County and Maryland, 2011 to 2018, <http://opportunityindex.org>

Story Behind the Data:

The unemployment rate for 16-19 year olds has steadily decreased from 27.4% in 2014 to 18% in 2018. The unemployment rate for youth 20-24 has remained relatively steady, around 12.9%. More than 1 in 10 youth in Maryland is disconnected, making it a statewide issue. In 2018, there were 855 disconnected youth in Calvert County, representing 7.9% of 16-24 year old's. The percent of disconnected youth has remained steady since 2014.

The CCFN Board selected disconnected youth as a priority area of focus in the Community Needs Assessment Survey. Survey respondents identified an array of challenges that contribute to youth becoming disconnected: unstable housing; lack of transportation; family stress; behavioral health issues and a lack of early intervention programs.

Survey respondents felt that programs to support youth often have too much "red tape" and require documents, like a Social Security card or birth certificate, that the youth may not have access to. Additionally, a lack of programs and services to support the LGBTQI population was identified as a barrier. Survey respondents recommended programs with minimal entrance criteria that focus on soft skills and options for students not on the college pathway. Additionally, programs need to be accessible, low cost, engaging and convenient to be effective.

RESULT: COMMUNITIES ARE SAFE FOR CHILDREN, YOUTH AND FAMILIES

INDICATORS: CHILD MALTREATMENT, CRIME, JUVENILE FELONY, JUVENILE RECIDIVISM, OUT-OF-HOME PLACEMENT

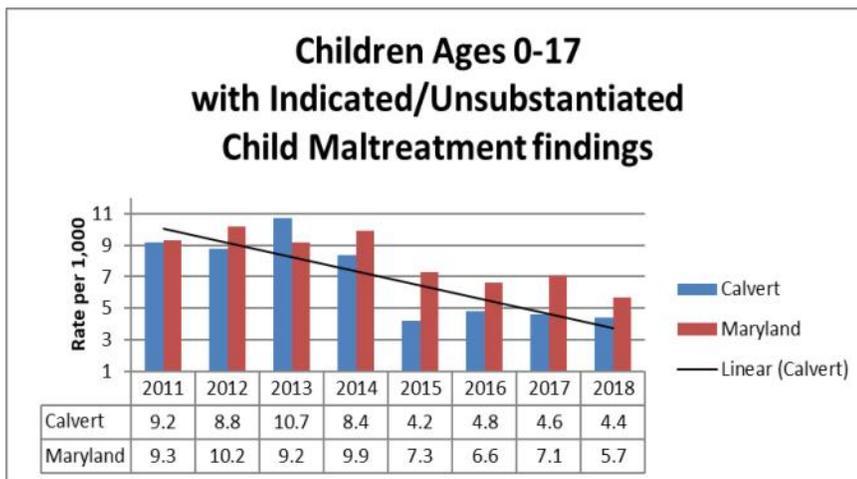
INDICATOR - Child Maltreatment

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. (<https://goc.maryland.gov/child-maltreatment/>)

The rate is calculated per 1,000 children under age 18 in Maryland. Data on Child Protective Services (CPS) findings is from Maryland’s Stateside Automated Child Welfare Information System (MD CHESSIE).

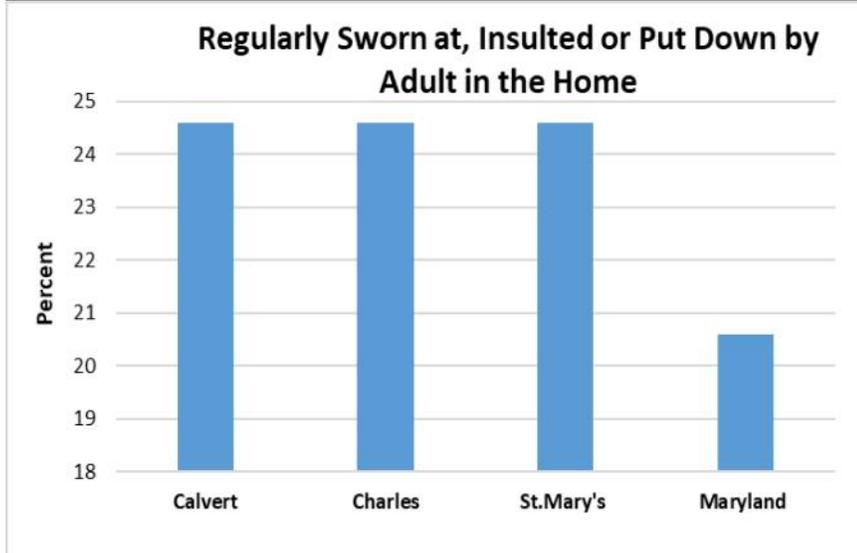
Why is this important?

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 1,000 in their age population with Indicated/Unsubstantiated Child Abuse and Neglect Findings

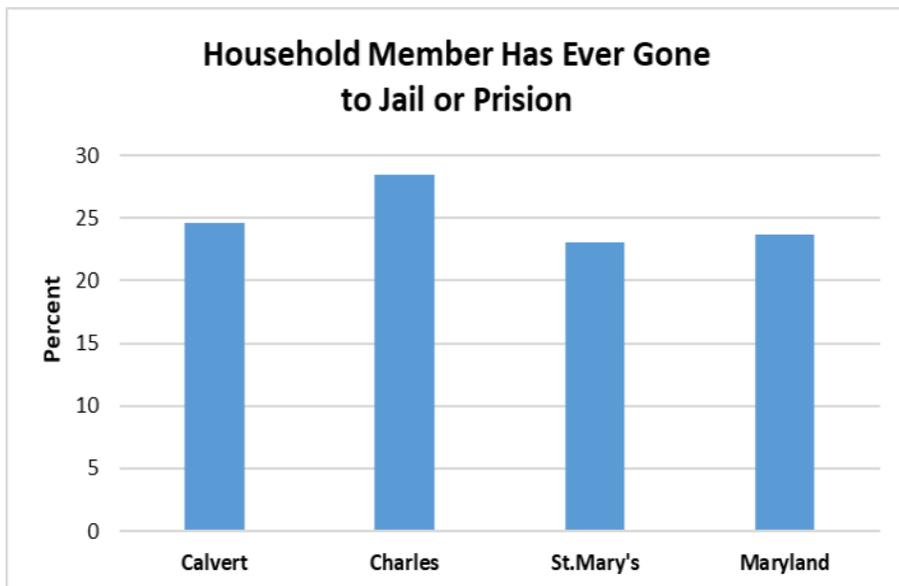
Source: DHR (MD CHESSIE)/CDC Bridged-Race Population Estimates; Retrieved from: <https://embed.resultsscorecard.com/Indicator/Embed?id=61063>



Percentage of High School students who reported a parent or other adult in their home regularly swears at them, insults them, or puts them down

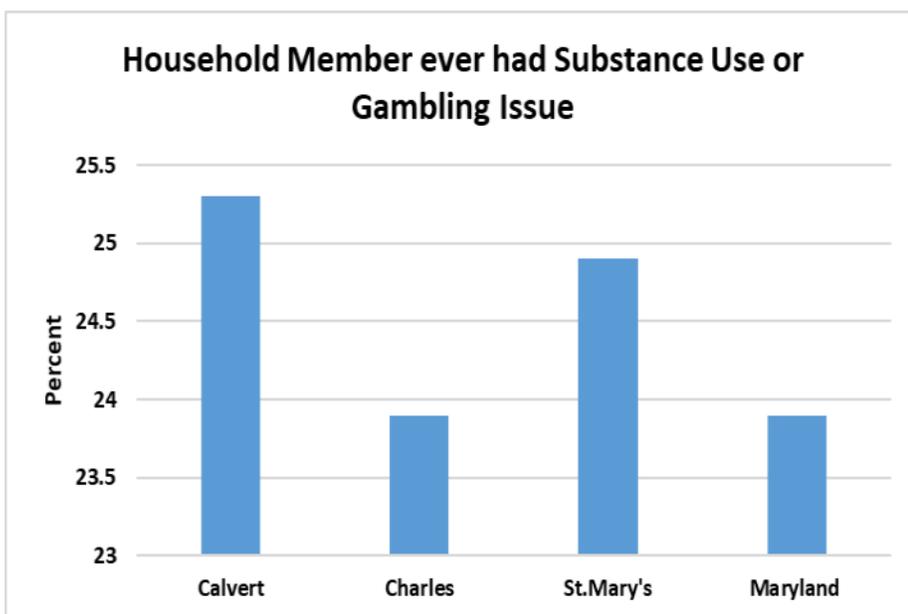
Source: 2018 Maryland Youth Risk Behavior Survey Results, <https://phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS2018.aspx#Calvert>

INDICATOR - Child Maltreatment, continued



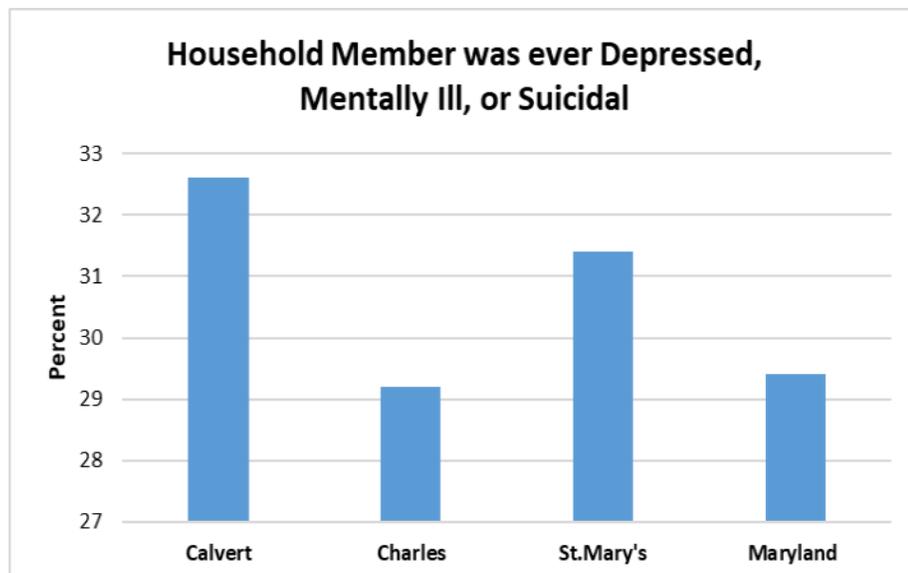
Percentage of High School students who reported someone in their household has ever gone to jail or prison

Source: 2018 Maryland Youth Risk Behavior Survey Results, <https://phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS2018.aspx#Calvert>



Percentage of High School students who reported ever living with anyone who was an alcoholic or problem drinker, used illegal street drugs, took prescription drugs to get high, or was a problem gambler

Source: 2018 Maryland Youth Risk Behavior Survey Results, <https://phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS2018.aspx#Calvert>



Percentage of High School students who reported ever living with anyone who was depressed, mentally ill, or suicidal

Source: 2018 Maryland Youth Risk Behavior Survey Results, <https://phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS2018.aspx#Calvert>

INDICATOR - Child Maltreatment, continued

The story behind the data:

In January 2014, Calvert County Department of Social Services implemented the Alternative Response initiative, a state-wide approach for managing low risk reports of child neglect and abuse. Alternative Response allows local Departments of Social Services to help Maryland families access services, supports and other help that will resolve their concern. Alternative Response cases don't end with a "finding." This shift in practice accounts for the substantial decrease in findings from 2014-2015. From 2015-2018, the rate has remained steady, with a mean rate of 4.5 findings per 1,000 children. In 2018, the county rate of 4.4 is slightly lower than the state rate of 5.7.

In 2018, the Youth Risk Behavior Survey added questions regarding Adverse Childhood Experiences (ACEs). ACEs are traumatic events occurring before age 18. ACEs include all types of abuse and neglect as well as parental mental illness, substance use, divorce, incarceration, and domestic violence. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness and substance use in adulthood. High school students in Calvert County report higher rates of living with someone who has gone to jail or prison, has a behavioral health disorder or regularly insults them than the Maryland state average for each indicator.

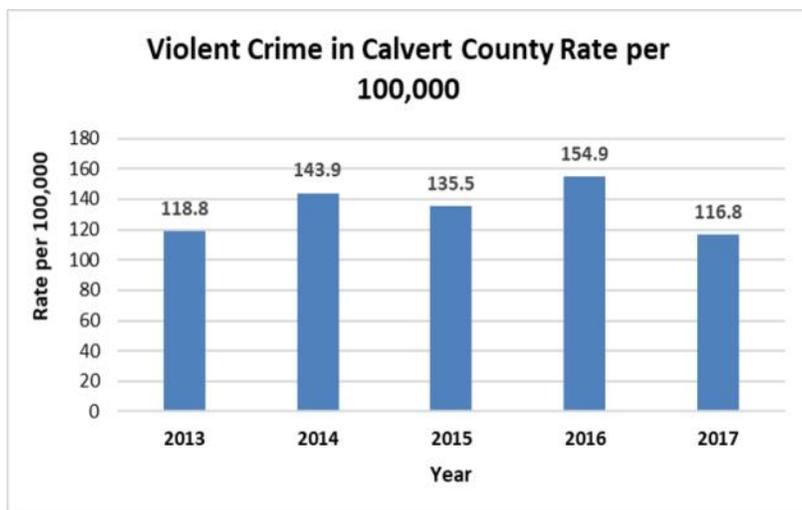
The CCFN Board of Directors selected child maltreatment as a priority area of focus in the Community Needs Assessment Survey. Survey respondents identified the need for in-home services, home visiting, parenting classes and adequate funding to support child welfare services. Additionally, respondents noted a need for affordable services with few requirements for entry. Education to teach families the difference between discipline and abuse, as well as peer support for families were recommended. Successful programs include home visiting, strengthening a family's economic supports and promoting social norms that protect against violence and adversity.

INDICATOR - Crime

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. Families, neighborhoods and communities are all affected when violent crime occurs. Violent crime causes physical harm, and social and emotional distress including injury, disability, premature death, depression, anxiety and post-traumatic stress disorder.



Rate of Violent Crimes in Calvert County

Source: Table 1M: Violent Crime in Maryland per 1,000 Persons, 2005-2013, http://www.mdp.state.md.us/msdc/md_statistical_handbook13.pdf

The story behind the data:

The rate of violent crimes remains low in Calvert County. In 2018 the violent crime rate was 116.8 per 100,000 population, much lower than the state average. Calvert's rate of violent crime is also lower than Charles and St Mary's counties.

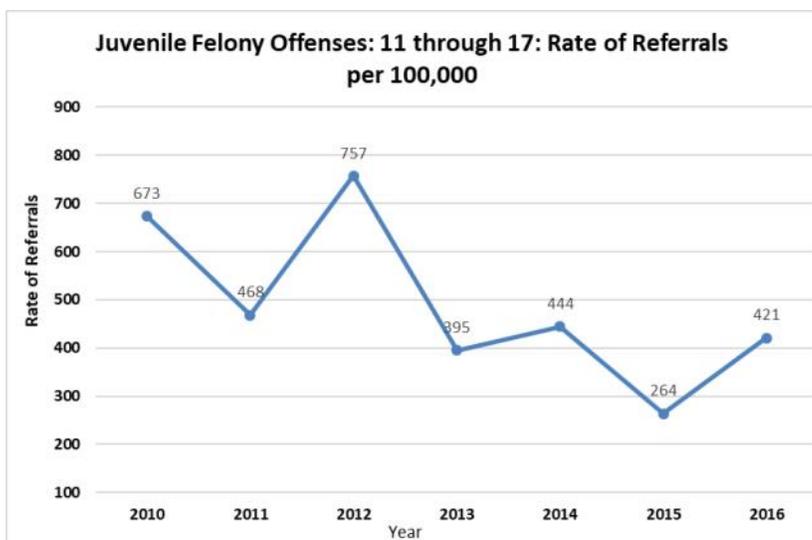
INDICATOR - Juvenile Felony Offenses

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 Maryland 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. Maryland 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.

(Source: <http://goc.maryland.gov/2013juvenile-felony-offenses/>)

Why is this important?

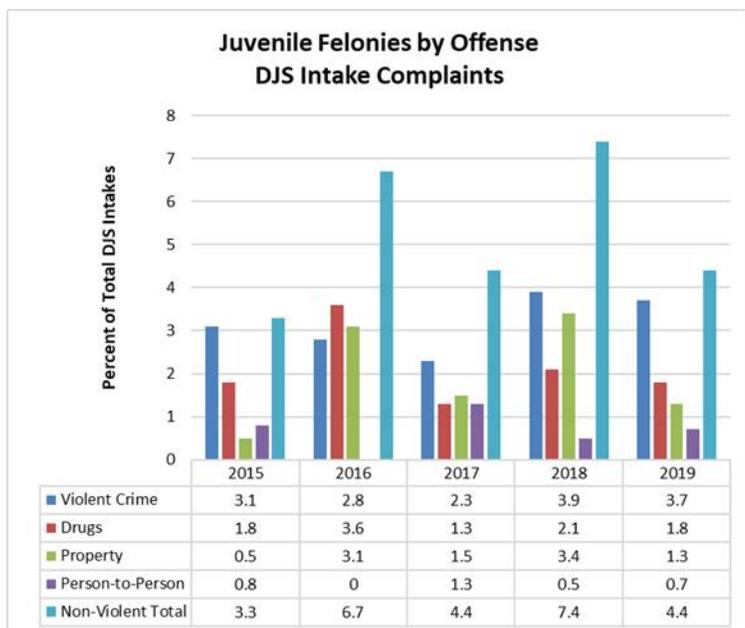
Juvenile delinquency has potentially high stakes for both individuals and society as a whole. Delinquency is linked to higher crime rates in adulthood and other negative outcomes. One estimate suggests that between 50 and 75 percent of adolescents who have spent time in juvenile detention centers are incarcerated later in life. Source: <https://www.childtrends.org/indicators/juvenile-detention>



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, 2010-2016, <http://goc.maryland.gov/2013juvenile-felony-offenses/>

INDICATOR - Juvenile Felony Offenses, continued



Rate of Department of Juvenile Services (DJS) Intake Complaints for Violent and Non-Violent Felonies, Calvert County

Source: MD DJS Data Resource Guides, 2015-2019, <http://www.djs.state.md.us/data-resource-guides.asp>

The story behind the data:

Calvert County has seen an increase in the total percent of Department of Juvenile Services (DJS) intake complaints for violent felony crimes (3.1% in 2015 to 3.7% in 2019). The rate of drug, property and non-violent offenses has fluctuated from year to year.

In January 2020, CCFN hosted the Southern Maryland region’s Listening Sessions for the Juvenile Justice Reform Council. The Council’s goal is to develop strategies to reduce youth recidivism through best practices and to mitigate risk factors that contribute to juvenile contact with the criminal and juvenile justice systems. Over 75 attendees from Charles, Calvert, St. Mary’s and Anne Arundel counties provided feedback to the council. Key takeaways identified the need for community-based treatment with transportation for youth; restorative justice programming; a mapping of the Juvenile Justice System; and pro-social activities like mentoring or after-school programs.

INDICATOR - Juvenile Recidivism

Definition: Juvenile and adult re-adjudicated/convicted recidivism rates for youth released from Department of Juvenile Service (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.

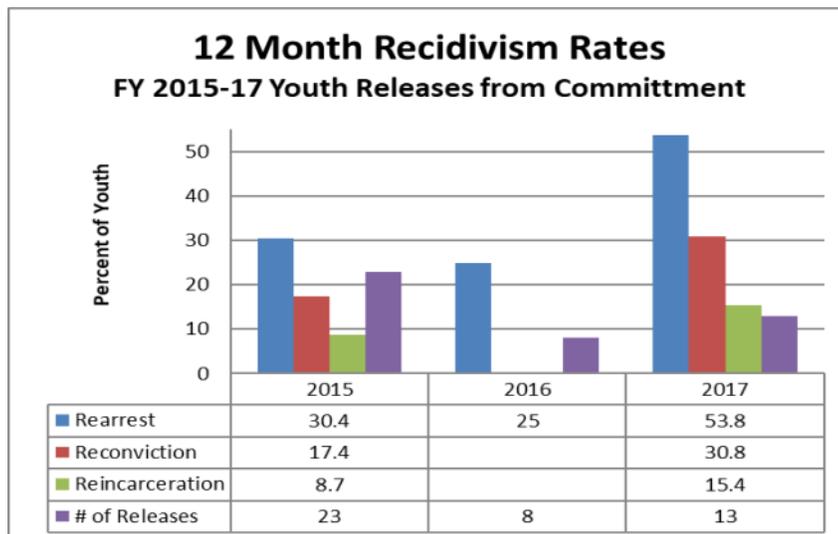
Re-referral/arrest refers to any subsequent contact a youth has either in the juvenile or adult system.

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 a 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.

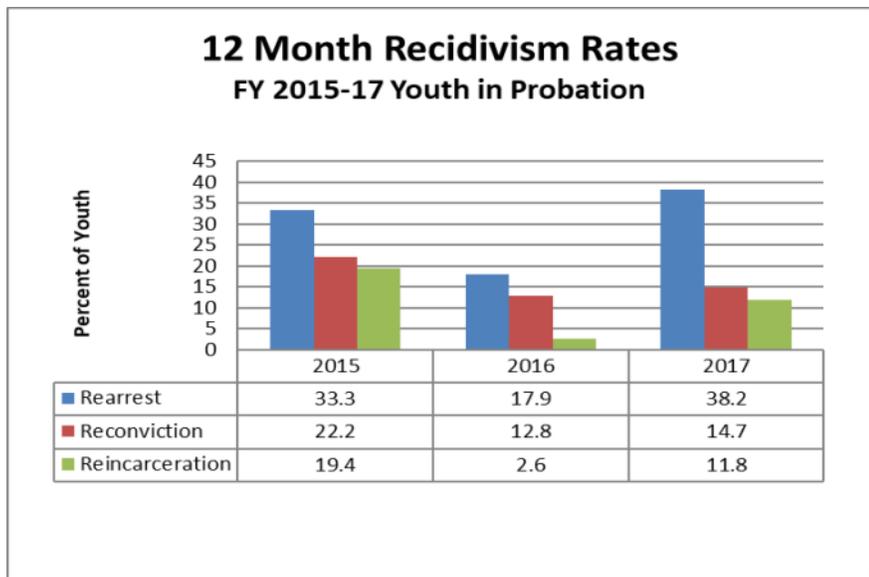


12-Month Juvenile and/or Criminal Justice Recidivism Rates for FY 2011-2013 Releases (Calvert County)

Source: MD DJS Data Resource Guide, FY 17 and FY 18 Section V: Recidivism Rates, Calvert County, <http://www.djs.state.md.us/data-resource-guides.asp>

No Data= to few cases to be statistically significant

INDICATOR - Juvenile Recidivism, continued



12-Month Juvenile and/or Criminal Justice Recidivism Rates for FY 2015-2017 New Probation Youth

Source: MD DJS Data Resource Guide, FY 17 and FY 18, 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. Calvert County has experienced an increase in recidivism rates for youth released from a committed program. The percent of youth reconvicted increased from 17.4% to 30.8% in 2017. This increase is likely attributed to the lower number of releases in 2017. The percent of reconvictions for new probation youth has decreased from 22.2% in 2015 to 14.7% in 2017.

In 2017, the Calvert County Family Network hosted a Sequential Intercept Mapping (SIMs) to illustrate how people with mental and substance use disorders come in contact with and flow through the local criminal justice system. The map identifies opportunities and resources for diverting people to treatment and indicates gaps in services. Members of the Reentry Coordinating Council attended the workshop and agreed to define recidivism locally as “the individuals return to incarceration (rebooking) on a new charge. The rate will be measured at one year from the release date of the last incarceration.”

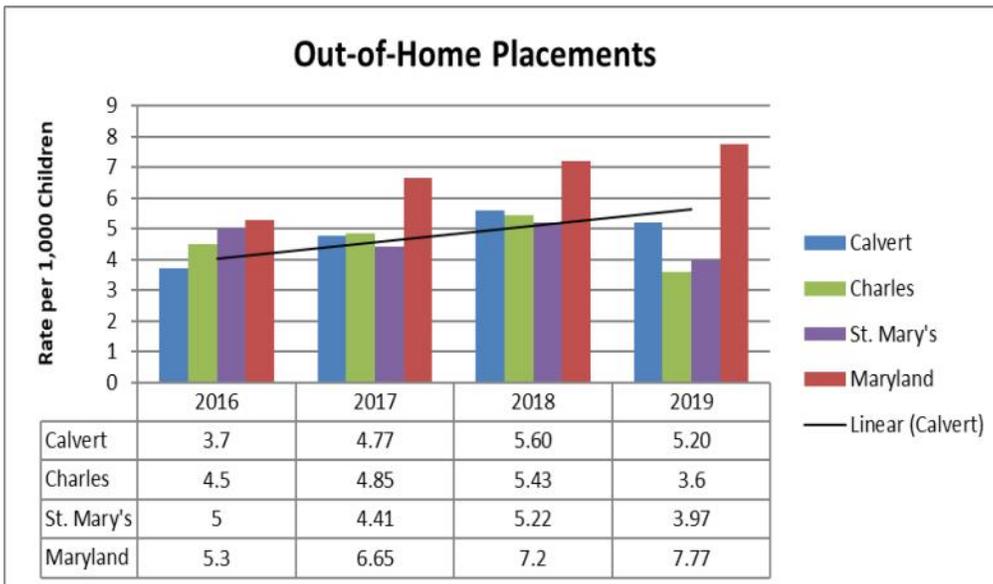
In January 2020, CCFN hosted the Southern Maryland region’s Juvenile Justice Reform Council Listening Sessions. The Council’s goal is to develop strategies to reduce youth recidivism through best practices and to mitigate risk factors that contribute to juvenile contact with the criminal and juvenile justice systems. A key takeaway from the session was the need to coordinate a SIMs for the Juvenile Justice System. This will assist with recommendations on evidence-based programming and local improvements for court or law enforcement procedures.

INDICATOR - Out-of-Home Placement

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

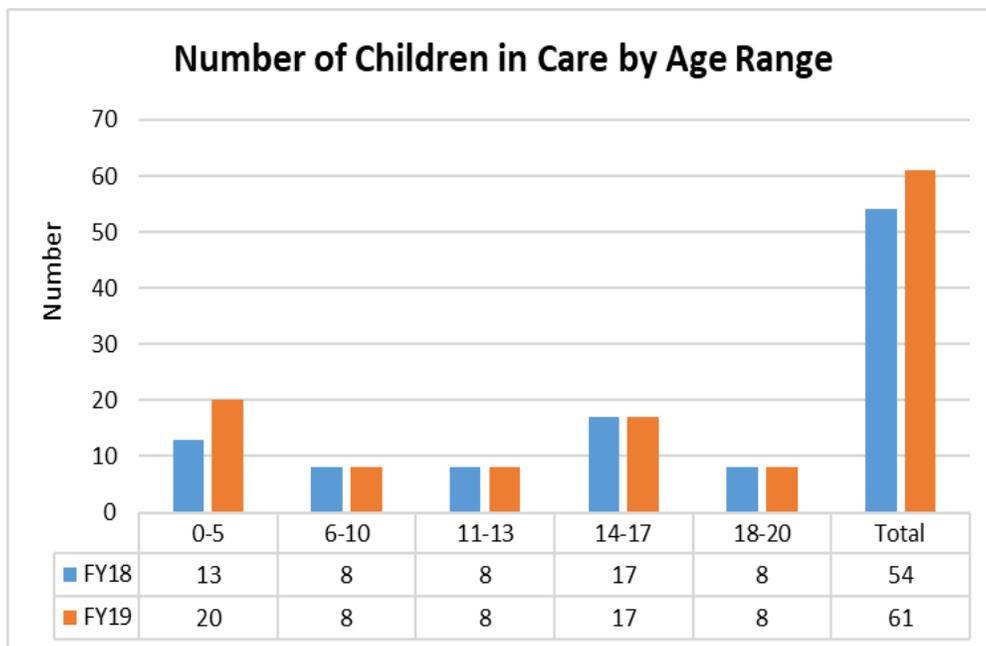
Why is this important?

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 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 2016-2019, <https://goc.maryland.gov/wp-content/uploads/sites/8/2020/03/2019-OOHP-JCR-Report.pdf>



Number of Children in Care of the Department of Social Services in FY18 and FY19 by Age Range

Source: Calvert County Department of Social services

INDICATOR - Out-of-Home Placement, continued

The story behind the data:

The rate of Out-of-home (OOH) placements in Calvert County has increased from 3.7 in 2016 to 9.1 per 1,000 children in 2019. This trend is unique for the Southern Maryland region as neighboring counties have experienced a decrease.

The increase in Calvert's OOH placements may indicate a lack of available community services. Community Needs Assessment Survey respondents cited the lack of in-home services and community supports available to low and middle income families with private insurance. This trend often leads to increases in hospitalization, prescriptions and a higher level of care.

In FY18, the Children's Cabinet identified a need to strengthen the system of care for children and youth at the local level through a coordinated approach to interagency case management. The goal of a coordinated approach is to return or diverts children and youth from preventable out-of-home and out-of-state placements through the provision of community services. Local Management Boards serve as the administrative home for the Local Care Team (LCT). Of the 39 cases reviewed by the LCT in FY20, 100% of youth were able to remain in the home.

RESULT: FAMILIES ARE ECONOMICALLY STABLE

INDICATORS: CHILD POVERTY, HOMELESSNESS, HUNGER

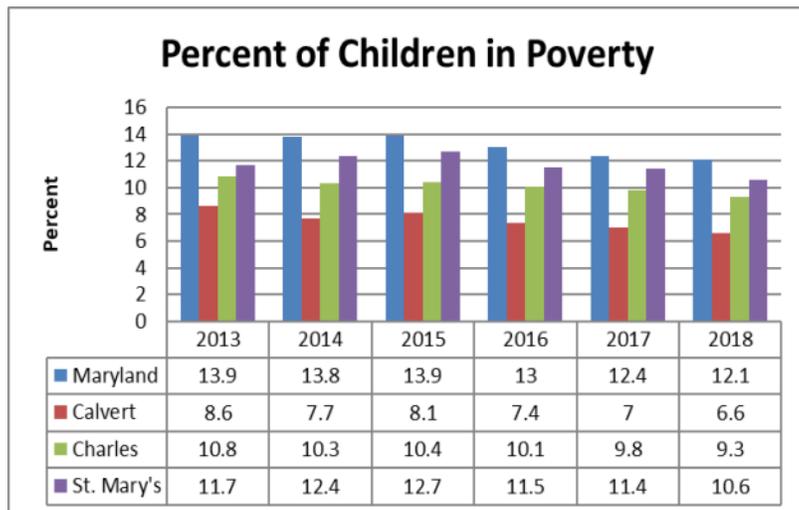
INDICATOR - Child Poverty

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?

Poverty is linked with negative conditions such as substandard housing, homelessness, inadequate nutrition, food insecurity, inadequate child care, and lack of access to health care. 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.

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), <https://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>

The story behind the data:

Calvert County child poverty rates have traditionally fallen below Maryland state rates and those of the neighboring Southern Maryland jurisdictions. Calvert County saw a rise in child poverty rates, followed by a steady decline to 6.6% in 2018. This is the lowest rate since 2008.

Federal poverty measure does not account for cost of living differences from one location to another. The cost of living in Calvert County is higher than state and national averages. According to the 2018 United Way ALICE (Asset Limited, Income Constrained, Employed) Report, 32% of Calvert county households are either in poverty or struggling to make ends meet. ALICE families earn more than the federal poverty level, but less than the basic cost of living for the State.

Community Needs Assessment Survey responses highlighted 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. As a result, kids are often 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.

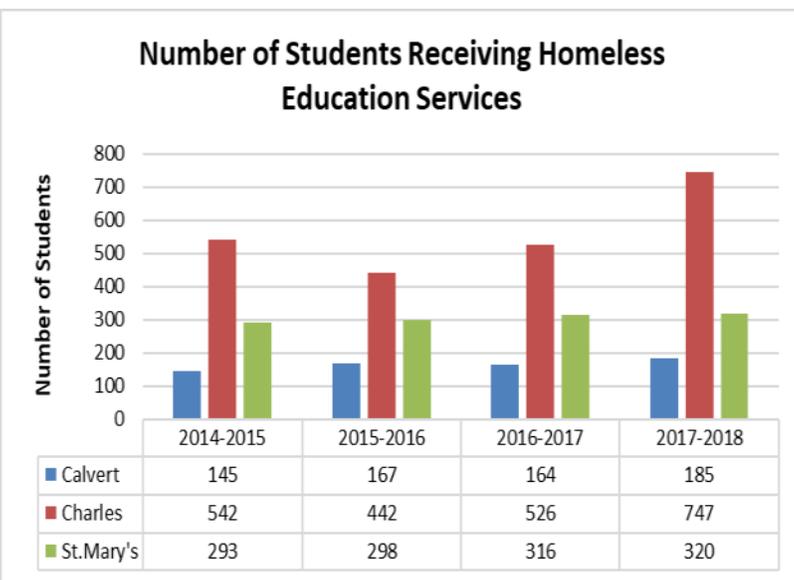
INDICATOR - Homelessness

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 (4) 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 (3) times the rate of other children. Homeless children who are able to attend school have more problems learning in school.

CCG Definition: The number of services provided to Calvert’s homeless and households at imminent risk of homelessness by any of the following six agencies: 1) Project ECHO, 2) Safe Harbor, 3) Department of Social Services (DSS), 4) Southern Maryland Community Network, 5) Safe Nights of Calvert County, and 6) Lifestyles of Southern Maryland, Inc.



Number of Public School Children Students Receiving Homeless Education Services through the McKinney Vento Program

Source: MSDE Homeless Education Trend Data, Retrieved from <http://www.marylandpublicschools.org/about/Documents/DSFSS/Homeless/TrendDataHomelessEducationMD20152018.pdf>

Agency Surveyed	2019 Unduplicated Households Served per Agency	Total Visits -2019
Project ECHO	113	113
Safe Harbor	29	31
Safe Nights of Calvert County	32	32
Southern Maryland Community Network	40	70
Department of Social Services	247	263
LifeStyles of Maryland, Inc.	16	16
COUNTY-WIDE TOTALS	451*	525

Survey of Services to Homeless Persons in Calvert County

Source: <https://www.calvertcountymd.gov/DocumentCenter/View/32177/2019-Annual-Survey-of-Homeless-Service-Providers-Report>

Note: A household is a family unit. In 2019, the number of persons in the family units served ranged from one to six persons. In the unduplicated figures, a household is counted once, regardless of how many times services were received

* Duplicates Across Agencies Removed

INDICATOR - Homelessness, continued

The story behind the data:

Throughout the 2017-2018 school year, 185 students received homeless education services, representing 1.16% of the school aged population. The number of homeless students enrolled in Calvert County Public Schools continues to grow each year.

The 2019 Survey of Services to Homeless Persons prepared by the Calvert County Government Department of Community Resources identified 259 youth from 408 households with children. Additionally, the survey identified 53 disconnected youth, ages 16-24 seeking homeless services as a single adult. Of all homeless survey respondents, the majority of the most recent addresses served were in Prince Frederick, Lusby and North/Chesapeake Beach. The main reasons given for homelessness were: alcohol and drugs, family eviction, mental illness, domestic violence and release from incarceration. The most common services provided were referrals to additional services, food, physical shelter and transportation.

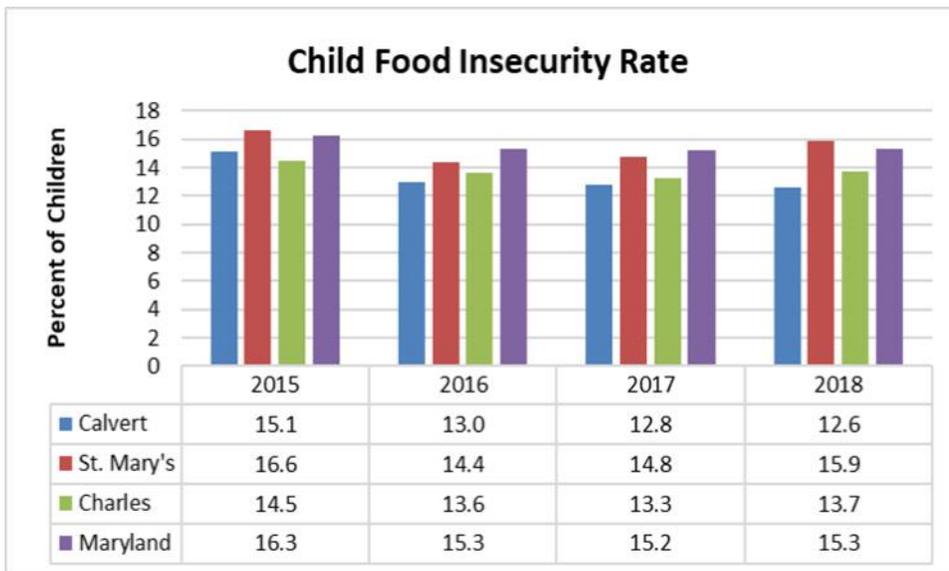
Community Needs Assessment Survey respondents identified affordable housing as a barrier to achieving self sufficiency. Calvert County has few affordable housing options, like Section 8, for low income families and long wait lists for low-income housing apartment communities. There are three shelter programs that house children: Project ECHO homeless shelter, Safe Harbor domestic violence shelter and Safe Nights, an emergency shelter program offered in the winter months.

INDICATOR - Hunger

Definition: The percentage of families who are food insecure. The U.S. 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/hunger/>).

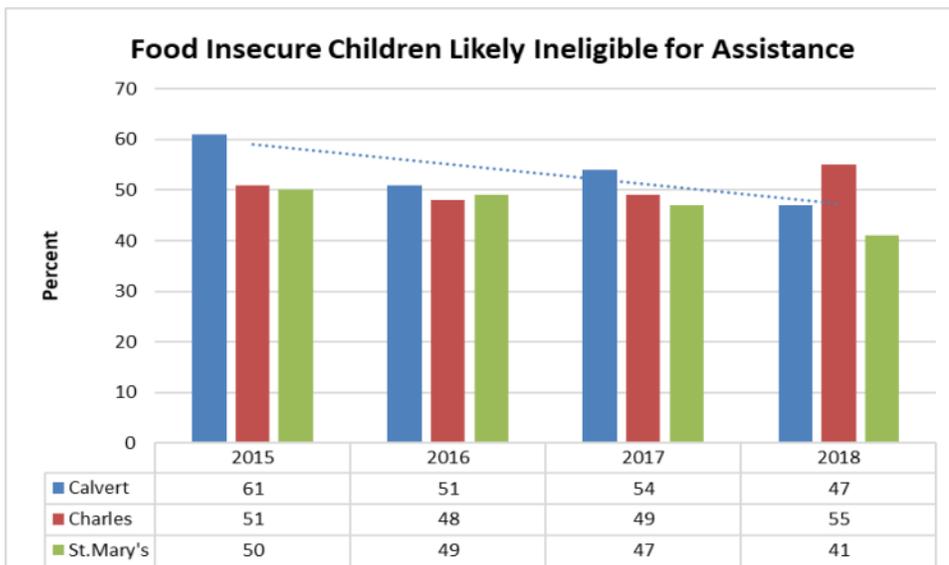
Why is this important?

Not having enough healthy food can have serious implications for a child’s physical and mental health, academic achievement and future economic prosperity. Research shows an association between food insecurity and delayed development in young children; risk of chronic illnesses like asthma and anemia; and behavioral problems like hyperactivity, anxiety and aggression in school-age children. Of households served by Feeding America, 84% report buying the cheapest food, instead of the healthiest food, in order to provide enough to eat.



Percent of Food Insecure Children under the Age of 18

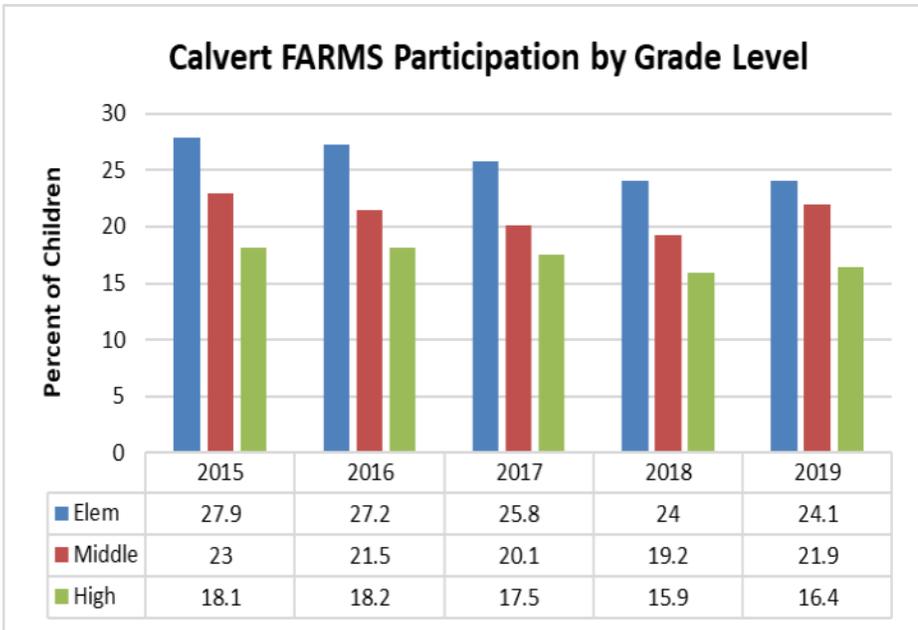
Source: Feeding America Map the Meal Gap Child Food Insecurity Rates By County, <http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/data-by-county-in-each-state.html>



Percent of Food Insecure Children Likely Ineligible for Assistance

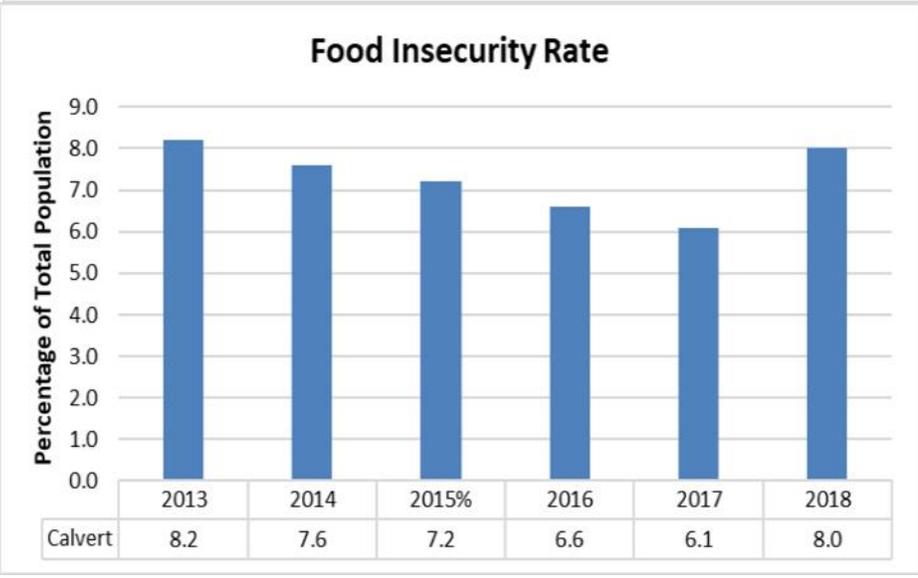
Source: Feeding America, <https://map.feedingamerica.org/county/2018/child/maryland/county/calvert>

INDICATOR - Hunger



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

Source: MSDE 2019 Maryland Report Card, Calvert Demographics, <https://reportcard.msde.maryland.gov/>



Percent of Calvert County residents that experienced food insecurity at some point during the year

Source: Feeding America Map the Meal Gap 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>

The story behind the data:

The child food insecurity rate and the percent of food insecure children likely ineligible for assistance has decreased since 2015. In 2017, the overall food insecurity rate for Calvert County reached a five (5) year low of 6.1%. The trend reversed course in 2018 with a 2% increase.

Calvert County Free and Reduced Priced Meal (FARMS) participation slightly fluctuates each year for elementary, middle, and high school students, with the highest percentage of participation among elementary school students. Roughly 1 in 4 elementary school students participates in the FARMS program.

Calvert County has some good examples of successful programs to address hunger such as Farming 4 Hunger, End Hunger of Calvert County and the Heart Felt backpack program. Successful programs not only alleviate immediate hunger, but move the family towards self-sufficiency.

Conclusions:

Maryland's Results for Child Well-being Indicators where Calvert County is doing well:

- **Infant Mortality:** Small number of infant deaths each year.
- **Child Deaths:** Numbers have remained steady.
- **Health Insurance Coverage:** Percent has slightly increased each year and is higher.
- **Immunizations:** Percent of kindergarten students completely immunized by vaccine is above the state average.
- **High School Completion:** High graduation rates seen on county level.
- **Program Completion of Students with Disabilities:** The percent of students has significantly increased.
- **Youth Employment:** Percent of Disconnected Youth is steady and below the state average.
- **Truancy:** Percent of truant students has slightly increased, but is well below the state average.
- **Educational Attainment:** Rates have remained steady.
- **Crime:** Violent crime rate remains low.
- **Juvenile Felony Offenses:** Slight increase in violent crime with an overall decrease in referrals.
- **Child Poverty:** County rates have decreased and are lower than the state average.
- **Hunger:** County child food insecurity rate has decreased, as well as the percentage of food insecure children likely ineligible for assistance.

Conclusions:

Maryland's Results for Child Well-being Indicators where Calvert County is experiencing increases in rates, disparities in comparison to state rates, or disparities in terms of race or ethnicity:

- **Births to Adolescents:** Racial disparities exist among teen births. In 2017, Black teens were four (4) times more likely to have a baby than white teens.
- **Low Birth Weight Babies:** In 2018, 11.3% of Black babies weighed less than 5.5 pounds at birth compared to 5.5% of white babies.
- **Pediatric Mental Health Hospitalizations:** In 2018, the age-adjusted hospitalization rate due to pediatric mental health was 32.5 per 10,000 population under 18 years. The Maryland value is 10.8.
- **Suicide & Intentional Self-Inflicted Injury Hospitalizations:** In 2018, the age-adjusted hospitalization rate due to adolescent suicide and self-inflicted injury was 15.2 per 10,000 population aged 10-17. The Maryland value is 10.1. Females are nearly three (3) times more likely to be hospitalized than males.
- **Adolescent Mental Health:** The Percent of Calvert County High School students who felt sad or hopeless for more than two weeks increased from 28.6% in 2016 to 31.9% in 2018.
- **Childhood Obesity:** In 2018, 14.9% of Black high school students and 13% of mixed raced high school students were obese, compared to 9.9% of hispanic/latinos and 10.8% of whites. Male students have a higher obesity rate than females. Twelfth grade male students are more than twice as likely to be obese as female students.
- **Substance Use:** Although alcohol uses among Calvert County high schoolers has decreased (30.8%), it is still higher than the state average (24.1%).
- **Juvenile Alcohol and Drug Related Offenses:** Of intake charges in 2019, 3.7% were due to alcohol offenses compared to the state average of 1.4%. The charges for marijuana offenses for less than 10 grams accounted for 15.4% of intake charges, compared to the state average of 4.2%.
- **Kindergarten Readiness:** In 2018 Calvert County students entering kindergarten demonstrating full readiness (45%) dropped below the Maryland state average (47%) for the first time in more than 15 years. White students are more likely enter school fully ready to learn (54%) compared to Black (46%) students. Special education students (23%) and students from low income households (33%) were least likely to enter kindergarten demonstrating full readiness.
- **Academic Performance:** Disparities exists for Black and hispanic students on each assessment. The largest disparity exists for third grade math, with only 37.3% of Black and 47.9% of hispanic students performing at proficient or above compared to 92.3% of Asian students and 63.2% of white students.
- **Bullying & Harassment:** Female students are more than twice as likely to experience electronic bullying than male students.
- **High School Dropout:** Hispanic students (6.85%) are more than twice as likely to drop out of high school than their Black (3.39%) and white (3.31%) peers.
- **Child Maltreatment:** The percent of high school students that reported living with someone who has gone to jail or prison, has a behavioral health disorder or regularly insults them is higher than state average.

Conclusions Continued:

- **Juvenile Felony Offense/Recidivism:** Rearrest rates for committed youth have increased from 30.4% in 2015 to 53.8% in 2017. Rearrests rates for new youth on probation increased from 33.3% in 2015 to 38.2% in 2017.
- **Homelessness:** The number of students receiving homeless education services increased from 145 in 2015 to 185 in 2018.
- **Out of Home Placement Rate:** The rate of out of home placements increased from 3.7 in 2016 to 5.2 in 2019. Charles and St. Mary's counties have seen a decline in the rate of out of home placements.

Conclusions:

Survey respondents 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:** 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 struggles** (homelessness, poverty, substance use, racial injustice): experiencing homelessness, poverty, racial injustice and behavioral health disorders impact all aspects of a person's life and ability to provide for their family or self. Social stigma and discrimination can make problems worse, making it harder to seek help.
- **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.

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The CCFN Board prioritized results for the FY 2022-FY 2025 Strategic Plan. 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:**
1. Percentage of high school students who felt sad or hopeless (almost every day for ≥ 2 weeks in a row so that they stopped doing some usual activities, ever during the 12 months before the survey).
 2. Percent of Calvert County high school youth who had a drink in the past 30 days.

Result: Communities are Safe for Children, Youth and Families

- Indicators:**
1. Percentage of high school students who reports a parent or other adult in their home regularly swears at them, insults them, or puts them down.
 2. Percentage of high school students who reported someone in their household has ever gone to jail or prison.
 3. Percentage of high school students who reported ever living with anyone who was an alcoholic or problem drinker, used illegal street drugs, took prescription drugs to get high, or was a problem gambler.
 4. Percentage of high school students who reported ever living with anyone who was depressed, mentally ill, or suicidal.