

Queen Anne's County 2016



Data Roundup for Child and Family Well-Being Results



September 2016
Commissioned By:
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Community Partnerships for Children
and Families
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Acknowledgements

The Mission of Queen Anne's County Community Partnerships for Children and Families is to promote a safe, healthy and stable environment for all Queen Anne's County children and families by achieving a comprehensive system of education, health and

human services whose effectiveness and responsiveness addresses the needs of children and families through public and private interagency collaboration.

Every three years the Local Management Board conducts a comprehensive needs assessment. It is our hope that this "Data Roundup for Child and Family Well-Being Results" accomplishes three key purposes:

- 1) To inform Queen Anne's County citizens about challenges and strengths corresponding to the well-being of children and families and to use this information as a call to action;
- 2) To serve as a measure of the effectiveness of collective services and as a gauge for prioritizing needs as we collaborate to improve the status of children and families
- 3) To be utilized as a leveraging tool for public agencies, nonprofit organizations, and community groups who seek funding to fulfill their mission.



Members of the Community Partnerships for Children and Families, the Local Management Board (LMB) for Queen Anne's County, were actively involved in the development of this assessment. The LMB is a division of the Queen Anne's County Department of Community Services. The following individuals served on the Board and staff of the LMB during FY 16 and those noted with an "*" served on the Strategic Planning Committee:

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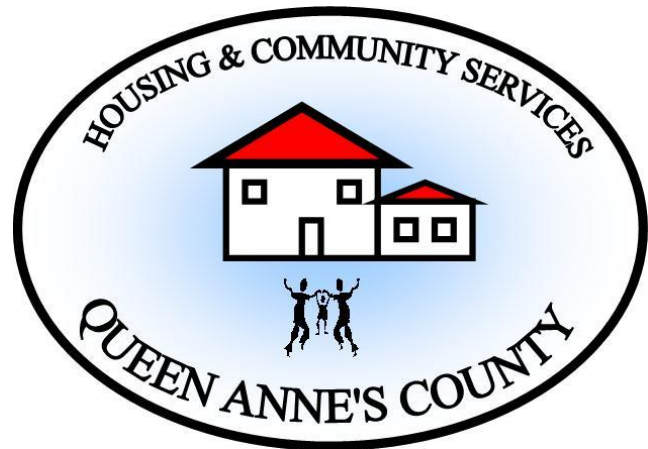
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Most importantly, we would like to thank the Queen Anne's County Commissioners, County Administrator, and Director of Community Affairs, whose support has contributed greatly to improving the quality of life for children and families in Queen Anne's County.

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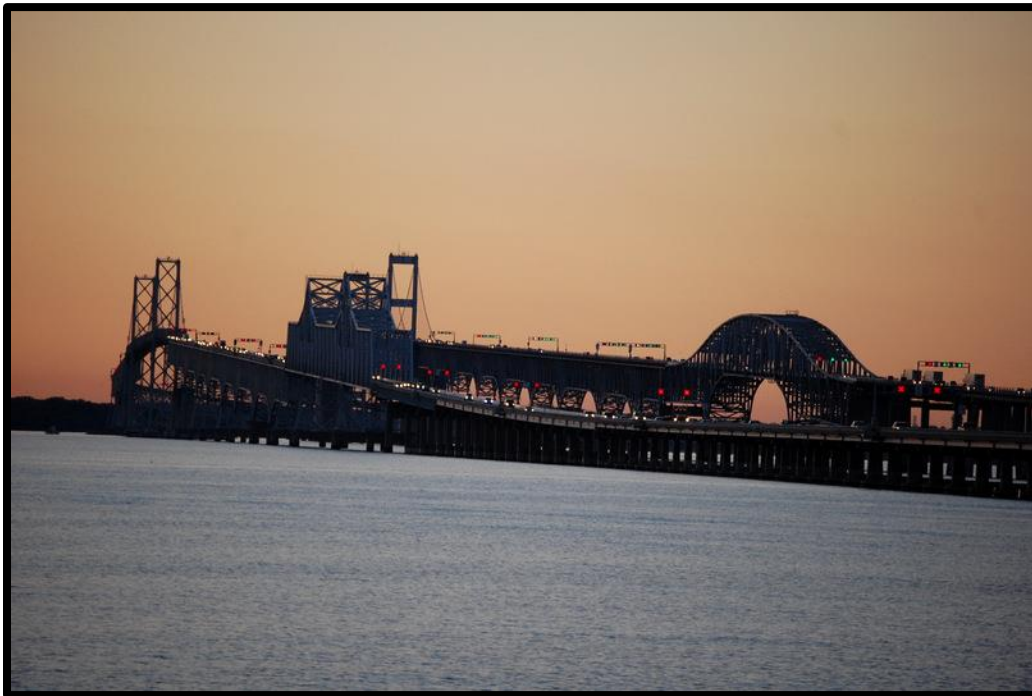
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Introduction

Queen Anne's County Needs Assessment & Strategic Plans

In September of 2015, the Local Management Board (LMB) for Queen Anne's County launched a community needs assessment to examine five year trends in key indicator data with comparisons to Maryland averages and to gather information about quality of life concerns shared by citizens. A core team consisting of the LMB Director (Mike Clark), a Board Strategic Planning Committee, and the assessment consultant (Linda R. Walls) worked together to plan the assessment format and timeline.

The foundation of the assessment is a collection of quantitative (archival) data and qualitative data using surveys, roundtable discussions, and key informant interviews. For the archival data it was agreed that a five year history (where available) and a three year forecast would be optimal to better understand needs and the probable direction of desired results. Engaging key stakeholders through qualitative methods helps to reveal the story behind the needs and potential strategies for change. Several meetings, including a retreat to review the archival data, and monthly targeted planning sessions were hosted throughout FY 16 to review key findings and establish next steps. These findings are presented within this document in the following format.

NEEDS ASSESSMENT FORMAT

Demographic Profile: The assessment begins with a demographic profile. The profile includes population figures, demographics, school system enrollment, economic information, and characteristics of the county culture.

Executive Summary: A summary of data to indicate the status of children and families in Queen Anne's County follows the demographic profile. This summary is divided by three theme areas (Health, Education, and Family/Community Environment) and features the key findings from the review of the indicator data and the qualitative methods.

Indicator (Quantitative) Data: A result is a goal that Maryland has established for its children, families, and/or communities. Each result describes the general well-being of Maryland's children and families in an area known to affect a child's ability to grow up healthy and secure. The

Governor's Office for Children (GOC) maintains a list of indicators corresponding to each result area for the purpose of describing and reporting the status of children statewide. An indicator is information and data that helps to demonstrate a county's progress toward meeting a result. The indicator data sets are divided according to the three overarching themes (Health, Education, and Family-Community Environment) and the eight child well-being result areas in this order:

Theme 1: HEALTH

Result Areas: Babies Born Healthy; Healthy Children

Theme II: EDUCATION

Result Areas: Children Enter School Ready to Learn; Children are Successful in School; Youth will Complete School; Youth Have Opportunities for Employment or Career Readiness

Theme III: FAMILY-COMMUNITY ENVIRONMENT

Result Areas: Families are Safe and Economically Stable; Communities are Safe for Children, Youth, and Families

Along with the presentation of the individual indicators for each result area, a trend summary is provided via a graph that includes a linear progression forecast. Information on each indicator page is organized by:

Indicator = A brief description of the measure

Data = A title of the data accompanied by a table and/or graph to display the data

Definition = A detailed description of the indicator

Source = The source (and website where applicable) for the most recent data available

Significance = A brief discussion of the importance of the indicator and how it relates to child and family well-being

Analysis = A brief explanation of key data trends and findings

For the indicators, there are data sets for Queen Anne's County and the State of Maryland and for the five most recent years of data available (in most cases).

In April 2015, Governor Larry Hogan tasked the Governor's Office for Children (GOC) and Maryland's Children's Cabinet with a series of initiatives aligning with his goal of an economically secure Maryland. By coordinating

efforts at the State level and providing technical assistance to Maryland's Local Management Boards, the Governor's Office for Children is focusing on improving child well-being in Maryland through the following "Four Strategic Goals:"

- 1) Reduce the Impact of Parental Incarceration on Children, Families, and Communities**
- 2) Improve Outcomes for Disconnected Youth**
- 3) Reduce Childhood Hunger**
- 4) Reduce Youth Homelessness**

The Governor's Office for Children invited the Local Management Boards in each jurisdiction to examine the data pertaining to each of these priorities and select two or more related local goals.

Preliminary data pertaining to the Four Strategic Goals is included in the indicator data portion of this report on pages 32, 51, 55, and 61-64. The goals were also folded into the qualitative portion of this study and respondents were given an opportunity to consider and prioritize the goals. Those findings are discussed in the Qualitative Data section of this report. For FY 17, the Local Management Board requested additional planning funding from the Governor's Office for Children to conduct a deeper assessment of the populations associated with the Four Strategic Goals, and at this writing a response is pending.

Qualitative Data: Qualitative data was gathered using three methods - Quality of Life Surveys, Roundtable Discussions (informal Focus Groups), and Key Informant Interviews. Each method is briefly described next:

Quality of Life Survey = Both electronic and hard copies of a two-page 12-question survey were distributed to residents and workers throughout the county. This survey prompted respondents to rate the quality of life for families, children, and young adults and to rate the importance of a series of topics for each theme of Health, Education, and Community. A goal of 600 respondents was far surpassed, with 1040 surveys completed.

Roundtable Discussions = A facilitator led discussions with 10 groups, including three youth groups throughout the county. These discussions ranged in time from 30 minutes to one hour and included four questions

with subtopics. Participants were asked to declare two priorities within each of the theme areas of Health, Education, Community, and the Four Strategic Goals declared by the Governor (Children of Incarcerated Parents, Disconnected Youth, Hunger, and Homelessness).

Key Informant Interviews = Two interviewers contacted 17 key informants and asked a series of questions about top health, education, and community concerns, community strengths, resource gaps, and preferences regarding the Governor's Four Strategic Goals.

A summary of each of these qualitative methods and associated findings is included in this report following the indicator data sections.

Results Based Accountability Strategic Plans: The Local Management Board met on November 20, 2015 to review the indicator data and to develop preliminary plans for FY 17. It was understood that the plans may be adjusted as new findings emerged and as the funding requirements from the Governor's Office for Children were announced in January of 2016. The three plans created at the retreat and revised in early 2016 are included following the qualitative data section.

Asset Mapping: The final section of this report features 12 maps showing locations of direct services corresponding to the Eight Result Areas and the Four Strategic Goals declared by the Governor.

Executive Summary

ABSTRACT (brief overview of report findings)

With a Queen Anne's County population of 47,798 in 2010, there has been an increase by 18% of residents since the year 2000, compared to a 6% increase between 1990 and 2000. Cultural shifts are occurring as the percentage of Hispanic residents increases and the number of African Americans fluctuates. There were 11,374 children under age 18 in the county in 2010. Nearly 31% of the population was in the 0-24 year old age range. The recent decade brought a rise in the percentage of middle and older age residents. A total of 7,724 students were enrolled in public schools in 2015. Unemployment has improved overall, but the number of households earning less than \$25,000 has increased by 88% in recent years (from 1,008 to 1,896 households). The poverty rate in the county is 5.1% overall, less than Maryland's rate at 6.9%. However, the rate is 8.9% for families with children under the age of 18 and 11.1% for families with children under age 5. For female head of households, the rate is 27.8% for families with children under age 18 and 29.4% for families with children under age 5. A study of the data pertaining to the three theme areas of Health, Education, and Family-Community revealed improved trends for indicators to included adolescent pregnancy, health insurance coverage, teen cigarette and alcohol use, academic performance in schools, school attendance, graduation rates, child maltreatment, and Juvenile Services referrals. Areas needing improvement were noted under the same three themes as early prenatal care, childhood obesity, substance use among teens, feelings of sadness and hopelessness among youth, Kindergarten readiness, subgroup academic performance (minorities, low income), children reporting being bullied, and free and reduced meal participation. When Queen Anne's County residents and workers were surveyed and asked to rate the quality of life for families, nearly 73% assigned a value of "good" or "excellent." However, for young adults ages 16-24, the quality of life rating assigned with a value of good or excellent was much lower at 37%. Top concerns expressed during surveys, roundtable discussions and interviews were substance use, health insurance, affordable housing, transportation, drug affected newborns, middle and high school academics, graduation rate, poverty, access to drug and mental health treatment and disconnected youth (not in school or employed), and children of incarcerated (or formally incarcerated) parents. Most often mentioned resources needing creation or

improvement were recreation for middle/high school youth, civility and social skills training, vocational training for students, crime prevention, jobs/employment opportunities, basic needs, and substance abuse treatment and mental health treatment. Given these concerns and the available Governor's Office for Children funding, the Local Management Board chose to maintain specific strategies for FY 17 to include intensive mentoring for children identified as needing academic/behavioral health support, in home and health monitoring for young families, resource navigation services for families with children who have behavioral health concerns and/or learning differences, afterschool programming, character development education, and resource information available to families countywide.

The summaries that follow provide greater detail specific to the report highlights featured in the abstract (above).

Data Summary

Demographic changes in Queen Anne's County are significant, especially in the last two decades. According to the U.S. Census Bureau, Queen Anne's County's population has increased by nearly 18% between 2000 (40,563) and 2010 (47,798). Conversely, between 1990 and 2000, the population rose by 6%. There has been a decline in the percentage of African American residents since 1990 (8.8), with the 2010 percentage at 6.9 (3,298). The 2010 Census documented 18,016 households in Queen Anne's County. Living in households were 11,374 children under the age of 18 and 3,365 young adults ages 18-24. From 2010 to 2014 Queen Anne's County's general poverty rate among families was 5.1%, while 8.9% of all persons under the age of 18 years lived in poverty and 11.1% of children under age 5 lived in poverty. The percentage of children under age 5 in female headed households and living below the poverty level was 29.4% (a marked increase from prior years) and the poverty level for children under age 18 in female headed households was 27.8%. For the same time period, the County's Median Household Income (MHI) for families was estimated by the Census Bureau to be \$86,406. It is also important to note that of the estimated 17,354 households in Queen Anne's County from 2010-2014, 1,896 are earning less than \$25,000 per year. (U.S. Census Bureau, American Fact Finder/2010-2014 Five Year American Community Survey). The unemployment rate in Queen Anne's County improved to 4.6% in 2015 down from 5.1 in 2014. However, unemployment for African Americans was

estimated at 16.1% during 2015. For individuals ages 16-19, and 20-24, the unemployment rate was 14.3, and 14.2, respectively (US Department of Labor, Bureau of Labor Statistics).

Quantitative Data Findings

In consideration of indicators associated with the themes of health, education, and community in Queen Anne's County, there are both promising trends (strengths) and areas needing improvement (challenges).

PROMISING TRENDS

Health

For the indicator of low birthweight babies, the percent of infants weighing less than 2500 grams at birth in Queen Anne's County has declined steadily between 2010 (10.5) and 2014 (5.1). The birth rate (per 1,000) for women ages 15-19 in Queen Anne's County has dramatically decreased between 2010 (16.4) and 2014 (5.1). The number of children in Queen Anne's County who have experienced hospitalization for non-fatal injuries dropped from 61 in 2009 to 42 in 2013, with a corresponding rate of 449.9 per 100,000 down to 319.9. Children in Queen Anne's County with health insurance increased from 93.7% in 2008 to 95.5% in 2012. According to the Youth Risk Behavior Survey, for the substances of alcohol and cigarettes, use rates decreased among high school students between 2013 and 2014, with alcohol rates lowered by 5%. The Maryland youth alcohol use rate climbed by 7%.

Education

Composite Kindergarten readiness scores for Queen Anne's County improved from 83 to 91 (percent at fully ready) between 2011 and 2014, while Maryland scores (on average) remained steady (with a slight increase). As measured by the new Kindergarten Readiness Assessment in 2015 and 2016, for the domain areas of Physical Well-Being, Mathematics, and Social Foundations, Queen Anne's County students are performing above the Maryland average. Among African Americans, the percentage demonstrating readiness increased from 30 to 33. The percentage of Grade 8 students in Queen Anne's County who achieved a Proficient or Advanced score on the Science MSA has fluctuated since 2011 with 86.3% of students passing in 2015. The percentage of county students passing this assessment exceeds the Maryland percentage by 15-18 points annually. The percentage of students who have passed the High School Assessment in English has

fluctuated between 93.4% in 2013 and 89.6% in 2014 in Queen Anne's County. For the 5-years reviewed, the percentage of students passing in the county exceeded the state percentage by about 10%. Overall, the percentage of Queen Anne's County students passing the HSA in Algebra improved between 2011 and 2015. The county students far outpaced their Maryland peers in passing the assessment. The county rate of excessive absence is significantly lower than the state rate (@ 18.3 for 2014-15 in Maryland compared to 10.9 for the county). The number of reported bullying and harassment incidents (reported in the schools) decreased sharply by 63% from 2011 (84 incidents) to 2015 (31 incidents) in Queen Anne's County. Both Queen Anne's County and Maryland's dropout rates have decreased steadily between 2011 and 2015. The county rate is almost half of the state's. Queen Anne's County's graduation rates have steadily increased (from 89.72 in 2011 to 94.85 in 2015) and are consistently higher overall (and by 8% in 2015 compared to Maryland). Queen Anne's County exceeds the state average in the percent of 16-19 and 20-24 year olds who are in the labor force and who are employed. Unemployment for young adults ages 16-19 is about 11% lower in the county than the state. For ages 20-24, the unemployment rates are similar when comparing the county and state. From the Upper Shore Youth Assessment Survey (2015), at least 72% of county students said they would volunteer in their community, if asked. It appears the number and percentage of disconnected youth (not in school or working) in Queen Anne's County and for the State of Maryland has decreased by 16% when comparing 2014 (800) to 2015 (675) estimates.

Community

Forecast trend lines reveal a marked decrease (51%) in alleged child maltreatment cases for Queen Anne's County between FY 2012 (156) and FY 2016 (77). For Queen Anne's County, the number of referrals (complaints) to Juvenile Services decreased significantly (58%) from 320 in 2011 to 136 in 2015. The out-of-home placement rate of entry for Queen Anne's County dropped dramatically between 2013 (7.6) and 2014 (2.8), while a gradual decrease occurred across the state between 2012 (12.3) and 2014 (9.9). The county's percentage of food insecure families was consistently lower than Maryland's from 2012 to 2014.

AREAS NEEDING IMPROVEMENT

Health

The percentage of pregnant women in Queen Anne's County who received early prenatal care decreased from 84 in 2010 to 79 in 2014. Rates for childhood obesity, as measured by questions in the Youth Risk Behavior Survey, have increased from 21.3% of middle/high schoolers in 2013 (describing themselves as being overweight) to 22.6% of middle schoolers and 27.9 of high schoolers in 2014 (describing themselves as being overweight). The percentage of students reporting alcohol use in the 30 days prior to the 2014 YRBS survey was 26.1 in Maryland, compared to 34.7 in Queen Anne's County. Nearly one fourth (24.4%) of county youth reported riding in a car or other vehicle driven by someone who had been drinking alcohol. Use rates for marijuana, prescription drugs, methamphetamines, cocaine, inhalants, and steroids increased between 2013 and 2014 among county high school youth. Nearly 25% of Queen Anne's County high school youth reported being bullied on school property compared to Maryland youth at 17.7% in 2014. It is also important to note that 27.3% of Queen Anne's County students in 2014 (up from 24.7% in 2013) reported feeling sad or hopeless almost every day for two weeks or more in a row. Nearly 20% of county high school students reported that they seriously considered suicide (during the 12 months leading up to the survey), compared to almost 16% of Maryland high school students in 2014. It is estimated (2015 Murphy & Cooper Study) that 796 children in Queen Anne's County ever had a parent who lived with them go to jail or prison.

Education

For the new Kindergarten Readiness Assessment, issued in 2015 and 2016, the "Demonstrating Readiness" composite score decreased in Queen Anne's County from 54 to 51. Consistently across the subgroups of African American, FARMS (Free and Reduced Meals), and Head Start, the percentage of students fully ready to learn lags behind the overall population. For the new PARCC (Partnership for Assessment of Readiness for College and Careers) academic measure, 30%-40% of students in Grades 3-8 achieved proficiency in Reading and Math overall, while the subgroups of African American, Hispanic, and students eligible for FARMS consistently scored lower. Compared to their younger peers, a lessor percentage of High Schools students achieved proficiency. Grade 5 MSA (Maryland School Assessment) Science performance between 2011 and 2015 has shown a

downward trend, generally at both the county and state levels (but the percentage of students passing in the county is higher than the state). At the high school level in 2014 nearly 25% of students reported being bullied and at the middle school level, 45% of students reported being bullied in Queen Anne's County. Electronic bullying at the high school level increased from 18% to 19.3% between 2013 and 2014. Incidents of bullying (overall) are disproportionately high for Hispanic youth. From the Upper Shore Youth Assessment Survey (2015), at least 79% of students said they have NOT been asked by adults what would make the community better. At least 17% of students reported NOT having access to the internet. Unemployment among youth ages 16-24 is about 14%.

Community

The percentage of Queen Anne's County students enrolled in the Free and Reduced Meals program in public school steadily increased to 31.1% for elementary students, 25.1% for middle school students, and 23.1% for high school students in 2014. The number of students designated as homeless has climbed overall in Queen Anne's County between FY 13 (@ 45) and FY 16 (@58).

Qualitative Data Findings

Qualitative data methods included a survey (1040 participants), roundtable discussion (10 groups) and key informant interviews (17 individuals). A summary of the key concerns (top three) shared by respondents is presented in the table below:

Method ↓ Theme →	Health Theme	Education Theme	Community Theme
Quality of Life Survey	Substance use Health insurance (affordability) Child immunizations	Graduation rate Middle and high school reading and math Access to post high school vocational training and opportunities	Child maltreatment Hunger and access to nutritional meals Homelessness

Method ↓ Theme →	Health Theme	Education Theme	Community Theme
Roundtable Discussions	Substance use Drug affected newborns Health insurance (affordability)	Access to vocational training opportunities Youth engaged in school or work/both Bullying and harassment in schools	Affordable, decent housing Disconnect youth ages 16-24 Childhood poverty
Key Informant Interviews	Substance use Limited access to healthcare providers (pediatricians too) Health insurance (affordability)	Lack of resources for learning difference children Poor parental supervision Lack of substance use prevention	Substance use Transportation Affordable housing Community/family safety

For the Quality of Life Survey, respondents were asked about resources that should be created. The top responses were "Recreation for middle and high school youth" and "Civility and social skills training." The top responses for resources needing improvement were "Crime prevention" and "Jobs/employment training and opportunities." Three resources were rated most often as needing greater accessibility and these were "Basic needs" (housing, food, clothing), "Mental health treatment," and "Substance abuse treatment."

Within the key informant interviews, when asked about county strengths, the top responses were close knit community and the school system. When asked about resource gaps or challenges, the top responses within the interviews were transportation, addictions treatment, and affordable housing.

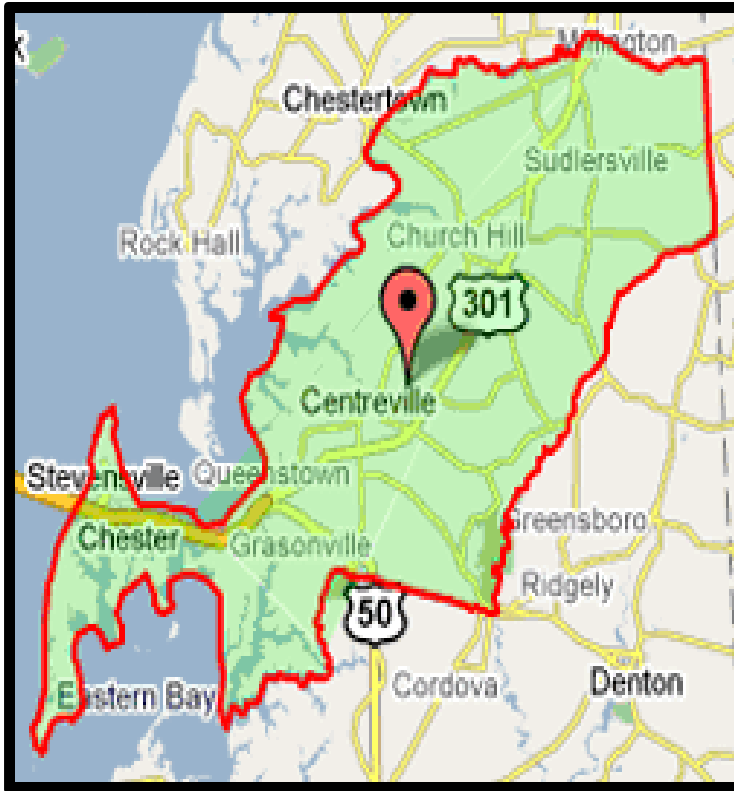
During the roundtable discussions and key informant interviews, participants were asked which two Strategic Goals (presented by the Governor's Office

for Children) should be prioritized in the future. The top two Strategic Goals selected were:

- 1) Reduce the Impact of Parental Incarceration on Children, Families, and Communities;
- 2) Improve Outcomes for Disconnected Youth.

When considering overall indicators in Queen Anne's County, it is clear there should be an emphasis on addressing behavioral health issues among children and young adults, specifically substance use and mental health conditions. Affordable health insurance is a primary concern and was mentioned repeatedly. Within the realm of education, the need for optimal secondary school level education and vocational opportunities beyond high school were prominently expressed. Of equal importance, as identified through the quantitative and qualitative findings within the theme of community, are economic factors such as affordable housing, job opportunities in the county, transportation, and basic needs. For many indicators, minority and low income subgroups tended to show disproportionate rates (needing improvement), compared to the general population. Child, family, and community safety was crucially important to a majority of assessment participants as well.

Queen Anne's County Demographic Profile



Queen Anne's County is considered an ideal business location due to the close proximity to Baltimore-Washington metropolitan areas and the attraction of a slower-paced waterfront and rural community. The county is located within a one-hour drive to such major metro areas such as Baltimore, Washington, D.C., Wilmington, DE and Philadelphia, PA utilizing US Routes 50 and 301. Queen Anne's County is one of the largest

counties in Maryland in terms of size at 372 square miles of land and another 30 square miles of water, plus 414 shoreline miles. Queen Anne's County is located directly across the Chesapeake Bay from the Annapolis/Baltimore region. Centreville, the County seat, is also the commercial center of the region. U.S. Route 301, and Maryland Route 213, a National Scenic Byway, connect Queen Anne's County with key interstate routes to the north, south, and west.

The official 2010 population was 47,798. The population estimate based on the 2010-2014 Five Year American Community Survey was 48,439. Queen Anne's County's 2015 population estimate was 48,904 according to the U.S. Census Bureau. For the official 2010 Census, nearly 24% of the population were children under age 18. Minority residents comprised 11.3% of the population with 6.9% being African American and the remaining ethnicity occupied by individuals of Hispanic descent or individuals with blended races. The official distribution of ages for the 2010 population projection breaks down as follows: Under 5 years = 2,711 (5.7%); 5-17 years = 8,663 (18.1%); 18-24 = 3,365 (7.0%); 25-44 = 11,050 (23.1), 45-64 = 14,868 (31.1%); 65 and

above = 7,141 (15.0%) (Maryland Data Center, U.S. Census Bureau, 2011, 2015).

Racial Composition of Queen Anne's County's Population, With Comparison to Maryland						
Race	Population Count		Race as a Percentage of Total Population			
	Queen Anne's County		Queen Anne's		Maryland	
Years	2010	2014	2010	2014	2010	2014
Total Population	47,798	48,439	100%	100%	100%	100%
White Alone, Caucasian	42,397	43,387	89.4%	88.7%	58.2%	59.6%
Black or African American	3,298	3,428	6.9%	7.0%	29.4%	30.5%
Hispanic or Latino	1,452	1,591	3.0%	3.6%	8.2%	9.5%
Asian Alone	469	395	1.0%	1.2%	5.5%	6.5%
American Indian/Alaska Native	149	134	0.3%	0.4%	0.4%	0.6%
Other, and Two or More Races	1,473	1,095	3.1%	2.3%	6.5%	6.2%
Source: U.S. Census Bureau, 2010-2014 Five Year American Community Survey						

The 2010 Census documented 18,016 households in Queen Anne's County. Of that amount, there were 11,374 children under the age of 18. At least 12.2% (1,383 households) of all Queen Anne's County family households with children under 18 years of age are female head of household (with no husband present), compared to 14.4% for Maryland. Male head of households (with no wife present) in the county totaled 476 or 4.2%. The number of grandparents responsible for their own grandchildren in Queen Anne's County was 319, at the time of this data collection. (U.S. Census Bureau, 2010)

The Maryland Department of Education reports that there were 7,724 children enrolled in Queen Anne's County Public Schools in the fall of 2015 (MDreportcard.org). Among Queen Anne's County residents ages 25 and above, 91.8% held a high school diploma or equivalent, compared to 89.0% for Maryland. While 34.1% of all people ages 25+ living in Queen Anne's County from 2010-2014 held a Bachelor's Degree or higher, 37.3% of all Marylanders did so. (U.S. Census Bureau, American Fact Finder/2010-2014 Five Year American Community Survey)

Queen Anne's County is home to 14 public schools: two high schools, four middle schools, and eight elementary schools. Three elementary schools and one middle school are classified as Title I with a range of 35%-61% of

enrolled children at poverty level across the four schools (marylandpublicschools.org, 2015). There are two campus-based institutions of higher learning serving the county: Chesapeake College, located in Queen Anne's County, and Washington College, located in nearby Chestertown.

Queen Anne's County residents are experiencing some improvement in the economic environment. In 2015, the County's unemployment rate was 4.6% (not seasonally adjusted). For the same year, Maryland's rate was also 5.2%. (U.S. Bureau of Labor Statistics, 2015)

Other county economic indicators reveal family financial challenges compared to the state. From 2010 to 2014, Maryland's general poverty rate for families was 6.9%, with 10.7% of its residents under the age of 18 and 10.6% of residents under age 5 living below the poverty level. Queen Anne's County's general poverty rate for families was 5.1%, while 8.9% of all persons under the age of 18 years lived in poverty and 11.1% of children under age 5 lived in poverty. The percentage of children under age 5 in female headed households and living below the poverty level was 29.4% and the poverty level for children under age 18 in female headed households was 27.8%. For the same time period, the County's Median Household Income for families was estimated by the Census Bureau to be \$86,406 (down from \$97,909 from 2009-2013) and the Mean Household Income was \$103,775. Per capita income was \$38,392. It is also important to note that of an estimated 17,354 households in Queen Anne's County, 1,896 (up from 1,008 for 2009-2013) are earning less than \$25,000 per year. (U.S. Census Bureau, American Fact Finder/2009-2013 and 2010-2014 Five Year American Community Survey)

Access to affordable housing continues to have an impact on Queen Anne's County families with limited income. The average home selling price in 2015 was \$342,510 compared to \$363,916 in 2014, down by 5.9%. The median selling price in 2015 was \$280,032 for the county (mdrealtor.org). Of the 20,441 housing units recorded from 2010 to 2014 in Queen Anne's County, 17,354 or 84.9% were occupied and 3,087 units were vacant (15.1%). Of the 17,354 occupied units, 14,684 or 84.6% were owner-occupied and 2,670 units or 15.4% were renter-occupied. (U.S. Census Bureau, American Fact Finder/2010-2014 Five Year American Community Survey)

Queen Anne's County hosts 1,390 businesses and employs an estimated 11,600 workers. Approximately 12 of these businesses have 100 or more employees. Trade, transportation, and utilities account for nearly 26% of total employment. The balance of the County's workforce is employed primarily in government (18%) and leisure/hospitality (18%). Large employers include Chesapeake College, S.E.W. Friel, Paul Reed Smith Guitars, REEB Millwork, Cracker Barrel Restaurant, and Power Electronics. Nearly 59% of residents commute outside the county for work. There are three business industrial parks located in Centreville, Stevensville, and Matapeake (2014-15 Brief Economic Facts, MD Department of Business and Economic Development).

The County Seat, Centreville, is the site of key public health and community resources, including the Health Department of Queen Anne's County. Easton, 20 miles to the south, is the county seat of Talbot County and provides an extended range of specialized healthcare resources including labor and delivery services at the Easton-based hospital within the University of Maryland Medical System. Residents in the northern portion of the county are also in close proximity to hospital care in Chestertown. Residents in the western region of the county tend to utilize the Anne Arundel Medical Center (AAMC) and locally-based satellite health care offices associated with AAMC or the University of Maryland Medical System. The public library is located in Centreville as well, with a branch on Kent Island.

Numerous human service provider organizations are situated in Centreville to include public agencies (Queen Anne's County Department of Social Services, Queen Anne's County Department of Juvenile Services, the Board of Education, Queen Anne's County Health Department, Queen Anne's County Recreation and Parks) and a multitude of arts, culture, civic, and social service non-profit groups such as the Arts Council, the Historical Society, Caring & Sharing, the Rotary Club, the Volunteer Fire Company, Hospice, and many others. This municipality is also a stop for the multi-county public transit programs (USTAR and MUST), which offers a limited schedule of transportation services between local towns such as Chestertown, Centreville, and Wye Mills.

QUANTITATIVE DATA

Health Indicators
Education Indicators
Community/ Family Environment
Indicators



HEALTH INDICATORS

- ✓ *Babies Born Healthy*
- ✓ *Healthy Children*



HEALTH Result Area:
Babies Born Healthy

Indicator:
Infant Mortality

	Queen Anne's County	Maryland
Number of All Births 2010	487	73,783
Number of All Births 2011	497	73,052
Number of All Births 2012	443	72,751
Number of All Births 2013	439	71,806
Number of All Births 2014	434	73,588
Infant Mortality Rate 2010	10.3	6.7
Infant Mortality Rate 2011	**	6.7
Infant Mortality Rate 2012	**	6.3
Infant Mortality Rate 2013	**	6.6
Infant Mortality Rate 2014	**	6.5

** Rates based on <5 deaths are not presented since rates based on small numbers are statistically unreliable.
A graph is not presented for this same reason.

Definition: Infant Mortality

Rate of deaths among infants less than one-year-old per 1,000 births

Source: Maryland Department of Health and Mental Hygiene,
Maryland Annual Vital Statistics Reports 2010-2014

<http://dhmh.maryland.gov/vsa/Pages/reports.aspx>

Significance

Although infant mortality is sometimes caused by factors unrelated to a child's prenatal development, it is typically associated with risk factors such as no or late prenatal care, poor birth weight, and environmental or family conditions.

Analysis

For this indicator, the infant mortality rate is presented for one year (2010) due to the low number of infant deaths from 2011 to 2014. A trend analysis is not provided since only one year of data is presented. For 2010, the infant mortality rate in Queen Anne's County @ 10.3 per 1,000 births exceeded the rate for Maryland @ 6.7.

HEALTH Result Area: <i>Babies Born Healthy</i>		Indicator: <i>Low Birth Weight Babies</i>	
Number and Percentage ↓ Jurisdiction →		Queen Anne's County	Maryland
Number of Low Birth Weight Births 2010		51	5,912
Number of Low Birth Weight Births 2011		44	6,471
Number of Low Birth Weight Births 2012		33	6,020
Number of Low Birth Weight Births 2013		24	6,080
Number of Low Birth Weight Births 2014		22	6,350
Percentage Low Birth Weight 2010		10.5	8.8
Percentage Low Birth Weight 2011		8.9	8.9
Percentage Low Birth Weight 2012		7.4	8.8
Percentage Low Birth Weight 2013		5.5	8.5
Percentage Low Birth Weight 2014		5.1	8.6

Low Birth Weight Babies

Year	QAC (%)	MD (%)
2010	10.5	8.8
2011	8.9	8.9
2012	7.4	8.8
2013	5.5	8.5
2014	5.1	8.6

<p>Definition: <u>Low Birth Weight Babies</u> Percent of infants weighing <2500 grams at birth</p>	
<p>Source: Maryland Department of Health and Mental Hygiene, Maryland Annual Vital Statistics Reports 2010-2014 http://www.dhmh.maryland.gov/vsa/SitePages/reports.aspx</p>	
<p>Significance</p> <p>Infant birth weight is highly correlated with health status, infant survival, and development. Babies weighing less than 2500 grams at birth are at high risk for physical and developmental challenges, to include learning differences, disabilities, vision and hearing limitations, and respiratory functioning.</p>	<p>Analysis</p> <p>The percent of infants weighing less than 2500 grams at birth in Queen Anne's County has declined steadily between 2010 and 2014. The county percentage of low birth weight babies is much lower than the Maryland rate which has declined slightly since 2010.</p>

HEALTH Result Area: <i>Babies Born Healthy</i>		Indicator: <i>Births To Adolescents</i>	
Number and Percentage ↓ Jurisdiction →		Queen Anne's County	Maryland
Number of All Births 2010		487	73,783
Number of All Births 2011		497	73,052
Number of All Births 2012		443	72,751
Number of All Births 2013		439	71,806
Number of All Births 2014		434	73,588
2010 Number of Births Women Ages 15-17		8	1,601
2011 Number of Births Women Ages 15-17		7	1,395
2012 Number of Births Women Ages 15-17		10	1,192
2013 Number of Births Women Ages 15-17		6	1,021
2014 Number of Births Women Ages 15-17		4	953
2010 Birth Rate Per Women Ages 15-19		16.4	27.2
2011 Birth Rate Per Women Ages 15-19		16.1	24.7
2012 Birth Rate Per Women Ages 15-19		14.1	22.1
2013 Birth Rate Per Women Ages 15-19		12.4	19.3
2014 Birth Rate Per Women Ages 15-19		5.1	4.6

Births to Adolescents

Year	QAC	MD
2010	16.4	27.2
2011	16.1	24.7
2012	14.1	22.1
2013	12.4	19.3
2014	5.1	4.6

Definition: Births to Teens/Birth rate per 1,000 women who are 15-19 years of age

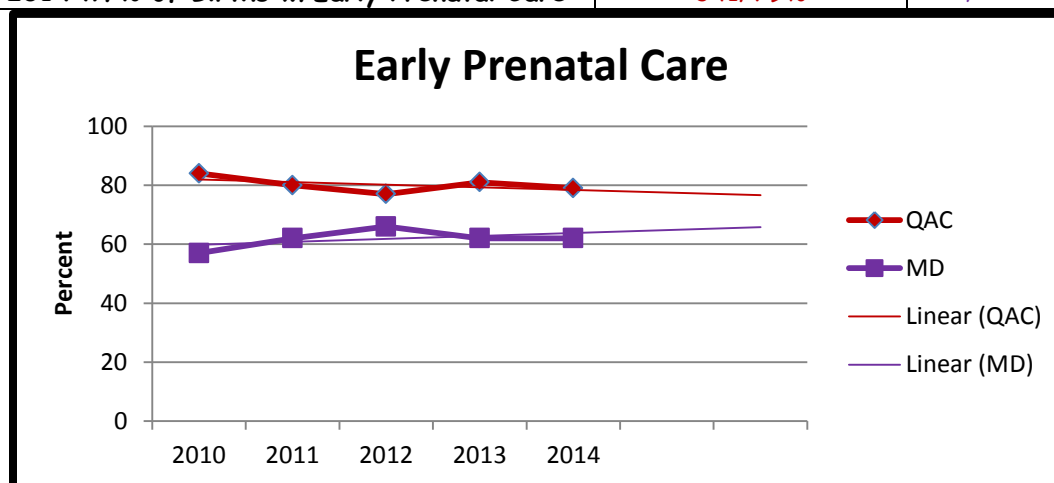
Source: Maryland Department of Health and Mental Hygiene,
Maryland Annual Vital Statistics Reports 2010-2014
<http://www.dhmh.maryland.gov/vsa/SitePages/reports.aspx>

<p>Significance</p> <p>Teen moms are less likely to finish high school and achieve gainful and equitable employment than women who postpone childbirth until after age 19. Children born to teen moms are challenged as well, with higher risks of infant mortality, low birth weight, premature birth, and developmental delays. Also, children of adolescent parents have a greater chance of living in a household where earnings are at or below poverty level.</p>	<p>Analysis</p> <p>The birth rate for women ages 15-19 in Queen Anne's County has dramatically decreased between 2010 and 2014. A similar trend has occurred for Maryland during the same time frame.</p>
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HEALTH Result Area:
Babies Born Healthy

Indicator:
Early Prenatal Care

Number and Percentage ↓ Jurisdiction →	Queen Anne's County	Maryland
Number of All Births 2010	487	73,783
Number of All Births 2011	497	73,052
Number of All Births 2012	443	72,751
Number of All Births 2013	439	71,806
Number of All Births 2014	434	73,588
2010 #/% of Births w/Early Prenatal Care	408/84%	41,999/57%
2011 #/% of Births w/Early Prenatal Care	398/80%	45,575/62%
2012 #/% of Births w/Early Prenatal Care	340/77%	47,789/66%
2013 #/% of Births w/Early Prenatal Care	354/81%	44,478/62%
2014 #/% of Births w/Early Prenatal Care	341/79%	45,278/62%



Definition: Early Prenatal Care

Number/Percent of births with prenatal care received in the first trimester

Source: Maryland Department of Health and Mental Hygiene,
Maryland Annual Vital Statistics Reports 2010-2014

<http://www.dhmdh.maryland.gov/vsa/SitePages/reports.aspx>

Significance

Early prenatal care (in the first trimester) is associated with better birth outcomes such as a healthy birth weights and full term pregnancies. Uninsured and underinsured women are less likely to seek early prenatal care.

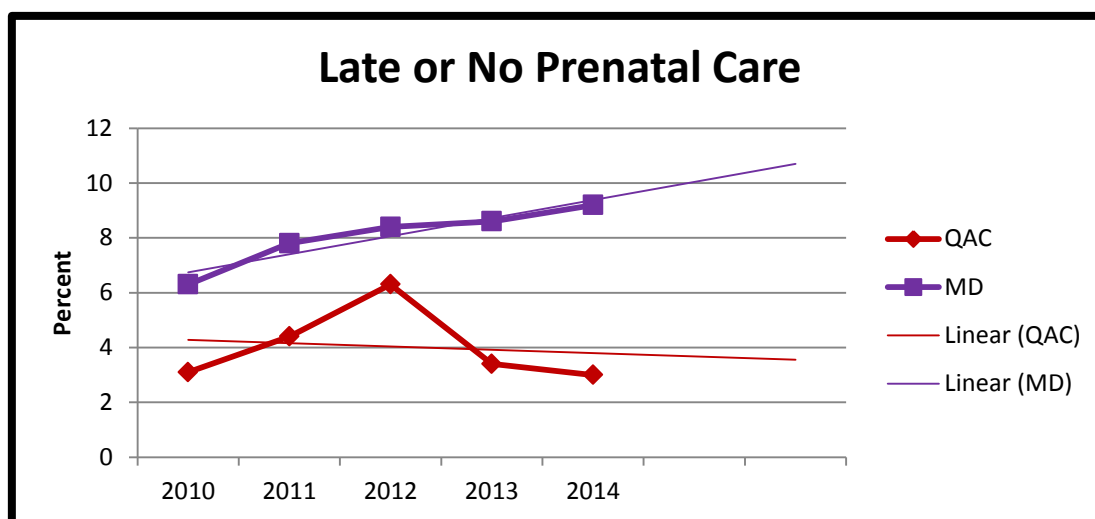
Analysis

The percentage of Queen Anne's County pregnant women who received early prenatal care decreased from 84 in 2010 to 79 in 2014. Maryland's average is significantly lower (but has improved) at 57% in 2010 and 62% in 2014.

HEALTH Result Area:
Babies Born Healthy

Indicator:
Late or No Prenatal Care

Number and Percentage ↓ Jurisdiction →	Queen Anne's County	Maryland
Number of All Births 2010	487	73,783
Number of All Births 2011	497	73,052
Number of All Births 2012	443	72,751
Number of All Births 2013	439	71,806
Number of All Births 2014	434	73,588
2010 #/% of Births w/Late Prenatal Care	15/3.1%	4,668/6.3%
2011 #/% of Births w/Late Prenatal Care	22/4.4%	5,695/7.8%
2012 #/% of Births w/Late Prenatal Care	28/6.3%	6,146/8.4%
2013 #/% of Births w/Late Prenatal Care	15/3.4%	6,191/8.6%
2014 #/% of Births w/Late Prenatal Care	13/3.0%	6,776/9.2%



Definition: Late or No Prenatal Care

Number/Percent of births with late (in the last trimester) or no prenatal care

Source: Maryland Department of Health and Mental Hygiene,
Maryland Annual Vital Statistics Reports 2011-2014

<http://www.dhmh.maryland.gov/vsa/SitePages/reports.aspx>

Significance

Late prenatal care is associated with poor birth outcomes such as low birth weight and pre-term birth. Women without insurance or who are undocumented migrant workers are most at risk for poor birth outcomes due to late or no prenatal care.

Analysis

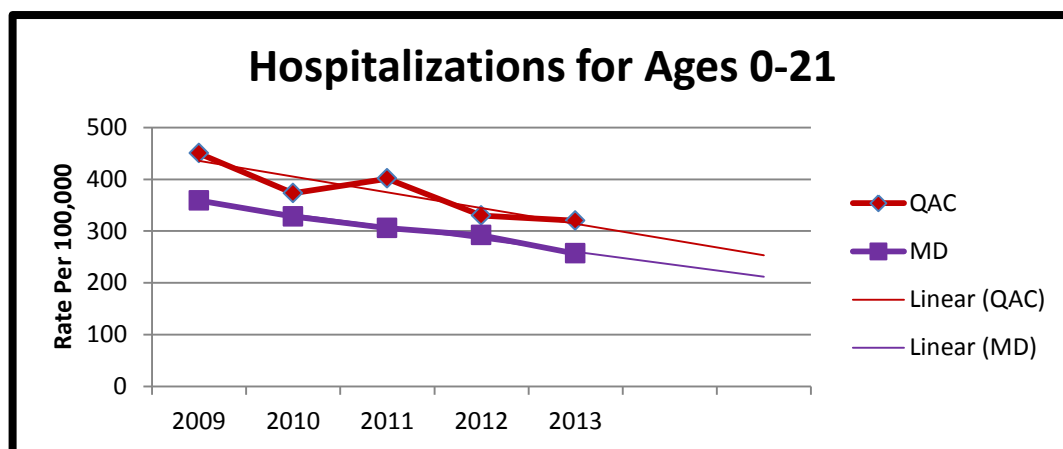
The percent of Queen Anne's County pregnant women who did not receive prenatal care until the third trimester of pregnancy peaked in 2012 at 6.3%, then declined to 3.0% in 2014. Maryland's percentage was three times higher (and climbing from 6.3% in 2010) at 9.2% in 2014.

HEALTH Result Area:
Healthy Children

Indicator:
Hospitalizations

Hospitalizations for Ages 0-21
Number and Rate (non-fatal injuries) Per 100,000

Year ↓ Jurisdiction →	Number Queen Anne's	Number Maryland	Rate Queen Anne's	Rate Maryland
2009	61	6,002	449.9	358.7
2010	50	5,493	373.0	327.8
2011	54	5,123	401.0	305.6
2012	44	4,871	329.8	291.8
2013	42	4,269	319.9	256.4



Definition: Child Accidents/Injuries

The rate of non-fatal injuries per 100,000 children (ages 0-21, 0-18, and 19-21) that require inpatient hospitalization in three broad injury categories: unintentional injuries, assault, self-inflicted, or other

Source: Derived from the Hospital Services Cost Review Commission; Hospital Discharge Dataset 2009-2013; Governor's Office for Children
<http://qoc.maryland.gov/2013hospitalizations/>

Significance

Child injuries requiring hospitalization present risks of long-term illness and disability. Additionally, inpatient experiences for young children can sometimes be emotionally traumatic.

Analysis

The number of children in Queen Anne's County who have experienced hospitalization for non-fatal injuries dropped significantly from 61 in 2009 to 42 in 2013, with a corresponding rate of 449.9 per 100,000 down to 319.9. Maryland has also shown a decreasing child hospitalization rate from 358.7 in 2009 to 256.4 in 2014.

HEALTH Result Area:
Healthy Children

Indicator:
Child Deaths (Ages 0-21)

Child Deaths for Ages 0-21
Number and Rate Per 100,000

Year ↓ Jurisdiction →	Number Queen Anne's*	Number Maryland	Rate Queen Anne's*	Rate Maryland
2008	47	1,196	58.4	72.1
2009		1059		63.4
2010		970		57.9
2011		986		59.0
2012		953		57.2
2013		933		56.0

*Jurisdictional numbers and rates were provided in a range only
for the time period of 2008-2013.
A graph is not provided since there is only one value.

Definition: Child Deaths

The number and rate per 100,000 people of child deaths for ages 0-21 by
unintentional injury, homicide, suicide or related cause

Source: MD Dept. of Health and Mental Hygiene,
Vital Statistics Administration

And Jurisdictional Data from the Governor's Office for Children
<http://goc.maryland.gov/2013child-deaths/>

Significance

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

Analysis

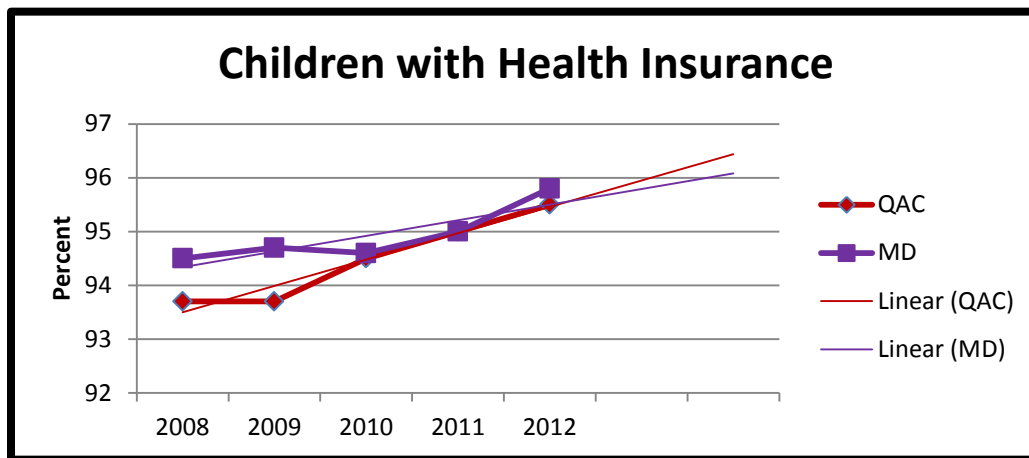
Queen Anne's County recorded 47 child
deaths for ages 0-21 between the years
of 2008 and 2013. This number
translates to a rate (per 100,000) of
58.4 for the same time period. Queen
Anne's County's rate for the six year
period is similar to Maryland's rate from
2011 to 2013.

HEALTH Result Area:
Healthy Children

Indicator:
Health Insurance

Percentage of Children with Health Insurance Ages 0-19

Year ↓ Jurisdiction →	Queen Anne's County	Maryland
2008	93.7	94.5
2009	93.7	94.7
2010	94.5	94.6
2011	95	95.0
2012	95.5	95.8



Definition: Health Insurance

The percentage of children ages 0-19 with health insurance coverage.

Source:

United States Census Bureau, Small Area Health Insurance Estimates
<http://goc.maryland.gov/2013health-insurance-coverage/>

Significance

While children's health coverage does not affect a child's ability to get treatment if he or she is sick or injured, children without health insurance often do not get routine and preventive care. This can result in health risks going undetected until issues become more serious and treatment becomes ultimately more expensive.

Analysis

The percentage of children in Queen Anne's County with health insurance increased from 93.7 in 2008 to 95.5 in 2012. The Maryland average improved from 94.5% to 95.8% during the same time period. Although the more recent figures for the percent of children with health insurance is not provided, the Maryland State Health Improvement Plan (SHIP) indicators cite 6.45% of Marylanders WITHOUT insurance when visiting the Emergency Department in 2014, compared to 10.26% in 2013.

HEALTH Result Area: <i>Healthy Children</i>		Indicator: <i>Overweight/Obesity</i>	
Percent of Children and Adolescents Who Report Being Slightly or Very Overweight			
Year ↓ Jurisdiction →	Queen Anne's County		Maryland
2009	Jurisdictional data was not made available.		27.8
2011			27.4
2013	21.3		25.8
2014	22.6 (Middle)	27.9 (High)	23.6 (Middle) 26.2 (High)

Definition: Obesity

The percentage of middle and high school students who are overweight, based on having a BMI-for-age between the 85th and 95th percentile, or obese based on having a BMI-for-age at or over the 95th percentile, a Centers for Disease Control and Prevention (CDC) methodology that takes into account a youth's height, weight, gender, and age in months. It is important to note that this is a self-reported measure. Students were asked if they described themselves as being slightly or very overweight.

Source: Youth Tobacco Risk Survey (2009, 2011)
Youth Risk Behavior Survey (YRBS) (2013, 2014)
<http://goc.maryland.gov/2013obesity/>
<http://phpa.dhmh.maryland.gov/ccdpc/Reports/Pages/yrbs.aspx>

Significance Obese youth are at risk for factors associated with cardiovascular disease (e.g., cholesterol or high blood pressure), bone and joint problems, sleep apnea, and poor self-esteem. Obese youth are at increased risk of becoming obese adults with associated adult health problems, such as heart disease, type 2 diabetes, stroke, cancer, and osteoarthritis.	Analysis Two years of jurisdictional data for obesity and overweight middle/high school children was available. With two years (2013 & 2014) of local verses state rates to compare, it appears Queen Anne's County's high school rates have increased compared to Maryland. The YRBS results also show that females were far more likely to report being a little or very overweight. Prior measures have shown higher (overweight or obesity) rates among African American and Hispanic youth.
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HEALTH Result Area: *Healthy Children***Indicator: *Substance Use*****Results from the Youth Risk Behavior Survey(YRBS) in 2013 & 2014**

Survey Code or Question # (2013/2014)↓	Jurisdiction →	QA 2013	QA 2014	MD 2013	MD 2014
QN10: Percentage of students who rode one or more times during the past 30 days in a car or other vehicle driven by someone who had been drinking alcohol		24.4	24.2*	20.7	18.2
QN11: Among students who drove a car or other vehicle during the past 30 days, the percentage who drove when they had been drinking alcohol one or more times during the past 30 days		10.9	12.9	8.8	7.1*
QN43: Percentage of students who had at least one drink of alcohol on one or more of the past 30 days		39.7	34.7	19.3	26.1
QN44: Percentage of students who had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days		23.9	22.1	17	13.1
QN108: Percentage of students who somewhat or strongly disapprove of someone their age having one or two drinks of an alcoholic beverage nearly every day		NM	56.3*	NM	62.2*
QN111/109: Percentage of students who think people are at moderate or great risk of harming themselves (physically and in other ways) if they have five or more drinks of alcohol (beer, wine, or liquor) once or twice a week		57.1	67.8	--	76.9
QN49: Percentage of students who used marijuana one or more times during the past 30 days		22.2	22.7*	19.8	18.8
QN50: Percentage of students who used any form of cocaine, including powder, crack, or freebase one or more times during their life		9.1	10.3*	6.5	5.4*
QN51: Percentage of students who sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life		11.3	12.9*	10.4	8.5*
QN52: Percentage of students who used heroin one or more times during their life		7.5	7.7*	4.9	4.2*
QN53: Percentage of students who used methamphetamines one or more times during their life		6.4	8.5*	5	4.2*
QN54: Percentage of students who used ecstasy one or more times during their life		11.8	10.6*	8.3	6.4*
QN55/56: Percentage of students who took steroid pills or shots without a doctor's prescription one or more times during their life		5.9	7.5*	5.1	4.3*
QN55 (2014): Percentage of students who ever used synthetic marijuana (also called "K2", "Spice", "fake weed", "Moon Rocks"), one or more times during their life		NM	14.7*	NM	9.2*
QN56/57: Percentage of students who have taken a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life		17.4	18.9*	15.2	14.2*
QN100/103: Percentage of students who took a prescription drug without a doctor's prescription one or more times during the past 30 days		11.7	12.6*	--	8.3*
QN57/58: Percentage of students who used a needle to inject any illegal drug into their body one or more times during their life		5.2	7.3*	3.9	3.6*
QN33: Percentage of students who smoked cigarettes on one or more of the past 30 days		17.6	16.9*	11.9	8.7*
QN40: Percentage of students who used electronic vapor products (e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, hookah) at least once in the prior 30 days		NM	29.7	NM	20.0*

* Indicates rates disproportionately higher for minority groups, either African Americans or Hispanic or both groups; NM = Not measured

Definition: Substance Use

The percentage of high school students (Grades 9-12) self-reporting use of various substances and perceptions about risks associated with substance use

Source: Maryland Department of Health and Mental Hygiene;

Youth Risk Behavior Survey, 2013, 2014;

<http://phpa.dhmh.maryland.gov/ccdpc/Reports/Pages/yrbs.aspx>

Data sets also compiled from the Mid-Shore Mental Health Systems
Transitional Age Youth Needs Assessment, 2014

Significance

Use of various substances poses major health risks to youth. Early use of some legal substances (e.g., tobacco and alcohol) is associated with later heavy use and addiction to both legal and illegal substances. Perception of risk and harm and perception of parent disapproval is known to influence substance use by teens.

Analysis

Overall, Queen Anne's County youth appear to be using the four major substances (alcohol, marijuana, prescription drugs, tobacco) at higher rates, than their Maryland counterparts. The percentage of students reporting alcohol use in the 30 days prior to the YRBS survey was 26.1 in Maryland, compared to 34.7 in Queen Anne's County, (double the Maryland percentage). Nearly one fourth (24.4%) of county youth reported riding in a car or other vehicle driven by someone who had been drinking alcohol. For the substances of alcohol and cigarettes, use rates decreased between 2013 and 2014, with alcohol rates lowered by 5% (while the Maryland rate climbed by 7%). It should be noted that there were dedicated tobacco and alcohol prevention campaigns from 2012 to 2015 in the county, which may have helped to account for the drop in rates for these substances. Meanwhile, use rates for marijuana, prescription drugs, methamphetamines, cocaine, inhalants, and steroids increased.

Note: Prior to the Youth Risk Behavior Survey, Queen Anne's County had not measured substance use rates via a state sanctioned measure since 2007.

HEALTH Result Area: <i>Healthy Children</i>		Indicator: BEHAVIORAL HEALTH			
Results from the Youth Risk Behavior Survey(YRBS) in 2013 & 2014					
Survey Question ↓	Jurisdiction →	QA 2013	QA 2014	MD 2013	MD 2014
THEME: THREATS AND SAFETY					
QN13: Percentage of students who carried a weapon on school property such as a gun, knife, or club on one or more of the past 30 days		6.2*	6.2*	4.8	4.3
QN16: Percentage of students who did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school		9.7	7.0*	8.8	6.0*
QN17: Percentage of students who had been threatened or injured with a weapon such as a gun, knife, or club on school property one or more times during the past 12 months		10.9	9.5*	--	7.2*
QN20: Percentage of students who were in a physical fight on school property one or more times during the past 12 months		12.4	14.5*	14.3	12.2*
QN21: Percentage of students who had ever been physically forced to have sexual intercourse when they did not want to		11.2	11.2*	9	8.1*
QN22: Among students who dated or went out with someone during the past 12 months, the percentage who had been physically hurt on purpose by someone they were dating or going out with one or more times during the past 12 months		12.5	12.6	11.1	10.1*
QN23: Among students who dated or went out with someone during the past 12 months, the percentage who had been forced by someone they were dating or going out with to do sexual things that they did not want to one or more times during the past 12 months		14	15.8	10.2	10.3*
QN24: Percentage of students who had ever been bullied on school property during the past 12 months		25	24.9*	19.6	17.7*
QN25: Percentage of students who had ever been electronically bullied during the past 12 months		18	19.3*	14	13.8*
QN60/61: Percentage of students who had sexual intercourse for the first time before age 13 years		4.5	5.2	6.6	5.0
QN58/59: Percentage of students who were offered, sold, or given an illegal drug by someone on school property during the past 12 months		26.4	27.5*	--	26.2*
THEME: SADNESS AND SUICIDAL FEELINGS					
QN26: Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months		24.7	27.3	--	26.8*
QN27: Percentage of students who seriously considered attempting suicide during the past 12 months		15.9	19.5*	16	15.9*
QN28: Percentage of students who made a plan about how they would attempt suicide during the past 12 months		12.7	14.4*	12.5	12.7*
THEME: SENSE OF SUPPORT					
QN113/110: Percentage of students who have an adult outside of school they can talk to about things that are important to them		85.7	84.6	84	84.4*
QN114/112: Percentage of students who would feel comfortable seeking help from one or more adults besides their parents if they had an important question affecting their life		78.5	76.5*	77.3	78.2
QN115/113: Percentage of students who talked to a teacher or other adult in their school about a personal problem they had during the past 12 months		35.4	36.5	--	52.8
* Indicates disproportionate rates for minority groups, either African Americans or Hispanic or both groups					

<p>Definition: <u>Behavioral Health</u></p> <p>The percentage of high school students (Grades 9-12) self-reporting situations or conditions that could have an impact on their behavioral health</p>	
<p>Source: Maryland Department of Health and Mental Hygiene; Youth Risk Behavior Survey, 2013, 2014; http://phpa.dhmh.maryland.gov/ccdpc/Reports/Pages/yrbs.aspx Data sets compiled from the Mid-Shore Mental Health Systems Transitional Age Youth Needs Assessment, 2014</p>	
<p>Significance</p> <p>Certain external factors are known to have either a discouraging (feeling physically threatened) or an encouraging (feeling supported) impact on behavioral health and student success. If factors are reduced that discourage optimal health, the child is more likely to experience a sense of well-being.</p>	<p>Analysis</p> <p>Most notable in the data where both Queen Anne's County and Maryland percentages are available pertaining to behavioral health is the percentage of students who had ever been bullied on school property in the past 12 months. Queen Anne's County high school youth reported this occurred at 24.9% compared to Maryland youth at 17.7%. It is also important to note that 27.3% of Queen Anne's County students in 2014 (up from 24.7% in 2013) reported feeling so sad or hopeless almost every day for two weeks or more in a row (prior to the 30 days leading up to the survey) that they stopped doing some usual activities during the past 12 months. Queen Anne's County surpassed the State of Maryland percentages in response to questions about threats, safety, sadness, and hopelessness - higher rates of these conditions were reported.</p>

Note: The Youth Risk Behavior Survey was administered in this format for the first time in 2013 in the public school systems in Maryland. This survey was repeated during the 2014-2015 school year and results (for comparison purposes) should be available in the latter months of 2015.

HEALTH Result Area: <i>Healthy Children</i>	Indicator: <i>Children of Incarcerated Parents</i>												
<p align="center">Estimates of Children of Incarcerated (or Formerly Incarcerated) Parents in Queen Anne's County</p> <table border="1"> <thead> <tr> <th>Category</th><th>Number</th></tr> </thead> <tbody> <tr> <td>Estimated number of children with a parent on probation or parole</td><td align="center">528</td></tr> <tr> <td>Estimated number of children with a parent in State Prison</td><td align="center">149</td></tr> <tr> <td>Total estimated number of children with a parent under criminal supervision (excluding local jail or federal prison)</td><td align="center">677</td></tr> <tr> <td>From Murphey & Cooper Study (2015); 7% of youth (in QAC) have ever had a parent who lived with them go to jail or prison; Note: From 2010 Census/ Ages 0-17 = 11,374</td><td align="center">796</td></tr> <tr> <td>From Murphey & Cooper Study (2015); 2% of youth (in QAC) had a parent (including non-residential parents) currently in prison. Note: From 2010 Census/ Ages 0-17 = 11,374</td><td align="center">227</td></tr> </tbody> </table>		Category	Number	Estimated number of children with a parent on probation or parole	528	Estimated number of children with a parent in State Prison	149	Total estimated number of children with a parent under criminal supervision (excluding local jail or federal prison)	677	From Murphey & Cooper Study (2015); 7% of youth (in QAC) have ever had a parent who lived with them go to jail or prison; Note: From 2010 Census/ Ages 0-17 = 11,374	796	From Murphey & Cooper Study (2015); 2% of youth (in QAC) had a parent (including non-residential parents) currently in prison. Note: From 2010 Census/ Ages 0-17 = 11,374	227
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<p>Definition: <u>Children of Incarcerated Parents</u> Impact of incarceration is specific to individuals with minor children who are currently or previously incarcerated in a state or local correctional facility for adults or juveniles, including those under criminal justice supervision prior to or following a period of incarceration.</p>													
<p>Source: Governor's Office for Children; Murphey & Cooper, <i>Parents Behind Bars - What happens to their children?</i>, 2015</p>													
<p>Significance Previous research has found connections between parental incarceration and childhood health problems, behavior problems, and grade retention. There may also be links to poor mental and physical health in adulthood.</p>	<p>Analysis The range for Queen Anne's County in this priority area appears to be no less than 200 and as high as nearly 800 children with parents who are currently or formerly incarcerated. Clearly, this indicator requires additional study to achieve greater specification and reliability of the data.</p>												

EDUCATION INDICATORS

- ✓ *Children Enter School Ready to Learn*
- ✓ *Children are Successful in School*
- ✓ *Youth will Complete School*
- ✓ *Youth have Opportunities for Employment or Career Readiness*



EDUCATION Result Area:*Children Enter School Ready to Learn***Indicator: 2011-2014*****Kindergarten Assessment*****COMPOSITE**

Year ↓ Jurisdiction →	Queen Anne's County	Maryland
2011	83	81
2012	91	83
2013	88	82
2014	91	83

SOCIAL AND PERSONAL

Year ↓ Jurisdiction →	Queen Anne's County	Maryland
2011	74	78
2012	88	80
2013	87	80
2014	86	80

LANGUAGE AND LITERACY

Year ↓ Jurisdiction →	Queen Anne's County	Maryland
2011	67	71
2012	75	73
2013	73	72
2014	73	73

MATHEMATICAL THINKING

Year ↓ Jurisdiction →	Queen Anne's County	Maryland
2011	72	75
2012	81	77
2013	79	75
2014	80	76

Definition: Kindergarten Readiness

Levels of readiness are based upon teacher ratings in the domains of social and personal, language and literacy, mathematical thinking, scientific thinking, social studies, the arts, and physical development. Full readiness is defined as consistently demonstrating skills, behaviors, and abilities which are needed to successfully meet kindergarten expectations.

Source: Maryland State Department of Education;

The Work Sampling System for Kindergarten Readiness; 2011-2014

http://www.marylandpublicschools.org/MSDE/divisions/child_care/Reports.html

http://www.marylandpublicschools.org/MSDE/newsroom/publications/school_readiness.htm

<p>Significance</p> <p>Neuroscientific research into brain development strongly supports the importance of consistent and structured early learning experiences prior to elementary school education as an essential foundation for later school success.</p>	<p>Analysis</p> <p><u>Composite:</u> Composite kindergarten readiness scores for Queen Anne's County improved from 83 to 91 (percent at fully ready) between 2011 and 2014, while Maryland scores (on average) remained steady (with a slight increase) between 2011 and 2014.</p> <p><u>Social & Personal:</u> Under the domain of "Social & Personal," scores in Queen Anne's County have generally improved from 74% in 2011 to 86% at fully ready in 2014. For Maryland, the percentage at fully ready has been 80 from 2012 to 2014.</p> <p><u>Language & Literacy:</u> For the domain of "Language & Literacy," the percentage of children at fully ready has increased from 67 in 2011 to 73 in 2014, compared to Maryland's average of 73% also in this domain in 2014.</p> <p><u>Mathematical Thinking:</u> For this domain, the percentage of children at fully ready improved from 72 in 2011 to 80 in 2014. Maryland's average fluctuated between 75% and 77% fully ready during the same time frame.</p> <p><u>Further Analysis:</u> It is important to note that consistently across the subgroups of African American, FARMS (Free and Reduced Meals), and Head Start, the percentage of students fully ready to learn lags behind the overall population.</p>
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EDUCATION Result Area:*Children Enter School Ready to Learn***Indicator: 2015 & 2016***Kindergarten Readiness Assessment*

Percent Demonstrating Readiness by Category	QA15	QA16	MD15	MD16
Demonstrating Readiness - Composite	54	51	47	45
Gender: Female	62	58	54	52
Gender: Male	47	44	40	39
Race/ Ethnicity: African American	30	33	43	41
Race/ Ethnicity: Asian	14	*	53	52
Race/ Ethnicity: Hispanic/ Latino	31	23	27	27
Race/ Ethnicity: Two or More	56	42	52	48
Race/ Ethnicity: White	59	57	57	56
Low Income Households	32	32	36	33
Middle/ High Income Households	63	59	57	52
English Language Learners	17	11	20	16
English Proficient	56	44	52	47
Children with a Disability	21	16	20	19
Children without Disabilities	57	45	49	47
DOMAINS				
Language & Literacy	55	42	47	43
Mathematics	41	42	42	40
Physical Well-being and Motor Development	60	65	54	55
Social Foundations	62	65	50	58

QA15 & QA16 = FY2015 and FY 2016; MD15 & MD 16 = FY2015 and FY 2016; * indicates group size less than 5

Definition: Kindergarten Readiness (new 2015 measure)

Levels of readiness are newly based upon ratings in the domains of language and literacy, mathematics, physical well-being and motor development, and social foundations. Demonstrating readiness is defined as consistently demonstrating skills, behaviors, and abilities which are needed to successfully meet kindergarten expectations.

Source: Ready for Kindergarten: Maryland's Early Childhood Comprehensive Assessment System (R4K)/ MD State Dept. of Education
http://www.marylandpublicschools.org/MSDE/newsroom/publications/school_readiness.htm

Significance

Neuroscientific research into brain development strongly supports the importance of consistent and structured early learning experiences prior to elementary school education as an essential foundation for later school success.

Analysis

For the domain areas of Physical Well-Being, Mathematics, and Social Foundations, Queen Anne's County students are performing above the Maryland average. Within two of the four domains, these scores have improved. Subgroup scores have dropped overall, except among African Americans, where the percentage demonstrating readiness increased from 30 to 33.

EDUCATION Result Area:
Children Are Successful in School

Indicator: 2015 (PARCC)
*Partnership for Assessment of
Readiness for College and Careers*

READING (Grades 3-8) and ENGLISH-LANGUAGE ARTS (Grade 10)
Met/ Exceeded Expectations

Grade	Number *	All	White	African American	Hispanic	FARMS **	Male	Female
3	582	36.9/≤5	41.4/≤5	15.9/≤5	6.9/≤5	21.9/≤5 (N=178)	33.4/≤5	40.5/≤5
4	576	35.6/6.1	38.4/7.0	16.1/≤5	24.4/≤5	17.1/≤5 (N=164)	32.6/≤5	38.8/8.3
5	591	47.5/≤5	51.1/≤5	14.7/≤5	39.3/≤5	28.8/≤5 (N=153)	45.4/≤5	49.8/≤5
6	568	33.1/≤5	36.4/≤5	8.3/≤5	17.4/≤5	22.5/≤5 (N=142)	26.9/≤5	39.6/≤5
7	627	33.7/≤5	36.1/≤5	14.3/≤5	14.3/≤5	16.1/≤5 (N=143)	31.6/≤5	35.8/≤5
8	533	39.0/10.5	39.7/11.3	35.3/≤5	30.8/≤5	28.2/≤5 (N=124)	32.7/≤5	45.6/17.6
10 (English)	562	29.0/8.4	32.3/9.2	5.7/≤5	14.3/≤5	21.5/≤5 (N=139)	25.7/≤5	32.6/13.7

*Number = Number of students who were PARCC assessed; ** Free/ Reduced Meals eligibility

Definition: Partnership for Assessment of Readiness for College and Careers
(new 2015 measure)

Percent of students in Grades 3-8 and in high school who have met or exceeded the expectations for proficiency in Reading appropriate for their grade level and toward the goal of college and/or career readiness by the end of high school

Source: Maryland Department of Education; Maryland Report Card;
2015; www.mdreportcard.org

Significance

In 2015 Maryland implemented the new Partnership for Assessment of Readiness for College and Careers (PARCC) state assessments in reading and mathematics. The new assessments replace the Maryland School Assessments in English and Mathematics in grades 3-8, and replace the High School Assessments in Algebra and English 10 for all students not graduating in 2015.

Analysis

On average, slightly more than one third of students from Grade 3 to high school achieved a proficiency level in Reading when assessed using the PARCC. For Grade 5, nearly one half of the students achieved proficiency. Among subgroups to include African American, Hispanic, and students eligible for Free and Reduced Meals (FARMS), proficiency levels were significantly lower overall. When gender is accounted for, females consistently performed better than males in Reading, in terms of the percentage who met or exceeded expectations.

EDUCATION Result Area: <i>Children Are Successful in School</i>	Indicator: 2015 (PARCC) <i>Partnership for Assessment of Readiness for College and Careers</i>
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MATH (Grades 3-8) and ALGEBRA (High School)
Met/ Exceeded Expectations

Grade	Number *	All	White	African American	Hispanic	FARMS **	Male	Female
3	585	35.7/7.7	38.9/ <u>8.6</u>	20.5/≤5	16.7/≤5	21.7/≤5 (N=180)	32.4/7.8	39.1/7.6
4	575	34.2/≤5	37.6/≤5	9.7/≤5	17.1/≤5	14.0/≤5 (N=164)	34.0/≤5	34.5/≤5
5	590	34.9/≤5	38.4/≤5	6.1/≤5	21.4/10.7	17.4/13.0 (N=23)	35.4/≤5	34.4/≤5
6	569	32.7/≤5	36.1/≤5	11.1/≤5	16.0/≤5	16.8/≤5 (N=143)	27.9/≤5	37.6/≤5
7	627	33.7/≤5	36.1/≤5	14.3/≤5	14.3/≤5	16.1/≤5 (N=143)	31.6/≤5	35.8/≤5
8	359	17.5/≤5	19.2/≤5	10.7/≤5	8.0/≤5	11.0/≤5 (N=109)	13.8/≤5	21.8/≤5
High School Algebra I	570	31.6/≤5	35.9/≤5	7.3/≤5	6.3/≤5	13.0/≤5 (N=162)	30.9/≤5	32.3/≤5

*Number = Number of students who were PARCC assessed; ** Free/ Reduced Meals eligibility

Definition: Partnership for Assessment of Readiness for College and Careers
(new 2015 measure)

Percent of students in Grades 3-8 and in high school who have met or exceeded the expectations for proficiency in Math appropriate for their grade level and toward the goal of college and/or career readiness by the end of high school

Source: Maryland Department of Education; Maryland Report Card;
2015; www.mdreportcard.org

Significance

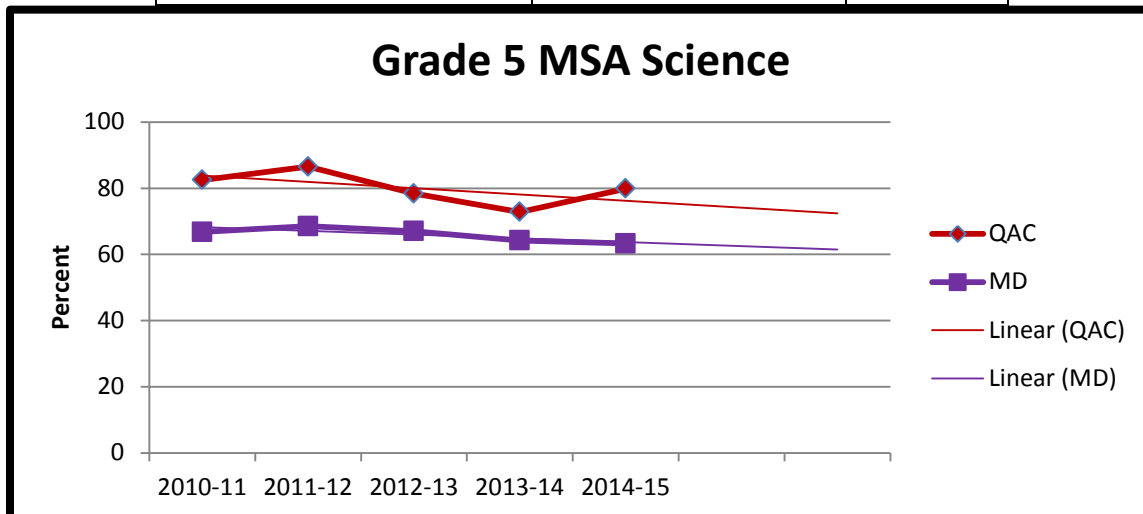
In 2015 Maryland implemented the new Partnership for Assessment of Readiness for College and Careers (PARCC) state assessments in reading and mathematics. The new assessments replace the Maryland School Assessments in English and Mathematics in grades 3-8, and replace the High School Assessments in Algebra and English 10 for all students not graduating in 2015.

Analysis

Overall, between 36% and 39% of Grades 3-7 and high school students achieved proficiency in Math as measured by the PARCC in 2015, while 17.5% of Grade 8 students achieved proficiency. Consistently, African American, Hispanic, and students eligible for FARMS scored significantly lower than their White peers. Female students tended to reach higher proficiency levels than male students (except in Grades 4 and 5).

EDUCATION Result Area:*Children are Successful in School***Indicator: Grade 5***Academic Performance-Science***Grade 5 Maryland School Assessment (MSA) Science Results**

Year ↓ Jurisdiction →	Queen Anne's County	Maryland
2010-11	82.5	66.8
2011-12	86.5	68.5
2012-13	78.4	67.0
2013-14	72.8	64.2
2014-15	79.9	63.3

Definition: Academic Performance - Science

Percent of public school students in Grade 5 performing at Proficient or Advanced Level in Science as tested by the Maryland School Assessment (MSA)

Source: Maryland Department of Education; Maryland Report Card; 2011-2015; www.mdreportcard.org

Significance

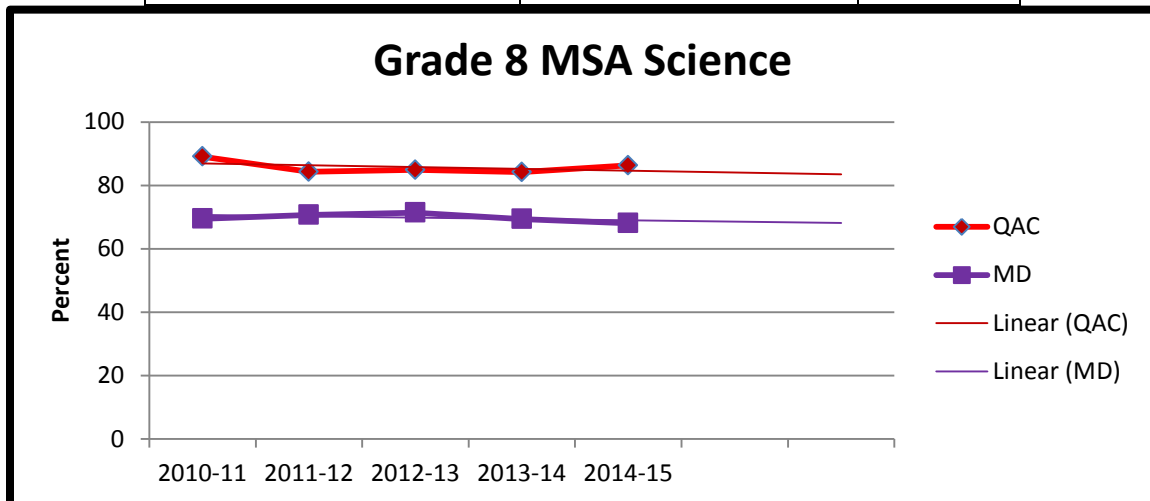
The Maryland School Assessment (MSA) Program is an annual assessment program since 2003. Starting in the 2014-2015 school year, MSA tests are administered in Science in grade 5, grade 8 and Biology for high school. MSA reading and mathematics are no longer offered for grade 3-8 with the 2013-2014 being the last year of administration.

Analysis

Grade 5 MSA Science performance between 2011 and 2015 has shown a downward trend, generally at both the county and state levels. However, the percentage of students in the county who have passed the assessment is much higher than the state average.

EDUCATION Result Area:*Children are Successful in School***Indicator: Grade 8***Academic Performance-Science***Grade 8 Maryland School Assessment (MSA) Science Results**

Year ↓ Jurisdiction →	Queen Anne's County	Maryland
2010-11	89.1	69.5
2011-12	84.3	70.7
2012-13	84.9	71.4
2013-14	84.2	69.4
2014-15	86.3	68.1

**Definition:** Academic Performance - Science

Percent of public school students in Grade 8 performing at Proficient or Advanced Level in Science as tested by the Maryland School Assessment (MSA)

Source: Maryland Department of Education; Maryland Report Card; 2011-2015; www.mdreportcard.org

Significance

The Maryland School Assessment (MSA) Program is an annual assessment program since 2003. Starting in the 2014-2015 school year, MSA tests are administered in Science in grade 5, grade 8 and Biology for high school. MSA reading and mathematics are no longer offered for grade 3-8 with the 2013-2014 being the last year of administration.

Analysis

The percentage of Grade 8 students in Queen Anne's County who achieve a Proficient or Advanced score on the Science MSA has fluctuated since 2011 with 86.3% of students passing in 2015. The percentage of county students passing the assessment exceeds the Maryland percentage by 15-18 points annually.

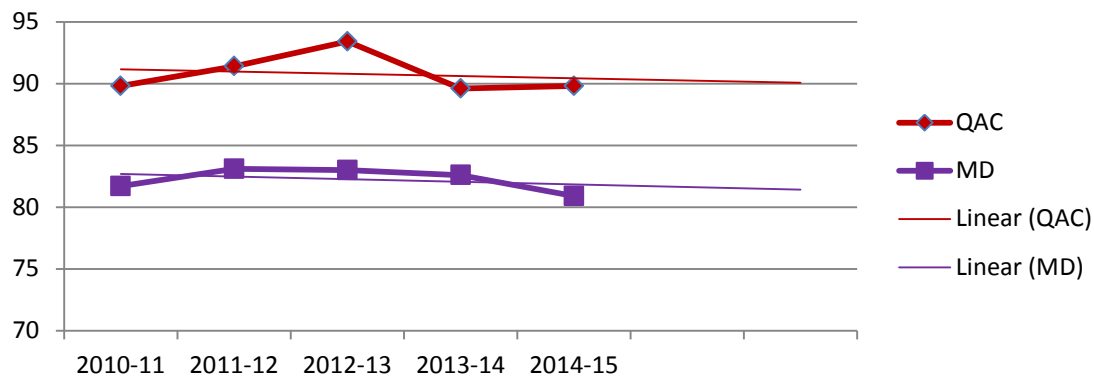
EDUCATION Result Area:
Children are Successful in School

Indicator: High School
Academic Performance-English

High School Assessment (HSA) English Results

Year ↓ Jurisdiction →	Queen Anne's County	Maryland
2010-11	89.8	81.7
2011-12	91.4	83.1
2012-13	93.4	83.0
2013-14	89.6	82.6
2014-15	89.8	80.9

High School Assessment - English



Definition: Academic Performance - English

Percent of public high school students passing the High School Assessment (HSA) test in English

Source: Maryland Department of Education, 2011-2015;

www.mdreportcard.org

Significance

The High School Assessment scores indicate a student's proficiency level in English as specified by the Maryland Content Standards. English and Algebra HSA passing scores are a prerequisite to graduating from high school.

Analysis

The percentage of students who have passed the High School Assessment in English has fluctuated between 89.6% in 2014 to 93.4% in 2013 in Queen Anne's County. For the 5-years reviewed, the percentage of students passing in the county, exceeded the state percentage by about 10%.

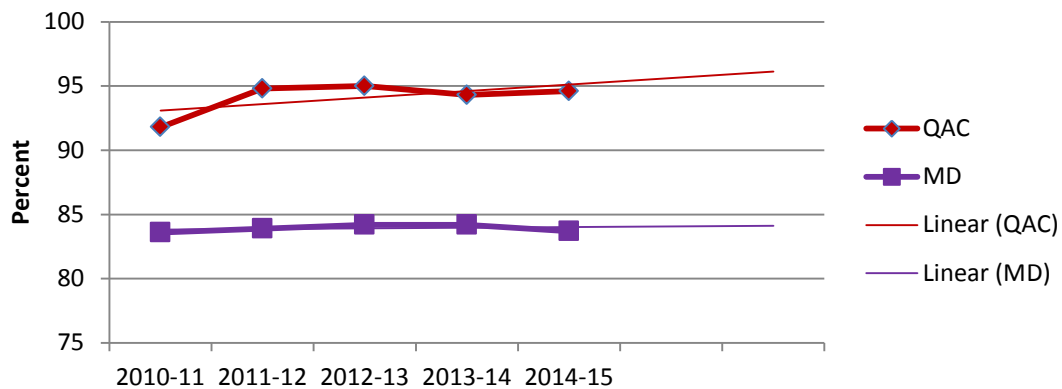
EDUCATION Result Area:
Children are Successful in School

Indicator: High School
Academic Performance-Algebra

High School Assessment (HSA) Algebra Results

Year ↓ Jurisdiction →	Queen Anne's County	Maryland
2010-11	91.8	83.6
2011-12	94.8	83.9
2012-13	95.0	84.2
2013-14	94.3	84.2
2014-15	94.6	83.7

High School Assessment - Algebra



Definition: Academic Performance - Algebra

Percent of public high school students passing the High School Assessment (HSA) test in Algebra

Source: Maryland Department of Education, 2011-2015;
www.mdreportcard.org

Significance

The High School Assessment scores indicate a student's proficiency level in Algebra as specified by the Maryland Content Standards. English and Algebra HSA passing scores are a prerequisite to graduating from high school.

Analysis

Overall, the percentage of Queen Anne's County students passing the HSA Algebra improved between 2011 and 2015. The county students far outpaced their Maryland peers in passing the assessment.

EDUCATION Result Area:
Youth will Complete School

Indicator:
School Attendance

School Attendance Rates

Year/ School Level ↓ Jurisdiction →	Queen Anne's County	Maryland
2012-13 Elementary School	94.9	95.9
2013-14 Elementary School	95.0	95.5
2014-15 Elementary School	95.0	95.7
2012-13 Middle School	95.0	95.4
2013-14 Middle School	95.0	95.1
2014-15 Middle School	95.0	95.4
2012-13 High School	94.0	92.2
2013-14 High School	94.7	92.5
2014-15 High School	94.5	92.7

Definition: School Attendance

The percentage of all students who meet the satisfactory attendance requirement of 94% (absent less than approximately 7 days/year)

Source: Maryland State Department of Education, 2012-2014;
www.mdreportcard.org

Significance

Excessive school absences and especially truancy have a detrimental effect on future opportunities for students and on the community well-being. Excessive absence from school is correlated with academic failure, lower on-time graduation rates, delinquent behavior, alcohol, tobacco, and other drug use, and other risky behaviors.

Analysis

When compared to Maryland averages, school attendance for Queen Anne's County elementary and middle school students is slightly lower than Maryland, but is nearly two points higher than Maryland among high school students. High school students were slightly below the 95% target during school year 2014 and 2015. Overall, attendance rates are consistent for Queen Anne's County students.

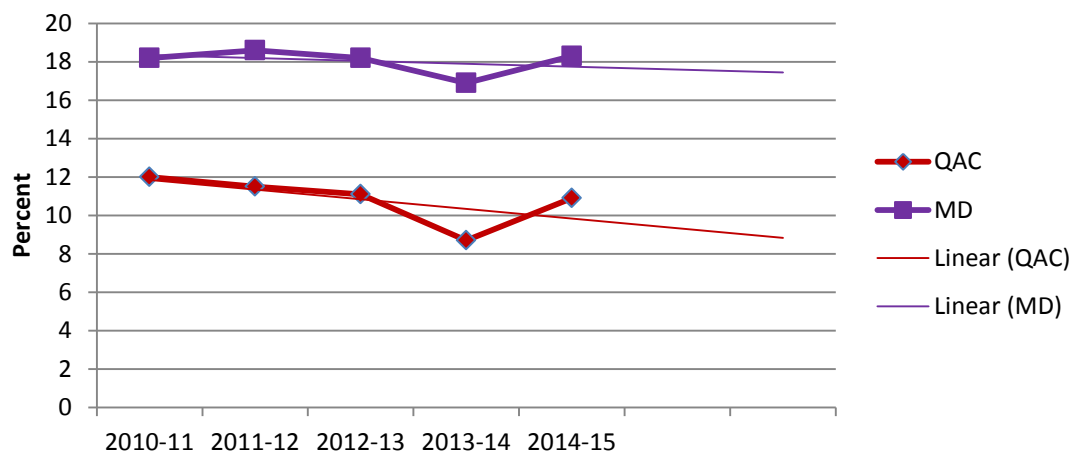
EDUCATION Result Area:
Youth will Complete School

Indicator:
Truancy (Absent 20+ Days)

Truancy Rates - All Grades

Year ↓ Jurisdiction →	Queen Anne's County	Maryland
2010-11	12.0	18.2
2011-12	11.5	18.6
2012-13	11.1	18.2
2013-14	8.7	16.9
2014-15	10.9	18.3

Truancy Rates - All Grades



Definition: Truancy/ 20+ Days of School Absence - All Grades

The percentage of school students missing 20 or more days of school

Source: Maryland Department of Education, 2011-2014;

www.mdreportcard.org

Significance

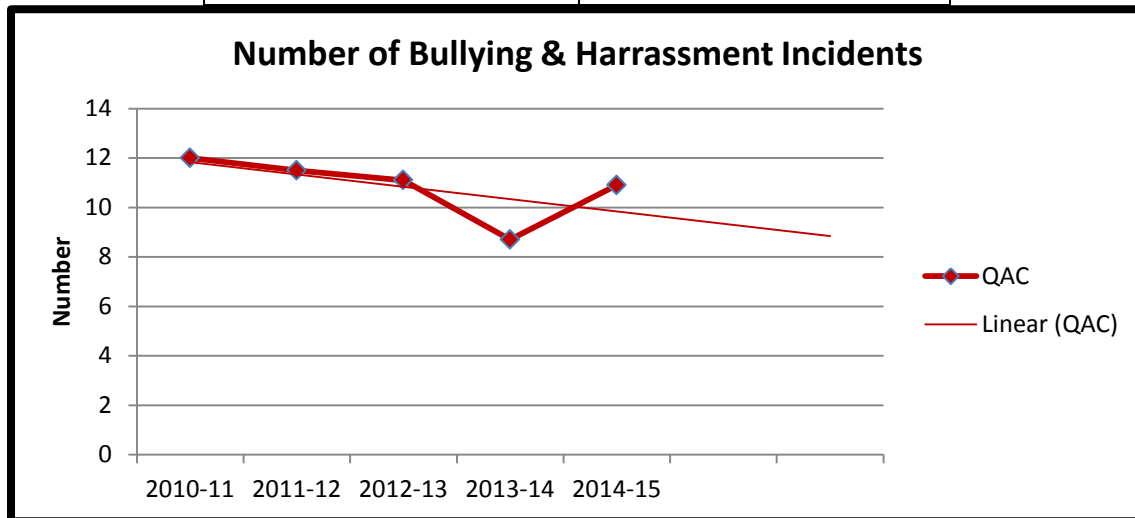
Excessive school absences and especially truancy can have a detrimental effect on future opportunities for students and on the community well-being. Excessive absence from school is correlated with academic failure, lower on-time graduation [rates](#), delinquent behavior, alcohol, tobacco, and other drug use, and other risky behaviors.

Analysis

The percent of students absent 20+ days between 2011 and 2014 dropped from 12.0 to 8.7, then increased to 10.9 in 2015. Even so, the county rate of excessive absence is significantly lower than the state rate (@ 18.3 for 2014-15 in Maryland compared to 10.9 for the county).

EDUCATION Result Area: <i>Youth will Complete School</i>	Indicator: <i>Bullying and Harassment</i>
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Year ↓ Jurisdiction →	Queen Anne's County
2010-2011	84
2011-2012	71
2012-2013	81
2013-2014	53
2014-2015	31



Definition: Bullying and Harassment

The number of reported incidents per school system of bullying and harassment by students

Source: Maryland State Department of Education; Bullying, Harassment, or Intimidation in Maryland Public Schools; 2016

http://www.marylandpublicschools.org/MSDe/divisions/studentschoolsvcs/student_services_alt/bullying/docs/BullyingHarassmentReport2016.pdf

Significance

Students who are bullied can develop physical symptoms such as headaches, stomach pains or sleeping problems. They may be afraid to go to school, go to the lavatory, or ride the school bus. They may lose interest in school, have trouble concentrating, or do poorly academically. They may also develop confidence and behavioral health challenges.

Analysis

The number of reported bullying and harassment incidents decreased sharply by 63% from 2011 (84 incidents) to 2015 (31 incidents) in Queen Anne's County.

EDUCATION Result Area: <i>Youth will Complete School</i>	Indicator: <i>Bullying and Harassment</i>
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Percentage of Youth Report Being Bullied or Harassed

Year ↓ Jurisdiction →	Queen Anne's County	Maryland
2013 Middle School	50.0	43.0
2014 Middle School	45.0	40.9
2013 High School	25.0	19.6
2014 High School	24.9	17.7

Percentage of Youth Report Being *Electronically* Bullied or Harassed

Year ↓ Jurisdiction →	Queen Anne's County	Maryland
2013 Middle School	26.7	19.4
2014 Middle School	23.0	19.7
2013 High School	18.0	14.0
2014 High School	19.3	13.8

Definition: Bullying and Harassment

Self-reported percentage of high school students who had ever been bullied on school property during the past 12 months (prior to the survey) or had been bullied online (electronically) during the past 12 months

Source: Maryland State Department of Education, Youth Risk Behavior Survey, 2013, 2014; <http://phpa.dhmmh.maryland.gov/cdp/SitePages/youth-risk-survey.aspx>

Significance

Students who are bullied can develop physical symptoms such as headaches, stomach pains or sleeping problems. They may be afraid to go to school, go to the lavatory, or ride the school bus. They may lose interest in school, have trouble concentrating, or do poorly academically. They may also develop confidence and behavioral health challenges.

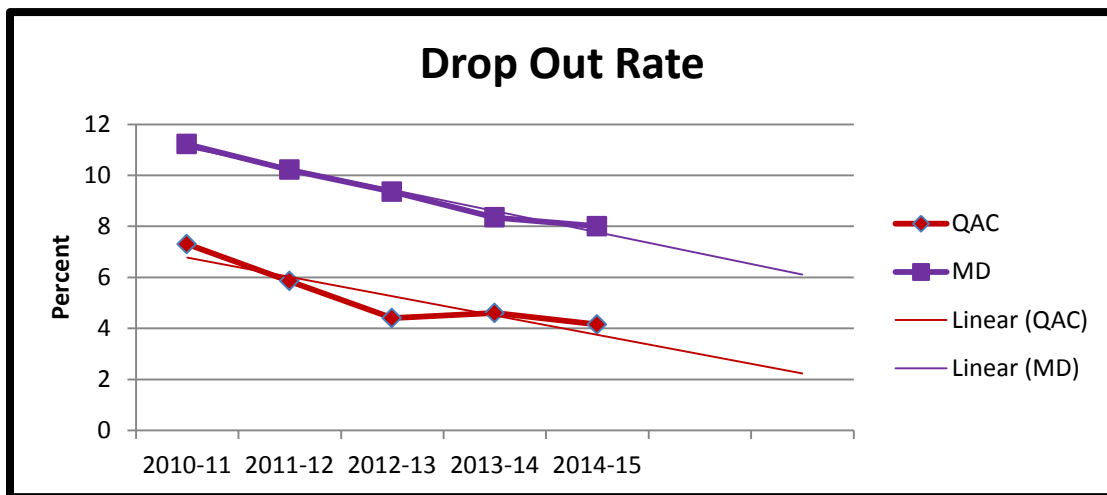
Analysis

Students in Queen Anne's County consistently reported higher rates of bullying, when compared to Maryland. At the high school level in 2014 nearly 25% of students reported being bullied and at the middle school level, 45% of students reported being bullied in Queen Anne's County. Bullying rates have dropped between 2013 and 2014, except for electronic bullying at the high school level where there has been an increase from 18% to 19.3%. Reported incidents of bullying are disproportionately high for Hispanic youth.

EDUCATION Result Area:
Youth will Complete School

Indicator:
*Dropout Rate/
4 Year Adjusted Cohort*

Year ↓ Jurisdiction →	Queen Anne's County	Maryland
2011	7.30	11.22
2012	5.85	10.22
2013	4.40	9.36
2014	4.60	8.35
2015	4.15	8.08



Definition: Dropout Rate/ 4 Year Adjusted Cohort

The percent of public school students, Grades 9-12, who withdrew from school before graduation or before completing a Maryland approved educational program; The 4-Year Adjusted Dropout Rate is calculated by dividing total Dropouts by the 4-Year Adjusted Cohort. Students who dropout of high school remain in the adjusted cohort—that is, the denominator of the dropout rate calculation.

Source:

Maryland Department of Education; Maryland Report Card; 2011-2015
www.mdreportcard.org

Significance

Failure to complete high school is closely correlated with decreased employment opportunities, low pay and limited opportunities for advancement.

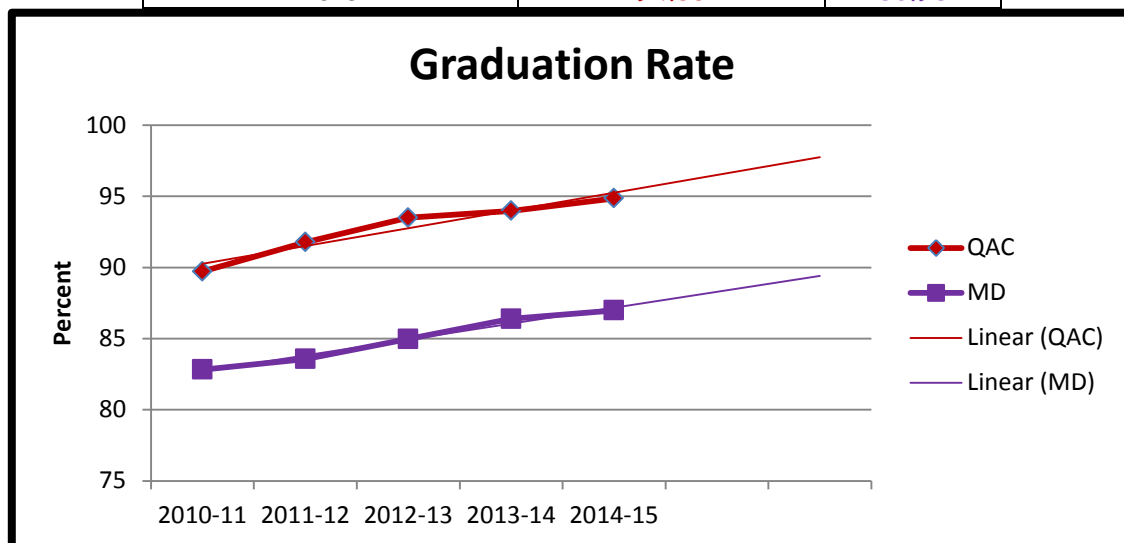
Analysis

Both Queen Anne's County and Maryland's dropout rates have decreased steadily between 2011 and 2015. The county rate is almost half of the state's.

EDUCATION Result Area:
Youth will Complete School

Indicator:
Graduation Rate

Year ↓ Jurisdiction →	Queen Anne's County	Maryland
2011	89.72	82.82
2012	91.77	83.57
2013	93.49	84.97
2014	93.97	86.39
2015	94.85	86.98



Definition: Graduation Rate - 4 Year Adjusted Cohort

The percent of public school students, Grades 9-12, who graduated. The 4-Year Adjusted Graduation Rate is calculated by dividing total Diplomas Earned by the 4-Year Adjusted Cohort.

Source:

Maryland Department of Education; Maryland Report Card; 2010-2014
www.mdreportcard.org

Significance

Failure to complete high school is closely correlated with decreased employment opportunities, low pay and limited opportunities for advancement.

Analysis

Queen Anne's County's graduation rates have steadily increased (from 89.72 in 2011 to 94.85 in 2015) and are consistently higher overall and by 8% in 2015 compared to Maryland. It should be noted that for African American youth who are in the Free and Reduced Meals program (FARMS), the graduation rate was below the county and state average at 85.19% in 2015. For Hispanic students in FARMS, it was 71.43%.

EDUCATION Result Area:
Youth will Complete School

Indicator:
*High School Completion/
Course of Study*

High School Program Completion/ Course of Study - 2015

Jurisdiction → Category ↓	Queen Anne's County	Maryland
Maryland High School Certificate	≤5.0	1.1
Maryland High School Diploma	95.0	98.9

Jurisdiction → Category ↓	Queen Anne's County	Maryland
a. University of Maryland	57.9	59.0
b. Career & Technology	5.8	8.2
c. Both University & Career	34.5	12.9
d. Rigorous High School Program Indicators	29.9	23.5
One or more of categories a, b, c, or d	≥95.0	80.5

Definition: High School Program Completion

The percent of high school graduates who successfully completed the minimum course requirements needed to earn a certificate or diploma and/or to enter the University of Maryland System (U/M), to complete an approved Career and Technology program (C&T) or both

Source: Maryland Department of Education; Maryland Report Card; 2015
www.mdreportcard.org

Significance

The completion of program requirements indicates a student's potential readiness for post-secondary education (college or trade school) or/ and employment.

Analysis

In 2015, Queen Anne's County students were more likely to complete a course of study encompassing both University of Maryland and Career & Technology course requirements, compared to their Maryland peers.

EDUCATION Result Area:

*Youth have Opportunities for
Employment or Career Readiness*

Indicator:

Educational Attainment

Educational Attainment/ 2010-2014 (5 Year Estimates)

Category↓ Jurisdiction →	Queen Anne's County	Maryland
Less than 9 th grade	2.0	4.3
9 th to 12 th grade, no diploma	6.2	6.7
High School graduate	29.8	25.7
Some college, no degree	20.3	19.6
Associate's Degree	7.6	6.3
Bachelor's Degree	20.9	20.3
Graduate or professional degree	13.3	17.0
High School Diploma or higher	91.8	89.0
Bachelor's Degree or higher	34.1	37.3

Definition: Educational Attainment

The percent of all residents over age 25 who have completed specific levels of education

Source: U.S. Census Bureau, Selected Social Characteristics, 2010-2014 American Community Survey Five Year Estimates;

<http://quickfacts.census.gov/qfd/states/24/24035lk.html>

Significance

The extent to which an individual completes educational levels, correlates with his/her ability to engage in meaningful employment.

Analysis

Queen Anne's County fares better than the state averages for educational attainment specific to the percentage of high school graduates, and those with an Associates and Bachelor's degree, but for advance degrees, the county is lagging behind the Maryland average.

EDUCATION Result Area:*Youth have Opportunities for Employment or Career Readiness***Indicator:*****Youth Employment*****Young Adult Population 2010-2014/ 5 Year Estimates**

Age Range ↓	Queen Anne's County
Ages 16-19	2,467
Ages 20-24	2,441

Young Adult Population In Labor Force 2010-2014/ 5 Year Estimates

Age Range ↓ Jurisdiction →	Queen Anne's County	Maryland
Ages 16-19	48.9	38.7
Ages 20-24	84.6	75.6

Young Adult Population Employed 2010-2014/ 5 Year Estimates

Age Range ↓ Jurisdiction →	Queen Anne's County	Maryland
Ages 16-19	41.9	28.3
Ages 20-24	72.6	62.9

Young Adult Population Unemployed 2010-2014/ 5 Year Estimates

Age Range ↓ Jurisdiction →	Queen Anne's County	Maryland
Ages 16-19	14.3	25.6
Ages 20-24	14.2	15.1

Definition: Youth Employment

The percentage of young adults ages 16 through 24 who are in the labor force, employed, and unemployed

Source: U.S. Census Bureau, 2010-2014 5-Year American Community Survey;
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_af=1&_ss=1&_ds=1&_lang=en&_tid=ACR_13_5YR_S2301&prodType=table

Significance

Maryland employment figures demonstrate a clear connection between educational attainment and employment status. Higher educational attainment equals better paying jobs and meaningful employment.

Analysis

Queen Anne's County exceeds the state average in the percent of 16-19 and 20-24 year olds who are in the labor force and who are employed.

Unemployment for young adults ages 16-19 is about 11% lower in the county than the state. For ages 20-24, the unemployment rates are similar when comparing the county and state.

EDUCATION Result Area: <i>Youth have Opportunities for Employment or Career Readiness</i>	Indicator: <i>Post Graduation Plans</i>
---	---

Documented (Post Graduation) Decisions/ 2015

Decision ↓ Jurisdiction →	Queen Anne's County	Maryland
Attend a 4-Year College	50.6	51.1
Attend a 2-Year College	30.7	31.8
Attend a specialized school/training	≤5.0	3.2
Enter employment (related to high school program)	≤5.0	2.2
Enter employment (unrelated to high school program)	5.5	5.6
Enter the military	≤5.0	3.2
Enter full-time employment and school	11.6	11.5
Enter part-time employment and/or school	47.9	47.3
Other and No Response	≤5.0	3.0
Completed Questionnaires	524	47,748

Definition: High School Program Completion

The percent of high school students in Grade 12 who have made decisions about their post high school graduation plans and the decision categories.

Source: Maryland Department of Education; Maryland Report Card; 2015

www.mdreportcard.org

Significance

Students in transition from high school to post high school are more likely to adjust successfully to adulthood, if they have made specific plans for attending college, receiving vocational training, securing a job, or entering the military.

Analysis

Slightly more Maryland students were likely to make plans for attending a four-year or two-year college than county students. Nearly 12% of Queen Anne's County students selected the option of full-time employment and college, whereas nearly 48% envisioned acquiring part-time employment and/or college. Less than 5% selected military service as a post-graduation option in 2015.

EDUCATION Result Area:
Youth have Opportunities for
Employment or Career Readiness

Indicator:
Upper Shore
Youth Assessment

Top Responses/ 2015

Question	Top Responses (rounded)
1. What are your plans after graduation?	68%= 4 Year College; 8% = 2 Year College
2. Overall, rate your community as a place to live for a young person.	42% = Above Average 26% = Average
3. Have adults in your community ever asked you what would make your community a better place to live for teens?	79% = No 21% = Yes
4. What changes would you like to see that would make your community a better place to live?	33% = Entertainment & Recreation 26% = Local Job Opportunities
5. What specific ideas do you have on how to make your community a better place to live?	20% = Community Events, Recreation 14%=Increasing Cleanliness (reducing litter)
6. If quality career or business ownership opportunities were available, how likely is it that you would choose to remain living in this area?	32% = Do Not Know 21% = Likely
7. If quality career or business ownership opportunities were available, how likely is it that you would choose to return to this area to live in the future?	28% = Do Not Know 22% = Likely 20% = Very Likely
8. What career fields are you currently considering?	11% = Arts, Broadcasting; 11% = Science, Technology, Engineering; 11% = Information Technology, Software Development
9. Please rank the following career clusters in order of your career aspirations	32% = Arts and Communications 28% = Science, Engineering, Technology
10. Please list two specific careers that you are interested in pursuing.	11% = Professional Athlete, Trainer 10% = Medical; 10% = Engineer 8% = Visual Artist, Film Maker
11. Do you have a small business right now (i.e. lawn care, web design, etc.)?	82% = No 18% = Yes
12. Are you interested in owning your own business in the future?	51% = No 49% = Yes
13. At this time, do you picture yourself living in this area in the future, perhaps after graduating from high school or college, getting some career experience or starting a family?	51% = Yes (28% = Good place to raise a family; 20% = Quality school & health care) 49% = No
14. Please list the school and community activities and organizations in which you actively participate.	44% = Sports, Dance 11% = Music 6% = School Clubs/Events
15. If an adult leader asked you to become involved in making your community better, would you volunteer?	72% = Yes 28% = No
16. Why have you not been able to participate in the activities you listed above?	29% = Lack of Desire, Motivation 17% = Lack of Information; 17% = No Activities

18. Do you currently have access to high-speed Internet in your home?	Yes = 83% No = 17%
19. On a scale from 1 (low) to 5 (high), how important do you think access to high-speed Internet will be in your decision about where to live in the future?	48% = Very Important 26% = Slightly Important 21% = Somewhat Important
20. What ideas do you have about how high-speed Internet access could make your community a better place to live?	36% = Communication/Information Retrieval 26% = Jobs/ School/ Productivity

Definition: Upper Shore Youth Assessment

The Youth Assessment and Regional Planning Dashboard is a collaborative needs assessment survey of over 2,500 students in middle and high school from Cecil, Kent, and Queen Anne's Counties. The survey was conducted to get insight into critical issues and ideas about the local communities toward better community development. The Dashboard is designed to present the results from the survey for a wide range of uses. The survey results on these two pages are specific to Queen Anne's County only (approximately 1300 respondents).

Source: Upper Shore Regional Council's Youth Assessment and Planning Dashboard, Rural Maryland Council, Center for Rural Entrepreneurship; 2015
<http://www.youthdashboard.com>

Significance

Students in transition from high school to post high school are more likely to adjust successfully to adulthood, if they have made specific plans for attending college, receiving vocational training, securing a job, or entering the military.

Analysis

At least 76% of Queen Anne's County students who responded to the survey planned to attend 2 or 4 year colleges. Nearly 70% rate their community as average or above average. At least 79% of students said they have NOT been asked by adults what would make the community better and 72% said they WOULD volunteer, if asked. Many students are undecided about living in the area after high school. Top career choices included Professional Athlete/ Sports Trainer, Arts and Communications, and Science and Technology. Approximately 83% of students have access to the internet and 17% do not.

EDUCATION Result Area: <i>Youth have Opportunities for Employment or Career Readiness</i>	Indicator: <i>Disconnected Youth</i>															
Estimated Number of Disconnected Youth 2014 & 2015																
<table><tr><th>Jurisdiction</th><th>Total Disconnect Youth</th><th>Percentage of Youth Population That is Disconnected</th></tr><tr><td>Queen Anne's County 2014</td><td>800</td><td>16.63%</td></tr><tr><td>Queen Anne's County 2015</td><td>675</td><td>13.60%</td></tr><tr><td>Maryland 2014</td><td>93,704</td><td>12.90%</td></tr><tr><td>Maryland 2015</td><td>85,660</td><td>11.80%</td></tr></table>	Jurisdiction	Total Disconnect Youth	Percentage of Youth Population That is Disconnected	Queen Anne's County 2014	800	16.63%	Queen Anne's County 2015	675	13.60%	Maryland 2014	93,704	12.90%	Maryland 2015	85,660	11.80%	
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Maryland 2014	93,704	12.90%														
Maryland 2015	85,660	11.80%														
Definition: <u>Disconnected Youth</u> This population is defined as teenagers or young adults between the ages of 16 and 24 who are neither working or in school. This is a heterogeneous group that includes youth transitioning from foster care or juvenile justice facilities, homeless youth, and youth who have returned from college to live with their parents, among others.																
Source: Measure of America Opportunity Index County Data Interactive Map. Social Science Research Council. 2013. Available online at www.measureofamerica.org . See also Reconnecting Opportunity Youth, A Data Reference Guide. The Cowen Institute. Updated 2015.																
Significance Risk factors for youth disconnection include family poverty, family welfare receipt, low parent education, family instability, juvenile justice or child welfare involvement, low educational attainment, teen parenthood, disability, and lack of civic engagement. Teens who leave school and do not become part of the workforce may have difficulty gaining the skills and knowledge needed to attain self-sufficiency and become contributing taxpayers and participants in civic life. They are more likely to need public assistance; are at greater risk for incarceration, and poor physical and mental health; and may contribute to similar challenges in the next generation.	Analysis It appears the number and percentage of disconnected youth in Queen Anne's County and for the State of Maryland has decreased when comparing 2014 to 2015 estimates. However, this data requires more study to uncover specific subgroups and associated numbers.															

COMMUNITY/ FAMILY INDICATORS

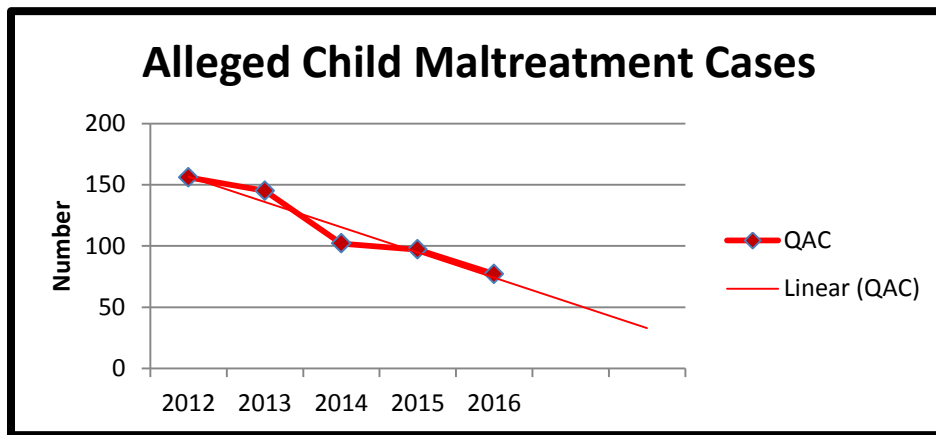
- ✓ *Communities are Safe for Children, Youth and Families*
- ✓ *Families are Safe and Economically Stable*



COMMUNITY Result Area:
*Communities are Safe for
Children, Youth and Families*

Indicator:
Child Maltreatment

Year ↓ Jurisdiction →	Queen Anne's County
2011-2012	156
2012-2013	145
2013-2014	102
2014-2015	97
2015-2016	77



Definition: Child Maltreatment

This data represents the number of alleged child maltreatment cases that Child Protective Services (CPS) responded to during a given fiscal year. This would include the cases which have been addressed through Alternative Response. Alternative Response allows CPS to respond to credible reports that a child has been abused or neglected with an approach other than a traditional CPS investigation. It is designed for those CPS referrals where the risk to children is low and the labeling of caretakers as abusers or neglectors would serve little purpose. In an Alternative Response case the emphasis is on the completion of an assessment to determine the needs of the family and children and link families to the services necessary to strengthen and preserve the family unit. Maryland implemented Alternative Response beginning in July 2013 in phases and Queen Anne's County's implementation began in April 2014.

Source: Queen Anne's County Department of Social Services

Significance

Child abuse or neglect can result in physical harm, developmental delays, behavioral challenges, or death. Maltreated children are at greater risk for delinquency and abuse or neglect of their own children.

Analysis

Forecast trend lines reveal a marked decrease in alleged child maltreatment cases for Queen Anne's County between FY 2012 (156) and FY 2016 (77).

COMMUNITY Result Area:

*Communities are Safe for
Children, Youth and Families*

Indicator:

Juvenile Referrals

Queen Anne's County Juvenile Services Complaints
and Offense Categories/ 2011-2015

Category/ Offense Severity* (c-i)	2011	2012	2013	2014	2015
a. Total Complaints	320	256	207	154	136
b. Formal Cases	107	74	50	43	43
c. Crimes of Violence (%)	4.0	5.1	3.4	10.4	7.4
d. Felonies (%)	5.3	5.8	1.4	6.5	5.1
e. Misdemeanors (%)	62.2	60.7	68.6	66.2	64.7
f. Traffic Offences (%)	5.6	6.2	1.4	1.9	--
g. Status Offences (%) **	19.3	18.7	21.3	13.6	--
h. Citations (%)	--	--	--	--	20.6
i. Children in Need of Supervision (%)	--	--	--	--	2.2

* Distribution of the most severe offences

** Includes alcohol violations, tobacco violations, runaway, truancy, ungovernable

-- Indicates category was not included (later revisions of definitions)

Definition: Juvenile Referrals

The number of referrals (or complaints) to Juvenile Services among youth ages 10-17 and percentages of offense categories for most severe offences

Source: Maryland Department of Juvenile Services, Data Resource Guides 2011-2015;

<http://www.djs.maryland.gov/data-resource-guides.asp>

Significance

Risk factors for juvenile delinquency include a lack of educational and job training opportunities, poverty, family violence, and inadequate adult supervision.

Analysis

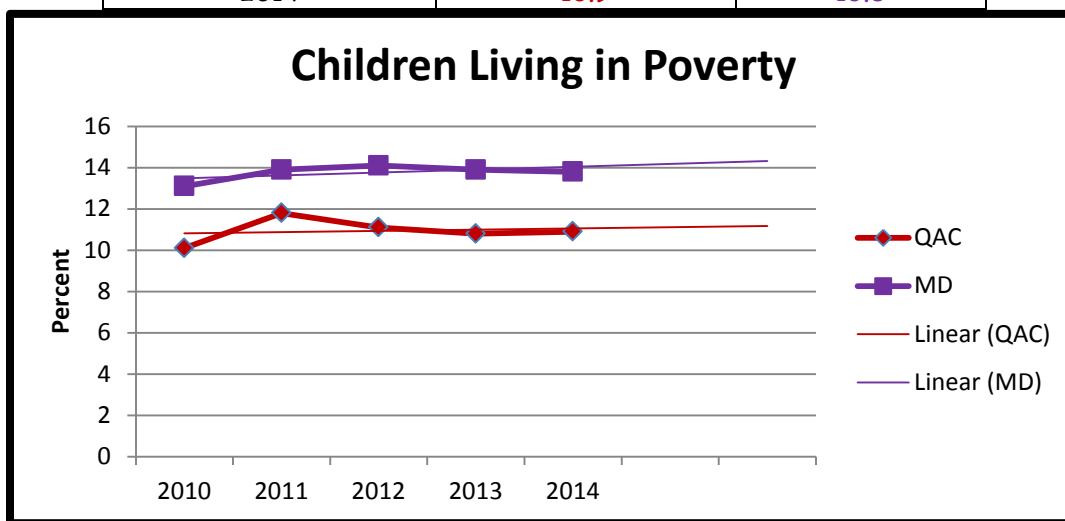
For Queen Anne's County, the number of referrals (complaints) to Juvenile Services decreased significantly from 320 in 2011 to 136 in 2015. Within the complaints, crimes of violence are on an upward trend and felonies dropped in 2013, but rose sharply in 2014, then leveled to (near) former 2011 and 2012 rates in 2015.

COMMUNITY Result Area:
Families are Safe and Economically Stable

Indicator:
Children Living in Poverty

Children Living in Poverty

Year ↓ Jurisdiction →	Queen Anne's County	Maryland
2010	10.1	13.1
2011	11.8	13.9
2012	11.1	14.1
2013	10.8	13.9
2014	10.9	13.8



Definition: Child Poverty

The share (percentage) of children under age 18 who live in families with incomes below the federal poverty level, as defined by the U.S. Office of Management and Budget.

Source: US Census Bureau, Small Area Income and Poverty Estimates (SAIPE); <http://www.census.gov/did/www/saie/index.html>

Significance

Children who grow up in poverty are more likely to have unmet nutritional needs, live in substandard housing, experience crime and violence, lack basic health care, and have unequal access to educational opportunities.

Analysis

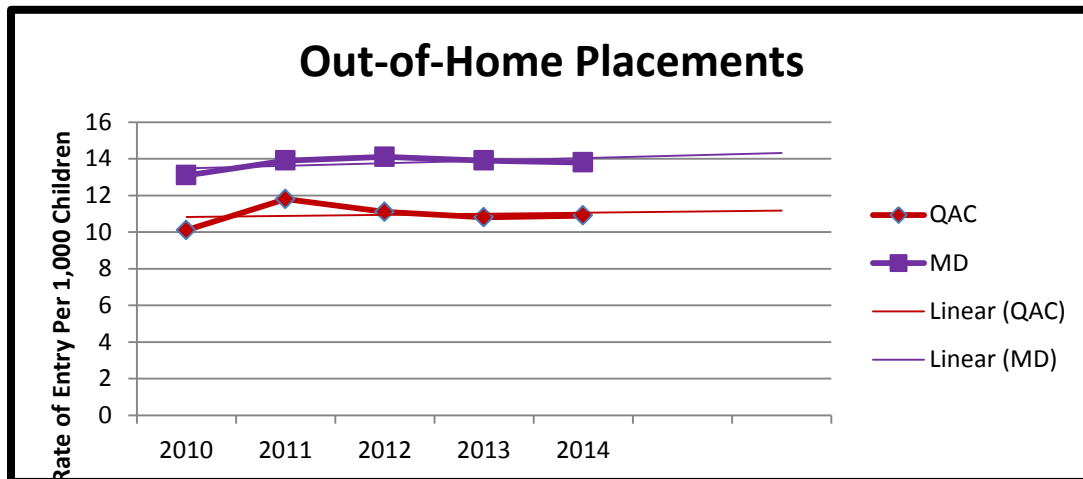
Maryland's percentage of children living below the federal poverty level has remained fairly steady since 2011 (13.9 to 14.1), while Queen Anne's County's rate peaked at 11.8 in 2011 and has dropped since then to 10.8 in 2013.

COMMUNITY Result Area:
Families are Safe and Economically Stable

Indicator:
Out-of-Home Placements

Out-of-Home Placements - Rate of Entry Per 1,000 Children

Year ↓ Jurisdiction →	Queen Anne's County	Maryland
2010	8.5	11.6
2011	6.6	11.0
2012	7.6	12.3
2013	7.6	11.2
2014	2.8	9.9



Definition: Out-of-Home Placements

Rate of entry per 1,000 children (ages 0-19) placed in out-of-home care by public agencies such as the Department of Social Services or the Department of Juvenile Services

Source: Governor's Office of Children;

<http://goc.maryland.gov/2013out-of-home-placement/>

Significance

Children need safe and stable homes to thrive. These placements represent children and families with the most intensive needs in Maryland. Some children experience multiple placements, thus losing stability and the opportunity to form meaningful long-term relationships with their caregivers.

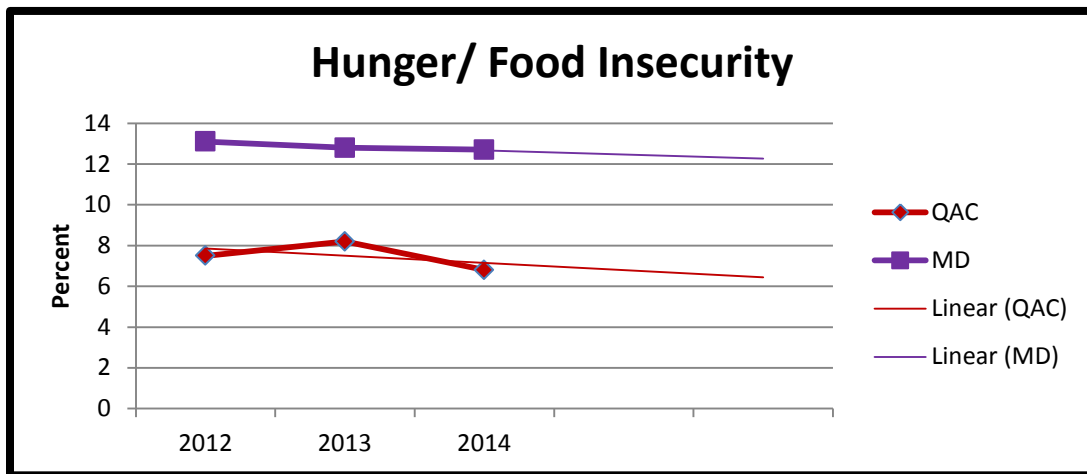
Analysis

The out-of-home placement rate of entry for Queen Anne's County dropped dramatically between 2013 (7.6) and 2014 (2.8), while a gradual decrease occurred across the state between 2012 (12.3) and 2014 (9.9).

COMMUNITY Result Area:
Families are Safe and Economically Stable

Indicator:
Hunger/ Food Insecurity

Year ↓ Jurisdiction →	Queen Anne's County	Maryland
2012	7.5	13.1
2013	8.2	12.8
2014	6.8	12.7



Definition: Hunger/ Food Insecurity

The percentage of families who are food insecure; The US Department of Agriculture (USDA) defines food insecurity as a measure of the lack of access, at times, to enough food for an active, healthy life for all household members; limited or uncertain availability of nutritionally adequate foods.

Source: Feeding America, Map the Meal Gap;

<http://map.feedingamerica.org/county/2014/overall>

Significance

Good nutrition, particularly in the first three years of life, is important for establishing a good foundation that has implications for a child's future physical and mental health, academic achievement, and economic productivity.

Analysis

The percentage of food insecure families living in Queen Anne's County peaked in 2013 at 8.2%. The county's percentage of food insecure families was consistently lower than Maryland's from 2012 to 2014.

COMMUNITY Result Area:

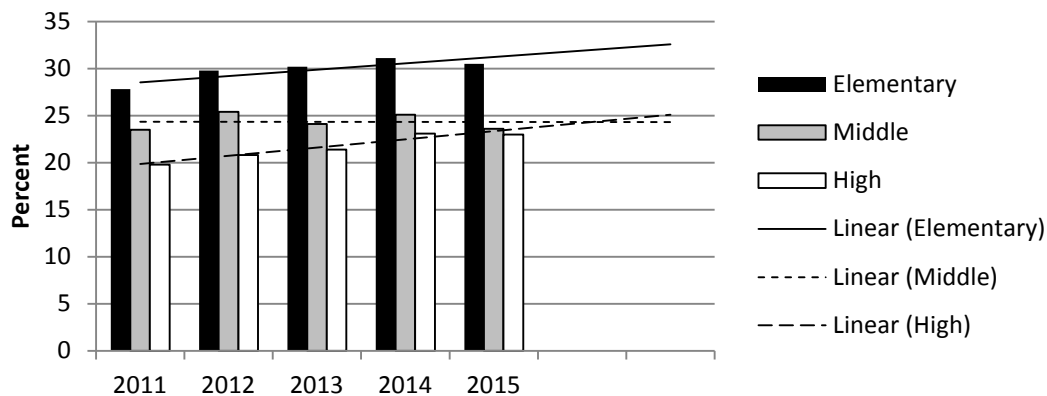
Families are Safe and Economically Stable

Indicator:

Hunger/ Food Insecurity/ FARMS Student Enrollment

Year ↓ Jurisdiction →	Queen Anne's County			Maryland		
School Level →	Ele	Middle	High	Ele	Middle	High
2011	27.8	23.5	19.8	46.8	41.2	34.0
2012	29.8	25.4	20.8	48.2	42.3	35.3
2013	30.2	24.1	21.4	49.2	43.4	36.3
2014	31.1	25.1	23.1	50.4	44.4	37.3
2015	30.5	23.6	23.0	51.1	44.8	38.5

Free and Reduced Meal Participation

**Definition:** Hunger/ Food Insecurity

Percent of elementary, middle and high school students receiving free and reduced meals during the school year as reported to the Maryland State Department of Education

Source: Maryland State Department of Education, Maryland Report Card;
www.mdreportcard.org

Significance

Good nutrition, particularly in the first three years of life, is important for establishing a good foundation that has implications for a child's future physical and mental health, academic achievement, and economic productivity.

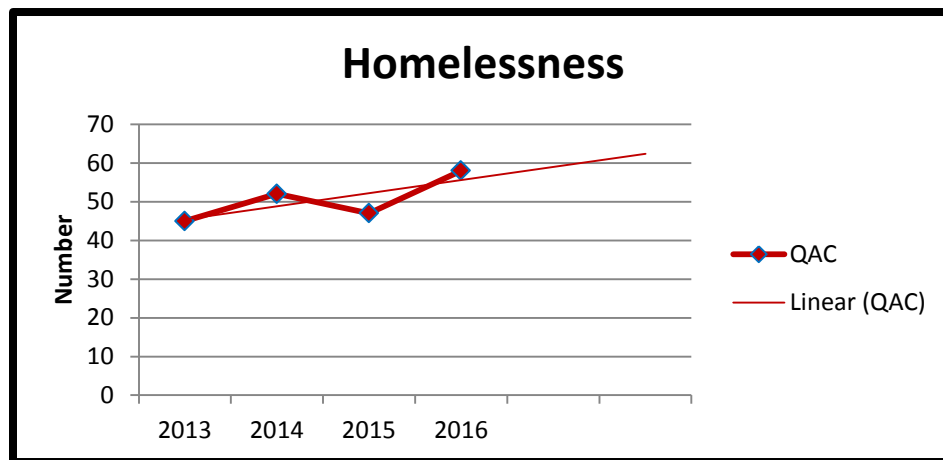
Analysis

The percentage of students who are enrolled in the Free and Reduced Meals program in school has steadily increased in Maryland through 2015 and in Queen Anne's County through 2014. County rates tend to be lower than the Maryland rates.

COMMUNITY Result Area:
Families are Safe and Economically Stable

Indicator:
Homelessness

Year ↓ Jurisdiction →	Queen Anne's County
2012-13	45
2013-14	52
2014-15	47
2015-16	58



Definition: Homelessness

The number of children enrolled in the public school system who lack a fixed, regular, and adequate nighttime residence or who are awaiting foster-care placement.

Source:

Queen Anne's County Board of Education

Significance

Homelessness has particularly adverse effects on children and youth including hunger, poor physical and mental health, and missed educational opportunities.

Analysis

The number of students designated as homeless has climbed overall in Queen Anne's County between FY 13 (@ 45) and FY 16 (@58).

COMMUNITY Result Area:

*Families are Safe and
Economically Stable*

Indicator:

*Homelessness
(Individuals Served)*

Mid Shore* Count of Homeless Individuals

Category	FY2013	FY2014	FY2015
Total Served	201	180	263
Point in Time Served (counted in January)	87	111	158
Children Under Age 18	NA	19	34
Young Adults Ages 18-24	NA	15	3
Households with Children	21	89**	17
Veterans	4	9	9
Chronically Homeless	13	12	22
Serious Mental Illness (Adults)	20	29	30
Substance Abuse Disorder (Adults)	16	27	20

*Data collected from this source combines the counts for the five mid-shore counties (Caroline, Dorchester, Kent, Queen Anne's, Talbot) in their reports. ** Definition changed for this measure in FY 2014 and included all households. NA = Data not available.

Definition: Homelessness

Maryland's Interagency Council on Homelessness defines a homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation.

Source: Maryland's Interagency Council on Homelessness,
Annual Report on Homelessness, November 10, 2015;

<http://www.dhr.state.md.us/blog/wp-content/uploads/2015/01/Homeless-Services-Annual-Report-2015.pdf>

Significance

Homelessness has particularly adverse effects on children and youth including hunger, poor physical and mental health, and missed educational opportunities.

Analysis

The number of homeless individuals increased by 46% between FY 2014 and 2015. Point in time service numbers also reflect this spike in service. The number of chronically homeless individuals has also significantly increased (from 12 in 2014 to 22 in 2015).

QUALITATIVE DATA

Quality of Life Surveys
Roundtable Discussions
Key Informant Interviews



Queen Anne's County Quality of Life Survey Results

As part of the community needs assessment, a *Queen Anne's County Quality of Life Survey* was developed and distributed via hard copy and on-line versions (utilizing Survey Monkey). A Spanish translation of the survey was made available in both hard copy and electronic version, as well. The purpose of the survey was to better understand issues of importance corresponding to family and community life on a local level, and as prioritized by local residents, especially those with children. The survey consisted of 12 close-ended questions and one open-ended question (#13) as follows:

- 1) Are you male or female?
- 2) What is your age range?
- 3) Are you white, Hispanic/Latino, black /African American, American Indian or Alaskan Native, Asian, Native Hawaiian/Pacific Islander, American from Multiple Races, or some other race?
- 4) Do you live, work, volunteer, or telecommute in Queen Anne's County?
- 5) What is your family role?
- 6) How do you rate the quality of life for families in Queen Anne's County?
- 7) How do you rate the quality of life for children (up to age 15) in Queen Anne's County?
- 8) How do you rate the quality of life for young adults (ages 16-24) in Queen Anne's County?
- 9) How do you rate the importance of the following HEALTH concerns for children and families in Queen Anne's County?
- 10) How do you rate the importance of the following EDUCATION concerns for children and families in Queen Anne's County?
- 11) How do you rate the importance of the following COMMUNITY concerns for children and families in Queen Anne's County?
- 12) Which of the following resources should be created, improved, or more accessible in Queen Anne's County?
- 13) In what ways (not addressed in the above questions), could the quality of life for children and families be improved in Queen Anne's County?

FINDINGS

Demographics (Questions 1-5): A total of 1,040 individuals responded to the Queen Anne's County Quality of Life Survey between March and May of 2016. From the answers provided to the demographic questions (Questions 1-5), the following subgroups were represented (percentages are rounded):

Gender: Female = 79%; Male = 21%

Age Range: 17 or younger = 1%; 18-20 = 2%; 21-25 = 3%; 26-29 = 7%; 30-39 = 24%; 40-49 = 24%; 50-59 = 22%; 60 or older = 18%

Race/Ethnicity: White = 87%; Black/African American = 11%; Hispanic/ Latino = 3%; American Indian/Alaskan Native = 1%; Other races =1%

Queen Anne's County Link: Resident = 82%; Employee = 62%; Volunteer = 32%; Telecommuter = 4%; Work outside the County = 15%

Family Role: Parent = 78%; Grandparent = 23%; Great Grandparent = 3%; Uncle/Aunt = 27%; Mentor/Educator/Guiding Adult = 12%; Young Adult Living w/Parent or Guardian = 4%; Independent Young Adult (living on my own away from parents) = 5%; Concerned Adult = 28%

Quality of Life (Questions 6, 7, and 8): Respondents rated the quality of life for *families* in Queen Anne's County as Excellent, Good, Satisfactory, Fair, or Poor. Nearly 55% (535 people) assigned a value of "Good", and just over 18% (178 people) assigned a value of "Satisfactory." Exactly 18% (176 people) selected the value of "Excellent" and over 1% (14 people) selected "Poor."

Q6. In Queen Anne's County, how do you rate the quality of life for families? (Select one answer)		
Answer Options	Response Percent	Response Count
Excellent	18.0%	176
Good	54.8%	535
Satisfactory	18.2%	178
Fair	7.6%	74
Poor	1.4%	14
<i>Answered /skipped question</i>		977/ 63

Respondents rated the quality of life for *children* in Queen Anne's County as Excellent, Good, Satisfactory, Fair, or Poor. Just over 46% (449 people) assigned a value of "Good" and just over 23% (226 people) assigned a value of "Satisfactory." Nearly 19% (182 people) selected the value of "Excellent" and approximately 9% (84 people) selected "Fair." The option of "Poor" was chosen by slightly over 3% (32 people).

Q7. In Queen Anne's County, how do you rate the quality of life for children who are up to age 15? (Select one answer)		
Answer Options	Response Percent	Response Count
Excellent	18.7%	182
Good	46.1%	449
Satisfactory	23.2%	226
Fair	8.6%	84
Poor	3.3%	32
<i>Answered / skipped question</i>		973/ 67

Respondents rated the quality of life for *young adults* in Queen Anne's County as Excellent, Good, Satisfactory, Fair, or Poor. Exactly 36% (346 people) assigned a value of "Satisfactory" and almost 29% (277 people) assigned a value of "Good." Nearly 20% (191 people) selected the value of "Fair" and 8% (81 people) selected "Excellent." "Poor" was chosen by 7% (32 people) of the respondents.

Q8. In Queen Anne's County, how do you rate the quality of life for young adults who are age 16 to 24? (Select one answer)

Answer Options	Response Percent	Response Count
Excellent	8.4%	81
Good	28.8%	277
Satisfactory	36.0%	346
Fair	19.9%	191
Poor	7.0%	67
<i>Answered / skipped question</i>		962/ 78

Importance of Health, Education and Community Concerns: Regarding the importance of specific *health*-related concerns, "Substance use" was selected most often by far as "Very Important" (716) , followed by "Health insurance" (541). For the remaining concerns, "Child immunizations" (477) and "Births to Teens/Adolescents" (463) were most likely to be assigned to a value of "Very Important," followed by "Child Obesity" (447).

Q9. How do you rate the importance of the following HEALTH concerns in Queen Anne's County?

Answer Options	1 = Not Important	2 = Somewhat Important	3 = Important	4 = Very Important	Response Count
a. Infant mortality	66	175	342	366	949
b. Low birthweight babies	67	202	371	309	949
c. Births to teens/ adolescents	27	114	350	463	954
d. Child immunizations	29	107	338	477	951
e. Child hospitalizations due to injuries	38	166	371	373	948
f. Health insurance	20	76	323	541	960
g. Child obesity	29	120	354	447	950
h. Substance use (alcohol, illegal drugs, prescriptions, tobacco)	16	31	197	716	960
i. Other (Please specify in the space below, but rate on this line)	32	15	41	102	190
Other (please specify)					96
<i>Answered / skipped question</i>					971/ 69

Other suggested health concerns given high concern ratings were mental health (support for teens/ families, counseling) and recreational options for youth (teen

activities, afterschool programs, events, things to do), basic needs such as affordable housing and nutrition, and job opportunities.

Regarding the importance of specific **education-** related concerns, "Graduation rate" was selected most often as "Very Important" (689). For the remaining concerns, topics rated with nearly equal importance (Very Important) were "Middle and high school reading and math performance" (676) and "Access to post high school vocational training and opportunities" (656). These were followed by "Access to college or other post high school education" (651) and "School Attendance" (642).

Q10. How do you rate the importance of the following EDUCATION concerns in Queen Anne's County?					
Answer Options	1 = Not Important	2 = Somewhat Important	3 = Important	4 = Very Important	Response Count
a. Entering kindergarten ready to learn	12	83	262	580	937
b. Elementary school reading and math performance	7	41	268	622	938
c. Middle and high school reading and math performance	8	31	223	676	938
d. School attendance	12	38	245	642	937
e. Graduation rate	9	30	203	689	931
f. High school program completion for students with disabilities	15	59	287	567	928
g. Youth engaged in school or employed or both (ages 16-24)	14	39	274	601	928
h. Access to college or other post high school education	8	35	237	651	931
i. Access to high school/ post high school vocational training and opportunities (blue collar jobs)	14	28	236	656	934
j. Bullying and harassment in school	24	89	246	581	940
k. Other (Please specify in the space below, but rate on this line)	23	10	20	110	163
Other (please specify)					88
Answered / skipped question					945/ 95

Other suggested education concerns were: Common Core and inability of teachers to be permitted to teach due to curriculum requirements plus the (over) emphasis on testing; lack of basic skills or life skills teaching in the schools; mental health needs of students; bullying; and substance use.

Regarding the importance of specific **community-**related concerns, "Child maltreatment" was selected most often as "Very Important" (594). For the remaining concerns, topics rated with nearly equal (very) importance were "Hunger

and access to nutritional meals" (569) and "Homelessness" (563), followed by "Affordable decent housing" (560).

Q11. How do you rate the importance of the following COMMUNITY concerns in Queen Anne's County?					
Answer Options	1 = Not Important	2 = Somewhat Important	3 = Important	4 = Very Important	Response Count
a. Juvenile crime and recidivism (repeat offenders)	12	70	326	525	933
b. Child maltreatment (mistreatment and/or neglect)	18	64	257	594	933
c. Hunger and access to nutritional meals (for families with children, children, and/or young adults)	14	80	271	569	934
d. Children placed out of their home due to behavioral challenges or mistreatment	21	88	334	485	928
e. Homelessness (for children, families with children, and/or young adults)	19	85	265	563	932
f. Affordable decent housing	23	78	270	560	931
g. Community crime	11	67	308	540	926
h. Child poverty	22	80	298	521	921
i. Children of incarcerated (or formally incarcerated) parents	26	122	341	439	928
j. Disconnected youth ages 16-24 (not in school or employed)	24	76	279	545	924
k. Other (Please specify in the space below, but rate on this line)	26	9	22	75	132
Other (please specify)					42
Answered /skipped question					940/100

Other suggested community concerns were drug use, cancer/diseases, teen pregnancy, programs to keep teens active, and "not necessarily government programs to solve problems."

Question 12 pertained to existing resources and where changes are needed in terms of program/service creation, improvement, or accessibility. For program creation, by far, the prevailing choice by respondents (174) was "Civility/ social skills training for youth." For the category of program improvement, the leading choice (422) was "Crime prevention." Two resources stood out among the others for the option to "Increase accessibility" and these were "Early child development/ literacy programs" (320) and "Parenting support" (284).

Continued---

Q12. Which of the following resources should be created, improved, or more accessible in Queen Anne's County?						
Answer Options	Create	Improve	Increase accessibility	No change needed	Don't know	Response Count
a. Early child development / literacy programs	52	249	320	108	141	870
b. Pregnancy and infant wellness	38	253	254	130	190	865
c. Parenting support	52	310	284	86	138	870
d. Family planning	47	270	255	99	182	853
e. Recreation for very young or grade school children	123	331	238	124	63	879
f. Recreation for middle and/or high school youth	171	342	221	87	63	884
g. Resource information	53	311	259	99	138	860
h. Substance use assessment and/or treatment	124	373	254	29	103	883
i. Mental health/ behavioral health treatment	119	375	262	36	90	882
j. Basic needs (housing, food, clothing) for families	74	339	277	67	113	870
k. Affordable and decent housing	128	338	253	57	102	878
l. Diversity/ cultural awareness activities	108	291	193	144	129	865
m. Family-oriented events and activities	116	374	221	97	63	871
n. Crime prevention	64	422	198	86	102	872
o. Civility/ social skills training for youth/ young adults	174	359	182	63	86	864
p. Environment/ nature/ outdoor opportunities	108	330	216	134	74	862
q. Public transportation	144	315	227	88	94	868
r. Affordable child care	100	367	223	65	108	863
s. Jobs/ employment training and opportunities	142	401	218	36	74	871
t. Arts / music/ entertainment	130	333	219	105	76	863
u. Afterschool activities (academic, athletic, enrichment)	97	354	222	105	88	866
v. Other (Please specify in the space below, but rate on this line)	24	32	19	5	31	111
Other (please specify)						51
Answered / skipped question						906/ 134

Other suggested community needs included recreational outlets for children/teens, improved response for families/individuals who are hungry or homeless, continuation of the afterschool programs, and concerns about too much government involvement in issues that should be family-controlled.

Question 13 provided an opportunity for respondents to suggest ways that the quality of life in Queen Anne's County might be improved. For Queen Anne's County, 191 people (18%) who completed the survey provided remarks. Response examples for the most frequently mentioned suggestions are provided next:

Recreation (83 mentions): More things for each age group to do; More places for teens and young adults to go (bowling, movie theaters, ice rink, roller skating rink, pool, youth center); More activities at the north end of the county; More youth groups/access to the YMCA for the whole county, maybe one on Kent Island to accommodate youth in that area; Update playgrounds; Utilize vacant buildings for indoor recreational space; Provide ample alternatives to (organized) sports activities for youth with other interests such as the arts, career development, gaming; Opportunities for quality family entertainment.

Affordable Decent Housing (28 mentions): Create more affordable housing for young adults; Housing is extremely expensive; We need more housing options for our families; The new apartments are full because it shows that there is a need to have more diverse housing options for our community; Advocate for programs to provide housing for the homeless; Temporary housing for family emergencies, such as floods, acute domestic violence, eviction.

Behavioral Health (26 mentions): Drug and alcohol abuse prevention/ treatment; Physical/ sexual abuse and neglect prevention; Mental health support for youth and families; Serious drug prescription and heroin problems; Drug prevention in the high schools; More resources to improve parenting skills; Drug treatment; Greater support for children of drug addicted parents; More law enforcement; More mental health support and treatment; Support for depressed elderly citizens; Increase support groups (including 12 step) for recovering individuals; More school-based mental health support; Early childhood mental health intervention; Mental health and drug treatment in the jails;

Jobs/ Vocational Training (17 mentions): Good paying jobs; More businesses and restaurants; Allow larger businesses and chains to build in the county (to bring jobs); More job opportunities for teens; More jobs for middle and high level positions (so 60% of the population does not have to leave the county to work); Create opportunities for youth and young adults to learn vocational skills; Decent wages; Living wages; Higher level of interaction between large and small corporations and high school students; Job creation or assistance for people who have been incarcerated or have criminal history.

Parenting Support/Skills (12 mentions): Both parents actively involved in child's upbringing; Hold parents more accountable for child's actions; More parenting skill

programs for raising children; Teach parents to instill a strong moral compass; Parents need to take greater responsibility; Less screen time; More family and outdoor time; Boundaries set by parents for youth need to be more consistent.

Education Changes (12 mentions): Relax standards for kindergarten students (too high and too much pressure); More health and physical education in the schools; Eliminate common core; Funding for more teachers in the county, specifically on Kent Island as there are more and more families moving to Kent Island. Teachers have an upwards of 31 students in their classes; Address recent BOE governance decision; Better education needed.

Racial Disparity/ Equality (9 mentions): Racial divide between white and black in the county; Equal opportunities for all; Diversity in all areas; Diverse teaching staff; Reflections of our (diverse) culture in entertainment options; More diversity in organizations that control funding; Fairness between all races, it's hard to adjust in this county knowing that your peers are treated better than you, especially because of the color of your skin.

Other categories with repeated themes were Transportation (7 mentions); Health and Fitness (7 mentions); and Nutritious Food Options (6 mentions).



Roundtable Discussions

In Queen Anne's County, ten (10) roundtable discussions (also referred to as focus groups) were led by a trained facilitator and 151 individuals participated. Discussions were conducted with the following groups: the Child Protection Multi-D Team, the Coffee Connection (parents of children with behavioral health needs), the Children's Council, the Cultural Competency Committee, the Family Support Center (primarily Hispanic) parents, Grade 11 English Kent Island High School Students, Grade 12 English Kent Island High School Students, Caring & Sharing Group (providing basic needs for families), the Local Management Board, and the Centreville United Methodist Youth Group. Among the group members, approximately 70 individuals were youth up to age 18, 27 were from diverse ethnic/racial backgrounds, and about 60 were parents. Parents of children who receive services were included in at least four of the discussions. During focus groups, questions were posed regarding key concerns in the theme areas of health, education, and community, and preferred priorities among Governor Hogan's four strategic goals. Discussion questions were presented in English (all groups) and Spanish (for one group).

Discussion questions were presented as follows by the facilitator (and included a printed prompt sheet for each group member to follow along):

1. For the theme area of HEALTH, what do you consider the top two priority needs in Queen Anne's County?:
 - a. Infant mortality
 - b. Low birth weight babies
 - c. Births to teens/adolescents
 - d. Child immunizations
 - e. Child hospitalizations due to injuries
 - f. Health insurance
 - g. Child obesity
 - h. Substance use (alcohol, illegal drugs, prescriptions, tobacco)
 - i. Other?
2. For the theme area of EDUCATION, what do you consider the top two priority needs in Queen Anne's County?:
 - a. Entering kindergarten ready to learn

- b. Elementary school academic performance
 - c. Middle and high school academic performance
 - d. School attendance
 - e. Graduation rate
 - f. High school program completion for students with disabilities
 - g. Youth engaged in school or employed or both (up to age 24)
 - h. Access to college or some other post high school education
 - i. Access to vocational training/ opportunities
 - j. Bullying and harassment in school
 - k. Other?
3. For the theme area of *COMMUNITY/FAMILY*, what do you consider the top two priority needs in Queen Anne's County?:
- a. Juvenile crime and recidivism (repeat offenders)
 - b. Child maltreatment (mistreatment and/or neglect)
 - c. Hunger and access to nutritional meals (for families w/children)
 - d. Children placed away from home due to behavior or mistreatment
 - e. Homelessness (for families with children)
 - f. Affordable/ decent housing
 - g. Community crime
 - h. Child poverty
 - i. Children of incarcerated (or formerly incarcerated) parents
 - j. Disconnected youth ages 16-24 (not in school or employed)
 - k. Other?
4. Of the following new priority goals from the Governor's Office for Children, which two do you believe are the most important?
- a. Reduce the impact of incarcerated parents on children, families, communities
 - b. Improve outcomes for disconnected youth (ages 16-24)
 - c. Reduce childhood hunger
 - d. Reduce youth homelessness (up to age 25)

Focus groups should ideally have 8-12 individuals, but the smallest group had four and the largest group had 30. These sessions lasted approximately 45 minutes. Participants were encouraged to turn in a hard copy version of the questions with their preferences circled, in case someone chose not to speak. For one focus group with three Hispanic speaking participants, there

was an interpreter. The facilitator (assessment consultant Linda Walls) welcomed all roundtable discussion group members to contact her or the Local Management Board office should other thoughts or ideas emerge after her visit.

FINDINGS

For the theme of HEALTH, by far the priority concern most mentioned was Substance Use. Participants emphasized the importance of addressing the growing prescription drug and heroin use/abuse problem in Queen Anne's County. Many group members were aware of the increase in opiate overdose deaths and aware of the lack of public treatment options. Alcohol use among teens and adults was also frequently mentioned, as well as concerns about the increased use of marijuana, due to pending legalization and greater (legal) availability. Two groups mentioned the increase in drug-affected newborns and poor treatment options for pregnant women. Another top concern chosen by group participants was the affordability of Health Insurance for those who are ineligible for subsidized insurance. Members expressed frustration with rising costs and the inability of middle income families to afford insurance. The third most frequently mentioned health concern was Child Obesity. Group members believe that lack of access to nutritional meals (too much fast food temptation) and lack of physical movement due to increasing computer screen time and limited outdoor recreation options for teens are causes for obesity.

For the theme of EDUCATION, the priority concerns most mentioned during discussion groups were 1) Access to Vocational Training/Opportunities; 2) Youth Engaged in School or Employed or Both; 3) Bullying and Harassment in School. Group participants elaborated about items 1 and 2 by saying that public school education seems to be more focused on Common Core and teaching to the tests, rather than providing educational experiences to prepare young people for "real world" living. High school students who participated in the roundtable discussions were concerned about too much testing and not enough learning, and the lack of job training opportunities for youth. Several students cited examples of groups of youth who are not in school or do not have jobs, but said this is a product of a lack of opportunity in Queen Anne's County. Students mentioned a few incidents of bullying and harassment, but it was typically adult groups who expressed concern about these issues, notably cyber bullying.

For the theme of FAMILY/COMMUNITY, the priorities most often chosen were 1) Affordable/ Decent Housing; 2) Disconnected Youth (ages 16-24) and 3) Issues related to Child Poverty (homelessness and hunger). Group members were very vocal about the lack of affordable housing for Queen Anne's County workers. In one group of 11 individuals working in the county, eight lived out-of-county because they explained, "We cannot afford to live here." Examples of workers such as social workers, teachers, and first responders were provided as those who cannot afford to rent or buy a home in the county. The second most mentioned concern was Disconnected Youth, defined as youth/young adults ages 16-24 who are not engaged in school or work. Group participants believe this is a widespread problem due to both poor parenting and lack of opportunity in the county. More vocational training was suggested as a way to counter this issue. Respondents were also commonly concerned about problems associated with Child Poverty, such as hunger and homelessness. The lack of widespread citizen support for the homeless shelter in Queen Anne's County was mentioned in multiple groups and the prevalence of poor nutritional access by families with children was also frequently mentioned. Participants explained that lack of meaningful jobs with living wages and rising costs such as housing, electricity, insurance, fuel, and food are having a detrimental impact on ability to maintain basic needs. The absence of reliable and consistent public transportation was often mentioned as a contributing factor to reduced access for economic and social opportunities.

Regarding the Governor's Four Strategic Goals, group members were more likely to select "Disconnected Youth" and "Children of Incarcerated (or formerly) Parents" as the top two priorities. Accounts of young adults who cannot afford college or who have no job/vocational training prospects were cited. The extreme challenges for parents who have been incarcerated and who are released (such as finding a job, getting a driver's license and car, finding a home) were discussed, along with the impact to their children.

Key Informant Interviews

Seventeen key informant interviews were conducted in Queen Anne's County as a component to this assessment. A list of community leaders and service professionals were generated from the LMB Director and LMB members to interview for the purpose of better understanding priority needs, strengths, and resource gaps, and especially "the story behind" the indicators. Two people conducted interviews which typically lasted 15-20 minutes and included the following 12 open-ended questions (aligned with the content of other assessment methods):

1. What is your gender?
2. What is your race?
3. What is your age decade?
4. Are you a resident of Queen Anne's County?
5. In what part of the county do you live (south, north, mid)?
6. What is your top health concern for children and families in Queen Anne's County?
7. What is your top education concern for children and families in Queen Anne's County?
8. What is your top community/family concern for children and families in Queen Anne's County?
9. What do you believe are the county's top strengths?
10. What do you believe are the county's resource gaps?
11. For the following four strategic goal areas, which two would you rate as most important and why? (children of incarcerated parents, disconnected youth, hunger, homelessness)
12. Any other comments to add?

FINDINGS

A total of 17 individuals were interviewed for this portion of the assessment. Of that number, 14 are Caucasian and three are African American. Six are male and 11 are female. At the time of the interview, two respondents were in their 40's (age range), five were in their 50's, five were in their 60's, three were in their 70's, one was in her 80's, and one was in her 90's. All but five of the respondents live in Queen Anne's County, and those five were employed in the county. In addition to parents and grandparents,

professionals were interviewed who represented healthcare, education, volunteers, business ownership, the ministry, workforce investment, and the court system.

When asked about the top health concern, the following concerns were shared by the respondents:

- ✓ Substance use/abuse, marijuana, heroin (4 mentions)
- ✓ Limited access to health care providers/ pediatricians (3 mentions)
- ✓ Cost of health insurance (3 mentions)
- ✓ Limited access to quality health care for minorities; Limited access to healthy food; Everyday stress and ability to cope; Making sure children are up to date on immunizations; Limited access to mental health/ substance use treatment; Mental health conditions/ stigma; Fitness for children (1 mention each).

When asked about the top education concern, the following concerns were shared by the respondents:

- ✓ Lack of resources for children who learn differently (2 mentions)
- ✓ Poor parental supervision (2 mentions)
- ✓ Lack of substance use prevention skills and education (2 mentions)
- ✓ Technical/ blue collar skill job training matched with community needs; Poor pre-school learning at home; Poverty-related lack of access to education; School tutoring after school (in addition to afterschool programs); Limited pre-K education opportunities; Drugs in schools; Poor life skill preparation (for post-graduation); Cycle of parents with poor school experiences; Limited school-based mental health resources; Lack of equity in school system; Poor morale among school staff (1 mention each).

When asked about the top community concern, the following concerns were shared by the respondents:

- ✓ Substance use/abuse problems (4 mentions)
- ✓ Transportation to appointments/ resources (2 mentions)
- ✓ Affordable housing (2 mentions)
- ✓ Safety for communities/ families (2 mentions)
- ✓ Access to resources; Geographical divisions in the county leading to access/cultural issues; Poverty related issues such as homelessness & hunger; Low self-esteem; Meaningful employment for youth; Decisions made regarding mentoring programs; Getting parents involved as positive role models; Supporting each other and accepting responsibility, rather than assigning blame; Racism and access to jobs; Rising costs of insurance, electricity, and food (1 mention each)

Queen Anne's County strengths cited by those interviewed were as follows:

- ✓ Close knit community, People pull together, Community spirit (5 mentions)
- ✓ School system, Relationships, Services, Teachers working hard for students, Small classroom size (5 mentions)
- ✓ Dual access/benefits to rural and urban life (2 mentions)
- ✓ Agencies work together, Dedicated public servants (2 mentions)
- ✓ Family Support Center & Judy Center; Programs readily available to low income families; Church family (1 mention each)

Queen Anne's County challenges or resource gaps cited by those interviewed were as follows:

- ✓ Transportation (6 mentions)
- ✓ Addictions treatment/ prevention-education (5 mentions)
- ✓ Affordable housing (4 mentions)
- ✓ Mental health treatment (3 mentions)
- ✓ Health care providers, Pediatric coverage (2 mentions)
- ✓ Current technology, internet connectivity (low income access) (2 mentions)
- ✓ Medical insurance; Resource awareness; Handicapped accessibility; Nutritional education; Activities for teens and young adults; Resources for special needs students; Job opportunities (1 mention each).

Interviewees were asked to select two of the Four Strategic Goals that they thought were most important. The results are as follows:

- 1) Reduce the Impact of Parental Incarceration on Children, Families, and Communities = 8
- 2) Improve Outcomes for Disconnected Youth = 14
- 3) Reduce Childhood Hunger = 4
- 4) Reduce Youth Homelessness = 6

Added comments included accolades for the Local Management Board and Healthy Families and mentions of the vast geography of county, need for parents to educate youth about substance use dangers, bridging the gap between poverty and affluence, need for affordable housing, need for mental health treatment, need for county to work together to improve multiple "pieces," need to improve racial relations, and challenges with poor parenting skills.

Results Accountability STRATEGIC PLANS



Strategic Plans

Results Accountability

The work of the Local Management Board in Queen Anne's County is accomplished using the Results Accountability framework, created by Mark Friedman. This approach focuses planning, decision-making, and resources on desired results and outcomes. Results Accountability identifies a **result** to achieve, selects **indicators** that act as progress measures for the result, tells the "story behind the data," identifies necessary partners and effective strategies, and develops an action plan and resources. When evaluating the effectiveness of programs or services, the approach used to analyze data is through three main questions: How much did we do? How well did we do it? Is anyone better off?

What is a Result?

Maryland focuses on eight results for child well-being. A result is a goal that Maryland has established for its children, families, and/or communities. Each result describes the general well-being of Maryland's children and families in an area known to affect a child's ability to grow up healthy and secure. The Local Management Board in Queen Anne's County annually selects 2-3 priority results from the eight Maryland results, depending on issues of greatest need or greatest progress. Selected results for Queen Anne's County are revealed in the three plans (tables) that follow this explanation.

What is an Indicator?

Indicators are information and data that demonstrate progress toward meeting a result. Maryland has selected 21 indicators for the eight results. This report for Queen Anne's County includes 32 indicators and 34 measures (Kindergarten Readiness and Bullying/Harassment have two measures). Indicators are most useful in helping stakeholders identify children's needs and evaluate trends when:

- ✓ The data come from automated systems, like health or social services records, which are **recorded consistently and updated constantly**;
- ✓ The indicator is measured statewide, so that the local county **trends can be compared** to the state and those of other counties;
- ✓ The indicators have been **measured for many years**, which yield an analysis of trends over time that is less susceptible to outliers and fluctuations.

From the trends in indicators and the comparison to the state, the Local Management Board is able to monitor both promising trends and areas needing improvement. From there, strategies can be adjusted and/or new strategies can be implemented.

FY 17-19 Results Accountability Plan
Theme: HEALTH/ November 20, 2015

1. RESULT: <i>What is our desired result?</i> Queen Anne's County is a Healthy Community 2. POPULATION: <i>Who are the priority target populations?</i> QAC Residents with a focus on the youth	
3. INDICATORS/ DATA: <i>What are the 1-2 priority data trends?</i> Behavioral Health Indicators - Substance abuse rates in the county are higher than the state average. (Sense of) Safety and hope indicators are worse than the state average.	4. STORY: <i>What is the story behind the data?</i> Substance abuse indicators are trending higher everywhere in Maryland. Medical legalization of Marijuana is influencing perception among youth that this substance is safe. Behavioral health concerns in the schools and community are affected by a lack of substance abuse and mental health treatment. Young families are in need of parental support to have a positive impact on behavioral health concerns at a young age.
5. PARTNERS: <i>Who are the partners with a role to play in improving the data?</i> Health Department, Schools, Local Drug and Alcohol Abuse Council, Mid-Shore Council on Violence, Parents, School Systems, Behavioral Health and Somatic Care Providers, Detention Centers, Juvenile Services, Social Services, Citizens, Youth	6. WHAT WORKS?: <i>What works to "turn the curve" or make things better?</i> Mentoring for youth, health support for young families, Availability of treatment when it is needed; Universal access to healthcare; Protective factors including resource information and navigation; community engagement; Vocational training; Stable affordable housing

7. STRATEGIES: *What are our 3-5 best strategies for making things better?*

ACTION PLAN (Pick 3-5 Strategies)	2017	2018	2019	Estimate d Cost?* No/Low Cost too
1. Continue Mentoring programs and Healthy Families	X	X	X	\$86,000
2. Assist families in accessing/ navigating resources	X	X	X	\$72,000
3. Align with Local Drug and Alcohol Council goals	X	X	X	No Cost
4. Increase Programs in Detention Center that bridge into the community to decrease stigmatization			X	\$50,000
5. Transportation that supports pro-social programs for youth engagement			X	\$50,000

FY 17-19 Results Accountability Plan
Theme: EDUCATION /November 20, 2015

1. RESULT: <i>What is our desired result?</i> Youth have opportunities for employment/career readiness	
2. POPULATION: <i>Who are the priority target populations?</i> Ages 16-24	
3. INDICATORS/ DATA: <i>What are the 1-2 priority data trends?</i> Disconnected youth total 675 (# of youth not in school/employed) Dropout rates are higher for minorities and low income students Survey shows adults are concerned about civility and social skills among youth	4. STORY: <i>What is the story behind the data?</i> Lack of knowledge of application/funding/resources Lack of knowledge of job training / availability; work ethic Reasons for dropout(including sub groups) are varied
5. PARTNERS: <i>Who are the partners with a role to play in improving the data?</i> Juvenile Services, Board of Education, School counselors, Mental Health Services, Unions, Businesses, Chamber of Commerce, Colleges (local), Military, Mentoring groups, Chesapeake Helps!, Workforce Investment Board, Social Services, Faith Centers, Medical Community, Md Center For Construction Ed And Innovation	6. WHAT WORKS?: <i>What works to "turn the curve" or make things better?</i> Collaborative agency and business partnerships; Mentoring groups Character development Afterschool programs with academic and enrichment components Will need to examine evidence-based programs

7. STRATEGIES: *What are our 3-5 best strategies for making things better?*

ACTION PLAN (Pick 3-5 Strategies)	2017	2018	2019	Estimated Cost?* No/Low Cost too
1. Continue Mentoring programs and Character Counts	X	X	X	\$88,000
2. Continue Partnering for Youth Afterschool Program	X	X	X	\$52,000
3. Partner with Maryland Center for Construction, Education, Innovation	X	X	X	No Cost
4. Focus resources such as Achievement Mentoring (with help from Behavioral Health services)	X	X	X	Low/No Cost
5. Establish mentoring coalition and enhance agency/business collaborations	X	X	X	Training Costs

FY 17-19 Results Accountability Plan
Theme: COMMUNITY/ November 20, 2015

1. RESULT: <i>What is our desired result?</i> Families are safe and economically stable	
2. POPULATION: <i>Who are the priority target populations?</i> Families living in poverty in Queen Anne's County	
3. INDICATORS/ DATA: <i>What are the 1-2 priority data trends?</i> # of children living in poverty is increasing # of families who are hungry and who lack food security is increasing (via Free and Reduced Meal participation) # of those who are homeless seems to be on the rise	4. STORY: <i>What is the story behind the data?</i> Lack of affordable housing Lack of employment opportunities Transportation is very limited Lack of training specific to vocational exploration and work ethic
5. PARTNERS: <i>Who are the partners with a role to play in improving the data?</i> Youth, Faith Community, Food Distribution Services, Haven Ministries, Social Services Elected Officials, Board of Education, Dept. of Housing, Office of Economic Development, Chesapeake College, Workforce Investment, Mentoring Programs	6. WHAT WORKS?: <i>What works to "turn the curve" or make things better?</i> Transformational Food Acquisition programs Lifestyle/career/ character mentoring Open Table More transitional opportunities for people

7. STRATEGIES: *What are our 3-5 best strategies for making things better?*

ACTION PLAN (Pick 3-5 Strategies)	2017	2018	2019	Estimated Cost?* No/Low Cost too
1. Align with Open Table to create more open tables in the county.	X	X	X	\$500 plus \$125/ member
2. Establish year round homeless shelter/ transitional housing services.			X	\$300,000 - 1.3 mil
3. Expand and improve Foodlinks Acquisitions Programs.		X	X	Low Cost - In Kind
4. Expand adult/family mentoring programs.		X	X	Low Cost
5. Expand current transportation resources.			X	Unknown Cost

Queen Anne's County ASSET MAPPING

On the 12 pages that follow are Queen Anne's County Geographical Information System (GIS) maps depicting the approximate location of direct services or "Assets" corresponding to the Eight Result Areas and the Four Strategic Goals. On some maps with multiple resources, locations are magnified to show a closer view. These assets were gathered from the database at Chesapeake Helps! and mapped by the Queen Anne's County Department of Planning.

Result Areas

Map 1: Babies Born Healthy

Map 2: Healthy Children

Map 3: Children Enter School Ready to Learn

Map 4: Children are Successful in School

Map 5: Youth will Complete School

Map 6: Youth Have Opportunities for Employment or Career Readiness

Map 7: Families are Safe and Economically Stable

Map 8: Communities are Safe for Children, Youth, and Families

Corresponding to the Four Strategic Goals

Map 9: Children of Incarcerated (or formerly incarcerated) Parents

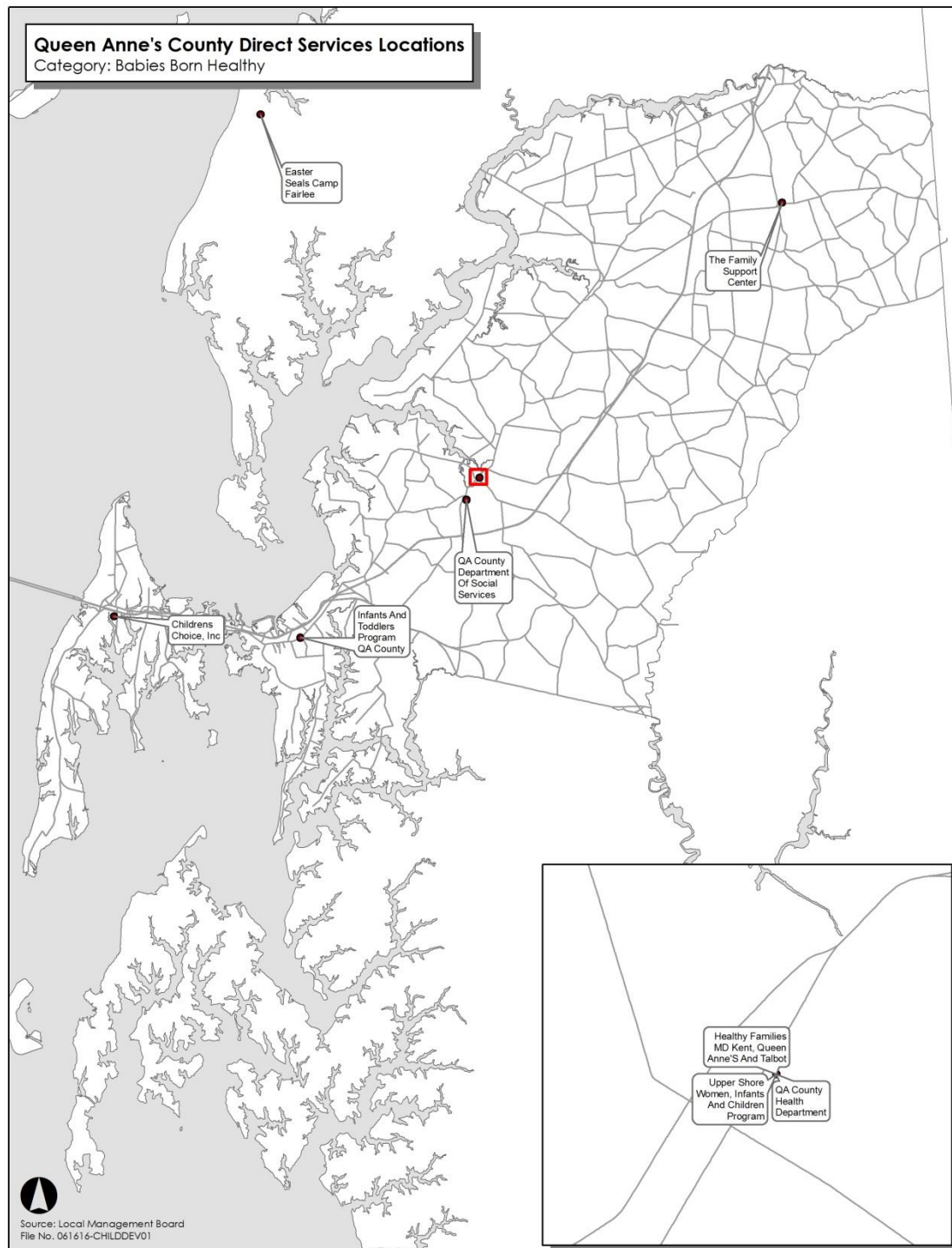
Map 10: Disconnected Youth

Map 11: Childhood Hunger

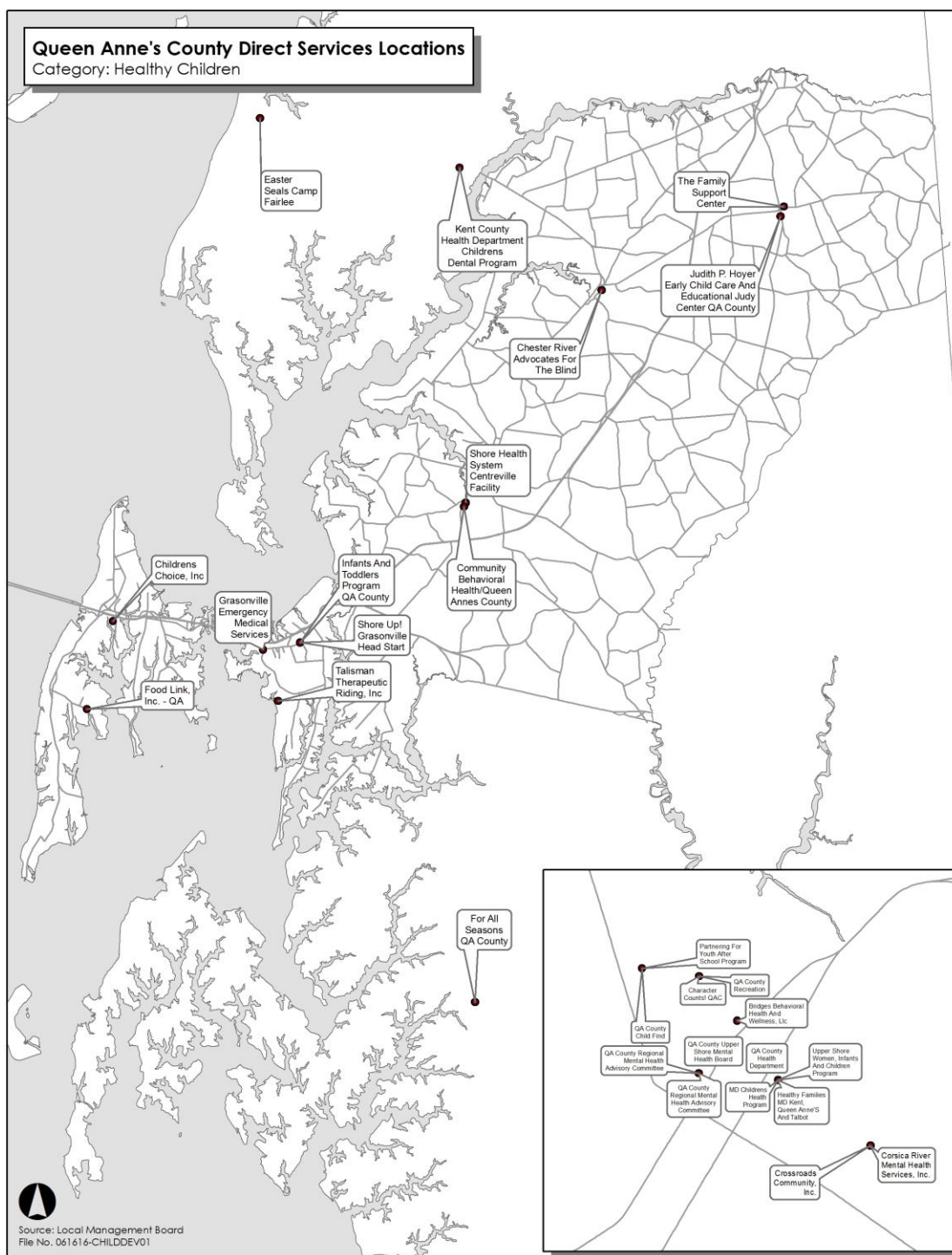
Map 12: Youth Homelessness

Result Areas

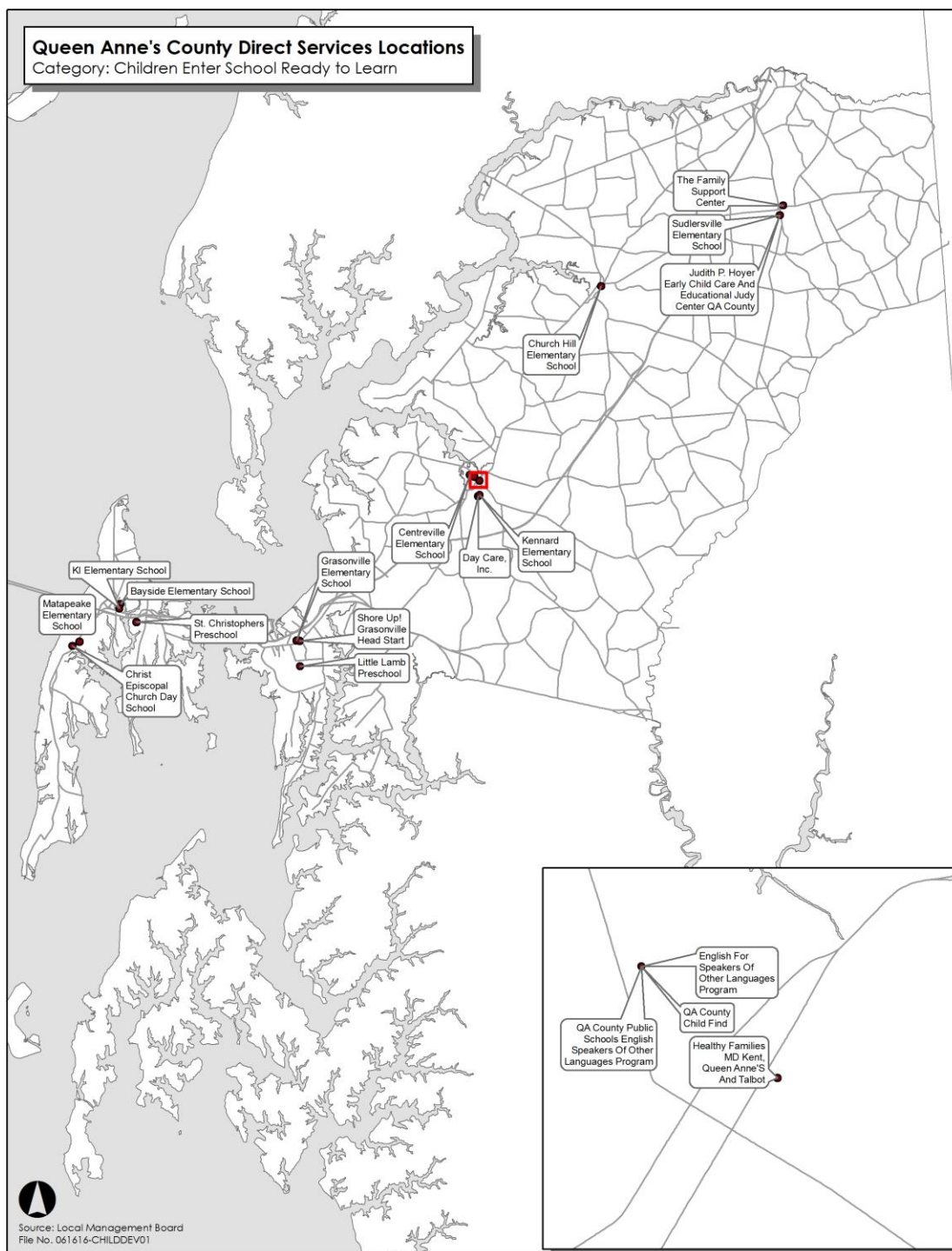
Map 1: Babies Born Healthy



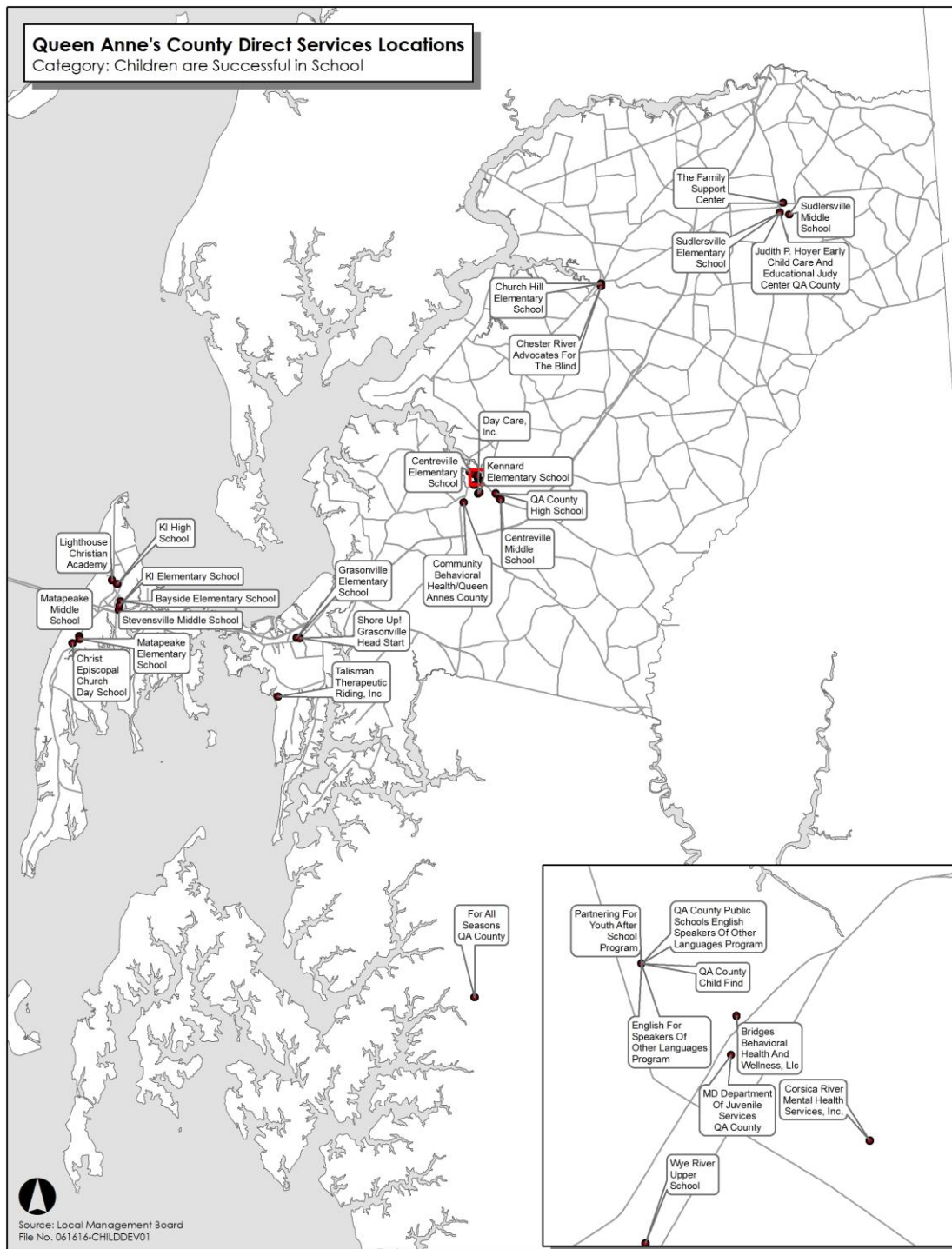
Map 2: Healthy Children



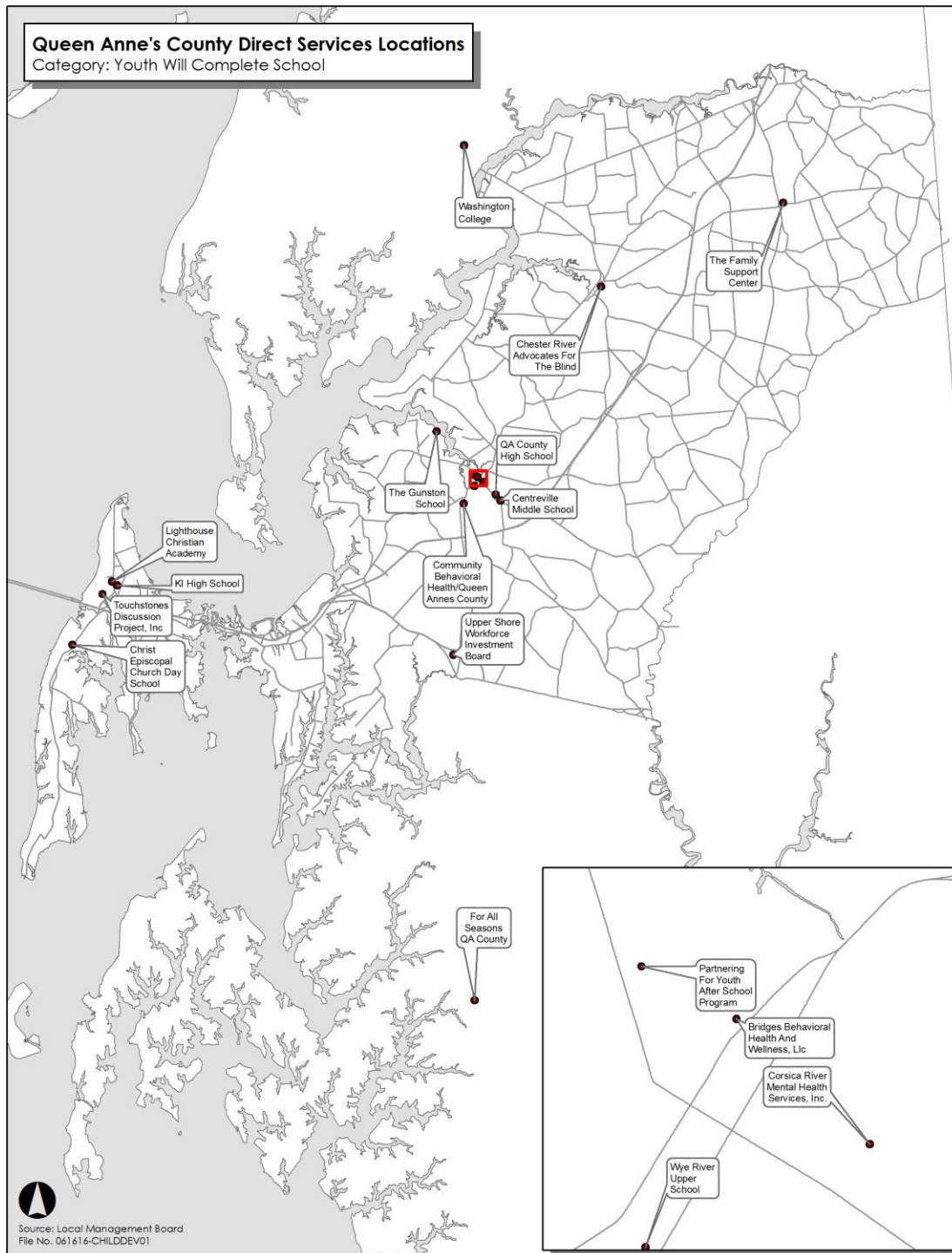
Map 3: Children Enter School Ready to Learn



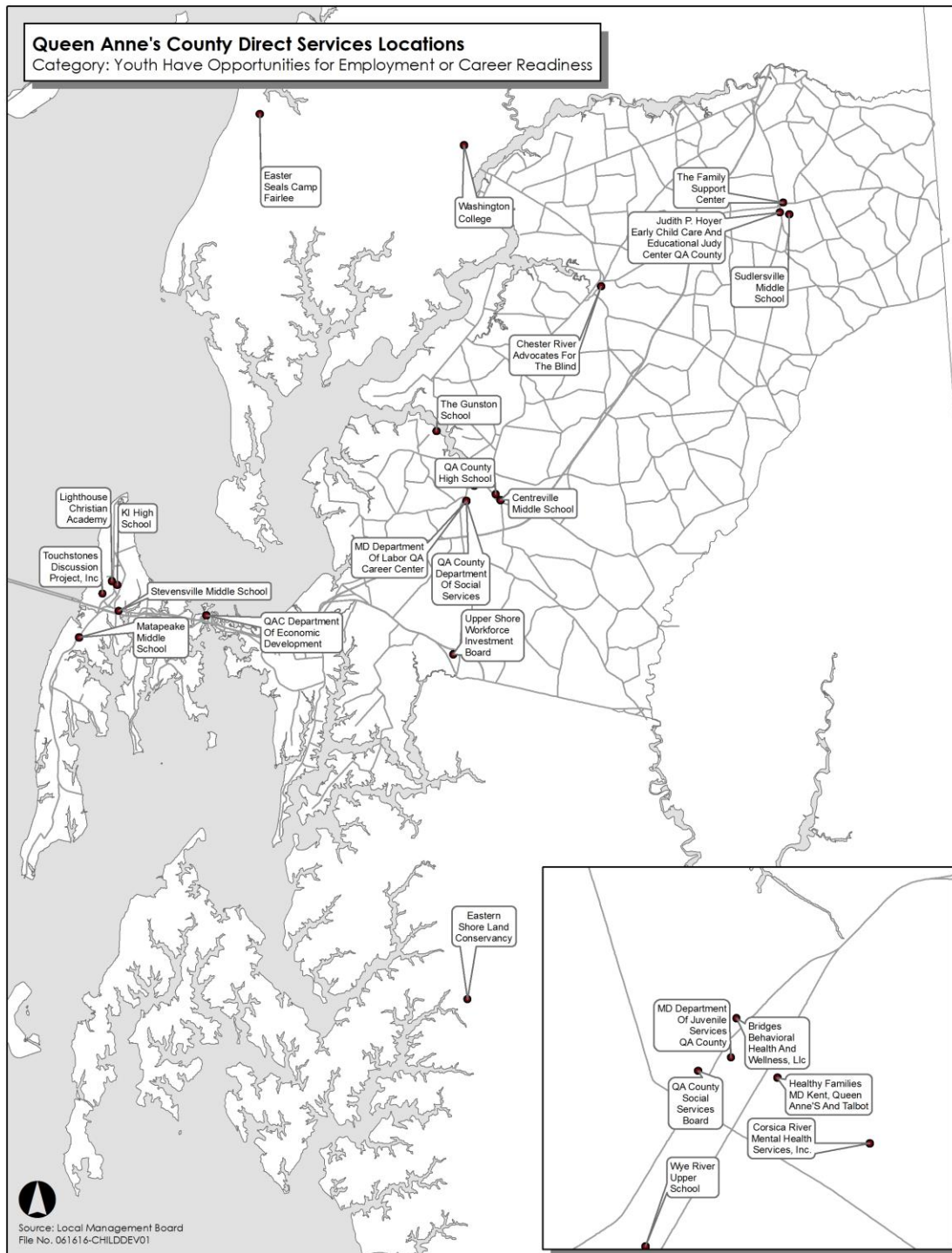
Map 4: Children are Successful in School



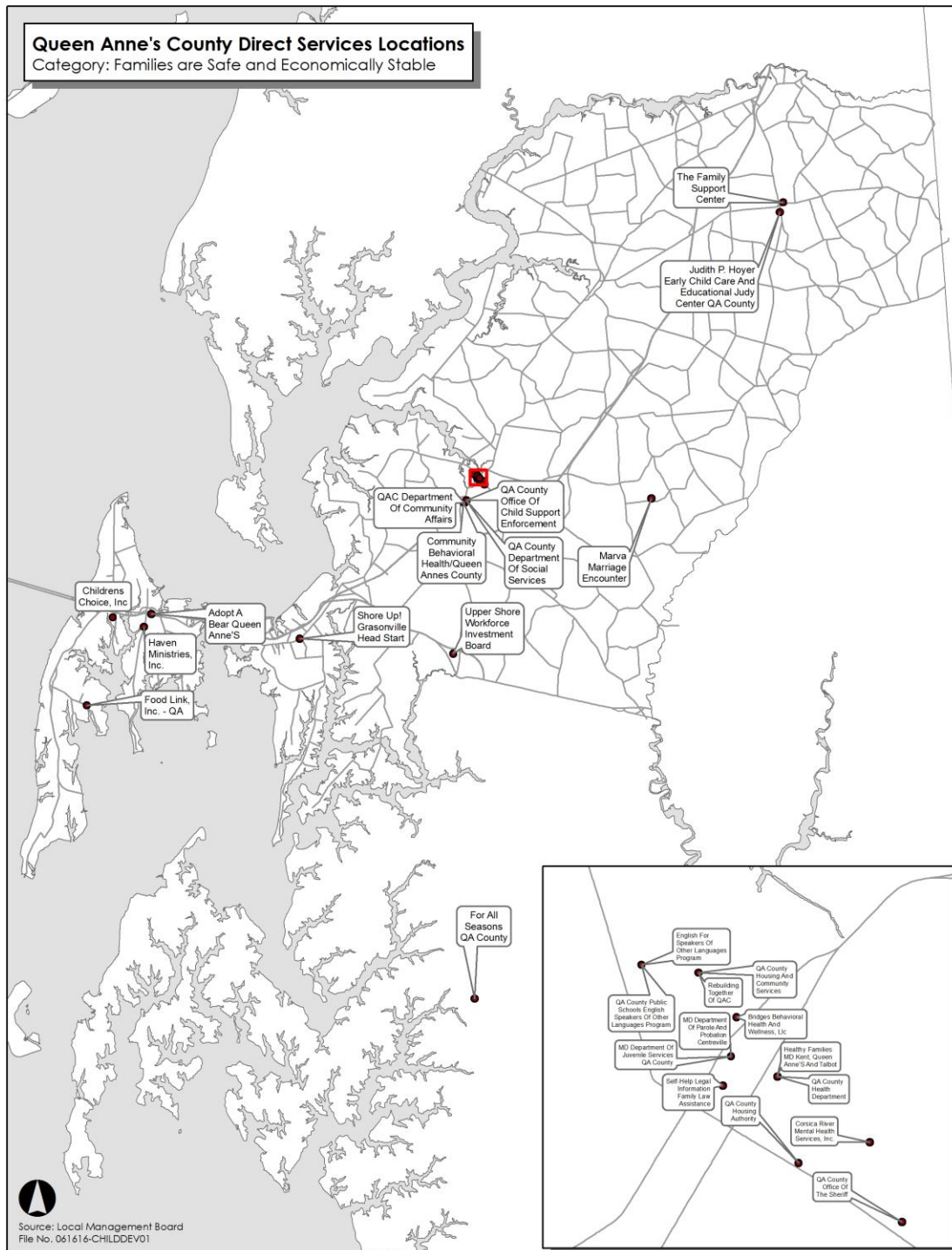
Map 5: Youth will Complete School



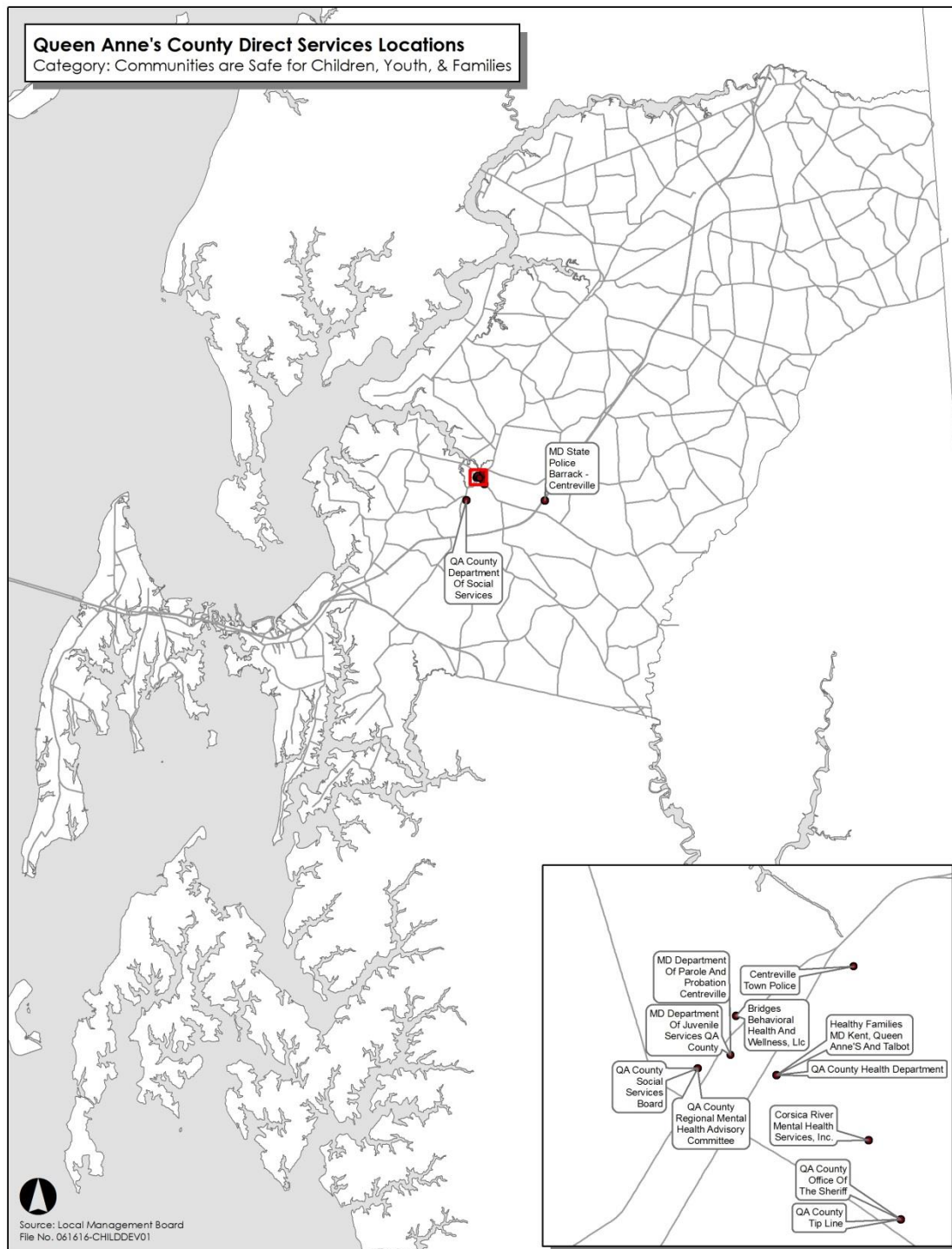
Map 6: Youth Have Opportunities for Employment or Career Readiness



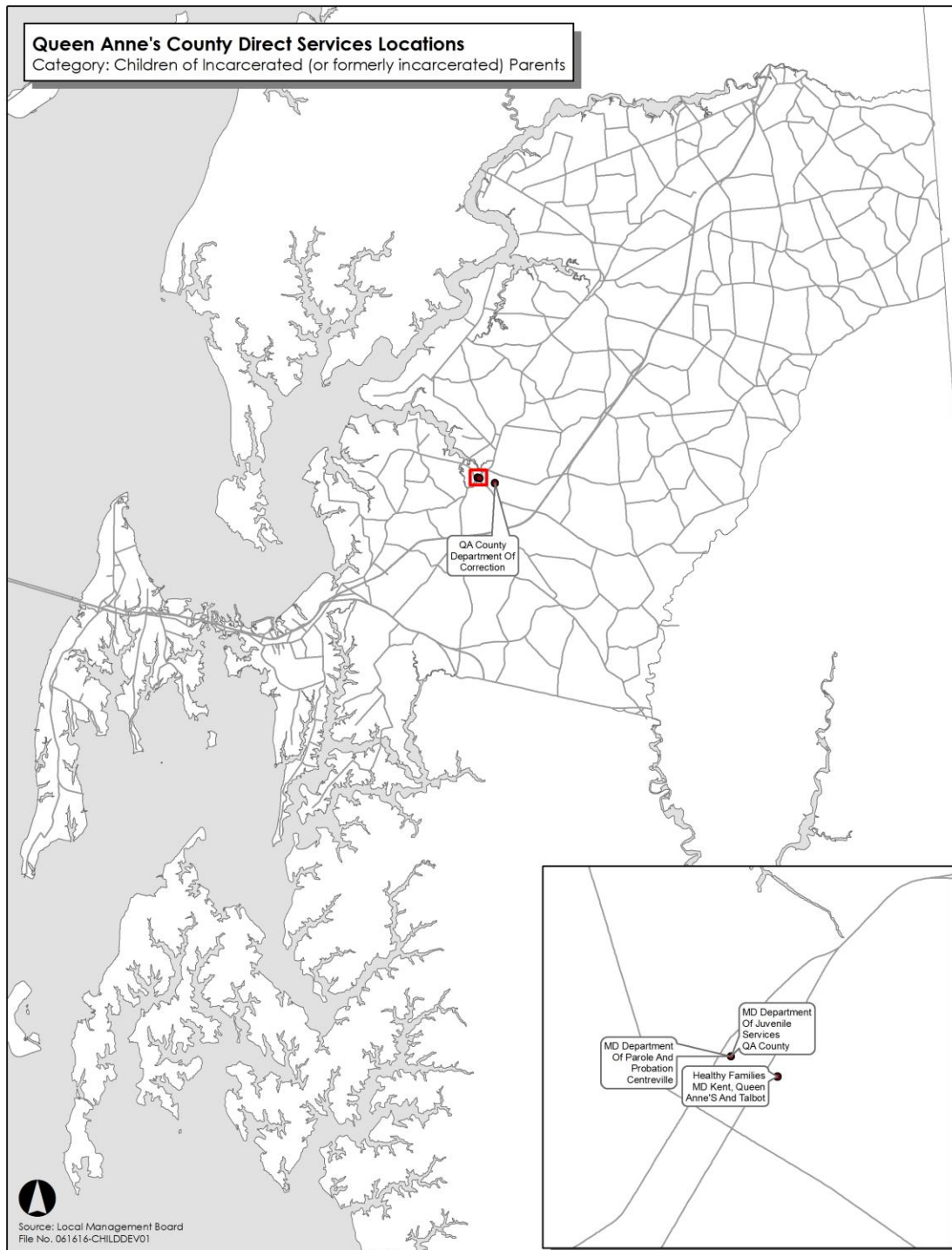
Map 7: Families are Safe and Economically Stable



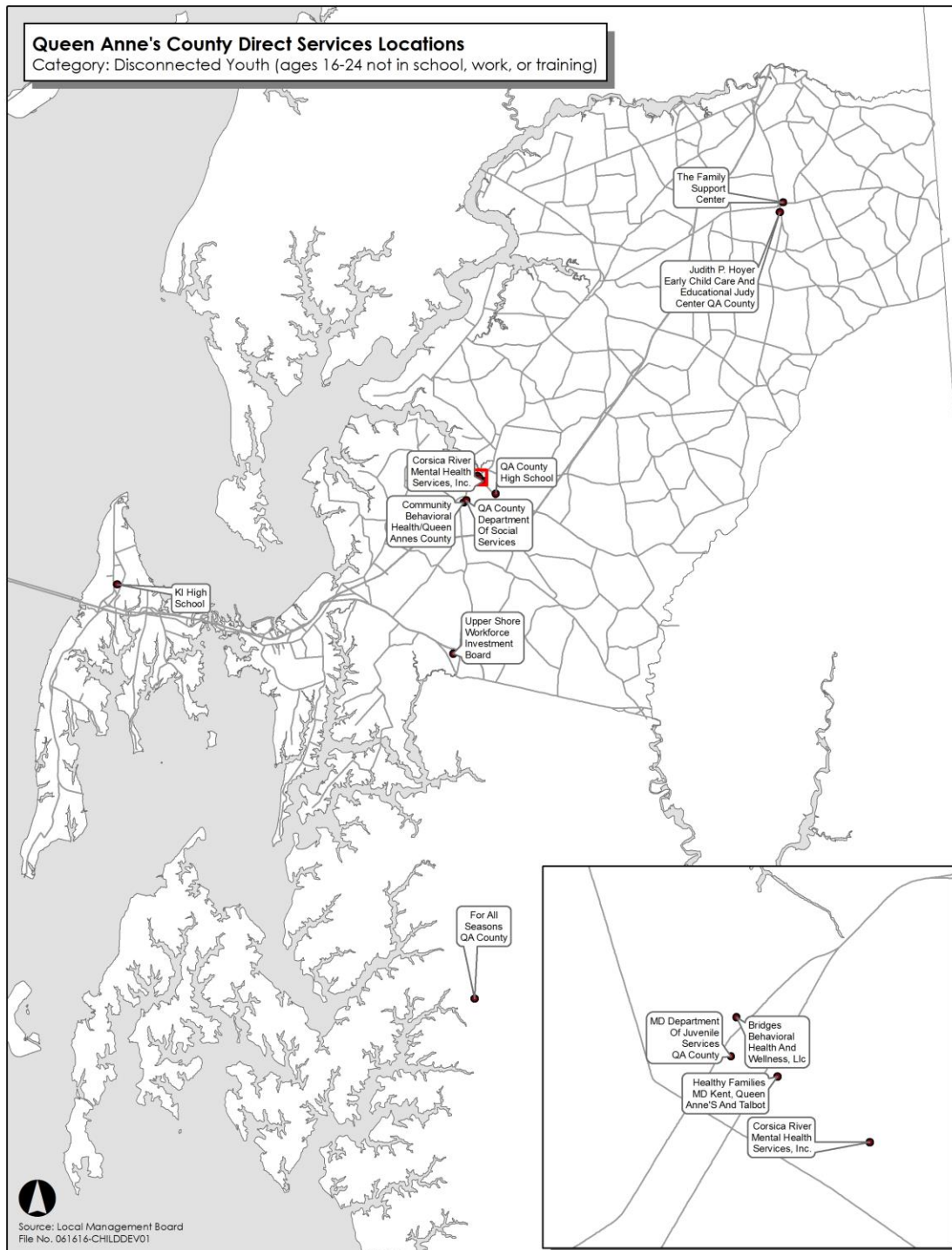
Map 8: Communities are Safe for Children, Youth, and Families



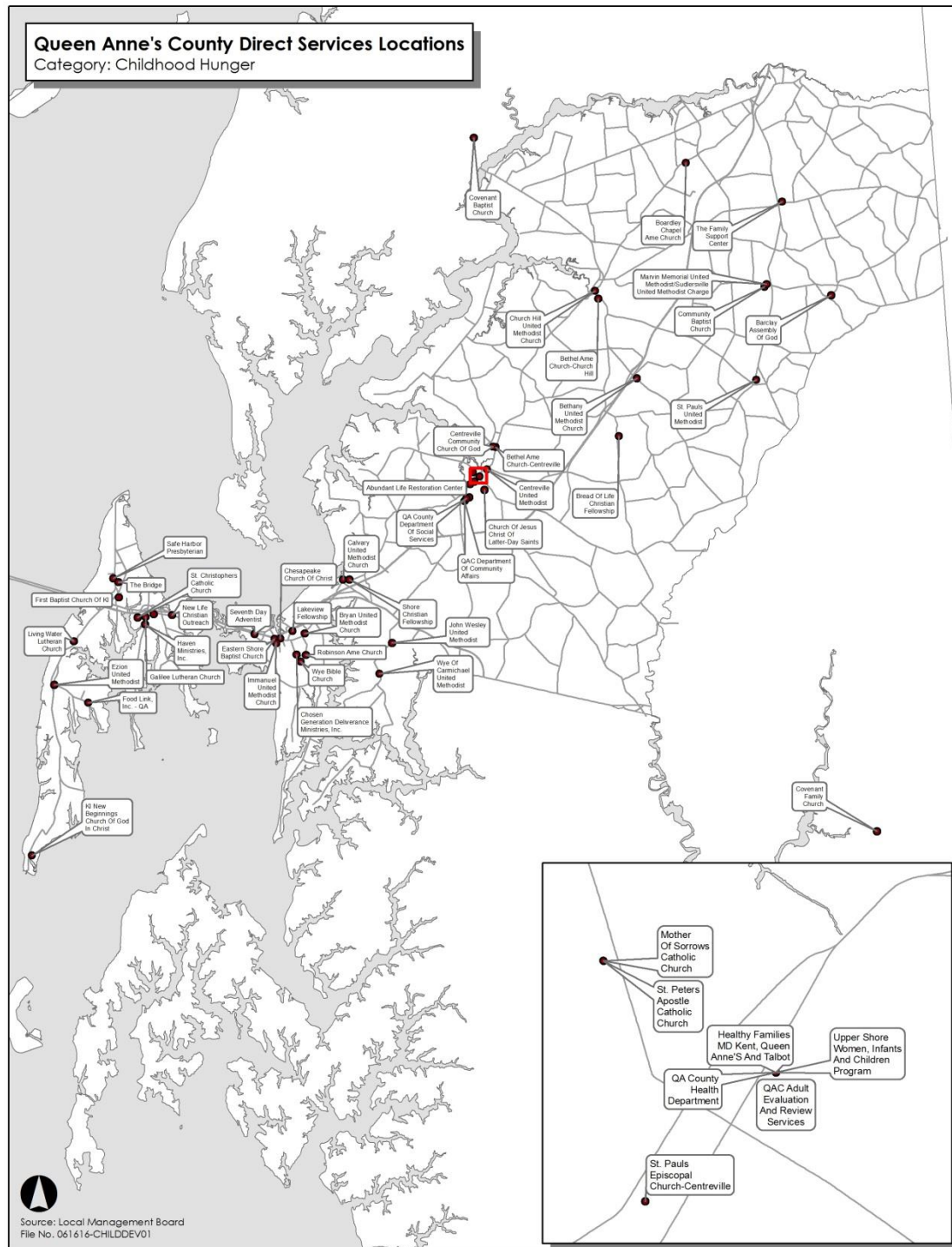
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