

Maryland's Results for Child Well-Being



State of Maryland Children's Cabinet 2005

Robert L. Ehrlich, Jr.
Governor

Michael S. Steele
Lieutenant Governor

Arlene F. Lee
Executive Director

MARYLAND'S
RESULTS FOR
CHILD WELL-BEING
2005

Robert L. Ehrlich, Jr., Governor
Michael S. Steele, Lt. Governor
Maryland Children's Cabinet
Governor's Office for Children
301 W. Preston Street, 15th Floor
Baltimore, Maryland 21201
Tel: 410-767-4160 Fax: 410-333-5248
www.goc.state.md.us

FROM THE GOVERNOR

Dear Citizens of Maryland,

I am grateful to the members of the Children's Cabinet for their diligent work and effort to improve the lives of Maryland's children and families. Government has a dual responsibility to its citizens. While we work to protect our most vulnerable citizens, we also need to enhance and advance the lives of our youth in a positive, pro-active manner to ensure they become fully engaged as physically and emotionally healthy adults and contributing members of our economy as well as our society.

It is clear that the enthusiasm and teamwork of the Children's Cabinet is changing the way families are viewed and served by our state and local agencies. The dedication of each Cabinet member, and the hard work of every person in their individual departments, is evident as we see positive changes in the lives of many families. Some of these changes are reflected in the Results for Child Well-Being, some are just starting to make an impact. Our progress will continue as we implement the necessary safeguards for our families and advance important early childhood initiatives.

We still have challenges to overcome, but together we will do the necessary work to make certain that Maryland's children have the tools they need to be fully prepared to carry out the work of the future.

Sincerely,
Robert L. Ehrlich, Jr.



FROM
THE
EXECUTIVE
DIRECTOR

Dear Governor Ehrlich and Citizens of Maryland:

I am proud to submit the 2005 Maryland's Results for Child Well-Being. I believe this publication is one of the Governor's Office for Children's most important contributions to the State's efforts to address the needs of children and families.

The eight results for child well-being were established to identify the most effective way to assess a child's social, emotional, and physical health. These result areas include: *Babies Born Healthy, Healthy Children, Children Enter School Ready to Learn, Children Successful in School, Children Completing School, Children Safe in their Families and Communities, Stable and Economically Independent Families, and Communities that Support Family Life*. These areas allow the State to effectively evaluate the challenges that Maryland's children face; select priority areas; set goals for improving child and family well-being; and monitor the impact of resources, such as services, programs and initiatives, have on the children and families served.

The benefit of having one comprehensive source for data is that everyone, from local agencies to State officials, utilizes the same integrated, statistically sound information when making critical decisions about children and children's issues. The Children's Cabinet, which includes all of the State's child-serving agencies, uses this information to help identify populations of children who are in need of assistance, services that are falling short, and best practices and policies to raise a child's chances for success. Additionally, Local Management Boards, which are comprised of the local social services, juvenile services, health and mental hygiene, local public schools, and private agencies, use the data to develop their community needs assessment and to establish their multi-year funding agreements with the Children's Cabinet.

Governor Ehrlich's Children's Cabinet remains committed to working together under one mission: to better the lives of children and families. We have made great progress in our efforts to assist Marylanders, and I am proud of our good work. This publication is our report to the community; one that is meant to promote, support, and identify the needs of our children. While we have many successes to highlight, we must continue to support an interagency approach to serving children and families in order to ensure that all children are safe, healthy, and well prepared for adulthood.

For more information, please visit the Governor's Office for Children website at www.goc.state.md.us; click on Results and Indicators.

Sincerely,
Arlene F. Lee

TABLE OF CONTENTS

Letter from the Governor	4
Letter from the Executive Director	5
Guide to Results and Indicators	7
Babies Born Healthy.....	13
Infant Mortality	14
Low Birth Weight.....	16
Births to Adolescents.....	18
Healthy Children.....	21
Immunizations	22
Injuries.....	24
Deaths.....	26
Substance Abuse.....	28
Children Enter School Ready to Learn.....	31
Kindergarten Assessment	32
Children Successful in School	35
Absence From School.....	36
Academic Performance	38
Demonstrated Basic Skills.....	40
Children Completing School.....	43
Dropout Rate	44
High School Completion Program	46
High School Diploma	48
Graduation/School Completion of Children with ED.....	50
Children Safe in Their Families and Communities.....	53
Abuse or Neglect.....	54
Deaths Due to Injury	56
Juvenile Violent Offense Arrests.....	58
Juvenile Serious Non-Violent Offense Arrests.....	60
Domestic Violence	62
Stable & Economically Independent Families.....	65
Child Poverty.....	66
Single Parent Households.....	68
Out-of-Home Placements	70
Permanent Placements.....	72
Homeless Adults and Children	74
Communities That Support Family Life.....	76
Appendices.....	78
History of Results and Indicators	79
Glossary & Source List	80

PUBLICATION STAFF:

David Ayer

Deborah Harburger

Tara D. Murphy

Susan Russell Walters

Published:
August 2005

The data in this report are gathered at the State and local levels but have a statewide focus for the purposes of this publication. Information about a specific local level indicator may be accessed at www.goc.state.md.us.

GUIDE TO RESULTS AND INDICATORS

WHAT ARE RESULTS AND INDICATORS?

What is a result? A goal that Maryland has established for its children, families and/or communities.

Maryland has eight results. Each describes the general well-being of Maryland's children and families in an area we know affects a child's ability to grow up healthy and secure.



Babies Born
Healthy



Children
Completing
School



Healthy
Children



Children Safe in
Their Families &
Communities



Children Enter
School Ready
To Learn



Stable &
Economically
Independent
Families



Children
Successful
In School



Communities
That Support
Family Life

What is an indicator? Information that demonstrates Maryland's progress toward meeting a result.

USING MARYLAND'S RESULTS AND INDICATORS

The Children's Cabinet, in cooperation with local jurisdictions, strives to meet the needs of Maryland's children, families and communities. Through this collaborative approach, each jurisdiction identifies and focuses on results and indicators that are priorities in their community. The information in this publication assists in tracking and evaluating the well-being of children across the State and in each local area.

Indicators are used to:

- ◆ Assess and understand the current status of children and families and how trends emerge over time:
 - Examine data for population subgroups, such as race, sex, and age, to find major differences across the groups to ensure that all children and families do well.
 - Analyze trends to identify where results have been changing on a local level in ways that are different from state-wide trends. This assists local jurisdictions in targeting potential priority areas.
 - Provide parents and communities with the information and resources they need to understand the status and trends concerning children in their communities.
- ◆ Select priority areas and set goals for the improvement of child and family well-being:
 - Use the indicators to identify troubling trends, to choose strategies to address the

problem area, and to measure progress towards set goals.

- Compare and collaborate with similar jurisdictions to help identify potential strategies.
 - Choose intervention strategies that will achieve progress toward the goals. Use indicators as part of strategic planning.
 - Help parents and communities to be better informed and become more involved in setting goals for improvement in their communities.
- ◆ Monitor progress toward goals in comparison with invested resources made in selected programs, services, and initiatives. Indicator data will help assess intervention strate-

FOCUS ON YOUTH DEVELOPMENT

Four years ago the result area “Children Enter School Ready to Learn” became and continues to be a central focus of attention for the Children’s Cabinet and for the Maryland Legislature’s Joint Committee for Children, Youth and Families. A key indicator of school readiness (Kindergarten Assessment) has become available through the Maryland Model for School Readiness, and has been added to this result area. This has increased the State’s ability to better assess the degree to which we are achieving this important result.

More recently, the Children’s Cabinet created a time-limited workgroup, to examine possible indicators for the result area “Communities Which Support Family Life.” This workgroup affirmed the conclusion reached in the first effort to develop statewide measures for this result area: each community has unique strengths, concerns and priorities and, therefore, indicators for this result area should remain locally determined.

This workgroup also considered possible indicators that could measure positive youth development. The interest in and the wide range of positive ways that school-age children and youth grow and develop have spurred the State to include youth development concepts in assessing how older children are faring. The youth development movement marks an innovation in the field of child and youth policy equivalent to the important contribution made by the school readiness movement in the field of early childhood care and development.

New to *Maryland’s Results for Child Well-Being* last year was the inclusion of youth development in the discussion of a number of the current results and indicators, as applicable. Youth development focuses on supporting positive developmental processes that occur from about age 6 to the early 20’s, as opposed to focusing on risk and problem behaviors. The Children’s Cabinet agreed this emphasis should start with children at age 5, to create a seamless transition from early childcare and education. For simplicity, the age ranges were divided roughly by school stages: ages 6–10 (elementary school); ages 11–14 (middle school); and ages 15–19 (high school). The Children’s Cabinet recognized that many older youth are not fully prepared for adulthood by age 18, and in the future may consider indicators up to age 24.

The goal of the youth development approach is to create an environment for youth to grow and mature to their fullest potential, targeting positive outcomes, using human and structural supports, and occurring in a variety of settings. Outcomes, supports and settings will differ over these two decades depending on the age of the youth and the developmental milestones they are working to achieve. Additionally, outcomes, supports and settings should include not only school time and academics, but also other activities that fully prepare youth for being an adult in the vocational, physical, emotional, social and civic realms. To ensure that no major areas of a young person’s life were left out, the wide range of ways children and youth develop were organized into five overarching areas:

Self-Sufficiency — Promoting the basic skills and information needed to obtain and retain a job; promoting employment; and fostering participation in careers that allow one to give back to their community.

Learning — Promoting the basic and higher order skills needed to succeed in a job and/or four-year university; preventing school failure and dropout; facilitating school success and completion; and fostering participation in efforts to improve schools and community-based organizations.

Physical Health — Promoting health and fitness habits; preventing injury, illness and death; and fostering participation in community health promotion events.

Mental Health and Social Competencies — Promoting the social and emotional skills, values and support systems needed to maintain a balanced personal life and family; preventing suicide, teen pregnancy, and alcohol and drug abuse; and fostering participation in peer groups and communities as a positive, supportive friend and neighbor.

Cultural and Civic Contributions — Promoting the basic skills and information needed to participate in cultural and civic life; preventing crime and violence; and fostering participation in the community as voters, volunteers, artists, advocates, decision-makers and leaders.

DESCRIPTIVE GUIDE TO THE RESULTS AND INDICATORS

The information on each indicator is organized as follows:

Indicator	A brief description of the indicator.
Definition	A detailed description of the indicator.
Significance	A brief discussion of why this indicator is important and how it relates to child and family well-being.
Baseline Data	Where available, multi-year state and national data are shown.
Data Sources	The name of the agency that produces the data and a brief description of the break-downs that are available (e.g. broken down by age, race, or gender).
Considerations	Special information about the source, the definition or the significance of the indicator that may be helpful when using the indicator to track trends or to set performance goals.
Related Measures	If they exist, other measures that relate to the indicator will be listed along with the source of data.
Discussion	A brief overview of the trend that exists for this indicator, factors that may be impacting the trend, and what is happening at the State level to address this indicator are discussed in this section. This section may include additional information on how the indicator relates to youth development.

A GUIDE TO STATISTICS

The following is a brief description of two key statistics used throughout this guide (percent and rate), a word of caution about their use in setting goals, and instructions on how to calculate the rate-of-change statistic in order to track trends.

Percent: Percent means per 100. For example, 15% means 15 out of 100, 75% means 75 out of 100.

$$\begin{aligned}\text{Percent} &= (\text{Number in sub-group}) \div (\text{Number in whole group}) \times 100 \\ \text{Example: Percent of babies born at low birth weight (LBW), 2002} \\ \text{Percent} &= (\text{Number LBW}) \div (\text{Total number of births}) \times 100 \\ &= \frac{6,623}{73,250} \times 100 \\ &= 9\% \text{ of births in 2002 were less than 2,500 grams (5.5 pounds)}\end{aligned}$$

Rate: The easiest way to understand a rate is to think of a percent as a rate per 100. In the example above, 9% of babies born at low birth weight could also be expressed as “9 babies per 100” are born at low birth weight.

$$\begin{aligned}\text{Rate} &= (\text{Number in sub-group}) \div (\text{Number in whole group}) \times \text{MULTIPLIER} \\ \text{Example: Rate of youth (10-17) arrested for violent crimes per 100,000, 1998} \\ \text{Rate} &= (\text{Number arrested}) \div (\text{Number of youth ages 10-17}) \times 100,000 \\ &= \frac{3,037}{567,678} \times 100,000 \\ &= 535 \text{ per 100,000 youth ages 10-17 were arrested for violent crimes in 1998}\end{aligned}$$

Rate of Change:

It is helpful to see how an indicator has changed over time. The rate of change refers to the magnitude of the change from one time frame to another (e.g. from 1995 to 1998). Rate of change is expressed as a percentage. A positive percentage indicates an upward trend while a negative percentage denotes a downward trend.

$$\begin{aligned}\text{Rate of Change} &= \{[(\text{Recent year number}) \div (\text{Prior year number})] - 1\} \times 100 \\ \text{Example: Rate of change in the rate of out-of-home placement, FY98 to FY99} \\ \text{Rate of Change} &= \{[(\text{FY99 rate of placement}) \div (\text{FY98 rate of placement})] - 1\} \times 100 \\ &= \{[\frac{11.2}{12.1}] - 1\} \times 100 \\ &= -7.4\% \text{ is the rate of change in the rate of placement from FY98 to FY99.}\end{aligned}$$

Be Careful When Using Percentages or Rates to Set Goals:

Caution is necessary when using percentages and rates to set performance goals. If the item to be measured has less than 5 occurrences (e.g. Infant mortality in a given zip code area for a given year) then a percentage or rate should not be produced. One or both of the following methods can be employed to create a more stable percentage or rate:

- Multi-year averaging, which involves using a longer time period to produce the rate (e.g., Use 3 or 5 years data); or
- Enlarging the geographic area, (e.g., use a region containing several zip codes).

Both of these methods increase the number of observed events and hence the stability of percentages or rates being produced to set goals.

METHODOLOGY FOR STATE MAPS

Included in the report are statewide composite maps for each Result area. These maps offer a visual representation of each county's efforts. For each result area, with the exception of Communities Which Support Family Life, a map illustrates each jurisdiction's standing in Maryland. A jurisdiction's standing is determined by the sum of the jurisdiction's ranking on each of the indicators in that Result area (e.g., for Babies Born Healthy, the sum of a jurisdiction's rankings on Infant Mortality, Low Birth Weight, and Births to Adolescents). The maps illustrate five levels of State standing in sequential order from highest/best (1) to lowest/worst (24). Indicators without jurisdictional data are excluded from the Maryland maps. The indicators containing jurisdictional data used for each Maryland Map are listed below:

Babies Born Healthy

Infant Mortality
Low Birth Weight
Births to Adolescents

Healthy Children

Injuries
Deaths
Substance Abuse

Children Enter School

Ready to Learn

Kindergarten Assessment

Children Successful in School

Absence from School
Academic Performance
Demonstrated Basic Skills

Children Safe in their Families and Communities

Abuse or Neglect
Deaths Due to Injury
Juvenile Violent Offense Arrests
Juvenile Non-Violent Offense Arrests

Children Completing School

Dropout Rate

High School Program Completion
High School Diploma

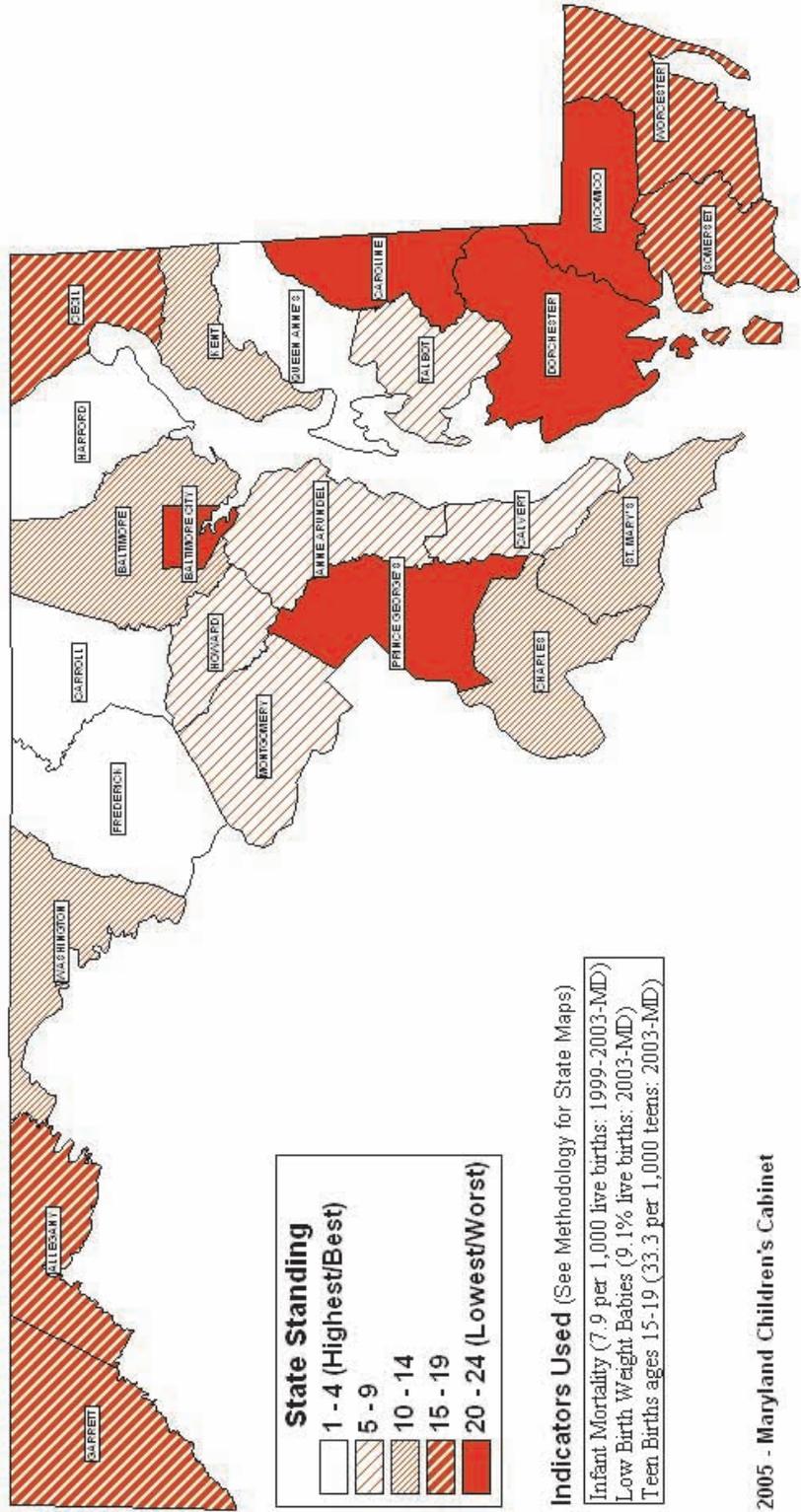
Stable and Economically Self-Sufficient Families

Child Poverty
Single Parent Households
Out-of-Home Placements
Permanent Placements
Homeless Adults and Children

Two improvements in the Maryland Maps are made in this year's report:

- **Children Successful in School:** The Academic Performance indicator has shifted from the Maryland School Performance Assessment Program (MSPAP) to the new Maryland School Assessment (MSA).
- **Children Safe in their Families and Communities:** Starting in 2004, the map excluded the indicator Domestic Violence. Domestic Violence is a critical indicator of family well-being. The measure for this indicator, the rate of victims receiving domestic services from programs funded by the Maryland Department of Human Resources, provides incomplete information regarding the actual incidence of domestic violence in Maryland. In the interest of providing a more accurate picture of Children Safe in Their Families and Communities, this indicator has been removed.

Result Area: Babies Born Healthy in Maryland



State Standing

- 1 - 4 (Highest/Best)
- 5 - 9
- 10 - 14
- 15 - 19
- 20 - 24 (Lowest/Worst)

Indicators Used (See Methodology for State Maps)
 Infant Mortality (7.9 per 1,000 live births: 1999-2003-MD)
 Low Birth Weight Babies (9.1% live births: 2003-MD)
 Teen Births ages 15-19 (33.3 per 1,000 teens: 2003-MD)

2005 - Maryland Children's Cabinet

BABIES BORN HEALTHY



BABIES BORN HEALTHY INDICATORS:

INFANT MORTALITY: The rate of deaths occurring to infants under 1 year of age per 1,000 live births.

LOW BIRTH WEIGHT: The percent of babies born at low birth weight, weighing less than 2,500 grams (about 5.5 pounds) and very low birth weight, weighing less than 1,500 grams (about 3.3 pounds).

BIRTHS TO ADOLESCENTS: The rate of births to adolescents less than 20 years of age.

INFANT MORTALITY

Indicator

The rate of deaths occurring to infants under 1 year of age.

Definition

The rate (per 1,000 live births) of all births and births in various racial/ethnic groups who do not survive beyond year one.

Significance

Indicator is associated with family access to health care and prenatal, family, and environmental risks to a child's healthy start.

Baseline Data

INFANT MORTALITY (reported by calendar year)

Infant deaths per 1,000 live births

Maryland	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
All Races	8.8	8.7	8.4	8.6	8.6	8.3	7.4	8.0	7.6	8.1
White	6.0	6.0	5.9	5.3	5.5	5.1	4.7	5.5	5.4	5.4
African Am	15.2	15.3	14.5	16.1	15.4	14.7	13.0	13.6	12.7	14.7
National	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
All Races	8.0	7.6	7.3	7.2	7.2	7.1	6.9	6.8	7.0	6.9
White	6.6	6.3	6.1	6.0	6.0	5.8	5.7	5.7	5.8	5.8
African Am	15.8	15.1	14.7	14.2	14.3	14.6	14.1	14.0	14.4	14.1

Data Sources

Maryland - Vital Statistics Administration, Department of Health and Mental Hygiene (DHMH). Data are reported by jurisdiction. National - National Center for Health Statistics, Centers for Disease Control. (National 2003 data - preliminary)

Considerations

National comparisons as well as national and State trend data are available. If mortality rates are tracked in small jurisdictions, multi-year averaging may be necessary.

Related Measures

A "service delivery/utilization" indicator that is often used as a proxy for results in this area is percent of births for which prenatal care was initiated in the first trimester (for all births, for various racial/ethnic groups, for various age groups). Data are reported by Vital Statistics, DHMH, by race and by jurisdiction.

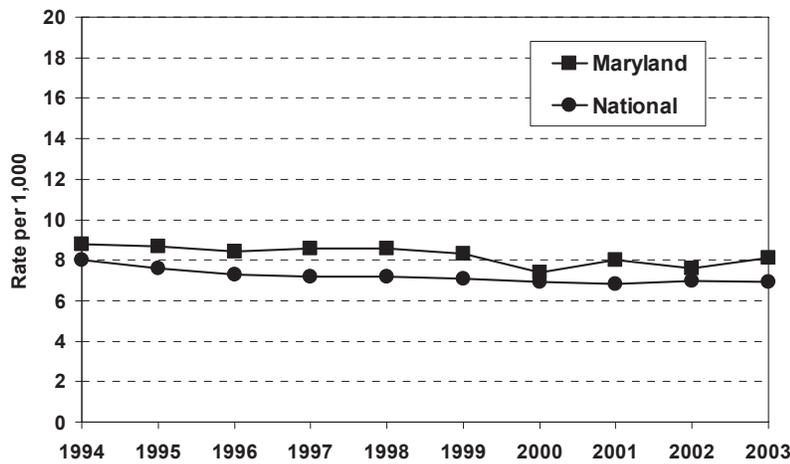
Discussion

The infant mortality rate in Maryland increased in 2003 to 8.1 per 1,000 live births from 7.6 in 2002, the highest it has been since 1999. The increase was due to the increase in infant mortality of African Americans. The African American mortality rate increased and the White rate remained the same resulting in an increased gap between the infant mortality rates for the two groups. In 2003, African American infants in Maryland were 2.7 times more likely to die than White infants, up from 2.4 in 2002.

The leading causes of infant death in 2003, as in 2002, were: (1) disorders relating to short gestation and unspecified low birth weight; (2) congenital malformations, deformations and chromosomal abnormalities; and (3) Sudden Infant Death Syndrome (SIDS). Rates for all three causes were higher for African Americans than Whites. However, the leading causes of death for White infants were congenital malformations, deformations and chromosomal abnormalities, while the leading cause of deaths for African American infants were disorders relating to short gestation and unspecified low birth weight.

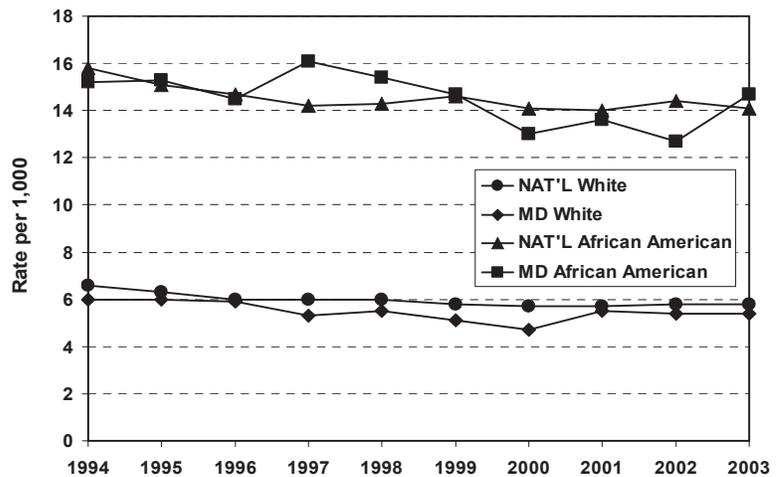
The overall infant mortality rate in Maryland continues to be higher than the national rate. However, White infant mortality rates are lower in Maryland than in the United States, while rates for African Americans are higher.

Infant Mortality Rates Maryland and National 1994 to 2003*



* 2003 National data are preliminary.

Infant Mortality Rates Maryland and National by Race 1994 to 2003*



* 2003 National data preliminary.

LOW BIRTH WEIGHT

Indicator

The percentage of babies born at low birth weight, weighing less than 2,500 grams (about 5.5 pounds) and very low birth weight, weighing less than 1,500 grams (about 3.3 pounds).

Definition

The percent of all births, births in various racial and ethnic groups, and births to mothers in various age groups with birth weights less than 2,500 grams (low birth weight) and less than 1,500 grams (very low birth weight).

Significance

Infant birth weight is associated with infant survival, health, and overall development. Infants weighing less than 2,500 grams are more likely to have physical and developmental problems, including mental retardation, developmental delays, visual and hearing deficits, chronic respiratory problems, and learning difficulties.

Baseline Data

LOW BIRTH WEIGHT (reported by calendar year)

Percent of Births less than 2,500 grams										
Maryland	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
All Races	8.4	8.5	8.6	8.8	8.7	9.1	8.7	9.0	9.0	9.1
White	6.2	6.2	6.3	6.3	6.4	6.7	6.4	7.0	7.0	7.1
African Am	13.1	13.5	13.4	13.7	13.1	13.7	12.9	13.0	13.3	13.1
National	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
All Races	7.3	7.3	7.4	7.5	7.6	7.6	7.6	7.7	7.8	7.9
White	6.1	6.2	6.3	6.5	6.5	6.6	6.5	6.7	6.8	7.0
African Am	13.2	13.1	13.0	13.0	13.0	13.1	13.0	13.0	13.0	13.5

Data Sources

Maryland - Vital Statistics Administration, Department of Health and Mental Hygiene. Data are available, but not published, on the number of low and very low birth weight babies by both maternal age and race. Data are also available by low and very low birth weight and by race for jurisdictions. National - National Center for Health Statistics, Centers for Disease Control (National 2003 data - preliminary).

Considerations

This indicator supports both a national and State health goal. Healthy People 2010 has set a national goal of 95 percent of infants to be born weighing 5.5 pounds or greater by the year 2010. At the state level, Healthy Maryland 2010 has set a goal to reduce the incidence of low birth weight to no more than 8% by the year 2010. National comparisons as well as national and State trend data are available.

Related Measures

A “service delivery/utilization” indicator that is often used as a proxy for results in this area is percent of births for which prenatal care was initiated in the first trimester (for all births, for various racial/ethnic groups, for various age groups). Data are reported by Vital Statistics, DHMH, by race and by jurisdiction.

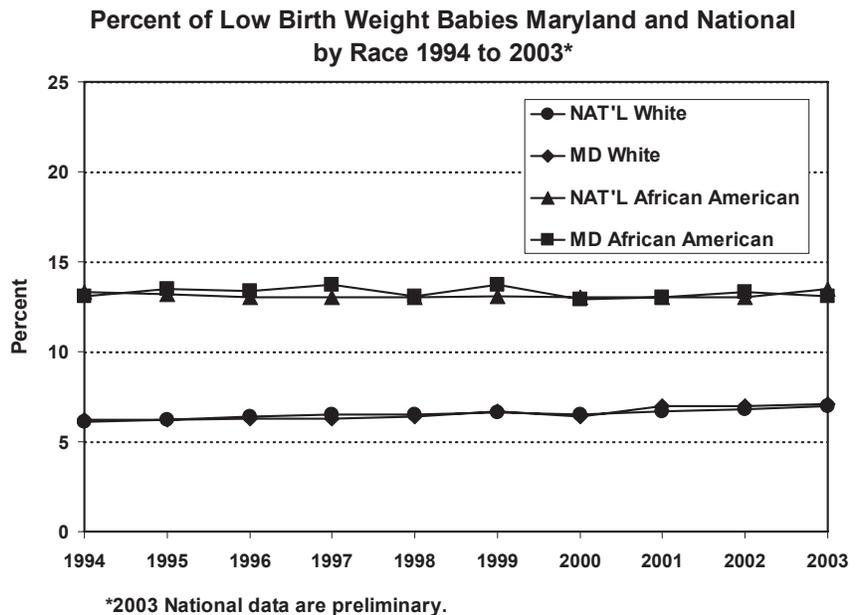
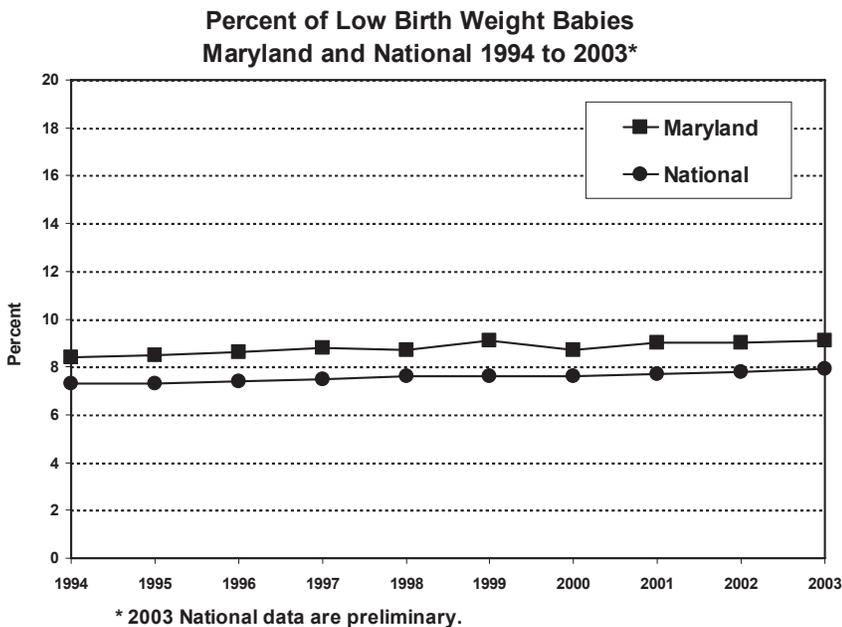
Discussion

Low birth weight (LBW) is the primary cause of infant mortality. Also, LBW infants have a higher probability of experiencing developmental delays. LBW babies

may be born either prematurely (before 37 weeks gestation) or full term (40 weeks gestation) but small for gestational age. Infants of multiple births (twins, triplets or higher order) have a significantly higher risk of being born LBW than singletons.

The percent of LBW infants born in Maryland continues to be higher than the national average. The percent of LBW infants increased 1.1% from 2002 to 2003. However, the LBW rate for White infants increased slightly while the African-American rate decreased slightly. In general, trends show that the percentage of LBW births is slowly increasing in Maryland and nationally.

One factor that may cause this increase is the number of twins and higher order births. In a study using data from 1995 to 1997, Maryland was among 10 states with the highest rate of twin and higher order births. In 2003, 58.9% of plural births were LBW compared to 7.1% of singleton births.



BIRTHS TO ADOLESCENTS

Indicator

The rate of births to adolescents less than 20 years old.

Definition

The rate of births (per 1,000) for adolescents less than 15 years (10-14 year olds) and for adolescents between the ages of 15 and 17, as well as those between the ages of 15 and 19, adolescents in various racial/ethnic groups, and adolescents in various age groups.

Significance

Adolescent mothers are more likely to drop out of high school, experience unemployment, or, if employed, earn lower wages than women who begin childbearing after age 20. Children born to teen mothers face increased risks of low birth weight, developmental problems, and poverty.

Baseline Data

BIRTHS TO ADOLESCENTS (reported by calendar year)

Total live births per 1,000 women										
Age 10-14	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Maryland	1.6	1.3	1.3	1.2	1.1	0.9	0.9	0.8	0.7	0.6
National	1.4	1.3	1.2	1.1	1.0	0.9	0.9	0.8	0.7	NA
Age 15-17	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Maryland	31.7	32.0	29.0	28.2	26.4	25.1	23.3	20.9	19.9	18.2
National	37.6	36.0	33.8	32.1	30.4	28.7	27.5	24.7	23.2	NA
Age 15-19	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Maryland	48.4	47.7	46.0	43.9	42.8	42.5	41.2	37.8	35.4	33.3
National	58.9	56.8	54.4	52.3	51.1	49.6	48.7	45.3	43.0	NA

Data Sources

Maryland - Vital Statistics, Department of Health and Mental Hygiene. These data are published by jurisdiction for larger age categories. National - Federal Inter-agency Forum on Child and Family Statistics <http://childstats.gov>. U.S. Census Bureau population estimates were used to calculate the 15-17 birth rate for 2001; and the 10-14, 15-17, and 15-19 birth rates for 2002 and 2003. As Maryland Vital Statistics makes these population estimates available, these birth rate figures will be updated.

Related Measures

National comparisons and state trend data are available. Since pregnancies before age 15 are more rare, to include these data in one overall rate would reduce the rate and mask its significance. In some communities, however, the rate for under age 15 is growing and deserves separate examination.

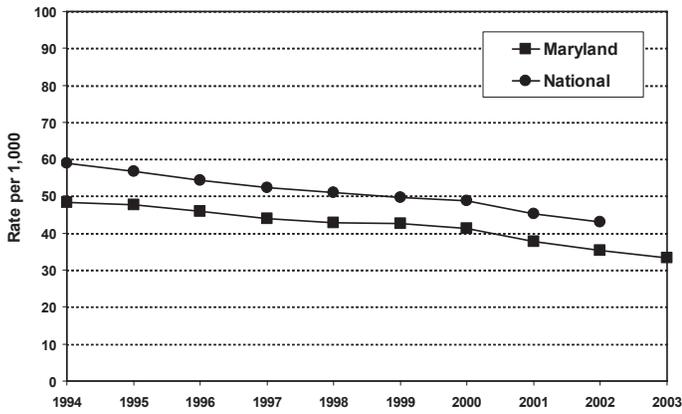
Discussion

Data for 2003 indicated that Maryland's adolescent birth rates for all age groups continue to decrease. The birth rate for 15-19 year olds has dropped over the last decade with a decline of 31.2% since 1994. Similarly, the birth rate for 10-14 year olds decreased 62.5% over the same time period. The national trend for all age

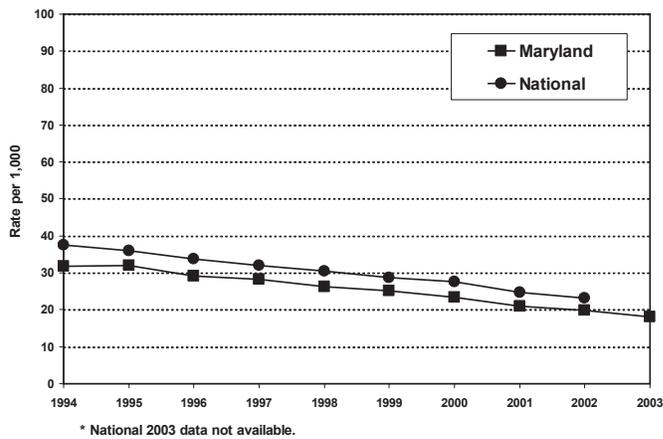
groups was also downward. Based on 2000 data, Maryland's 15-19 teen birth rate ranked 30th nationally.

Maryland has used a multifaceted approach to prevent teen pregnancy including: health education and counseling (abstinence, reproductive physiology, STD prevention - for both girls and boys), access to health care, outreach, and media. Promoting social and emotional skills, and working with families and communities to create support systems needed to maintain a balanced personal life also help youth avoid teen pregnancy.

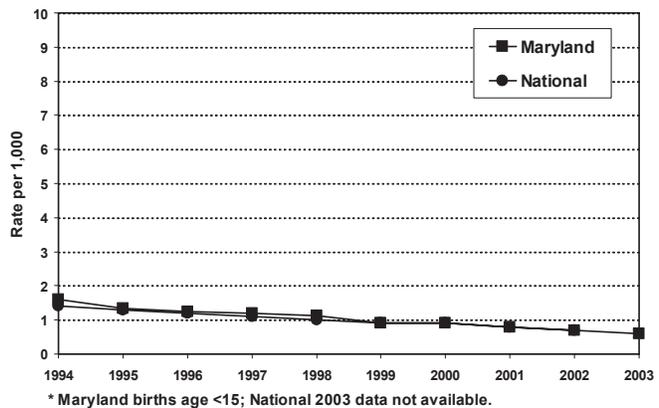
**Teen Birth Rates Ages 15 to 19 Maryland and National
1994 to 2003***



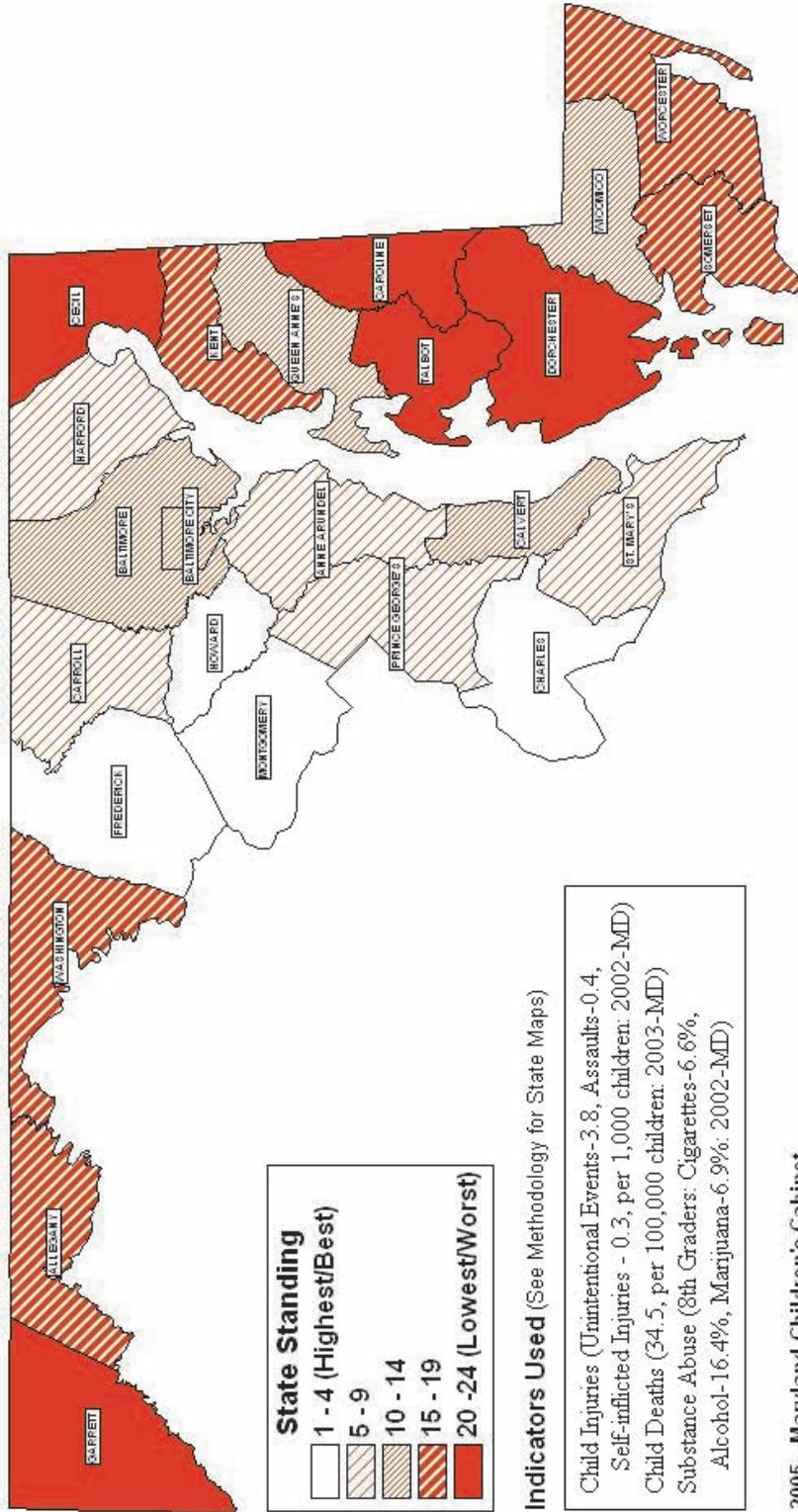
**Teen Birth Rates Ages 15 to 17 Maryland and National
1994 to 2003***



**Teen Birth Rates Ages 10 to 14 Maryland and National
1994 to 2003***



Result Area: Healthy Children in Maryland



2005 - Maryland Children's Cabinet

HEALTHY CHILDREN



HEALTHY CHILDREN INDICATORS:

IMMUNIZATIONS: The percent of children fully immunized by age two.

INJURIES: The rate of child injuries that require hospitalization.

DEATHS: The rate of child fatalities among children one year of age and older.

SUBSTANCE ABUSE: The percentage of public school students who report using alcohol, tobacco or other drugs.

IMMUNIZATIONS

Indicator

The percent of children fully immunized by age two.

Definition

The percent of children 19-35 months of age who have received the full schedule of appropriate immunizations against diphtheria, tetanus, pertussis, measles, mumps, rubella and polio. Haemophilus influenza type B (HIB), hepatitis B, and chicken pox vaccines are also part of the basic immunization series, but coverage with these vaccines is measured separately by the National Immunization Survey.

Significance

The immunization status of young children is an almost perfect predictor of avoidance of death, disability, or developmental delays associated with immunization-preventable diseases.

Baseline Data

IMMUNIZATION COVERAGE AT AGE 2 (reported by survey year)

Percent of children immunized by age 2										
	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Maryland	79	81	80	82	79	81	80	80	82	85
National	75	76	78	78	79	80	81	79	79	82

Data Sources

The National Immunization Survey (NIS), which is sponsored by the Centers for Disease Control and Prevention (CDC), provides state estimates of vaccination coverage levels among children aged 19-35 months. Households in all 50 states, the District of Columbia, and 27 urban areas are interviewed quarterly. In addition, pediatricians, family physicians, and other health care providers are also surveyed.

Considerations

As vaccines are introduced, immunization rates on these vaccines may need to be included, such as the HIB vaccine. Data are not yet available by jurisdiction. Maryland has developed an immunization registry (ImmuNet) that can track current immunization status of all children up to age 18. Go to www.cha.state.md.us/mdimmunet/ for more information.

Related Measures

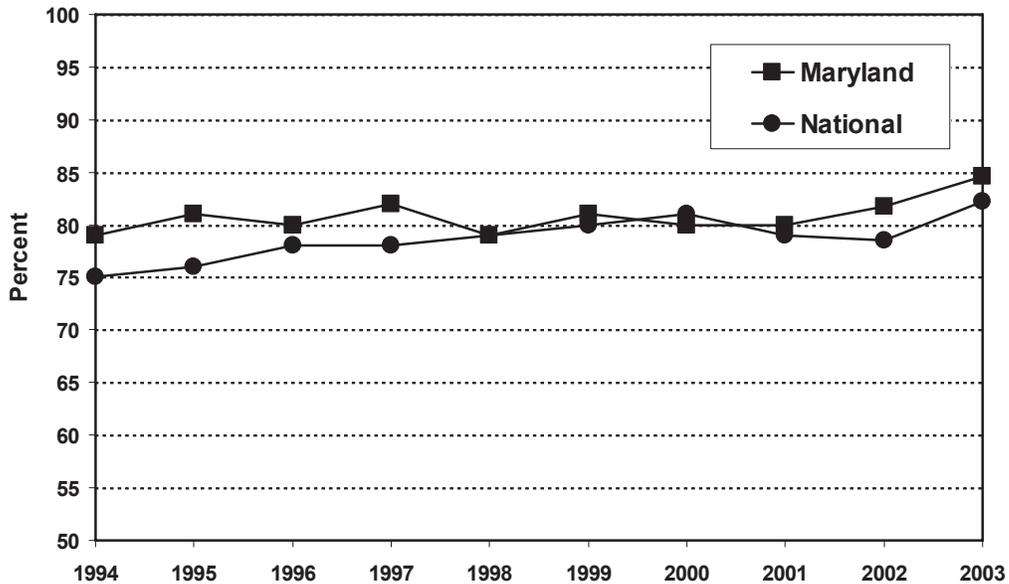
In addition, the Maryland recommended schedule for immunization changes occasionally. To see the current recommended schedule go to <http://www.edcp.org> and click "immunization."

Discussion

According to national statistics, the percentage of children ages 19-35 months that were fully immunized in Maryland in 2003 stood at 85%, compared to a national average of 82%. Since 1994 the total percentage of child immunizations in Maryland has ranged between 79% and 85% and equaled or exceeded the national average in all but one year (2000). Both the national (Healthy People 2010) and state (Maryland Health Improvement Plan) goal is for 90% of children age two and under to be up to date in their immunization series.

Immunizations protect children from diseases that include, but are not limited to, measles, mumps, rubella (German measles), diphtheria, tetanus, pertussis (Whooping cough), polio, Haemophilus influenzae type b (HIB), varicella (Chicken pox), hepatitis B, and pneumococcal disease. They continue to be very important; current low rates of disease are due to the high rates of immunizations over the past decades. Each year the recommended childhood immunization schedule is re-viewed and updated by the Centers for Disease Control's Advisory Committee on

**The Percent of Children Ages 19-35 Months Fully Immunized
Maryland and National, Survey Years 1994 to 2003**



INJURIES

Indicator

The rate of child injuries that require inpatient hospitalization.

Definition

The rate of injuries per 1,000 children that require inpatient hospitalization in three broad injury categories: unintentional injuries (motor vehicle or other), assaults, or self-inflicted injuries.

Significance

Childhood injuries requiring inpatient hospitalization present risks of long-term illness and disability. Nationally, each year unintentional injuries disable over 92,000 children and hurt 1 in 4 children seriously enough to require medical attention. These injuries cost the U.S. healthcare system \$347 billion per year .

Baseline Data

CHILD INJURIES (reported by calendar year)

Child injuries per 1,000 children ages 0-19								
Unintentional injuries	1995	1996	1997	1998	1999	2000	2001	2002
All Races	4.5	4.6	4.3	3.4	4.0	3.8	3.8	3.8
African Am	5.0	5.2	4.6	3.8	4.1	3.9	3.7	3.9
White	4.4	4.3	4.2	3.2	3.9	3.9	3.8	3.7
All other races	3.4	4.0	4.0	3.3	3.8	2.6	3.8	5.1
Assaults	1995	1996	1997	1998	1999	2000	2001	2002
All Races	0.4	0.5	0.4	0.4	0.3	0.3	0.3	0.4
African Am	1.1	1.1	1.1	0.9	0.8	0.8	0.7	0.8
White	0.1	0.2	0.2	0.2	0.1	0.2	0.1	0.2
All other races	0.2	0.2	0.2	0.4	0.2	0.1	0.2	0.4
Self-inflicted injuries	1995	1996	1997	1998	1999	2000	2001	2002
All Races	0.4	0.4	0.3	0.3	0.3	0.3	0.3	0.3
African Am	0.4	0.4	0.3	0.3	0.2	0.2	0.2	0.2
White	0.4	0.3	0.3	0.3	0.3	0.4	0.4	0.4
All other races	0.4	0.3	0.5	0.3	0.3	0.2	0.5	0.3

Data Sources

All Maryland hospitals report hospital discharge data to the Health Services Cost Review Commission (HSCRC). These data sets are used by the Center for Preventative Health Services (CPHS) of the Department of Health and Mental Hygiene (DHMH) to produce standardized jurisdiction profiles that include reports on child hospitalization and death. Data on children are available by the age brackets 0-4, 5-9, 10-14, and 15-19, as well as by jurisdiction.

Considerations

It may be desirable to use multi-year averaging and trend lines as well as large age brackets in smaller jurisdictions. CPHS encourages jurisdictions to solicit additional data on specific types of injuries pertinent to local issues. It is important to note that the coding for external cause of injury is not reliable enough to indicate whether a child injury was related to abuse or neglect.

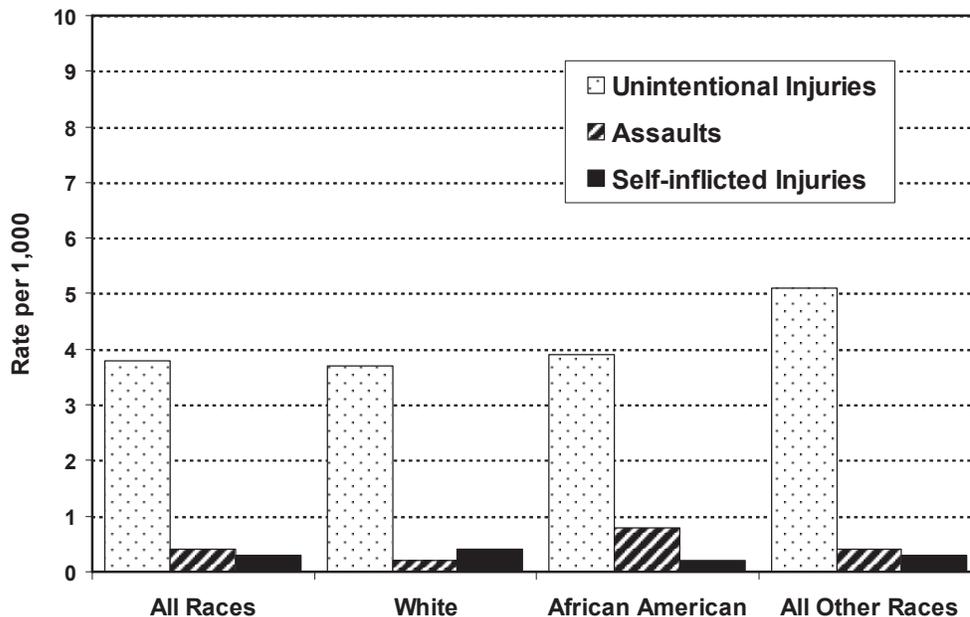
Discussion

Injuries may be the result of unintentional or intentional events. Most unintentional injuries are related to motor vehicle/traffic accidents, falls, fires and burns, poisonings, choking and suffocation, and drowning. Intentional injuries include both assaults and self-inflicted injuries. In Maryland from 1995 through 2000 the rate of unintentional injuries decreased slightly for all races, remaining stable in 2001 and 2002. The unintentional injury rate for White children has declined since 1995. For African-American children the rate increased slightly from 2001 to 2002. For children of all other races the rate increased markedly.

For all races, the rate of injuries resulting from assaults or which were self-inflicted increased. In 2002, injuries were between 4.9 (African-American) and 18.5 (White) times more likely to be caused by unintentional events than by assaults and between 9.3 (White) and 19.5 (African-American) times more likely to be caused by unintentional events than by self-inflicted actions.

It is estimated that as many as 90% of childhood injuries can be prevented. For every dollar spent on bike helmets, society saves \$30. For every dollar spent on car seats, society saves \$32, and for every dollar spent on smoke alarms, society saves \$21. It is estimated that as many as 90% of childhood injuries can be prevented. Devoting time and resources to educational initiatives and equipment distribution can reduce the instance of injury. Although not as easily quantified, increased focus on promoting the social and emotional skills, values and support systems needed to maintain a balanced personal life and family may prevent self-inflicted injuries and assaults.

Child Injuries Caused by Unintentional Injuries, Assault, or Self-inflicted Injuries, 2002*



* Data not available for 2003.

DEATHS

Indicator

The rate of deaths among children one year of age and older.

Definition

The rate per 100,000 of deaths among children one year of age and older by age (1-9, 10-19) by race/ethnicity.

Significance

The indicator measures the ultimate poor health outcome for children. The rates and causes of death indicate specific risks for children of different ages, genders, and racial/ethnic backgrounds.

Baseline Data

CHILD DEATH RATE BY AGE & RACE (reported by calendar year)

Child deaths per 100,000 children ages 1-19*										
Maryland	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
All Races	39.9	44.5	37.8	36.3	34.7	36.0	32.7	34.6	33.3	34.5
White	30.6	32.5	24.8	25.2	23.3	28.2	28.8	28.2	26.1	27.0
African Amer	NA	72.9	66.5	61.6	58.9	53.9	46.4	49.3	47.4	50.9
All Other	56.7	19.8	22.4	15.4	24.2	19.7	9.6	16.4	24.1	18.1
National	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
All Races	42.9	41.8	39.9	38.0	36.3	34.9	33.9	33.6	33.5	NA
White	37.9	37.6	35.9	34.8	33.5	32.7	32.1	31.9	31.9	NA
African Amer	69.3	63.4	59.3	53.7	50.4	48.2	45.2	44.0	43.7	NA
All Other	62.5	57.9	54.7	50.2	47.0	42.8	40.2	39.7	39.3	NA

*For child deaths less than one year of age, see infant mortality; race was not broken out for African-Americans until 1995 – see graphs.

Data Sources

Maryland - Vital Statistics, Department of Health and Mental Hygiene; National - Office of Analysis and Epidemiology, National Center for Health Statistics, CDC, <http://wonder.cdc.gov/mortsql.html>.

Considerations

It may be desirable to compute multi-year averages, particularly for small jurisdictions and subgroups. It may be possible to develop other categories using unpublished data.

Related Measures

National Kids Count 2004 report publishes child death rates for children ages 1-14 through 2001

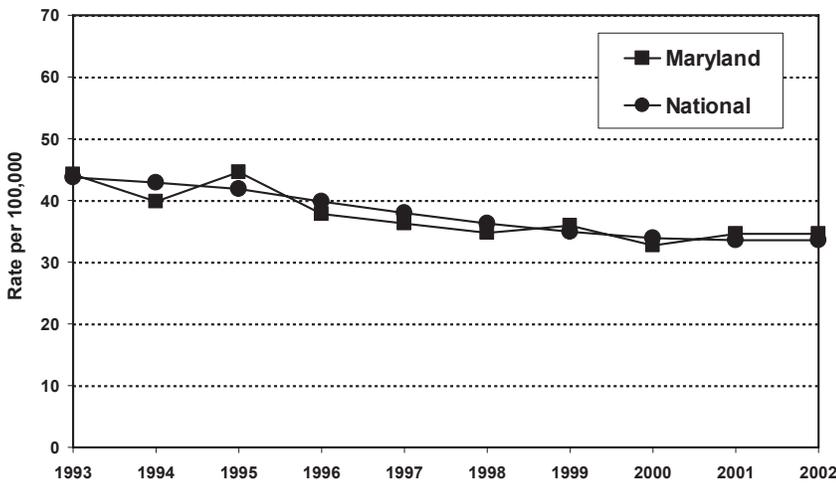
National Kids Count										
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Maryland	30	29	30	27	25	23	20	21	21	22
National	29	30	29	28	26	25	24	24	22	22

Discussion

The leading cause of death among children ages 1-14 remains accidents. In 2003, there were 206 deaths for persons ages 1 to 15. Fifty-nine deaths (28.6%) were the result of accidents. Malignancies (cancer) ranked second. Other causes of death for children include homicides, congenital anomalies, infectious diseases, and chronic diseases.

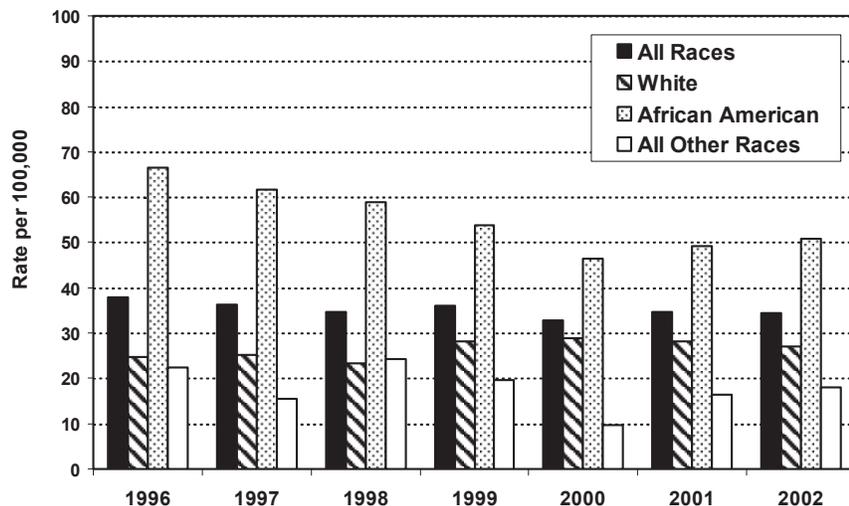
The State continues to stress greater care to prevent fatal accidents in the home, on the road, and in schools. Moreover, in an effort to reduce the number of homicides, Maryland has enacted the toughest gun measures in the nation and police forces around the State have worked diligently with schools. Additionally, youth who develop the skills to participate in the cultural and civic life of their communities are less likely to become victims of violence.

Child Death* Rates Ages 1 to 19 Maryland and National
1993 to 2002**



* For deaths less than one year of age see infant mortality.

**Child Death* Rates Ages 1 to 19 in Maryland by Race
1996 to 2002**



*For deaths less than one year of age see infant mortality.

SUBSTANCE ABUSE

Indicator

The percentage of public school students who report using alcohol, tobacco, or other drugs.

Definition

Percent of public school students who report using alcohol, tobacco, or illegal drugs by type of substance and by age/grade (6th, 8th, 10th, and 12th) within the last 30 days.

Significance

Use of various substances poses major health risks to youth. Early use of some substances (e.g. tobacco) is associated with later use of others.

Baseline Data

SUBSTANCE ABUSE WITHIN THE LAST 30 DAYS (percent of students, reported by academic year).

	Cigarettes				Alcohol				Marijuana			
Maryland	1996	1998	2001	2002	1996	1998	2001	2002	1996	1998	2001	2002
6th Grade	4.6	4.2	2.5	1.3	7.9	9.1	6.3	5.0	1.8	1.8	1.2	0.8
8th Grade	17.0	14.8	10.6	6.6	27.1	26.6	22.8	16.4	11.6	10.0	10.6	6.9
10th Grade	25.1	23.9	16.6	12.7	43.7	42.9	35.0	35.0	22.4	22.7	19.8	16.7
12th Grade	32.0	28.6	25.5	19.8	52.4	48.4	47.5	44.3	27.4	24.2	22.7	21.0
	Heroin				Ecstasy				LSD			
Maryland	1996	1998	2001	2002	1996	1998	2001	2002	1996	1998	2001	2002
6th Grade	0.4	0.7	0.3	0.3	0.4	0.6	0.4	0.4	0.8	0.8	0.6	0.4
8th Grade	1.6	1.8	1.1	0.7	1.9	1.3	2.4	1.4	2.9	2.6	2.2	0.8
10th Grade	1.5	2.2	1.1	1.1	2.9	3.6	4.8	3.1	5.8	5.0	3.7	2.4
12th Grade	1.6	1.1	0.9	1.4	2.7	3.1	4.8	3.6	5.6	4.8	3.7	2.7
	Cigarettes				Alcohol				Marijuana			
National	1996	1998	2001	2002	1996	1998	2001	2002	1996	1998	2001	2002
8th Grade	21.0	19.1	12.2	10.7	26.2	23.0	21.5	19.6	11.3	9.7	9.2	8.3
10th Grade	30.4	27.6	21.3	17.7	40.4	38.8	39.0	35.4	20.4	18.7	19.8	17.8
12th Grade	34.0	35.1	29.5	26.7	50.8	52.0	49.8	48.6	21.9	22.8	22.4	21.5
	Heroin				Ecstasy				LSD			
National	1996	1998	2001	2002	1996	1998	2001	2002	1996	1998	2001	2002
8th Grade	0.7	0.6	0.6	0.5	1.0	0.9	1.8	1.4	1.5	1.1	1.0	0.7
10th Grade	0.5	0.7	0.3	0.5	1.8	1.3	2.6	1.8	2.4	2.7	1.5	0.7
12th Grade	0.5	0.5	0.4	0.5	2.0	1.5	2.8	2.4	2.5	3.2	2.3	0.7

Data Sources

The Maryland State Department of Education (MSDE) administers the Maryland Adolescent Survey (MAS) to assess information and attitudes on the nature, extent and trends in alcohol, tobacco, and drug use in middle and high school populations.

The survey is conducted biennially and has been designed to parallel the National Institute on Drug Abuse’s annual national survey “Monitoring the Future.” The MAS provides information about substance abuse and risk and protective factors at the jurisdictional level.

Considerations

The results of the MAS are generalizable to the population of public school students.

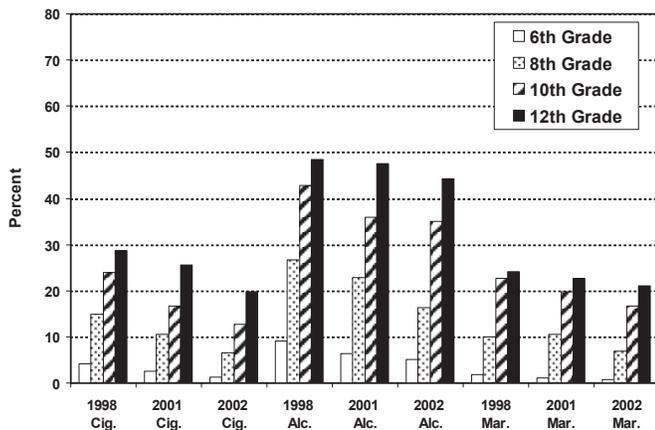
Related Measures

The annual national survey, “Monitoring the Future,” conducted by the National Institute on Drug Abuse, gathers information on 8th, 10th, and 12th graders.

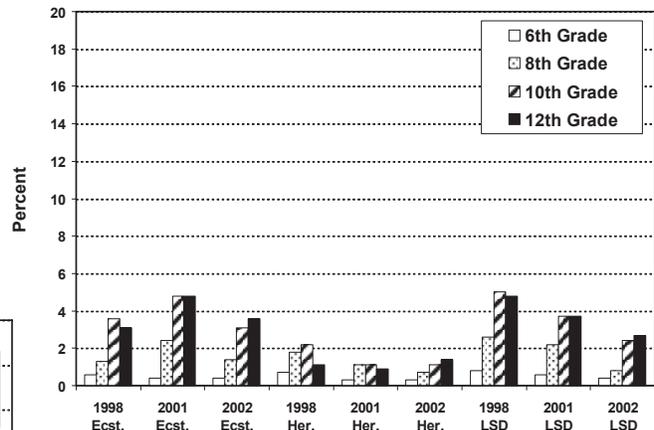
Discussion

Findings reported in the 2002 MAS indicate that since 1998, there has been a continual decline in the use of alcohol, tobacco, and/or other drugs. The fact that the majority of our adolescents do not use any drugs is often overshadowed by the discussion of those adolescents who do use drugs. While approximately two-thirds of our 12th graders have tried alcohol, it is important to point out that less than 50% report using alcohol in the 30 days prior to the survey. After a significant increase in 2001 in the 8th, 10th, and 12th grade, use of Ecstasy decreased across these grades in 2002. Alcohol continues to be the most frequently used substance at each grade level throughout the entire time frame. These trends in Maryland are consistent with the findings of the 2002 *Monitoring the Future Study*. The 2004 Maryland Adolescent Survey was administered December 8, 2004 and the results of that survey are scheduled for release in August 2005.

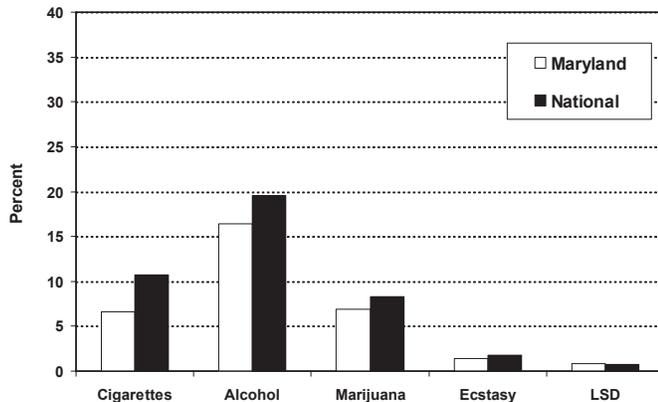
Percent of 6th, 8th, 10th, and 12th Graders Reporting Use of Cigarettes, Alcohol, and Marijuana in the Last 30 Days



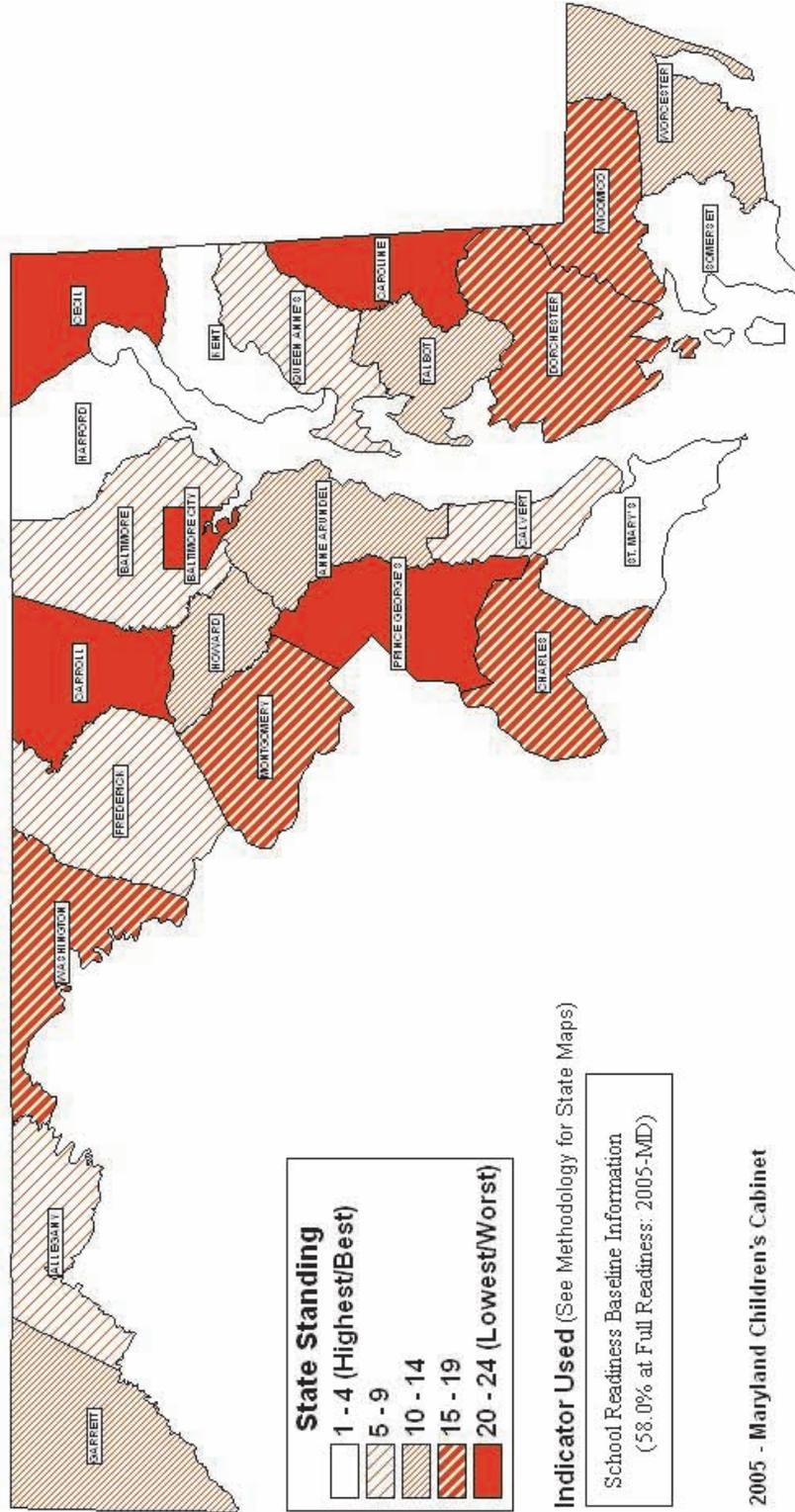
Percent of 6th, 8th, 10th, and 12th Graders Reporting Use of Ecstasy, Heroin, and LSD in the Last 30 Days



Percent of 8th Graders Reporting Substance Use in Last 30 Days, Maryland and National 2002



Result Area: Children Enter School Ready to Learn in Maryland



CHILDREN ENTER SCHOOL READY TO LEARN



CHILDREN ENTER SCHOOL READY TO LEARN INDICATOR:

KINDERGARTEN ASSESSMENT: The percent of kindergarten students who have reached one of three levels of readiness on the Work Sampling System Kindergarten Assessment: full readiness, approaching readiness or developing readiness.

KINDERGARTEN ASSESSMENT

Indicator

Percent of kindergarten students who have reached one of three levels of readiness on the Work Sampling System™ Kindergarten Assessment: full readiness, approaching readiness, or developing readiness.

Definition

The three levels of readiness are based upon teacher ratings in the following seven domains: 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 that are needed to meet kindergarten expectations successfully. Approaching readiness indicates that a student is inconsistently meeting those goals and requires targeted instructional support. Students who are developing readiness do not successfully meet kindergarten readiness goals and require considerable support.

Significance

Recent neuroscientific research strongly supports the belief that early learning experience prior to formal education is an essential foundation for later school success. Research in how young children learn encourages the assumption that improvement in school readiness will positively impact school performance, to be measured by the results of future assessments administered statewide to Maryland students.

Baseline Data

KINDERGARTEN ASSESSMENT (reported by academic year)

Percent of students entering kindergarten demonstrating school readiness

Academic Year	Full Readiness				Approaching Readiness				Developing Readiness			
	2002	2003	2004	2005	2002	2003	2004	2005	2002	2003	2004	2005
Composite	49	52	55	58	44	41	38	35	7	7	6	6
Social and Personal	55	60	62	63	36	33	31	30	9	8	7	7
Language and Literacy	36	42	45	48	50	46	44	41	14	12	11	11
Mathematical Thinking	40	44	49	54	47	43	40	36	13	12	11	10
Scientific Thinking	24	29	32	36	59	57	55	53	17	14	13	12
Social Studies	32	37	41	44	55	52	50	47	13	11	10	9
The Arts	51	58	62	63	42	36	34	32	7	5	4	4
Physical Development	60	66	70	72	35	30	28	25	4	3	3	3

Data Sources

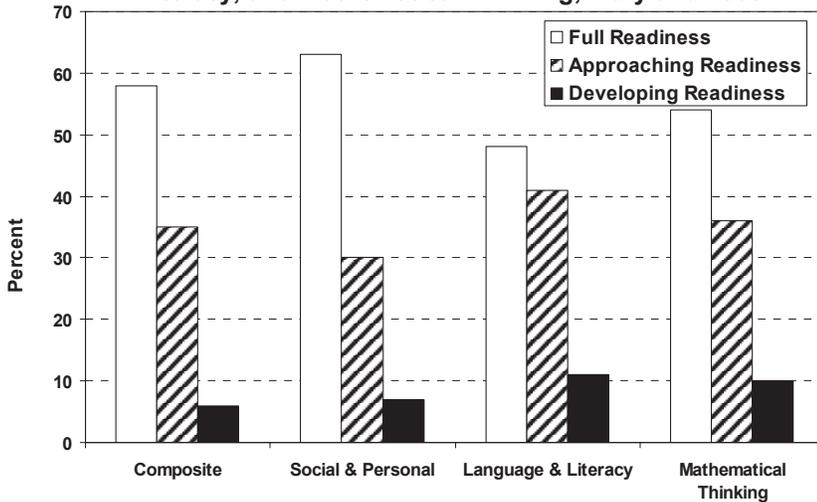
The Work Sampling System™ Kindergarten Assessment is administered by local public schools. Data are collected by the Maryland State Department of Education (MSDE) and are available by jurisdiction and by individual schools. The Work Sampling System is a registered trademark of Pearson Early Learning, Inc.

Discussion

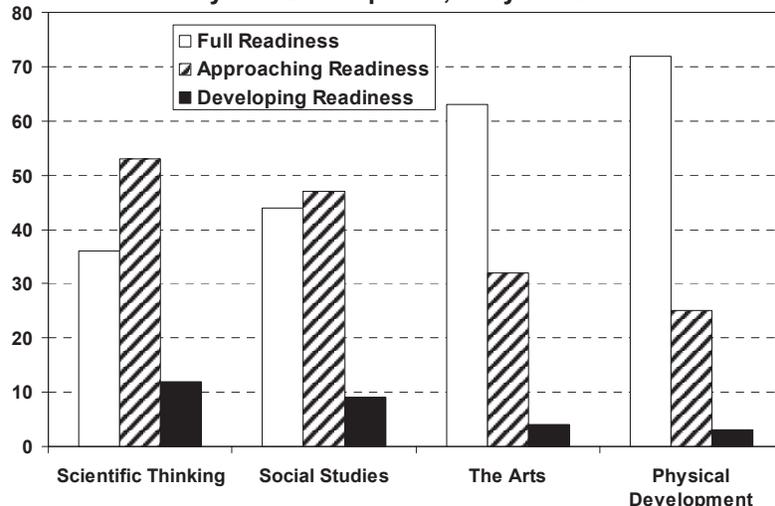
The school readiness information for school year 2004-05 represents the fourth year that all kindergartners in the state of Maryland were rated on their readiness for school. The statewide data for the composite score reveals that 58% of entering kindergarten students in Maryland were rated by their teachers as “fully ready” to do kindergarten work. 35% of entering students were at the “approaching readiness” level and in need of targeted support in order to meet kindergarten expectations. Six percent of the students were in the “developing readiness” category and needed considerable support in order to do kindergarten work successfully. Most of the support was needed in the domains of Scientific Thinking, Language and Literacy, Social Studies, and Mathematical Thinking.

Compared to the school readiness baseline data collected in school year 2001-02, the composite school readiness data for 2004-05 show that 9% more kindergarten students came to school fully ready. There was improvement in all domains. The largest improvement area in 2004-05 was in Language and Literacy with an increase of 12% of the students rated “fully ready” compared to 2001-02.

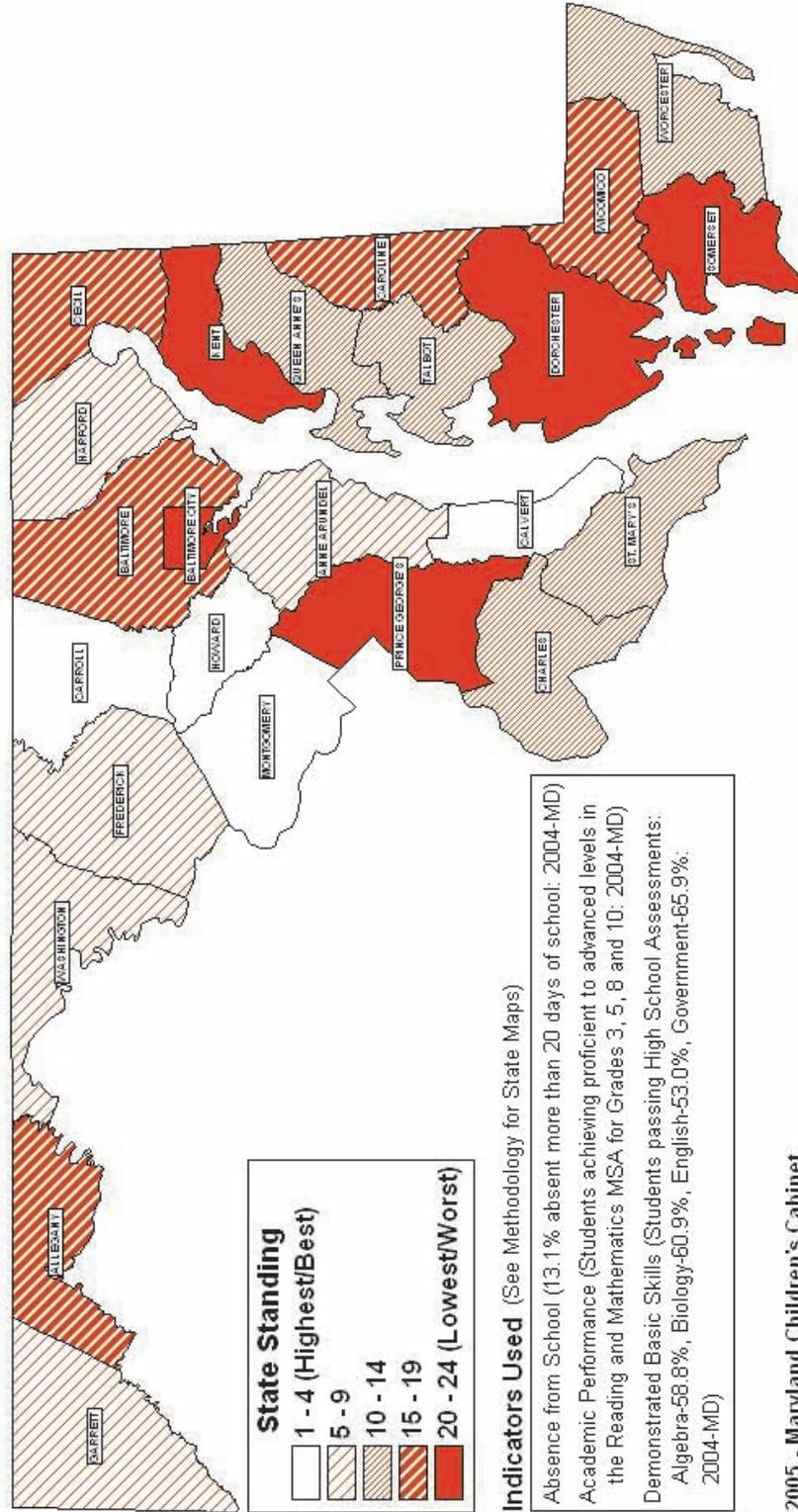
Percent of Kindergarten Students Demonstrating School Readiness: Composite, Social & Personal, Language & Literacy, and Mathematical Thinking, Maryland 2005



Percent of Kindergarten Students Demonstrating School Readiness: Scientific Thinking, Social Studies, The Arts, and Physical Development, Maryland 2005



Result Area: Children Successful in School in Maryland



2005 - Maryland Children's Cabinet

CHILDREN SUCCESSFUL IN SCHOOL



CHILDREN SUCCESSFUL IN SCHOOL INDICATORS:

ABSENCE FROM SCHOOL: The percent of students in all grades who are absent more than 20 days annually from school.

ACADEMIC PERFORMANCE The percent of public school students in grades 3 to 8 and 10 performing at basic, proficient, or advanced levels in reading and mathematics. Students in grades 3 to 8 and 10 take the MSA in reading. Students in grades 3 to 8 and those taking a high-school-level geometry course take the MSA in math.

DEMONSTRATED BASIC SKILLS: The percent of public school students in grades 9 through 12 performing at the passing level in four core subjects: algebra, biology, English 1, and government.

ABSENCE FROM SCHOOL

Indicator

The percent of students absent more than 20 days of school annually.

Definition

Percent of students in all grades missing more than 20 days of the school year. School attendance data are calculated as the percentage of students present in school for at least half the average school day throughout the school year. This measure is consistent with the Maryland State Department of Education (MSDE) standard that students attend 94 percent of school days. Data are published for the elementary (grades 1-5), middle (grades 6-8), and high (grades 9-12) school levels.

Significance

Absenteeism and truancy indicate a loss of opportunities to learn and have negative long-term consequences. High levels of school absence are associated with a higher risk of school failure, dropping out of school, delinquent behavior, substance abuse, and other high-risk behaviors.

Baseline Data

ABSENCE FROM SCHOOL (reported by academic year)

All grades — Percent absent more than 20 days

1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
13.6	14.7	13.6	13.8	12.9	13.7	12.3	12.3	11.3	13.0	13.1

Data Sources

MSDE collects attendance data through the Maryland Report Card Performance Report. Attendance rates are reported for the State, school system, and school levels for elementary, middle, and high school levels.

Considerations

The current data reporting system is structured to collect statistics for absences of more than 20 days. It is important to note that these data do not differentiate between students with “excused” versus “unexcused” absences. Local school systems have detailed data on reasons for absences. Also, the measure does not include students enrolled for fewer than 91 days during the school year.

Discussion

Maryland public schools recognize the significant role parents play in their children’s education. Absentee rates from school are one measure of parent-school collaboration. Between 1994 and 2003, the percentage of students missing 20 or more days changed from 13.6% to 13.2%. However, during that decade the rate fluctuated from a high of 14.7% in 1995 to a low of 11.3% in 2002.

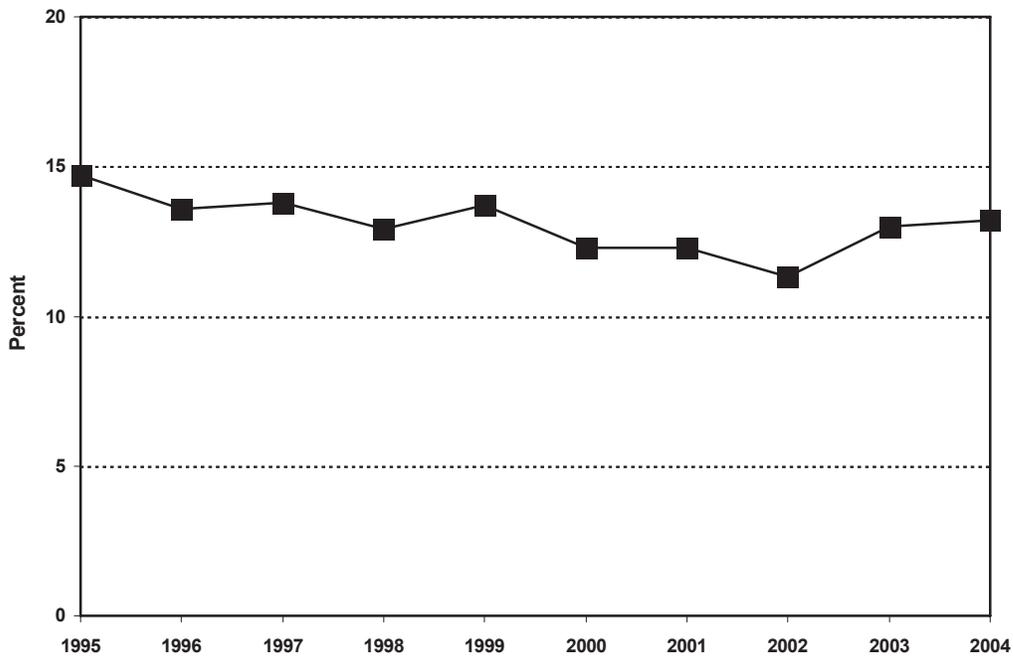
The Maryland State Board of Education’s family involvement policy, adopted in October 2001, is supportive of the fact that when schools, families, and community organizations work together to support learning, children tend to do better in school, stay in school longer, and like school more. This comprehensive family involvement policy is dedicated to empowering parents to become involved in their children’s education.

The Board’s family involvement policy also recognizes that students with involved parents earn higher grades and test scores, enroll in higher-level programs, attend

school regularly, pass their classes, are promoted, develop better social skills, show improved behavior, and go on to postsecondary education. Creating positive home, school, and community partnerships is essential to accomplishing the mission of successfully educating all students in Maryland.

In the fall of 2003, the Maryland's Parent Advisory Council (M-PAC) was formed to serve in an advisory capacity to the State Department of Education and the State Board of Education on issues of parent involvement, from the development and implementation of policies and procedures, to parents' rights and roles in student achievement. This group is expected to have a positive impact on every family in Maryland.

The Percent of Students in all Grades Missing More Than 20 Days of the School Year in Maryland 1995 to 2004



ACADEMIC PERFORMANCE

Indicator

The percent of public school students in 3rd to 8th, and 10th grades scoring proficient or advanced on the Maryland School Assessment (MSA). For students with significant cognitive disabilities, the Alternate Maryland School Assessment (Alt-MSA) is used to measure student progress in reading and mathematics.

Definition

The percent of public school students in 3rd to 8th grades and 10th grade performing at proficient or advanced levels in reading and mathematics. Students in grades 3 to 8 and grade 10 take the MSA in reading. Students in 3rd to 8th grades and those taking a high-school-level geometry course take the MSA in math.

Significance

The MSA requires students in 3rd to 8th grades to demonstrate what they know about reading and math and 10th grade students in reading. The test will produce a score that describes how well a student masters the reading and math content specified in the Maryland Content Standards. Each child will receive a score in each content area that will categorize their performance as basic, proficient, or advanced. These data will provide parents with objective information on where their child stands academically.

Baseline Data

3rd to 8th, and 10th GRADE MARYLAND SCHOOL ASSESSMENTS -
Percent of students scoring at basic, proficient or advanced levels.

2004	Reading			Mathematics		
	Basic	Proficient	Advanced	Basic	Proficient	Advanced
3rd Grade	29.0	58.5	12.5	27.8	52.3	19.9
4th Grade	27.9	59.3	15.8	30.4	49.9	20.0
5th Grade	31.6	39.8	28.6	36.9	50.4	12.7
6th Grade	31.7	37.9	30.4	49.7	39.1	11.2
7th Grade	33.0	41.1	25.9	50.2	39.7	10.1
8th Grade	36.1	43.0	20.8	54.3	28.9	16.9
10th Grade	34.0	33.8	32.2	52.0	36.2	11.8

Data Sources

Collected by the Maryland State Department of Education (MSDE) through the Maryland School Assessment for 3rd to 8th grades and 10th grade in reading and through the High School Assessment in geometry. Data are currently reported as the percent of students achieving basic, proficient or advanced performance and are available on the State, school system, and individual school levels.

Considerations

The Maryland School Assessment (MSA) was established to meet the requirements of the federal No Child Left Behind Act (NCLB). In 2004, the MSA was administered in reading and mathematics in 3rd to 8th grades and in reading in 10th grade .

All students with disabilities are tested. Beginning in test year 2004, students with significant cognitive disabilities who are pursuing an alternate course of study based on their Individualized Education Program (IEP) took the Alt-MSA, Maryland's alternate assessment.

Discussion

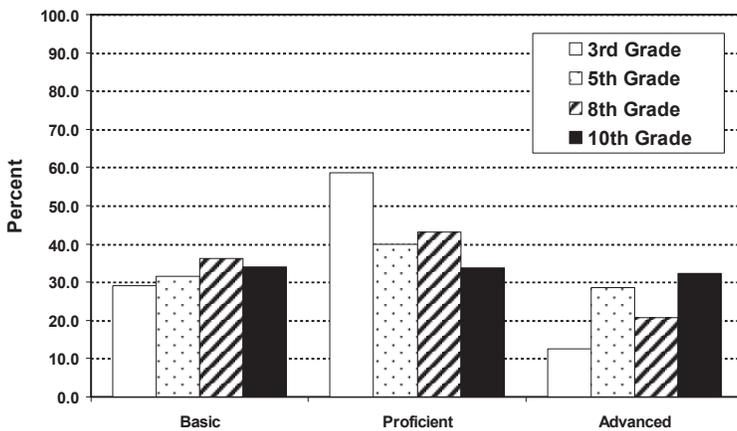
The cornerstone of Maryland's new accountability system is Adequate Yearly Pro-

gress (AYP). AYP is the measure by which MSDE tracks academic progress and makes decisions about school and school system improvement. All students are tested under the new accountability system and all student scores are reported at the school, school system, and state levels.

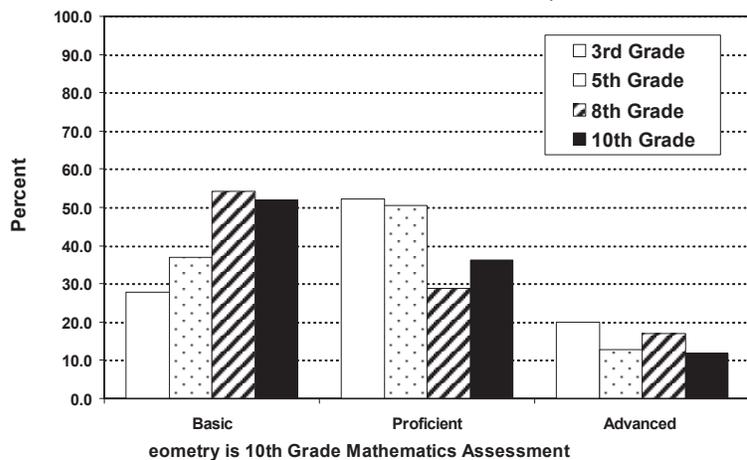
Schools, school systems, and the State must show that students are making AYP in reading, math, and one other measure. In elementary and middle schools, the additional measure is attendance. In high schools, it is graduation rate. In addition to student achievement in the aggregate, AYP must be made among eight subgroups of students: five racial/ethnic groups (African American, American Indian, Asian/Pacific Islander, Hispanic, White), students with limited English proficiency, students receiving special education services, and students receiving free/ reduced price meals.

If schools do not make AYP, Maryland has a process in place to help them improve. Schools must use their federal funds to make needed improvements. Parents will also have options to ensure that their children receive the high quality education to which they are entitled. These options might include transfers to higher performing schools in the area or supplemental educational services in the community, such as tutoring, after-school programs or remedial classes.

**Maryland School Assessment (MSA) Reading
Achievement Levels for 3rd, 5th, 8th,
and 10th Grade Students, 2004**



**Maryland School Assessment (MSA) Mathematics
Achievement Levels for 3rd, 5th, 8th,
and 10th* Grade Students, 2004**



DEMONSTRATED BASIC SKILLS

Indicator

The percent of high school students demonstrating basic skills at the passing level on each of the four Maryland High School Assessments (HSA).

Definition

The percent of public school students in grades 9 through 12 performing at the passing level in four core subjects: English 1 (10th grade), government, algebra, and biology. Students take each test whenever they complete the course. For example, some students may take algebra in the seventh grade while others may take it until tenth grade. Beginning with the graduating class of 2009 (students entering grade 9 in fall 2005), students are required to earn a satisfactory score on the HSA in order to earn a Maryland High School Diploma. This indicator replaces the Maryland Functional Tests as of 2004.

Significance

The achievement of minimum academic standards affects graduation, adult achievement, and life skills.

Baseline Data

HIGH SCHOOL ASSESSMENTS – Percent of public school students scoring at the passing level for each of the four assessments (reported by academic year).

	Percent Passing		
Subject Area	2002	2003	2004
Algebra	52.1	53.2	58.8
Biology	54.5	54.3	60.9
English 1	43.6	39.8	53.0
Government	57.3	60.2	65.9

Data Sources

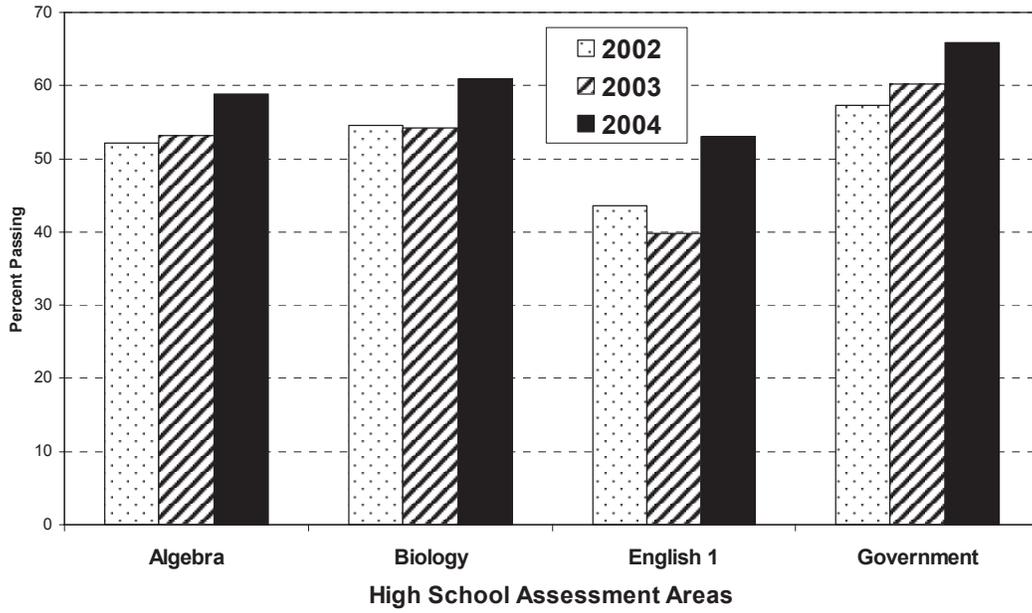
Collected by the Maryland State Department of Education (MSDE) through the Maryland High School Assessments. Data on the percent passing and the number exempt are available at the end of grade ten.

Discussion

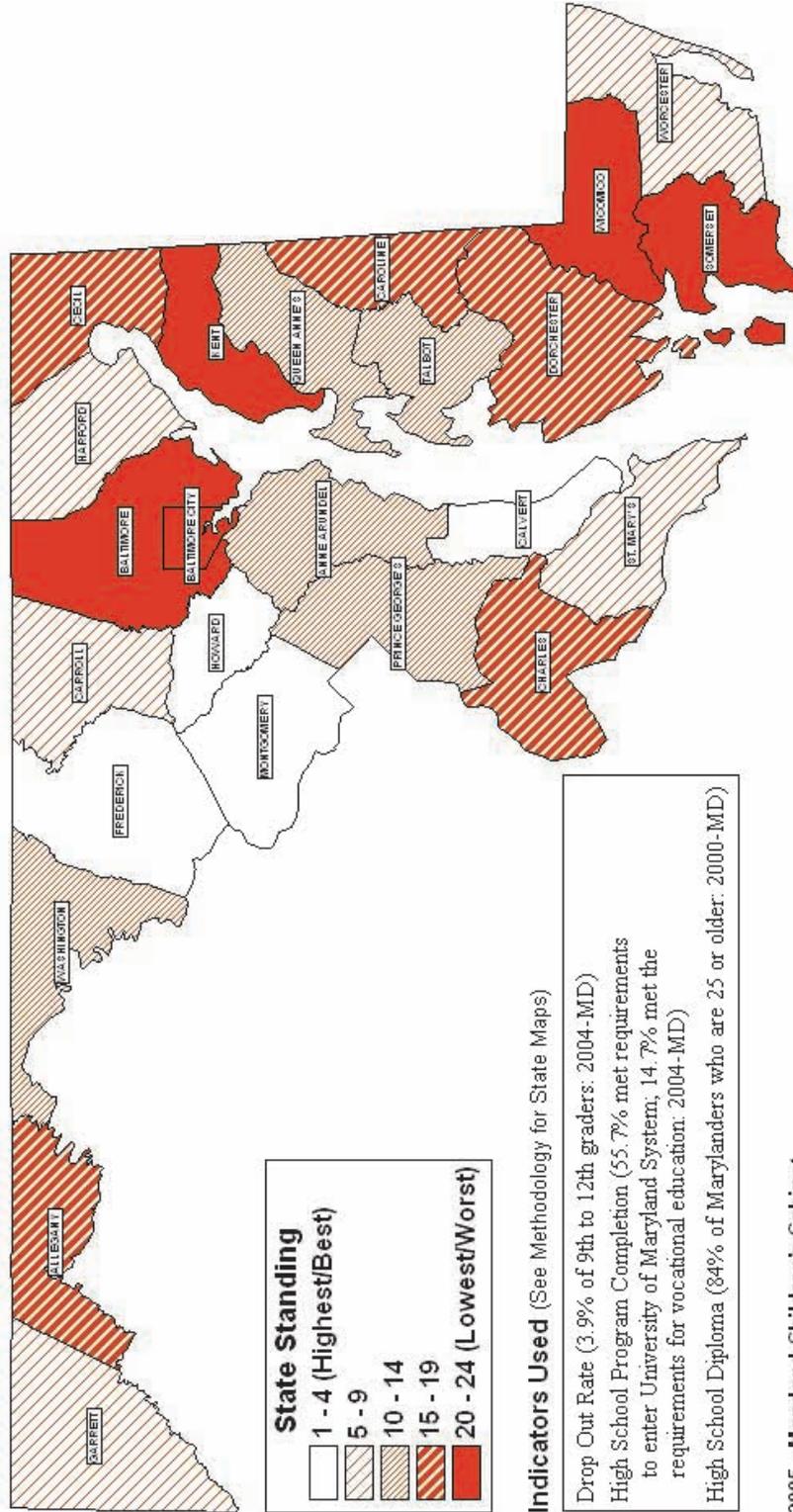
In August 2003, the Maryland State Board of Education decided to discontinue the use of the Maryland Functional Tests which had been in use since the 1980's. The graduating class of 2004 was the last class of students required to pass the Maryland Functional Tests in order to earn a diploma. The Maryland High School Assessments were developed in the early 2000's to replace the Functional Tests. They are aligned with the Maryland Content Standards and ensure that Maryland's high school graduates are competent in the four content areas: algebra, biology, English at the 9th grade level, and government. Beginning with the graduating class of 2009 (students entering grade 9 in fall 2005), students are required to earn a satisfactory score on the HSA in order to earn a Maryland High School diploma.

Results from the first three years of testing (2002, 2003 and 2004) indicate that there has been an increase in the percent of students passing the tests. Algebra pass rates increased from 52.1% to 58.8%; biology pass rates increased from 54.5% to 60.9%; English 1 pass rates increased from 43.6% to 53.0%; and, government pass rates increased from 57.3% to 65.9%.

**Maryland High School Assessments (HSA)
Passing Percents for High School Students, 2002-2004**



Result Area: Children Completing School in Maryland



2005 - Maryland Children's Cabinet

CHILDREN COMPLETING SCHOOL

CHILDREN COMPLETING SCHOOL INDICATORS:

DROPOUT RATE: The percent of students in grades 9 through 12 who drop out of school in a single year.

HIGH SCHOOL PROGRAM COMPLETION: The percent of high school graduates who complete minimum course requirements needed for career and technology programs, or requirements needed to enter the University of Maryland, or who complete both.

HIGH SCHOOL DIPLOMA: The percent of persons 25 years of age and over with a high school diploma or equivalent.

GRADUATION/SCHOOL COMPLETION OF CHILDREN WITH EMOTIONAL DISTURBANCES: The percent of children with Emotional Disturbances who graduate from or complete high school.



DROPOUT RATE

Indicator

The percent of students in grades nine through twelve who drop out of school in a single year.

Definition

Percent of public school students in 9th through 12th grade who withdrew from school before graduation or before completing a Maryland approved educational program during the July to June academic year.

Significance

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

Baseline Data

DROPOUT RATE (percent of students, reported by academic year)

Maryland - Percent Dropouts (grades 9-12)									
1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
5.0	4.6	4.7	4.1	4.2	3.9	3.9	3.7	3.4	3.9
National - Percent Dropouts (grades 10-12)									
1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
5.7	5.0	4.6	4.8	5.0	4.8	5.0	NA	NA	NA

Data Sources

Maryland data are collected by the Maryland State Department of Education (MSDE) through the Maryland School Performance Program for grades 9 through 12. Data are available on the State, school system, and school levels. National Source: U.S. Department of Education National Center for Educational Statistics, Dropout Rates in the United States.

Considerations

The dropout rate is reported for grades 9-12. Data on dropout rates are not collected for individual students across school years.

Related Measures

Local school systems have data on the various reasons students drop out of school. These reasons often include expulsion, pregnancy, and parenthood. Additionally, the U.S. Census Bureau collects two related measures: people (age 20-24) who have not completed high school and teenagers (age 16-19) who are not enrolled in school and are not high school graduates.

Discussion

Research has identified four major categories of factors that increase the potential for a student to drop out of school. The four categories list risk factors that are school-related, student-related, community-related, and family-related. The potential for student dropout increases as the combination of risk factors becomes more multi-faceted.

Poor academic performance is considered to be the strongest of these factors. The United States Department of Education annual dropout report states that students who repeated one or more grades are twice as likely to drop out as those who have never been retained.

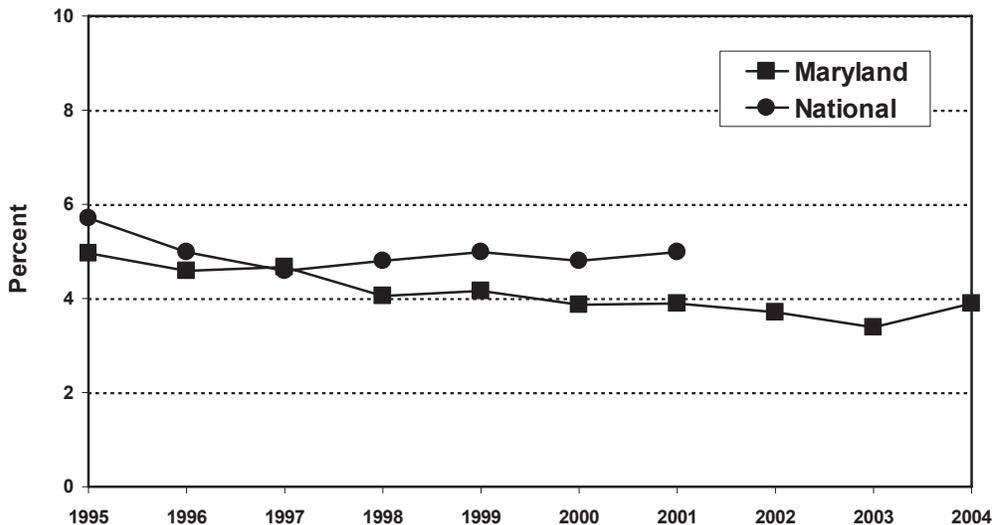
Those who repeated more than one grade were four times as likely to leave school before completion.

Student related factors include personal problems such as substance abuse, pregnancy, and parenthood. These personal problems lead to behavior problems including truancy, absenteeism, tardiness, suspension, and ultimately expulsion. Maryland has in place intensive student supports such as counseling, advocacy, psychological services, and health services that help students cope with their personal problems and increase their academic performance.

Both the degree and nature of family support are critical in keeping students in school. Factors such as stressful/unstable home life, single parent households, poor education of parents, socioeconomic status, and a primary language other than English increase the likelihood of a student dropping out of school. Of the community-related factors, poverty is the strongest predictor of the likelihood that a student may drop out of school.

Maryland's dropout rate is one of the lowest in the nation. Since 1993, there has been a steady improvement in Maryland's dropout rate. In 1993, Maryland's dropout rate was 5.4%. In 2004 the rate is 3.9%, a 28% decline over the 1993 level. Maryland's schools have made a concerted effort in the last 10 years to create a team approach to the dropout

**Dropout Rate* Maryland and National
Percent of Students Leaving School 1995 to 2004**



* Maryland-% of students grades 9-12 who withdrew from school before graduation or completing an approved educational program.
National-% of students enrolled in grades 10-12 one year earlier not enrolled and not graduated in the year for which data presented; national data unavailable 2002 - 2004.

HIGH SCHOOL PROGRAM COMPLETION

Indicator

The percent of high school graduates who complete minimum course requirements needed for career and technology programs, or requirements needed to enter the University of Maryland, or who complete both.

Significance

The completion of program requirements indicates students' potential readiness for post-secondary education and/or employment.

Baseline Data

HIGH SCHOOL PROGRAM COMPLETION – Percent of students who complete the various post-secondary requirements (reported by academic year).

	University System of Maryland	Career & Technology Education Programs	Both
1993	46.0	15.6	2.5
1994	47.7	14.7	3.4
1995	49.7	13.1	3.7
1996	50.8	12.7	5.0
1997	53.1	14.3	5.4
1998	57.6	14.2	6.8
1999	58.3	14.3	8.7
2000	57.7	14.2	9.7
2001	57.8	14.6	10.7
2002	52.2	15.9	11.3
2003	54.1	15.3	10.8
2004	55.7	14.7	10.3

Data Sources

Data are collected by the Maryland State Department of Education (MSDE) through the Maryland School Performance Program (MSPP). Data are available on the State, school system, and school levels at <http://mdreportcard.org>.

Considerations

It is important to note that the minimum required course work at the passing level might not be sufficient to predict success at the college level.

Discussion

Increasingly, students who complete state-approved Career and Technology Education (CTE) programs are also meeting the requirements for entry into the University of Maryland System. These students, known as “dual-completers,” have been increasing at about 10 times the rate of overall growth in the CTE programs. It appears that more students who are preparing to enter directly into four-year colleges are finding value in acquiring the knowledge and skills gained by completing a CTE program.

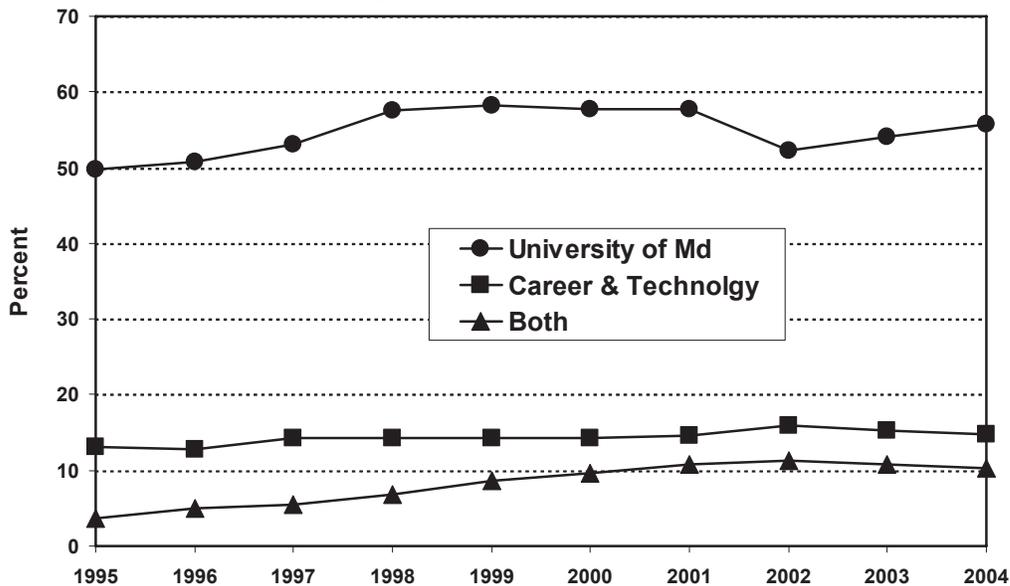
Data from the 2004 High School Graduate Survey show that Maryland graduates continue to set high expectations for themselves with 83.8% of the Class of 2004

planning on entering directly into some form of higher education. This rate is up from 78.8% six years ago. The same percentage of students are planning to work while they attend college (19.5%). This information is available on-line for each Local School System and each individual school in the MSPP Report Card referenced above.

In terms of academic preparation, Maryland's average Scholastic Aptitude Test (SAT) verbal score for the Class of 2004 rose to 511, and its average math score remained steady at 515 as the number of test takers (68%) continued to climb. Maryland's composite average of 1026 represents a 12-point jump since 1992. Among the state's recent graduates, the number of Hispanic students taking the SAT increased by 14.6% and the number of African American students by 9.0%.

Participation and scores in the College Board's Advanced Placement (AP) program increased for Maryland students overall and for all subgroups. Exams are scored on a five-point scale and used by many colleges to award course credit or placement into advanced college credit. The number of Maryland students receiving grades 3 to 5, the high-level scores, increased by nearly 4%. AP participation and scoring among ethnic minority groups also improved. The number of African American students taking the test jumped 14 percent, while the number of Hispanic students achieving a high score jumped nearly 18 percent.

Percent of Maryland High School Students who Complete Requirements to Enter University System of Maryland, Career & Technology Programs or Both, 1995 to 2004



HIGH SCHOOL DIPLOMA

Indicator

The percent of persons 25 years of age and over with a high school diploma or equivalent.

Definition

The percent of all persons 25 years of age and over residing in Maryland who have a high school diploma or equivalent.

Significance

Completing high school is closely linked with increased employment opportunities, higher pay, and expanded paths to advancement.

Baseline Data

EDUCATIONAL ATTAINMENT - Percent of persons 25 years and over with a high school diploma or equivalency (reported by calendar year)

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Maryland	82.0	84.6	84.7	84.7	84.7	85.7	88.1	87.5	87.6	87.4
National	81.7	81.7	82.1	82.8	83.4	84.1	84.1	84.1	84.6	85.2

Data Sources

U.S. Census - Current Population Survey data for Maryland are from Table 13 Education Attainment in the United States (<http://www.census.gov/population/www/socdemo/educ-attn.html>).

Considerations

The Census provides the data once every ten years. Mid-decade data are made available through Current Population Reports from the U.S. Bureau of the Census.

Related Measures

The percent of young adults, ages 16 to 24, who are currently enrolled in high school and have completed high school, either by obtaining a diploma or an alternative credential such as a General Education Development (GED).

Discussion

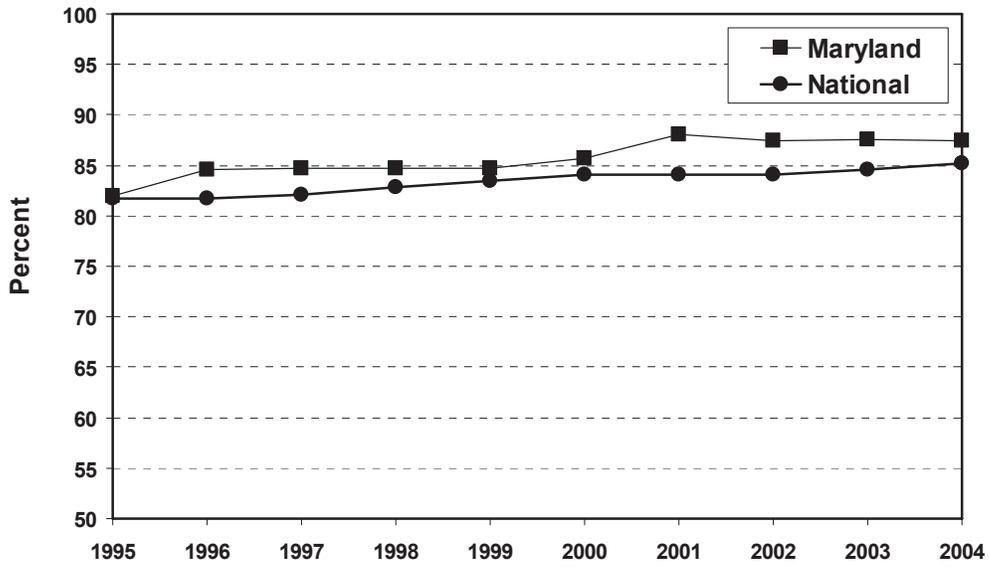
In Maryland and nationally, the percentage of adults 25 years old and over with a high school diploma or an equivalent credential has increased steadily. Every year from 1991 to 2004, Maryland has equaled or exceeded the national percentage. This is important because obtaining a high school diploma or its equivalent is a measure of the extent to which these adults have mastered the basic reading, writing and math skills needed to function in the 21st century. It also represents the extent to which adults 25 years and over have completed a prerequisite for many entry-level jobs, as well as higher education.

High school graduates earn substantially more than persons who leave high school without graduating. Completion rates for African Americans have risen from 72% in 1972 to 89% in 2004. Completion rates have also increased among Whites, but to a lesser extent, resulting in a narrowing gap between African American and White rates over time. Hispanics have had much lower high school completion rates than either African Americans or Whites since the 1970's.

As large numbers of immigrants have entered this country in recent years, there is a concern that many have not completed the equivalent of a high school education. Without a high school diploma or its equivalent, these adults will be less prepared to

enter and/or progress in the 21st century workforce. Therefore, we should continue to offer a variety of educational programs to prepare them for obtaining a diploma or GED.

Percent of Persons 25 Years Old and Over With High School Diploma or Equivalent, Maryland and National 1995 to 2004 *



GRADUATION/SCHOOL COMPLETION OF CHILDREN WITH EMOTIONAL DISTURBANCES (ED)

Indicator

Percent of children with Emotional Disturbances (ED) who graduate from or complete high school. Prior to the passage of IDEA, Emotional Disturbance was referred to as Serious Emotional Disturbance (SED).

Definition

Percent of children with ED who exit special education by graduating or completing school. The denominator does not include those students with ED who exited the program to return to general education or to transfer to another program. The denominator does include those students who reached maximum age, dropped out, were expelled (1994-1997), or exited with a diploma or certificate.

Significance

High school graduation/completion is an indicator of adequate functioning for children with mental illness. The National Mental Health Association found that children with emotional disturbances have the highest school dropout rate of any group of children with disabilities (The National Mental Health Associations' 1993 Report, "All Systems Failure").

Baseline Data

GRADUATION/COMPLETION RATE - Exit data (percent of students with disabilities diagnosed with emotional disturbance, reported by calendar year)

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Maryland	50.9	53.5	51.0	54.4	61.2	61.4	55.3	57.8	56.8	56.1
National	43.0	42.6	44.4	46.5	49.2	48.4	47.2	53.4	54.6	NA

Data Sources

Maryland State Department of Education (MSDE), Special Services Information System (SSIS) Exit Data on the reasons students exited special education.

Considerations

Several factors must be considered regarding school identification of children with ED: differing diagnostic procedures and populations across counties affect enrollments; and, other characteristics of the population and available resources also affect enrollment and school completion.

Related Measures

Consideration was also given to the number of children receiving mental health services. These data are limited in availability. Further, it was recognized that it would be difficult to determine whether an increase in this number would be considered positive or negative in terms of children's outcomes.

Discussion

The number of students with ED receiving a diploma or certificate has decreased less than 1 percent from the 2002-2003 school year to 2003-2004 school year. The 2001-2002 national data indicate that Maryland's students with disabilities, including students with ED, continue to exceed the national percentage of students with disabilities receiving diplomas or certificates.

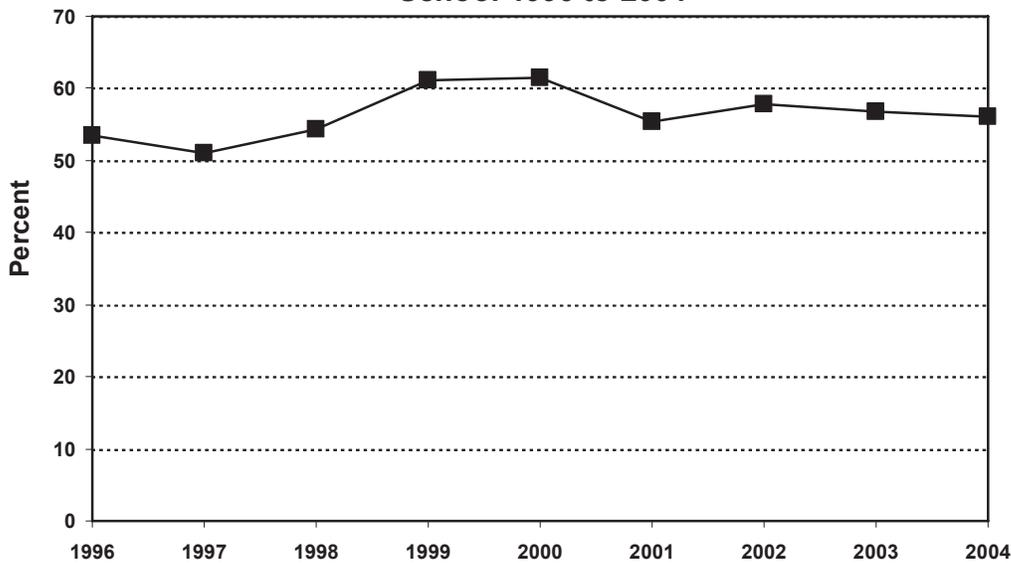
In an effort to increase the graduation rate for students with ED and to enhance the quality of life for students and their families, the Maryland State Department of Education (MSDE) has taken a number of steps to provide comprehensive support to families, school systems, and communities. These steps include assisting local schools in the educational development of children and youth with ED, fostering

better interagency collaboration, and providing technical assistance to local school systems and state-operated programs to assure appropriate and necessary staffing for educational services.

Many of Maryland's schools have adopted a systems approach to enhancing the capacity of schools to sustain the use of effective practices for all students through the use of Positive Behavioral Interventions and Supports (PBIS). This approach assists schools in moving toward school-wide behavior systems that address the entire school - all students in all venues: the classroom, areas outside the classroom (hallway, restroom, cafeteria, and playgrounds), and the individual students with challenging behaviors. These systems define school rules and expectations, provide training about the rules, and offer feedback through acknowledgements and corrections.

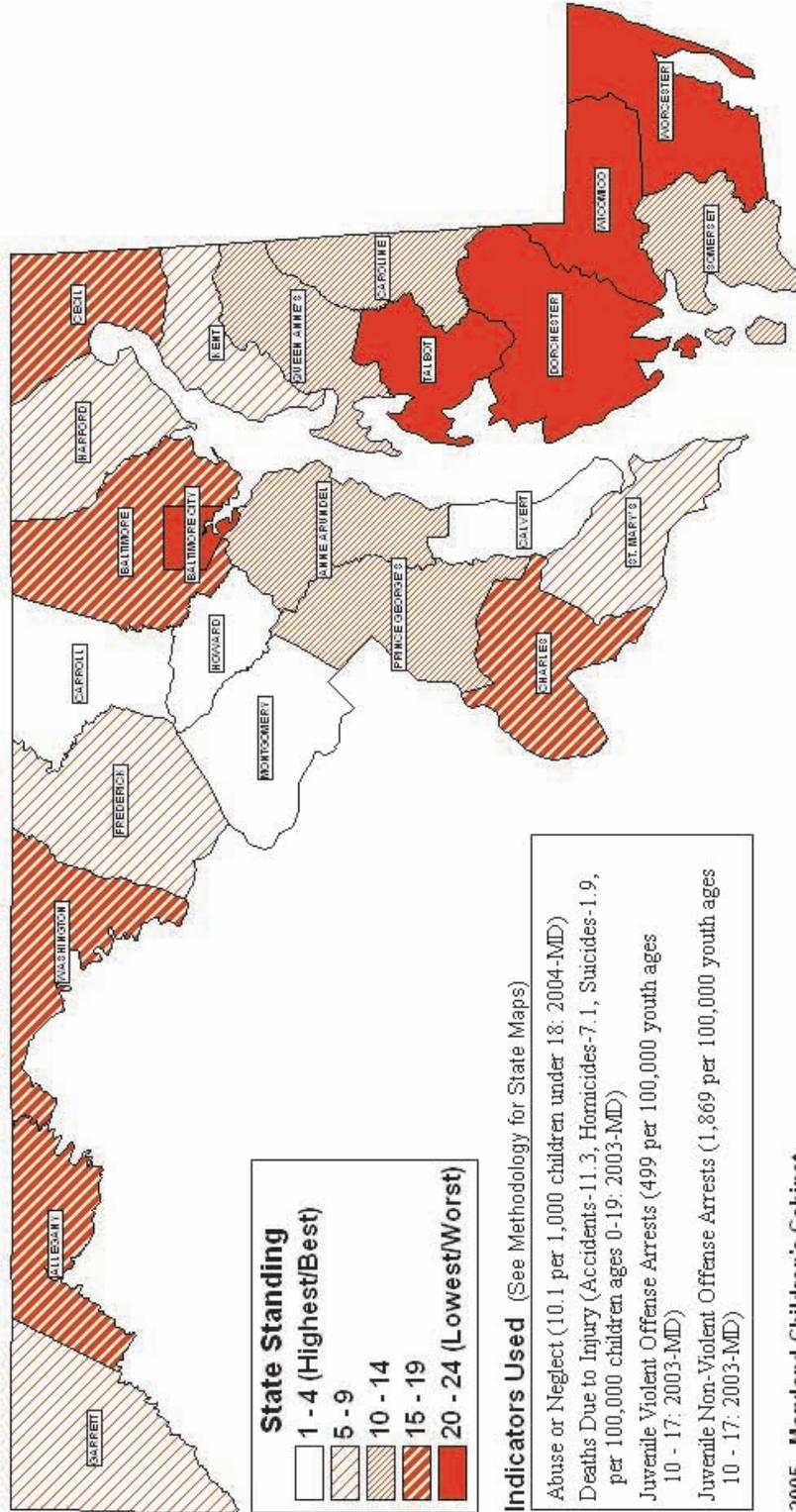
PBIS is a team-based process for systemic problem solving and planning. It is an approach to create an environment within which school-based teams of educators are provided training in systems change, effective management principles and practices and applications of research-validated instruction and management practices. This past summer, almost 80 schools were trained in PBIS and over 200 school's have been trained since 1999.

Percent of Children with Serious Emotional Disturbances who Exit Special Education* by Graduating or Completing School 1996 to 2004



* The denominator excludes those students with SED who exited the program to return to general education or to transfer to another program.

Result Area: Children Safe in Their Families and Communities in Maryland



CHILDREN SAFE IN THEIR FAMILIES AND COMMUNITIES



CHILDREN SAFE IN THEIR FAMILIES AND COMMUNITIES INDICATORS:

ABUSE OR NEGLECT: The rate of child abuse or neglect investigations ruled as indicated or unsubstantiated.

DEATHS DUE TO INJURY: The rate of injury-related deaths to children.

JUVENILE VIOLENT OFFENSE ARRESTS: The rate of arrests of youth ages 10-17 for violent offenses.

JUVENILE SERIOUS NON-VIOLENT OFFENSE ARRESTS: The rate of arrests of youth ages 10-17 for serious non-violent offenses.

DOMESTIC VIOLENCE: The rate of victims receiving domestic violence services through community-based programs funded by the Department of Human Resources.

ABUSE OR NEGLECT

Indicator

The rate of investigations of child abuse or neglect ruled as indicated or unsubstantiated.

Definition

Rate (per 1,000 children under 18) of child abuse or neglect Child Protective Service investigations ruled “indicated” (where credible evidence is not satisfactorily refuted) or “unsubstantiated” (where insufficient evidence is found to support a finding as either indicated or ruled out).

Significance

The indicator measures the extent to which important adults threaten children’s security. Child abuse or neglect can result in physical harm, developmental delays, behavioral problems, or death. Abused and neglected children are at greater risk for delinquency and mistreatment of their own children.

Baseline Data

RATES OF INDICATED AND UNSUBSTANTIATED CHILD ABUSE AND NEGLECT (reported by state fiscal year)

Rate per 1,000	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Indicated	7.6	7.2	6.9	6.2	6.3	6.2	5.8	5.5	5.3	4.6
Unsubstantiated	6.1	6.0	6.4	6.0	6.3	5.9	6.0	6.3	6.1	5.5
Total	13.7	13.2	13.3	12.3	12.6	12.1	11.8	11.8	11.4	10.1

Data Sources

The Department of Human Resources (DHR) Client Information System (CIS) data are available by jurisdiction and by type of abuse. DHR/CIS does not track the number of investigations ruled out because state law requires that they be expunged. At the State level investigations are counted by household, not by an individual child; consequently statewide data on individual children involved in CPS investigations are not available. Data have not been available by child, age, gender, race/ethnicity, maltreatment type, or relationship of perpetrator to victim. Recent changes to the law permit the State to begin to collect these data.

Considerations

The indicator represents a conservative estimate of the true incidence of abuse or neglect. When evidence is insufficient, but there is a suspicion that maltreatment did occur, the incident is classified as unsubstantiated. In addition, an unknown amount of abuse and neglect is never reported to authorities. Furthermore, a higher number of incident-based reports can reflect improvements in reporting systems rather than increases in incidents.

Related Measures

Both domestic violence and substance abuse are related to the risk of child maltreatment.

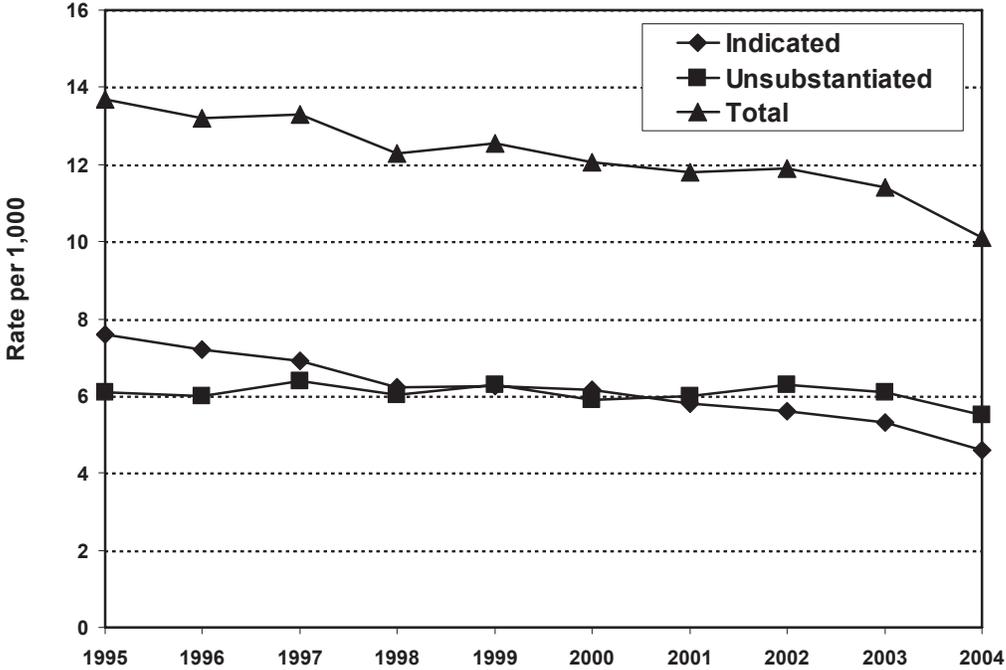
Discussion

The total number of investigations of alleged child abuse and neglect increased less than one percent in Maryland during FY2003. The rate per 1,000 of indicated reports decreased slightly, continuing the trend from FY1995 to FY2003. The rate per 1,000 of unsubstantiated reports of child abuse and neglect has remained essentially stable over the same time period.

Investigation of allegations of child abuse and neglect is only the first step in protecting children from continued abuse and neglect. Ongoing child protective services and family preservation programs are vital in helping families build sufficient supports to prevent the recurrence of maltreatment. Low worker-to-family ratios and intense service provision appear to be effective in preventing new incidents of child abuse and neglect, thereby reducing the need to place children outside of their homes.

The need to protect Maryland’s children from abuse and neglect continues. When counseling, substance abuse treatment, parenting classes, and other services are unsuccessful in creating a safe home environment for a child, it becomes necessary to find an alternative arrangement. The first choice for alternative living arrangements is with relatives. When that is not possible, children are placed with foster parents until a more permanent living arrangement can be found. Maryland has begun several initiatives to create a safer living environment for children likely to be removed from the home and have expedited finding more permanent alternative living arrangements.

Child Abuse and Neglect: Rate of Indicated and Unsubstantiated Cases, State Fiscal Years 1995 to 2004



DEATHS DUE TO INJURY

Indicator

The rate of injury-related deaths to children.

Definition

The rate per 100,000 of injury-related deaths to children ages 0-19, in three broad injury categories: accidents (motor vehicle or other), homicide, or suicide.

Significance

The indicator is associated with social, economic, and environmental threats to a child's life. For every childhood death caused by injury, there are approximately 34 hospitalizations, 1,000 emergency department visits, many more visits to private physicians and school nurses, and an even larger number of injuries treated at home (CDC).

Baseline Data

CHILD DEATHS DUE TO INJURIES (reported by calendar year), ages 0-19
Deaths due to injuries per 100,000 children ages 0-19 years.

All races	1996	1997	1998	1999*	2000	2001	2002	2003
Accidents	12.3	11.0	10.8	12.1	9.7	11.7	10.7	11.3
Homicide	8.4	8.0	8.6	7.5	5.8	6.3	7.2	7.1
Suicide	1.8	1.6	1.8	2.1	2.3	2.0	2.3	1.9
African American	1996	1997	1998	1999*	2000	2001	2002	2003
Accidents	17.6	15.5	13.2	11.4	11.4	11.6	13.0	11.4
Homicide	23.7	22.2	22.4	19.5	15.0	16.2	17.7	18.3
Suicide	0.9	1.1	1.3	2.1	2.5	1.6	1.8	0.8
White	1996	1997	1998	1999*	2000	2001	2002	2003
Accidents	10.4	9.3	9.4	13.2	9.8	11.9	9.4	7.2
Homicide	1.4	1.0	1.9	1.5	1.6	1.2	1.8	1.6
Suicide	2.1	2.0	2.1	2.2	2.5	2.5	2.6	2.4
All other races	1996	1997	1998	1999*	2000	2001	2002	2003
Accidents	3.2	3.1	13.5	2.8	3.5	6.1	10.8	6.6
Homicide	1.6	7.7	6.0	5.7	0.7	3.7	4.0	1.3
Suicide	3.2	0.0	0.0	0.0	0.7	0.0	1.3	2.6

**In 1999 the event coding system shifted from version 9 to version 10 of the International Classification of Diseases (ICD). The injury events tracked for this indicator are highly comparable between the ICD 9 and 10 coding systems, therefore, the trends retain continuity throughout the years presented.*

Data Sources

Data on child fatalities are provided by the Maryland Office of Vital Statistics and the Department of Health and Mental Hygiene. These data sets are used by the center for Preventive Health Services (CPHS) of the Department of Health and Mental Hygiene (DHMH) to produce standardized county profiles that include reports on child hospitalization and death.

Considerations

It may be desirable to use multi-year averaging and trend lines as well as large age groups in small jurisdictions.

Related Measures

Data on all child fatalities may be found in the “Healthy Children” section.

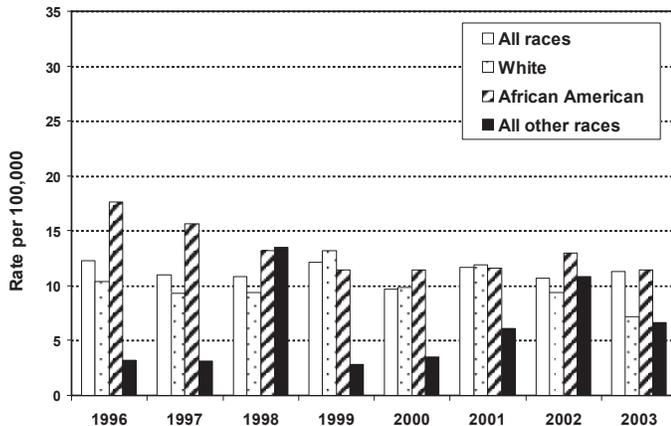
Discussion

Nationally, unintentional injuries are the leading cause of death in children 1 to 19 years of age. However, there is variation between the 1-14 and 15-19 age groups as to the type of unintentional injuries most often found. Injuries from motor vehicles are the primary cause of death among 1-14 year olds. For 15-19 year olds, injuries from motor vehicles and fire arms are the primary causes of deaths.

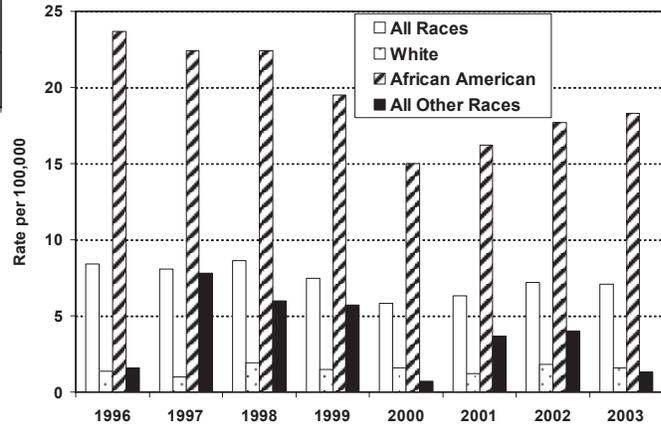
Safe Kids estimated that up to 90% of unintentional injuries are preventable. Injury prevention education such as bicycle helmets, car safety seats and smoke alarms are inexpensive interventions that save lives (Department of Health and Human Services).

In Maryland accidents are the leading cause of death for all races. For the race categories White and all other races, accidents are also the leading cause of death. However, for African American youth, homicide continues to be the leading cause of death caused by injuries. The African American rate has decreased from 23.7 per 100,000 children 0-19 years in 1996 to 15.0 per 100,000 in 2001 and then increased to 18.3 in 2003. The rate of child death due to homicide for Maryland African American youth, however, is 11.4 times greater that for White youth and 14.1 times greater than for youth of all other races. Although the rate of death from suicide is low in Maryland, the rate for White youth is 3 times that of African American youth.

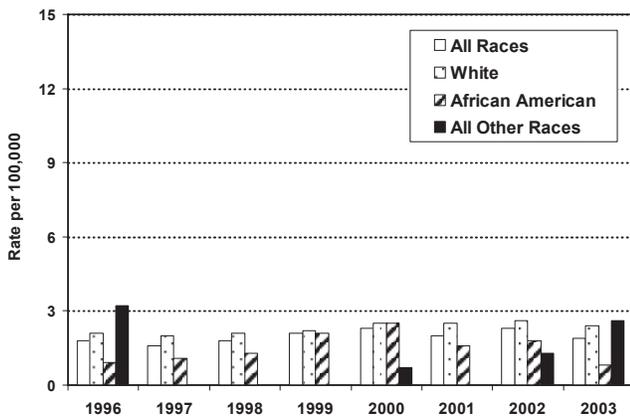
**Child Death Rates Due to Accidents
Age 19 and Under by Race 1996 to 2003**



**Child Death Rates Due to Homicide
Age 19 and Under by Race 1996 to 2003**



**Child Death Rates Due to Suicide
Age 19 and Under by Race 1996 to 2003**



JUVENILE VIOLENT OFFENSE ARRESTS

Indicator

The rate of arrests of youth ages 10-17 for violent offenses.

Definition

The rate per 100,000 of arrests of youth ages 10-17 for violent criminal offenses: murder, forcible rape, robbery, and aggravated assault.

Significance

Involvement in violent offenses increases the risk of injury or death. Risk factors for juvenile delinquency include a lack of educational and job training opportunities, poverty, family violence, and inadequate supervision. Poor school performance, including absence from school, and falling behind in one or more grade levels, increases the likelihood of involvement in delinquent activity.

Baseline Data

JUVENILE VIOLENT OFFENSE ARRESTS: non-negligent manslaughter, forcible rape, robbery, and felonious assault (reported by calendar year).

Rate of arrests per 100,000											
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Age 10-14	350	353	333	373	355	308	300	307	305	284	274
Age 15-17	1,257	1,239	1,250	1,340	1,177	929	879	912	891	834	891
Age 10-17	668	666	661	722	655	535	510	524	515	482	499

Data Sources

Maryland State Police Uniform Crime Report (UCR), Violent Crime Arrests. Age groups: 9 years or younger, 10-12, 13-14, 15, 16, 17, all juveniles. Data are also broken out separately for 18 and 19 year-olds and are reported by age, type of crime, county, and municipality.

Considerations

The indicator measures the number of incidents and may include repeated arrests of the same individual for different offenses within a given year, whereas the denominator is the population estimate for ages 10-17. It is recommended that an overall offense rate be included, as some counties will have small numbers. Localities may also want to use five-year averages for greater reporting accuracy.

Related Measures

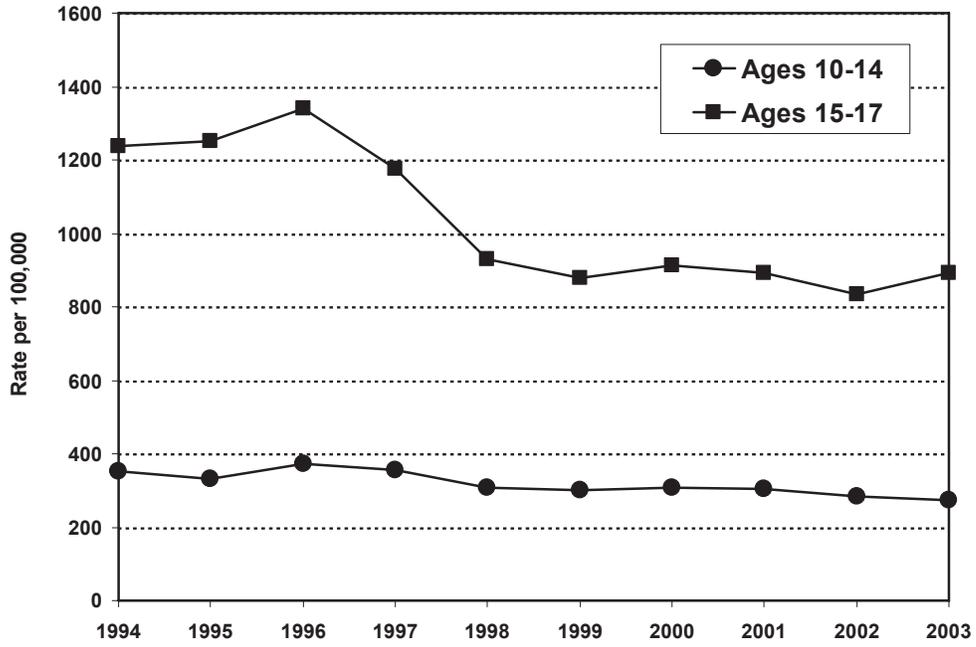
Department of Juvenile Services (DJS) intake for violent offenses data are also available.

Discussion

Ten year trend data (1993 to 2003) show that among 10-17 year olds the rate of violent offense arrests for 2003 (499 per 100,000) has declined by 25.3% from the 1993 level (668 per 100,000). There was also a 21.7% decrease in the violent offense arrests for 10-14 year olds (350 to 274 per 100,000) and a 29.1% decrease for the 15-17 year olds (1,257 to 891 per 100,000) between 1993 and 2003.

As displayed in the graph, the rate of violent offenses peaked for both 10-14 year olds (373 per 100,000) and 10-17 year olds (1,340 per 100,000) in 1996. The drop in the violent offense rate over the years has been more pronounced for the 15-17 age group than the 10-14 age group. Even so, the rate for 15-17 year olds is 3.3 times higher in 2003 than for the 10-14 year olds.

Juvenile Violent Offense Rates Ages 10-14 and 15-17
in Maryland 1994 to 2003



JUVENILE SERIOUS NON-VIOLENT OFFENSE ARRESTS

Indicator

The rate of arrests of youth ages 10-17 for serious non-violent offenses.

Definition

The rate per 100,000 of arrests of youth ages 10-17 for serious non-violent criminal offenses: breaking or entering, larceny, motor vehicle theft.

Significance

Risk factors for juvenile delinquency include a lack of educational and job training opportunities, poverty, family violence, and inadequate supervision. Poor school performance, including absence from school and falling behind one or more grade levels, increases the likelihood of involvement in delinquent activity.

Baseline Data

JUVENILE SERIOUS NON-VIOLENT OFFENSE ARRESTS: breaking and entering, larceny/theft, and motor vehicle theft (reported by calendar year).

Rate of arrests per 100,000											
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Age 10-14	1,615	1,780	1,610	1,712	1,599	1,370	1,235	1,204	1,064	1,004	1,098
Age 15-17	4,620	5,113	4,665	4,743	4,317	3,899	3,373	3,404	3,190	3,079	3,216
Age 10-17	2,670	2,957	2,701	2,806	2,594	2,278	2,012	1,993	1,826	1,751	1,869

Data Sources

Maryland State Police Uniform Crime Report (UCR), Part I offenses, 2000. Age groups: 9 years or younger, 10-12, 13-14, 15, 16-17, and all juveniles. Data are also broken out separately for 18 and 19 year-olds. Data reported by age, type of crime, county and municipality.

Considerations

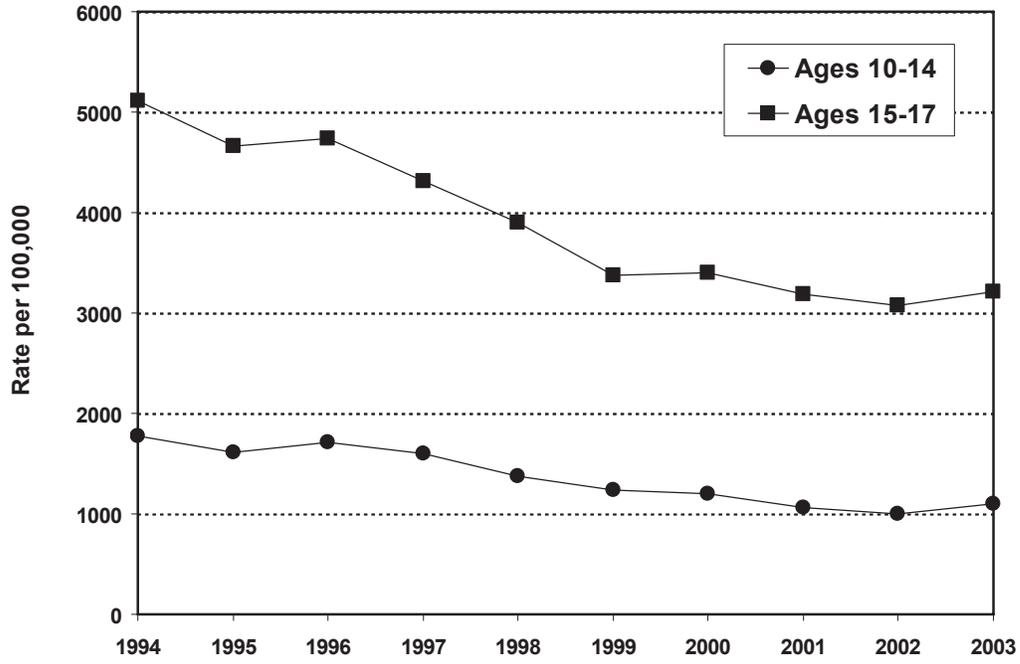
The indicator measures the number of incidents and may include repeated arrests of the same individual for different offenses within a given year, whereas the population is the individual count for ages 10-17. There also may be high variability in law enforcement practices across jurisdictions. It is recommended that an overall offense rate be included, as some counties will have small numbers. Counties may also want to use five-year averages for greater reporting accuracy.

Discussion

Trend data from 1993 through 2003 indicate that the rate of serious non-violent juvenile (ages 10-17) arrests has declined from 2,670 to 1,869 per 100,000, a 30.0% decrease. Since reaching a peak in 1994, there has been a steady decline in non-violent offense arrests until 2003 when the rates increased for both 10-14 and 15-17 year olds. Across the years, the arrest rate for the 10-14 year olds decreased 32.0% and the rates for the 15-17 year olds decreased 30.4%.

From 1993 through 2003, the rate for 15-17 year olds has averaged 2.8 times that of the rate for 10-14 year olds. Since 2001, the ratio has increased slightly to 3.0. While the rates for both groups have been decreasing, the increased ratio suggests that gap in the rates between the two groups is widening.

Juvenile Non-Violent Offense Rates Ages 10-14 and 15-17 in Maryland 1994 to 2003



DOMESTIC VIOLENCE

Indicator

Rate of victims receiving domestic violence services through community-based programs funded by the Department of Human Resources (DHR).

Definition

Rate of victims (adults and minor children) receiving domestic violence services through community-based programs funded by the Department of Human Resources (DHR) per 100,000 households (estimated) in Maryland.

Significance

Domestic violence impacts a child's ability to be safe at home and in the community. Children who grow up in violent homes exhibit a higher incidence of social, emotional, and behavioral problems than other children. These children also are at greater risk than other children for delinquency and mistreatment of their own children.

Baseline Data

DOMESTIC VIOLENCE (reported by fiscal year)

Victims receiving Domestic Violence Services. Rate per 100,000.*

1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
337	301	337	342	312	499	490	557	607	683

**Rate based on estimated number of households in Maryland*

Data Sources

Department of Human Resources (DHR), Community Services Administration (CSA), Office of Victim Services (OVS). The data are collected from statistical reports submitted to OVS by the community-based service providers. The providers sign and submit reports on a monthly basis.

Considerations

These data provide incomplete information regarding the actual incidence of domestic violence and provision of service in Maryland. For example, victims may report incidents to police but not seek services from community-based service providers funded by DHR. There may also be victims who seek services from more than one service provider and are, therefore, counted more than once in the data. Other programs/entities also serving domestic violence victims, but not funded by DHR, do exist in the community and do not report their data to DHR.

Discussion

The rate of victims receiving domestic violence services remained relatively stable from 1995 to 1999 with rates ranging from 301 per 100,000 in 1996 to 342 per 100,000 in 1998. From 2000 to 2004, the rate of victims receiving domestic violence services grew by 36.9%, from 499 per 100,000 in 2000 to 607 per 100,000 in 2004. One reason for this growth is that DHR has increased the funding for community-based domestic violence programs during the last few years. Another may be the downturn in the economy.

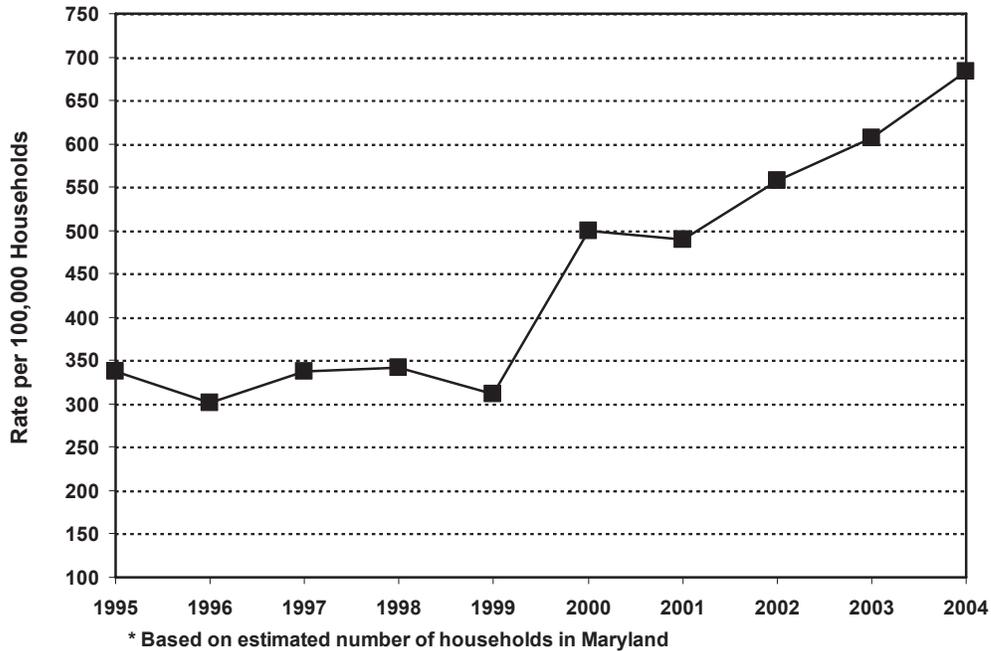
Domestic violence not only affects those who are being abused, but also impacts the children who witness the acts. Ninety percent of children from violent homes directly witness attacks even though parents think they are unaware of the violence.

Seventy percent of men who abuse their female partners also abuse their children. Child abuse is 15 times more likely to occur in families where domestic violence is present.

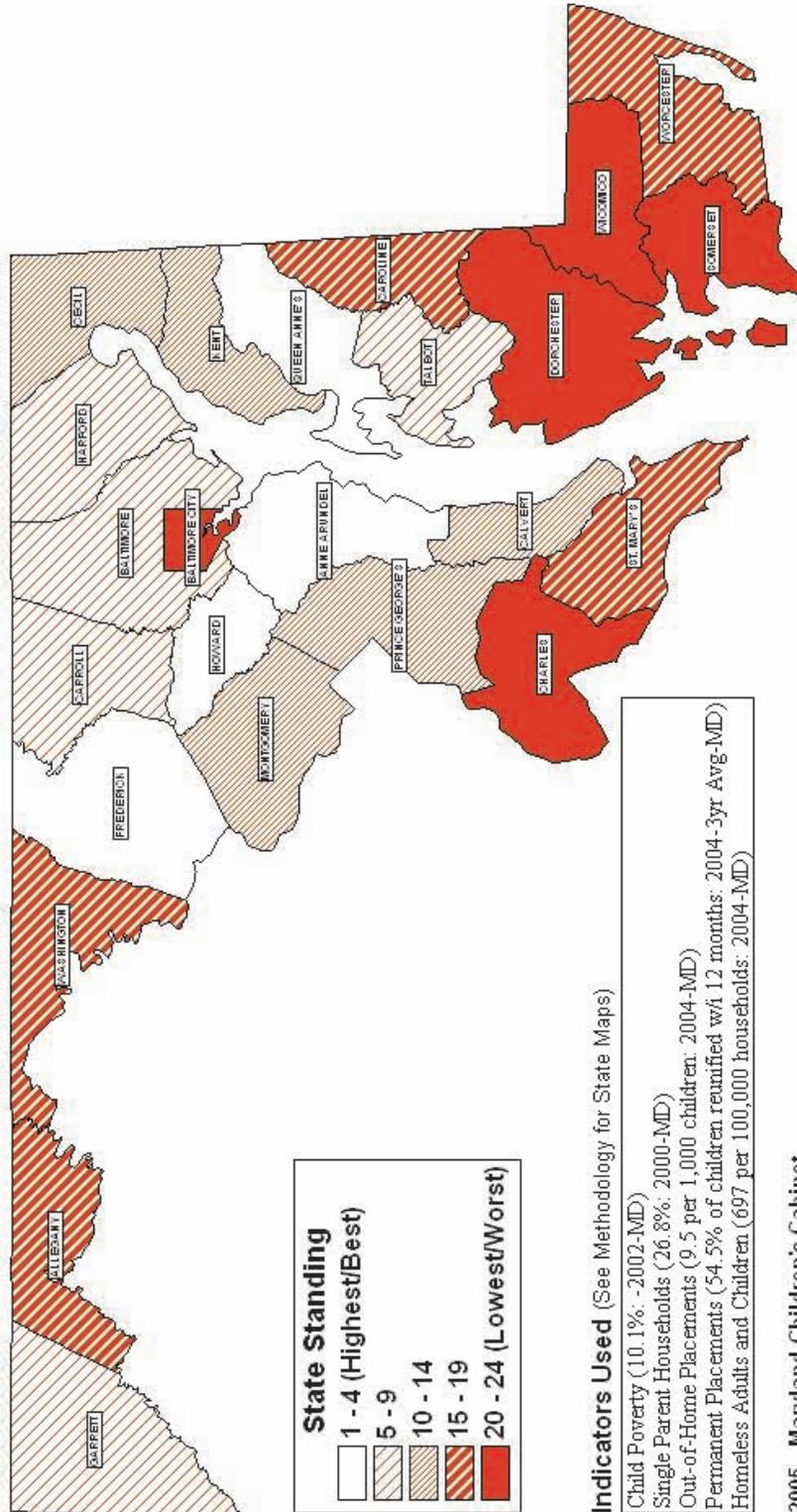
In the context of domestic violence, the younger the child, the greater the threat to healthy development. As the child grows older, years of witnessing domestic violence may take their toll in varying ways, depending on the age of the child. Younger children may blame themselves, believing that they are the cause of the violence. They may also exhibit behavior and emotional problems such as becoming withdrawn, experiencing eating and sleeping difficulty, and having concentration problems. Pre-adolescent children may develop a loss of interest in social activities and a low self-concept. Other common behavior includes temper tantrums, irritability, and frequent fighting at school and at home. Dropping out of school, delinquency, and substance abuse are common outcomes of an adolescent child who has witnessed domestic violence (Effects of Domestic Violence on Children and Adolescents: An Overview - www.aets.org/arts/art8.htm).

Because domestic violence is a learned behavior, the ultimate risk for children who witness abuse is that they will grow up to be the next generation of batterers and battered victims.

Rate* of Victims Receiving Domestic Violence Services in Maryland 1995 to 2004



Result Area: Stable and Economically Independent Families in Maryland



STABLE AND ECONOMICALLY INDEPENDENT FAMILIES



STABLE AND ECONOMICALLY INDEPENDENT FAMILIES INDICATORS:

CHILD POVERTY: The percent of children under 18 whose families have incomes below the poverty level.

SINGLE PARENT HOUSEHOLDS: The percent of all households that are headed by a single parent.

OUT-OF-HOME PLACEMENTS: The rate of children placed in out-of-home care.

PERMANENT PLACEMENTS: The percent of children who leave out-of-home care for a more permanent living arrangement.

HOMELESS ADULTS AND CHILDREN: The rate of homeless adults and children per 100,000 Maryland residents served by programs funded by the Department of Human Resources and other shelter providers.

CHILD POVERTY

Indicator

Percent of children under 18 whose families have incomes below the poverty level.

Definition

Percentage of people under 18 (SAIPE statistic) or related children under 18 (CPS statistic) whose families have incomes below the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget. “Related children” include the householder’s children by birth, marriage, or adoption under age 18 as well as other persons under 18, such as nieces or nephews, who are related to the family head.

Significance

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

Baseline Data

CHILD POVERTY (Reported by calendar year)

Current Population Survey (CPS) - Percent of related children under age 18 in poverty												
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Single Year	18.5	12.2	16.8	15.8	16.3	13.4	6.9	6.5	6.6	7.0	7.3	10.3
3-year Average	15.0	14.3	15.8	14.9	16.3	15.2	12.2	8.9	6.7	6.7	7.0	7.7
National	21.6	22.0	21.2	20.2	19.8	19.2	18.3	16.3	15.6	15.8	16.3	17.2
Small Area Income and Poverty Estimates (SAIPE) - Percent of people under age 18 living in poverty												
	1989	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Maryland	14.3	15.1	NA	13.2	14.1	14.9	12.6	10.1	10.7	9.4	10.1	NA
National	19.6	22.7	NA	20.8	20.5	19.9	18.9	17.1	16.2	16.3	16.7	NA

Data Sources

This report includes two estimates of child poverty: Current Population Survey (CPS) - weighted count and Small Area Income and Poverty Estimates program (SAIPE). Both estimates are from the U.S. Census Bureau, but are produced using different methodologies and cannot be compared to one another. Child poverty rates at the State and county level are available once every ten years from the decennial census; estimates at the county level are available from SAIPE for 1989, 1993, 1995, and each year from 1997 to 2000.

Considerations

The official federal poverty level reflects an austere level of existence; the 2004 poverty guideline for a family of 4 was \$18,850. Available research suggests that children whose families are “near poor” also suffer significant disadvantages, compared to children in families who are better off economically. Thus, some public programs also include those children in families who earn a certain percentage above the poverty line, such as 150 percent or 200 percent. Congress has directed the Census Bureau to re-evaluate how poverty rates are calculated.

Related Measures

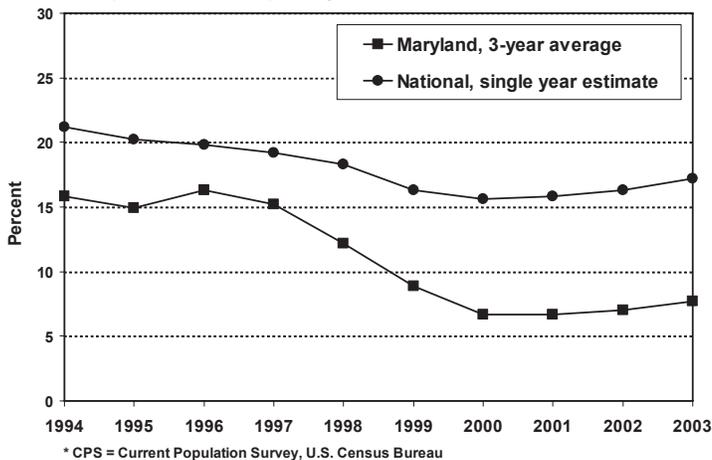
Additional measures of children in poverty include enrollment data in means-tested programs such as the School Lunch or Food Stamps Programs. Related measures include single parenthood, low educational attainment, and part-time or no employment.

Discussion

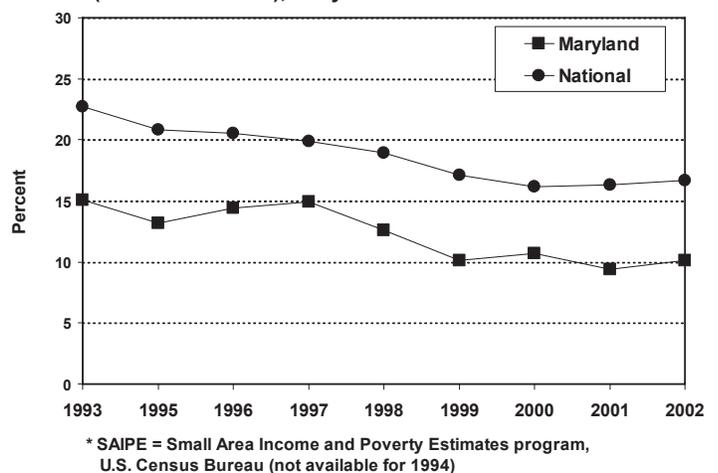
Although the economic downturn has moderated, there is a risk that the United States is again experiencing increases in child poverty similar to those that accompanied the recessions of the early 1980s and 1990s. In 2003, there were 12.9 million children in poverty in the United States (source: U.S. Census Bureau). Unemployment has increased in Maryland during the last few years. Since reaching a low of 3.5% in 1999, the unemployment rate has climbed to a high of 4.7% in January 2004. The rate has declined and, in April 2005, stood at 4.1%. On an annual basis, Maryland has been below the U.S. average in unemployment during the same time period (source: Maryland Department of Labor, Licensing and Regulation).

For the past five years, the single year Current Population Survey (CPS) estimate of child poverty rate for Maryland has been one of the lowest in the Union. It was the lowest in 2001 and second lowest in 2002, but is only the 6th lowest in 2003. Caution must be used however, as the U.S. Bureau of the Census warns against the use of single year State level estimates for child poverty because of the survey sample size used. The SAIPE estimates on the other hand are considered reliable and valid as single year estimates—SAIPE also produces jurisdiction breakdowns whereas the CPS methodology does not. The 2001 SAIPE estimate for Maryland (9.4%) is the lowest ever, while the 2002 estimate for Maryland is the third lowest in the nation.

Percent of Related Children Under Age 18 in Poverty (based on CPS*), Maryland and National 1994 to 2003



Percent of Children Under Age 18 in Poverty (based on SAIPE*), Maryland and National 1993 to 2002



SINGLE PARENT HOUSEHOLDS

Indicator

The percent of all households that are headed by a single parent.

Definition

The percentage of all families with “own children” under age 18 living in the household, who are headed by a person (male or female) without a spouse present in the home. “Own children” are never-married children under 18 who are related to the householder by birth, marriage, or adoption.

Significance

The number of parents living with a child is linked to the amount and quality of human and economic resources available to that child. Generally, single parenting implies that there is no immediate adult back-up to reinforce disciplinary lessons or family teachings, to provide an additional role model, or simply to share the load of care. Children who live in a household with one parent are substantially more likely to have family incomes below the poverty level than are children who grow up in a household with two parents.

Baseline Data

PERCENT OF ALL HOUSEHOLDS HEADED BY A SINGLE PARENT
(reported by calendar year).

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Maryland	28	27	27	26	26	27	27	28	27	29
National	25	26	26	26	27	28	27	28	24	28
Mother only	22	22	22	22	22	23	22	23	18	23
Father only	3	4	4	4	5	5	5	5	6	5

Data Sources

1991-1999 Maryland data: three year averages based on special tabulations of Current Population Survey data prepared by the Bureau of Labor Statistics and published in the 2000 Kids Count Data Book: State Profiles of Child Well-being (The Annie E. Casey Foundation).

1990-1999 National data: Annual percentages from the US Bureau of the Census FM-2: All parent/child situations, by type, race, and Hispanic origin of householder or reference person: 1970 to present.

2000 Maryland and National Data: From 2000 Census, US Bureau of the Census.

2001 Maryland data from 2004 Kids Count Data Book: State Profiles of Child Well-being (The Annie E. Casey Foundation).

2001 National Data: From 2001 Census, US Bureau of the Census.

Considerations

Jurisdictional breakdowns are not available.

Related Measures

Current Population Survey (CPS) data from the U.S. Bureau of the Census provide national figures annually for family structure and the percentage of children under age 18 by presence of parents in household. Two parent, mother only, father only, and no parent (e.g., children live with relatives or are placed in out-of-home care) breakdowns are available. State and jurisdiction breakdowns are not available.

Discussion

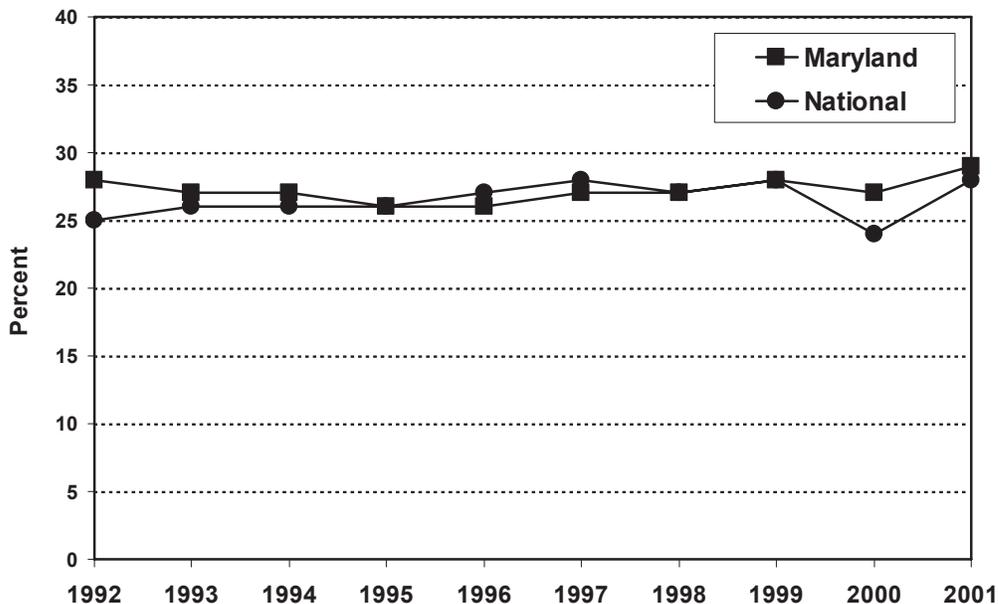
Perhaps the most controversial indicator that Maryland has chosen, single parenting, cuts across many social and economic issues facing the nation and Maryland, including concerns about rising divorce rates, increasing numbers of unwed births, child poverty, and juvenile delinquency. The significance of this indicator is that the number of parents living with a child is generally linked to the amount and quality of human and economic resources available to that child.

Children of single parents are at greater risk to be in poverty. Nationally in 2003, 35.5% of children who live in single parent households with their mothers were below the poverty line. Regardless of race and social class, the youth of single parents are also at greater risk to become delinquents. Children of divorced and never-married parents are at greater risk to repeat a grade in school and to be expelled/suspended, drop out of school, and/or become teen parents. Drug involvement is greater among adolescents of divorced parents.

While being raised by a single parent does not mean that children and youth will face such problems, the fact remains that increasing numbers of children are growing up in single parent households. In 2003, over 82,400 Maryland children lived in single placement households. Maryland ranks 29th in the nation for the most families with children headed by a single parent.

Maryland has focused on different aspects of the single parenthood challenge. Teen births usually result in single parent families and the State is engaged in a number of strategies to reduce teen pregnancy. Welfare reform efforts are underway in Maryland which some may argue will address the problems of welfare dependency and illegitimacy. Also, Maryland's Department of Human Resources has focused efforts on supporting single parents and promoting responsible fatherhood. More remains to be done in a climate of charged political tension over the best courses of action for public policy.

**Percent of all Households that are Headed by a Single Parent
Maryland and National 1992 to 2001**



OUT-OF-HOME PLACEMENTS

Indicator

Rate of children placed in out-of-home care.

Definition

Rate per 1,000 children placed in foster care, juvenile justice, mental health, substance abuse treatment, and education out-of-home placements.

Significance

Children need safe and stable homes in order to thrive. Family instability, abuse/neglect, extreme poverty, crime, violence, homelessness, substance abuse, and serious illness/disability may pose substantial risks to children and may contribute to the need for children to be placed in alternative care.

Baseline Data

RATE OF ENTRY INTO OUT-OF-HOME PLACEMENTS - Per 1,000 children under age 18 (reported by State fiscal year).

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Maryland	9.9	10.9	11.6	12.2	11.3	11.4	10.4	10.7	10.3	9.5
COSTS OF OUT-OF-HOME PLACEMENT (MILLIONS OF DOLLARS - Actual Costs)										
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Maryland	369.0	374.1	392.4	412.5	459.6	497.3	515.8	552.7	576.0	621.8

Data Sources

The Report on Out-of-Home Placements (January 2005) tracks out-of-home placements by the Department of Human Resources (DHR), Department of Health and Mental Hygiene (DHMH) Mental Hygiene Administration (MHA), DHMH Alcohol and Drug Abuse Administration (ADAA), DHMH Developmental Disabilities Administration (DDA), Maryland State Department of Education (MSDE), and the Department of Juvenile Services (DJS). Data are not unduplicated and are also available by both agency and jurisdiction.

Considerations

These data are the combined total of out-of-home placements (across agencies rather than for separate agencies). Jurisdictions with small numbers may want to use multi-year averaging.

Related Measures

DHR/SSA tracks placements in Foster Care Family Care, Kinship Care, Pre-Adoption Services, and Treatment Foster Care. Additionally, the decennial Census measures the number of children who live away from their families in group quarters. These data include the child welfare, corrections, and mental health systems. Data from both sources are available by jurisdiction.

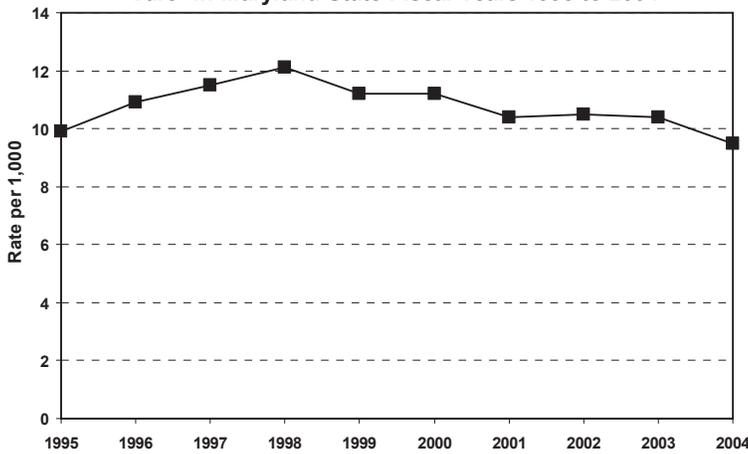
Discussion

Over the last decade the number of children served in out-of-home placements statewide has been rising steadily at an average annual increase of 0.5%. The number served, however, has declined for a third year in a row, by 9.4%, from FY01 to FY04. In FY04, 26,226 children were served in placements, compared with 28,840 served in FY01. Only the following placement types experienced increases in num-

ber served from FY03 to FY04: MHA Institutional Placements (4.1%), ADA A Long-Term Care Placements (19.3%), and DHR Foster Care Placements (3.4%).

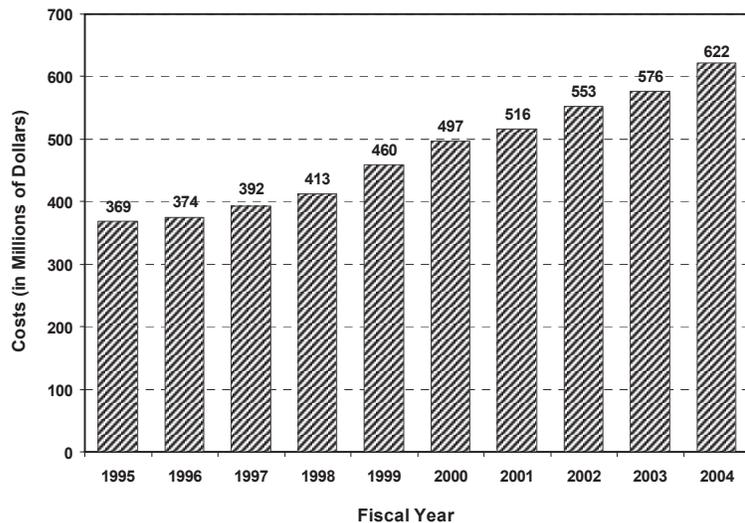
Although the overall number of children served has decreased, the annual cost of out-of-home placements in Maryland remains high. The FY04 cost continues to exceed one half billion dollars and now stands at \$621.8 million; the average annual increase per year is 5.9%. The rate of increase from FY03 to FY04 (8%) is higher than the average annual increase. Agencies report that the bulk of cost increases in recent years can be attributed primarily to increases in Medical Assistance payments for children in out-of-home care, an increase in the proportion of foster group care placements for DHR, and higher DJS costs.

Rate of Children Age 18 and Under Placed in Out-of-Home Care* in Maryland State Fiscal Years 1995 to 2004



* This information includes data from DJS, DHR, DHMH (MHA, DDA, ADA A), and MSDE. DHR FY 1995-2004 includes Kinship Care.

Costs of Out-of-Home Placement in Maryland



PERMANENT PLACEMENTS

Indicator

Percent of children who leave foster care for a more permanent status (return home, known as reunification; or adoption) within a specified period of time in foster care.

Definition

Reunification: Percent of children who return home within 12 months of foster care placement (including kinship care).

Adoption: Percent of children who are adopted within 24 months of foster care placement (including kinship care).

Significance

Children need stable care-giving. Research has shown that temporary foster care placements, often involving a number of different caregivers and settings, can be detrimental to children's healthy development.

Baseline Data

PERMANENT PLACEMENTS - Reunification within 12 months; Adoption within 24 months (reported by state fiscal year - Maryland), and federal fiscal year - National).

Reunification	2000	2001	2002	2003	2004
Maryland	NA	NA	58.2	50.0	55.0
National Average	NA	NA	NA	NA	NA
Federal Target	76.2	76.2	76.2	76.2	76.2
Adoption	2000	2001	2002	2003	2004
Maryland	28.5	33.1	26.8	25.8	20.1
National Average	20.0	22.3	NA	NA	NA
Federal Target	32.0	32.0	32.0	32.0	32.0

Data Sources

The Social Services Administration (SSA) Foster Care and Adoption Child Tracking System (FACTS) is used to track data on permanent placement status.

Considerations

Changes in policy and agency capacity can affect these data. An emphasis on keeping families together may be reflected in a lower rate of children entering foster care. Jurisdictions with small numbers may want to use multi-year averaging.

Related Measures

DHR/SSA tracks the number of youth placements in Foster Care Family Care, Kinship Care, Pre-Adoption Services, and Treatment Foster Care. The Governor's Office for Children (GOC) tracks youth in out-of-home care placed or funded by DHR, DHMH, MSDE and DJS. The decennial census counts children who live away from their families in group quarters, in the child welfare system, correctional institutions, and mental health facilities.

Discussion

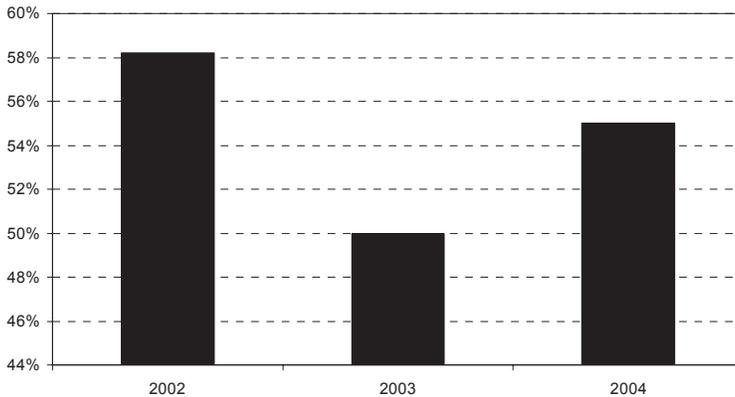
The number of Maryland children who are reunified with their families within 12 months of placement in out-of-home care has fluctuated over the past three years, from 58.2% in FY2002 to 55% in FY2004. Since 1980, states have been required to demonstrate "reasonable efforts" to provide assistance and services to preserve and reunify families; since the 1997 passage of the federal Adoption and Safe Families Act (ASFA), the emphasis has shifted to *time-limited* reunification efforts.

Likewise, ASFA has tightened requirements for states to apply for Termination of Parental Rights (TPR) and seek adoption for a child. Frequently, a Local Department of Social Services may be working to secure an adoptive family for a child, even before the TPR is official, due to the sometimes lengthy timeframe needed to achieve TPR. Indeed, foster care staff are generally required to focus on two permanency plans (known as concurrency planning) to ensure that children remain in foster care no longer than necessary to promote their safety and well-being.

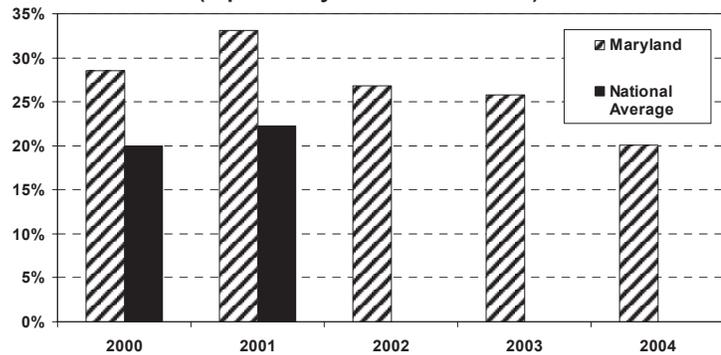
Despite the decrease in the percent of children who were adopted within 24 months of entry into out-of-home care, the State of Maryland has been working aggressively to increase the number of children who are adopted or placed for adoption. In 2003, Maryland was one of 26 states to receive an “adoption incentive” for having more children who were adopted from out-of-home care in 2002 than in each of the previous five years. In FY04, 715 children were adopted from out-of-home care.

In its Program Improvement Plan (2005), the Department of Human Resources committed itself to improving those indicators that fell short of the federal standard—among those, reunification and adoption. Some of DHR’s strategies for improvement include developing and implementing methods for improving efforts in locating and assessing non-custodial parents and relatives, promoting the use of Alternative Dispute Resolution throughout the State, and developing and implementing a statewide recruitment plan to target specific populations of children waiting for adoption. More information on the CFSR and Maryland’s PIP can be obtained at www.dhr.state.md.us/ssa/index.htm.

Percent of Children Exiting Foster Care through Reunification within One Year of Entry into Foster Care (reported by State Fiscal Year).



Percent of Children Exiting Foster Care through Adoption within Two Years of Entry into Foster Care (reported by State Fiscal Year*)



* National Average is for Federal Fiscal Year, unavailable for 2002-2004

HOMELESS ADULTS AND CHILDREN

Indicator

Rate of homeless adults and children per 100,000 Maryland residents served by programs funded by the Department of Human Resources and other shelter providers.

Definition

Rate per 100,000 Maryland residents of homeless adults and children served by all shelter programs in Maryland.

Significance

Families cannot achieve economic self-sufficiency without stable housing conditions. Children who are homeless tend to have poorer health and experience more developmental delays than children who are adequately housed.

Baseline Data

RATE OF HOMELESS ADULTS AND CHILDREN SERVED - rate of adults and children receiving homeless services, per 100,000 Maryland residents.

Fiscal Year	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Maryland	1,025	829	834	809	937	980	856	984	835	697

Data Sources

DHR/CSA Office of Transitional Services collects data from shelter programs in Maryland via the Annual Survey on Homelessness Services.

Considerations

The number of people served is an unduplicated count of people served within, but not necessarily across, shelters. Also, those homeless individuals or families who do not go to shelters are not counted.

Related Measures

Data are also reported that distinguish between percentage of persons served as a member of a family (35%) and those served as a single individual (65%). Additional data report the ages of individuals served; 23% were children 0-17 years old in FY2004. Data from Baltimore City's shelter providers alters the percentages greatly; without Baltimore City data, 55% of those served were members of a family, and 35.8% were children 0-17 years old. Finally, the count of bed nights (the number of nights each shelter bed was occupied) is considered to be the most accurate and unduplicated unit of measure to study the use of homeless shelters. In FY2004, a total of 1,745,409 bed nights were provided, an increase of 14% between FY03 and FY04.

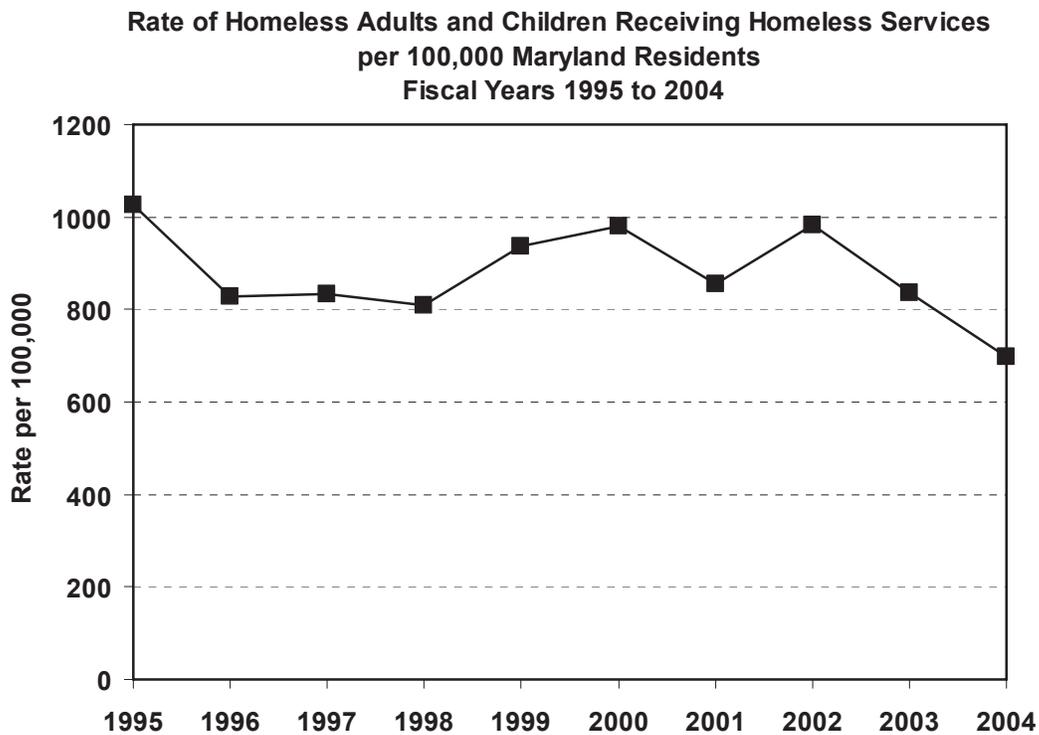
Discussion

The effort to track the number of homeless people during any period of time is at best imprecise. The number of people served, as reported by Maryland's known homeless shelters, was lower in FY2004 than was reported for FY2003. It is difficult to draw conclusions from this figure because the rate of duplication—the same person being reported by different shelters—is unknown. Although shelters are becoming more sophisticated in keeping records of whom they serve and duplication is being reduced, accurate counting is hampered by several factors including duplicate counts, inaccurate record keeping, the lack of a consensus on a uniform methodology to count people served, and the inability to count people who remain out of facilities because of unavailability of shelter space or by personal choice.

This indicator focuses on people served in shelter programs across Maryland that responded to the Annual Survey on Homelessness Services. Several factors may contribute to changes in the annual number of people served including changes in

economic conditions including unemployment and underemployment; unusually mild or harsh winters; and affordability and availability of homeownership and rental units. Increases in the number of people sheltered could also reflect an increase in the number of homeless people requesting assistance, an emphasis on better outreach, or other social and economic conditions.

The Department of Human Resources (DHR) provides funding for facilities throughout the State to offer shelter and safe accommodation, meals, information and referral services, and counseling for homeless women in Maryland. In FY2004, the Office of Transitional Services within DHR administered the following programs: the Homelessness Prevention Program, the Emergency and Transitional Housing and Services Program, the Housing Counselor and Aftercare Program, the Service-Linked Housing Program, the Homeless Women—Crisis Shelter Home Program, the Federal Supportive Housing Program, the Emergency Food Assistance Program, the Maryland Emergency Food Program, the Statewide Nutrition Assistance Program, and Home-Delivered Meals to Persons with HIV/AIDS. The Office of Transitional Services and Department of Human Resources also convenes the Maryland Interagency Council on Homelessness and the Advisory Board of the Shelter, Nutrition, and Services Program for Homeless Individuals (also known as the Governor’s Advisory Board on Homelessness). For further details, contact DHR at 1-800-332-6349.



COMMUNITIES
THAT
SUPPORT
FAMILY
LIFE



The recommended approach in this result area is to compile information on the available services and supports that are known to be of value in promoting the health and development of children and the stability and self-sufficiency of families. In many cases, this information is only available at the local level; where there is a state-level source it is noted in the list below. This list is intended as a suggested base on which local jurisdictions can build in measuring how well they are supporting children and families in their communities.

- ◆ Prenatal Care: percent of live births for which prenatal care was initiated in the first trimester (DHMH, Vital Statistics collects data in this area)
- ◆ Health Care: number of licensed health care professionals per 1,000 population, especially pediatricians, gynecologists/obstetricians, and family practice/general practice physicians (DHMH collects data in this area)
- ◆ Child Care: number of slots of licensed centers and regulated family child care homes compared to the number of families with children in which the mother works (Maryland Committee for Children, Inc. collects data in this area)
- ◆ Preschool Programs, Public and Private
- ◆ Recreational Facilities and Enrichment Programs for Families, Young Children, School-Age Children, Adolescents
- ◆ Adult Education and Training Programs
- ◆ Parent Education and Support Programs

APPENDIX

HISTORY OF RESULTS AND INDICATORS

In 1996, the Governor's Task Force on Children, Youth and Families Systems Reform was created in response to a growing desire by local jurisdictions to ensure a strong local role in setting policy that affects children and families. Additionally, the Task Force considered the differing and individual needs of Maryland's many varied jurisdictions as they recommended policies and procedures for the systems reform initiative. The need for a results-based system was a strong theme throughout the work of the Task Force and was reflected in the public hearings held by the Task Force throughout the State.

The Task Force's Program Subcommittee originally proposed nine results. Each result area and its proposed indicators underwent intensive review and discussion by the Subcommittee and in 1997 by the Program Subcommittee's successor, the Results Workgroup. Both groups had representation from the State and local levels, public and private members, including county public health officials, county social service employees, local school system staff, local management board members, advocates and State agency staff.

In the fall of 1998, the Outreach Workgroup was formed to gather further public opinion about the proposed nine results. Following this review, one result (Healthy Adults) was dropped due to insufficient data demonstrating its direct connection to and impact on child and family well-being. In January 1999, the remaining eight results were adopted, forming the basis of Maryland's Results for Child Well-Being.

The chosen results capture the quality of life for children and families in Maryland. Progress toward each result is determined through selected indicators which specifically measure segments of each result area. By monitoring the indicators, the State and local jurisdictions are able to evaluate the effectiveness of service delivery to children and families. In order to uniformly assess the usefulness of suggested indicators, the Task Force developed the following criteria to select Maryland's twenty-five indicators.

- The indicator is directly related to the well-being of children, families or communities in each specific result.
- The indicator is well measured. In other words, it applies to all or most of the relevant population and is collected in ways that support data reliability and validity.
- Data on the indicator are readily available from public sources.
- Data on the indicator are available at the State and local level.

Across the nation, three to five indicators are usually accepted as a manageable number of measures per result area. The number of indicators is crucial; other states have shown unsuccessful shifts to results-based accountability, in part, by selecting too many indicators. As other indicators are considered in the future, the task of monitoring and analyzing them will continue with public input. It is the intent of the Children's Cabinet that the core set of indicators will be modified as necessary. By adopting the results and indicators featured in this book, Maryland is able to move forward with the national trend of utilizing results-based accountability for programs and services.

Maryland's effort has been part of a national movement toward result-based services and accountability for outcomes. Using Maryland's Results and Indicators, The Children's Cabinet, in cooperation with local jurisdictions, strives to meet the needs of Maryland's children, families, and communities. Through the collaborative approach, each jurisdiction identifies and focuses on results and indicators that are priorities in their community. The information in this publication assists in tracking and evaluating the well-being of children across the State and in each local area.

GLOSSARY AND SOURCE LIST

Many organizations or State agencies are mentioned throughout this publication. At times, they become abbreviated by their initials or referred to as an acronym. The following list are all acronyms, abbreviations, or shortened names used within this book:

ADAA - Alcohol and Drug Abuse Administration
AMF/CIS - Automated Master File/Client Information System
AP - Advanced Placement
ASPE - Assistant Secretary for Planning and Evaluation
CFRC - Child Fatality Review Commission
CHIP - Children's Health Insurance Program
CPHS - Center for Preventative Health Services
CPS - Child Protective Services
CPS - Current Population Survey
CSA - Community Services Administration
CWLA - Child Welfare League of America
DDA - Developmental Disabilities Administration
DHMH - Department of Health and Mental Hygiene
DHR - Department of Human Resources
DJS - Department of Juvenile Services
ED - Emotional Disturbance
GOC - Governor's Office for Children
HSCRC - Health Services Cost Review Commission
ICAPPP - Interagency Committee on Adolescent Pregnancy Prevention and Parenting
IEP - Individualized Education Program
LBW - Low Birth Weight
LMB - Local Management Board
LSS - Local School System
MARS - Modified Age, Race and Sex
MAS - Maryland Adolescent Survey
MSA - Maryland School Assessment
MSDE - Maryland State Department of Education
NA - Not Available
NCLB - No Child Left Behind Act
NIS - National Immunization Survey
OIDP - Office of Injury and Disability Prevention
OTS - Office of Transitional Services
PIP - Performance Improvement Plan
SAT - Scholastic Aptitude Test
SSA - Social Services Administration
SSIS - Special Services Information System
STD - Sexually Transmitted Disease
UCR - Maryland State Police Uniform Crime Report

Information for this book was collected through various sources including the following organizations. For more detailed or additional information please access their Internet websites. The website addresses are as follows:

Annie E. Casey Foundation's Kids Count
<http://www.aecf.org/kidscount>
Department of Health and Mental Hygiene (DHMH)
<http://www.dhmh.state.md.us>
DHMH, Alcohol and Drug Abuse Administration
<http://www.dhmh.state.md.us/adaa/>
DHMH, Developmental Disabilities Administration
<http://www.dhmh.state.md.us/dda/>
DHMH, Community and Public Health
<http://www.mdpublichealth.org>
DHMH, Mental Hygiene Administration
<http://www.dhmh.state.md.us/mha/>
Department of Human Resources (DHR)
<http://www.dhr.state.md.us>
DHR, Community Services Administration
<http://www.dhr.state.md.us/csa/>
DHR, Maryland Child Support Enforcement Program
<http://www.dhr.state.md.us/csea/index.htm>
DHR, Office of Transitional Services
<http://www.dhr.state.md.us/trans-serv.htm>
DHR, Social Services Administration, Child Protective Service Statistics
<http://www.dhr.state.md.us/cps/statdata.htm>
DHR, Social Services Administration, Child Protective Services
<http://www.dhr.state.md.us/cps/>
Department of Juvenile Services (DJS)
<http://www.djs.state.md.us>
Federal Interagency Forum on Child and Family Statistics
<http://www.childstats.gov>
Governor's Office for Children (GOC)
<http://www.goc.state.md.us>
Maryland State Department of Education (MSDE)
<http://www.marylandpublicschools.org/msde>
MSDE, Maryland Report Card
<http://www.msp.msde.state.md.us>
US Census Bureau,
<http://www.census.gov>
US Department of Health and Human Service,
Assistant Secretary for Planning and Evaluation (ASPE)
<http://www.aspe.hhs.gov>

Notes

Notes



**Maryland Children's Cabinet
Governor's Office for Children
301 W. Preston Street, 15th Floor
Baltimore, Maryland 21201
Tel: 410-767-4160 Fax: 410-333-5248
www.goc.state.md.us**

Robert L. Ehrlich, Jr.
Governor

Michael S. Steele
Lieutenant Governor

Arlene F. Lee
Executive Director