



**GOVERNOR'S OFFICE OF
CRIME PREVENTION, YOUTH,
AND VICTIM SERVICES**

**Maryland's Results for Child Well-Being 2022
Annual Report**

Executive Order 01.01.2020.01 VI E

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Maryland's Children's Cabinet

The Children's Cabinet coordinates the child and family-focused service delivery system by emphasizing prevention, early intervention, and community-based services for all children and families. The Children's Cabinet includes the Secretaries from the Departments of Budget and Management, Disabilities, Health, Human Services, and Juvenile Services, the State Superintendent of Schools for the Maryland State Department of Education, and the Executive Director of the Governor's Office of Crime Prevention, Youth, and Victim Services (*as illustrated below*).

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Introduction

[Executive Order 01.01.2020.01 VI E](#) requires the Governor's Office of Crime Prevention, Youth, and Victim Services' (Office) to report to the Governor each year as it relates to the status of children in Maryland and the efforts to meet the policy goals of the State for services to children and families.

Pursuant to this charge, *Maryland's Results for Child Well-Being 2022 Annual Report* (Report) provides an update on the longest continuously reported set of Statewide Results and Indicators for children and families in the nation. Since 2001, these measures of well-being have guided the Children's Cabinet's efforts as they have charted progress, studied trends over time, evaluated data, set priorities, and developed and supported effective and evidence-based programs to meet the demonstrated needs of Maryland's children, youth, and families.

Thanks to contributions from all of the State's child-serving agencies, this Report allows the Office and the Children's Cabinet to evaluate efforts to improve the well-being of Maryland's children.

History of Results and Indicators

In 1996, the [Governor's Task Force on Children, Youth, and Families Systems Reform](#) (Task Force) was created in response to a growing desire by Maryland's jurisdictions to ensure a strong local role in setting policy that affects children and families. The Task Force considered the differing needs of Maryland's population, with the desire to create a results-based system emerging as a strong theme throughout its work and in the public hearings held throughout the State.

The Task Force's Program Subcommittee originally proposed nine Results on which to focus. Each Result and its proposed Indicators underwent intensive review and discussion by the Program Subcommittee and its successor, the Results Workgroup. Both groups had representation from the State and local levels; public and private members; and included county public health officials, county social service employees, local school system staff, local management board members, advocates, and State agency staff.

In January 1999 eight Results were adopted, forming the basis for the Maryland's Results for Child Well-Being report. The adopted Results capture the quality of life for children and families in Maryland, and the progress towards achieving each Result which is determined through selected Indicators that specifically measure segments of each Result. By monitoring the Indicators, the State and local jurisdictions are able to evaluate the effectiveness of service

delivery to children and families. Beginning in 2015, the Office began migrating the report online, allowing Maryland's Results for Child Well-Being to serve as a crucial resource by connecting users directly to source material from the Children's Cabinet and other sources. Since 2016, data to measure progress has been collected in Child Well-Being Scorecards that are accessible online [here](#) and by county [here](#).

The State has periodically revisited the existing Indicators and added new ones, as necessary, to lend a fresh perspective to the assessment of child well-being and to take into consideration the changing landscape of well-being. Because 10 years had passed since the last review of the Results and Indicators, in June 2019, the Office convened a Results and Indicators Workgroup to consider if any changes should be made to the current set of Results and Indicators and to make recommendations to the Children's Cabinet. The workgroup, composed of representatives from Children's Cabinet agencies, Local Management Boards, and the Maryland Youth Advisory Council, held its final meeting on February 4, 2020. This meeting resulted in recommendations that were presented to, and adopted by, the Children's Cabinet in spring 2020.

As recommended, the Results were not changed; however, the "Families are Safe and Economically Stable" Result was renamed "Families are Economically Stable" and the corresponding safety Indicators were included under the "Communities are Safe for Children, Youth, and Families" Result to group all safety Indicators together.

On January 13, 2022, the workgroup reconvened to conduct a review of Indicators to ensure viability for demonstrating outcomes for children and youth. The meeting agenda included reviewing past work, discussion of potential measurement tools for indicators, clarification of data sources, and determining data availability from sources such as Maryland's Open Data Portal and other public access sites.

Each Indicator was reviewed to determine if data remained accessible for the year in light of the pandemic, which affected data availability, and other issues such as agency staff shortages and website outages due to a ransomware attack at the Maryland Department of Health.

During a follow up meeting in February 2022, the workgroup prioritized three potential Indicators. Of the three potential Indicators, one was elevated to present to the Children's Cabinet for a vote. The new Indicator, "Substance Exposed Newborns," was added under the "Babies Born Healthy" Result area. Factors that were taken into consideration when selecting the Indicator was the availability of data by jurisdiction and if the data could be disaggregated by race and ethnicity. Data for the new Indicator will be available from the Maryland Department of Health's Maternal Health Division.

The workgroup also established an annual review of the Results and Indicators for data accessibility and viability as well as continuing to explore future data development agendas.

A list of the current Results and Indicators can be found [here](#).

Results-Based Accountability™

The Children’s Cabinet adopted the Results-Based Accountability™ framework to focus planning, decision-making, and resources on desired results and outcomes.¹ Results-Based Accountability™ identifies a result to achieve, identifies indicators that act as proxy measures for the result, tells the “story behind the data,” identifies necessary partners and effective strategies, and develops an action plan and budget.

Maryland has identified a set of Results and Indicators that capture and measure the quality of life for children and families. Each year, the Office routinely collects data for each Indicator.

What is a Result?

Maryland’s Children’s Cabinet has adopted eight Results for child well-being. A Result is a goal that has been established for children, families, and/or communities. Each Result describes the general well-being of Maryland’s children and families in an area known to affect a child’s ability to grow up healthy and secure.

What is an Indicator?

Maryland has adopted 42 Indicators that correspond to the eight Results. Indicators are information and data that demonstrate Maryland’s progress toward meeting a Result. Indicators are most useful in helping stakeholders identify needs and evaluate trends when:

- The data comes from automated systems like health or service records that are **recorded consistently and updated constantly**;
- The Indicator is measured nationally so Maryland’s **trends can be compared** to other states; and
- The Indicators have been **measured for many years** which yields an analysis of trends over time that is less susceptible to outliers and fluctuations.

Below is a chart of the current Results and the corresponding Indicators for each. For more information, please visit the following [webpage](#).

¹ Epps, D. (2011). [Achieving "Collective Impact" with Results-Based Accountability](#)™. Results Leadership Group, LLC. (RLG).

<i>Result</i>	<i>Indicators</i>	<i>Result</i>	<i>Indicators</i>
Babies Born Healthy	<p>Infant Mortality</p> <p>Low Birth Weight</p> <p>Births to Adolescents</p> <p>Women with Prenatal Care in the First Trimester</p>	Healthy Children	<p>Immunizations</p> <p>Obesity</p> <p>Hospitalizations: Nonfatal Injury for Self-Inflicted Injuries to Children 0-21</p> <p>Health Insurance Coverage</p> <p>Public School Students in Grades 6-8 and 9-12 Reporting:</p> <ul style="list-style-type: none"> ● Depressive Episode (6-8) ● Depressive Episode (9-12) ● Electronic Vapor Product Use (6-8) ● Electronic Vapor Product Use (9-12) ● Physical Activity for 60 Minutes in Last 7 Days (6-8) ● Physical Activity for 60 Minutes in Last 7 Days (9-12)
Children Enter School Ready to Learn	<p>Kindergarten Readiness Assessment (KRA): Students Demonstrating Readiness</p> <p>Children Enrolled in Publicly-Funded Pre-K the Year Prior to Kindergarten</p>	Children are Successful in School	<p>Maryland Comprehensive Assessment Program (MCAP): Public School Students in Grades 3 and 8 Performing at or Above Performance Level 4:</p> <ul style="list-style-type: none"> ● Math Grade 3 ● Math Grade 8 ● Reading Grade 3 ● Reading Grade 8 <p>Multi-State Alternative Assessment (MSAA): Students in Grades 8 and 11 Scoring at or Above Proficient:</p> <ul style="list-style-type: none"> ● English Grade 8 ● English Grade 11 ● Math Grade 8 ● Math Grade 11 <p>Chronic Absenteeism</p>
Youth Will Complete School	<p>Four-Year Cohort Graduation Rate</p> <p>Program Completion of Students with Disabilities: Students with Disabilities Who Graduated with Diploma</p> <p>Educational Attainment: High School Graduate (Includes Equivalence)</p>	Youth Have Opportunities for Employment or Career Readiness	<p>Youth Employment:</p> <ul style="list-style-type: none"> ● 16-19 Year Olds in Labor Force Who are Unemployed (the revised data dictionary uses “Employed”) ● 20-24 Year Olds in Labor Force Who are Unemployed <p>Youth Disconnection: Youth Ages 16-24 Not Working and Not in School</p> <p>High School Graduates Who Complete a Career and Technology Education (CTE) Program</p>

Communities are Safe for Children, Youth, and Families	Juvenile Felony Offenses	Families are Economically Stable	Homelessness
	Child Maltreatment		Child Poverty
	Crime		Family Spending > 30% Income on Housing (This Indicator in development)
	Hospitalizations: Nonfatal Injury Hospitalization Rate for Assault Injuries		
	Lead Levels		
	Out-of-Home Placements		

Status of Maryland's Children in Fiscal Year 2022

Since 2016, data to measure progress has been collected in Child Well-Being Scorecards (with data for previous years added to the Scorecard as well) which are accessible online with current information on the well-being of Maryland's children and families. Data is updated in the Scorecard as it is available throughout the year. Included below is a chart with each Result and corresponding Indicators with data that is currently available. Many Indicators have data that is available for many years, allowing comparison across decades.

Result: Babies Born Healthy

Indicator	Current Data	General Trend
Percent of Women Receiving Prenatal Care in the First Trimester	69.9% (2019)	Down slightly
Infant Mortality : Number of Deaths Occurring to Infants (<1 year) per 1,000 Live Births	5.7% (2020)	Down slightly
Low Birth Weight : Percent of Low Birth Weight (<2500 g) Infants	8.5% (2020)	Trending down
Births to Adolescents : Adolescent Birth Rate per 1,000 Women (ages 15-19 years)	13.0% (2020)	Trending down

Result: Healthy Children

Indicator	Current Data	General Trend
Health Insurance Coverage : Percent of Children Who Have Health Insurance Coverage	96.7% (2019)	Down slightly
Immunizations : Percent of Children Ages 19-35 Months Who Have Received the Full Schedule of Recommended Immunizations	75.2% (2017)	Trending up

Hospitalizations: Nonfatal Injury Hospitalization Rate for Self-Inflicted Injuries to Children Ages 0-21 per 100,000 of the Population	12.7% (2019)	Trending up
Percent of Public School Students [in Grades 6-8] Reporting Depressive Episode	25.5% (2018)	No change
Percent of Public School Students [in Grades 9-12] Reporting Depressive Episode	32.0% (2018)	Trending up
Percent of Public School Students [in Grades 6-8] Reporting Electronic Vapor Product Use	18.9% (2018)	Trending up
Percent of Public School Students [in Grades 9-12] Reporting Electronic Vapor Product Use	39.7% (2018)	Trending up
Percent of Public School Students [in Grades 6-8] Reporting Physical Activity for 60 Minutes in Last 7 Days	85.5% (2018)	Trending down
Percent of Public School Students [in Grades 9-12] Reporting Physical Activity for 60 Minutes in Last 7 Days	78.2% (2018)	Trending down
Obesity : Percent of Public School Students in Grades 9-12 Who are Overweight or Obese (<i>The Scorecard that contains Indicators on one page is broken out by "Overweight" and "Obese"</i>)	28.5% (2018)	Trending up

Result: Children Enter School Ready to Learn

Indicator	Current Data	General Trend
Kindergarten Readiness Assessment (KRA): Percent Demonstrating Readiness	40% (2022)	Trending down
Percent of Children Enrolled in Publicly-Funded Pre-K the Year Prior to Kindergarten	33% (2020)	Trending down

Children are Successful in School

Indicator	Current Data	General Trend
MCAP: Math : Percent of Public School Students in Grade 3 Performing at or Above Performance Level 4 on the Maryland Comprehensive Assessment Program	42.5% (2019)	Trending up
MCAP: Math : Percent of Public School Students in Grade 8 Performing at or Above Performance Level 4 on the Maryland Comprehensive Assessment Program	12.5% (2019)	Trending down
MCAP: Reading : Percent of Public School Students in Grade 3 Performing at or Above Performance Level 4 on the Maryland Comprehensive Assessment Program	41.2% (2019)	Trending up
MCAP: Reading : Percent of Public School Students in Grade 8 Performing at or Above Performance Level 4 on the Maryland Comprehensive Assessment Program	45.1% (2019)	Trending up
MSAA: English : Percent of Students (Grade 8) Scoring At or Above Proficient on the English Multi-State Alternative Assessment	15.4% (2021)	Significant drop

MSAA: English : Percent of Students (Grade 11) Scoring At or Above Proficient on the English Multi-State Alternative Assessment	14.5% (2021)	Significant drop
MSAA: Math : Percent of Students (Grade 8) Scoring At or Above Proficient on the Math Multi-State Alternative Assessment	10.0% (2021)	Significant drop
MSAA: Math : Percent of Students (Grade 11) Scoring At or Above Proficient on the Math Multi-State Alternative Assessment	14.5% (2021)	Significant drop
Chronic Absenteeism : Students Enrolled in School at Least 10 Days Who are Absent for 10% or more days	22.4% (2021)	Trending up

Youth Will Complete School

Indicator	Current Data	General Trend
Educational Attainment: High School Graduate (Includes Equivalence)	88.6% (2020)	Trending slightly down
Four-Year Cohort Graduation Rate	87.2% (2021)	Trending up
Program Completion of Students with Disabilities: Percent of Students with Disabilities Who Graduated with Diploma	49.3% (2020)	Trending up

Youth Have Opportunities for Employment or Career Readiness

Indicator	Current Data	General Trend
Youth Disconnection: Percent of Youth Ages 16-24 Not in School and Not Working	10.5% (2019)	Trending down
Percent of 16-24 Year Olds in Labor Force Who are Unemployed	7.3% (2020)	Trending slightly up
Percent of 16-24 Year Olds in Labor Force Who are Employed	51.2% (2020)	Trending up
Percent of High School Graduates Who Complete a Career and Technology Education (CTE) Program	7.8% (2021)	Trending down

Result: Families are Economically Stable

Indicator	Current Data	General Trend
Child Poverty : Percent of Children Under 18 Living in Poverty	11.6% (2020)	Trending down
Homelessness : Percent of Public School Children Homeless	1.00% (2021)	2020 data missing; down from 2019)
Percent of Families Spending >35% Income on Housing (Rent)	40.3% (2020)	Trending down
Percent of Families Spending >35% Income on Housing (Mortgage)	19.6% (2020)	Trending down

Result: Communities are Safe for Children, Youth and Families

Indicator	Current Data	General Trend
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Crime : Rate of Violent Crimes Committed per 1,000 Persons	4.6% (2019)	Trending down
Juvenile Felony Offenses : 11-17: Rate of Referrals per 100,000	435.0 (2021)	Trending down
Hospitalizations: Nonfatal Injury Hospitalization Rate for Assault Injuries to Children and Youth Ages 0-21 per 100,000 of the Population	10.2 (2018)	Trending down
Child Maltreatment : Rate of Unduplicated Children (Ages 0-17) with Indicated/Unsubstantiated Child Abuse/Neglect Findings (per 1,000)	4.59 (2020)	Trending down
Lead Levels : Percent of Children < 72 Months of Age with Confirmed Blood Lead Levels (BLL) > 5 µg/dL	1.70% (2018)	Trending down
Out-of-Home Placements : Rate of New Placement Settings per 1,000 Children Ages 0-18	7.8 (2019)	Trending up

The Indicators in the charts above are included in the [Child-Well Being Scorecard](#), along with graphs, trend information, and narrative descriptions of each to explain the numbers and provide insight on the State’s efforts to improve that outcome. The Results and Indicators workgroup oversees the narrative description updates in the Scorecard as it becomes available by agencies.

In addition, jurisdiction-level data and information can be found by following the jurisdiction links located within the chart on this [webpage](#). Each jurisdiction has its own page that not only shows local data for the Indicators but also provides information on each program that is funded by the Children’s Cabinet Interagency Fund through the Local Management Board. Clear Impact, a consultant for the Maryland Children’s Cabinet, is tasked with entering the most recent Indicator data at the state level and jurisdiction level in the Scorecard, including disaggregated data by race/ethnicity. The task is expected to be completed by December 2022.

Conclusion

The Child-Well Being Scorecards are essential to acknowledge the progress made in Maryland, and to illustrate that improvement is possible. By evaluating child well-being across dozens of data points each year, the Children’s Cabinet can ensure it is providing Maryland’s children with a strong foundation for success across all facets of their lives.