Maryland Children's Action Network
2000 Children's Agenda Convention
Thursday, September 07, 2000

Where to find data:

1) Be sure to always know your sources. Many people are out there conducting studies and posting their findings on the web. The following are reputable sites with stacks of information.
2) Statistics on the same topic may be sources in several sites. Don't stop at the first you see. Confirmation through repetitive statistics is always reassuring.
3) If you don't see that one piece of information you think should be there, contact the host of the site either via email or telephone – both should be included on the site.

www.aecf.org/kidscount - Annie E. Casey Foundation – KIDS COUNT Data and Publications

⇒ National, State, City data
⇒ Profiles
⇒ Graphs
⇒ Maps
⇒ Rankings
⇒ Raw Data

www.connectforkids.org - Benton Foundation – Connect for Kids

⇒ State Reports/Data
⇒ Links to other kid data websites

www.childrensdefense.org/states - Children's Defense Fund (CDF): 1998 state-by-state data

⇒ State kid data (snapshots)
⇒ Population and family statistics
⇒ Economic security and federal program participation
⇒ Health and disabilities
⇒ Child care and early childhood education
⇒ Youth development

www.kff.org/docs/states - Kaiser Family Foundation

⇒ State health facts
⇒ Medicaid statistics

www.nces.ed.gov/pubsearch - National Center for Education Statistics

⇒ State profiles of public elementary and secondary education
⇒ Achievement
⇒ Dropout rates
⇒ Enrollment

www.frac.org/html/federal_food_programs/states - Food Research and Action Center

⇒ State profiles/statistics
⇒ Hunger
⇒ Poverty
⇒ Food insecurity
⇒ Unemployment
⇒ Federal school breakfast/lunch programs
⇒ Child and adult care food program

www.ericps.crc.uiuc.edu/nccic/statepro.html - National Child Care Information Center

⇒ State child care profiles
⇒ General state kid statistics
⇒ Staff/child ratio requirements

www.census.gov - U.S. Census Data

⇒ National data
⇒ State data
⇒ State data center links (i.e.: www.mdp.state.stateofinterest.us)

How to use data to communicate:

COMMON COMMUNICATIONS MISTAKES

⇒ **The policy is the message.**
⇒ **The public opinion is the message.**
⇒ **The message is a slogan or silver bullet.**
⇒ **All people need are the facts or more facts.**
⇒ **All we need to do is think like journalists.**

Message Strategy			
	Audience 1	Audience 2	Example – The Public on Day Care
Communications Objective			Reframe day care as an educational issue rather than "who takes care of baby while mommy works" issue
Beliefs			Women need to work Day care is a necessary evil Education is key to children's future success
Barriers			As a "women in the workforce issue," day care is about safety, convenience, expense. Quality is defined as safety.
Desired Outcome			Create public expectation and demand for educational excellence in "early education"
How people should think about this issue			As an education, as child nurturance, as building lifelong learning and future success
Message/story/ information that will help them think that way			Building the story as education and nurturance, using those statistics that demonstrate "success" of children with early education

KIDS COUNT Data and Publications

KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the United States. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children. At the national level, the principal activity of the initiative is the publication of the annual *KIDS COUNT Data Book*, which uses the best available data to measure the educational, social, economic, and physical well-being of children. The Foundation also funds a nationwide network of state-level KIDS COUNT projects that provide a more detailed, community-by-community picture of the condition of children.

Just Released, the 2000 KIDS COUNT Data Book and Online Database! New!
State-by-state and national indicators of child well-being are now available through our interactive online database where you can view state profiles, graphs, maps, and rankings, and download raw data.

View the Auxiliary Tables for the *KIDS COUNT Data Book: 2000* here.

Special Policy Briefing on June 20th to Announce KIDS COUNT Findings and the Release of the 2000 KIDS COUNT Data Book New!

A special policy briefing to announce KIDS COUNT findings and explore implications for the Casey Foundation's work was carried live on the AEC Web site on Tuesday, June 20.

Policy briefing now available!

View the video stream from Washington, DC.

This live Webcast featured Kent "Oz" Nelson (Chairman, Annie E. Casey Foundation Board of Trustees and former CEO of U.P.S.); Douglas W. Nelson (President, Annie E. Casey Foundation); Geoff Canada (President, Rheedlen Center for Children and Families); Blandina Cardenas (San Antonio community leader); Ron Haskins (House Ways and Means Subcommittee staff director); Jonathan Kozol (author); Arianna Huffington (nationally syndicated columnist) and Jim Wallis (minister, and director of Sojourners Community.)

The 1998-1999 AEC financial statements and 1999 grant list are now available for download as Acrobat PDF files.

For more information on the Foundation's policies and procedures regarding grant applications, view the grant guidelines.

Detailed information on the Foundation's commitment to increasing the pool of the strongest possible leaders with the vision and ability to frame and sustain major systems reforms and community capacity building initiatives.

Click for more >>

- Casey Family Services
- Family to Family
- Jobs Initiative
- Juvenile Detention Alternatives Initiative
- Making Connections (Neighborhood Transformation / Family Development)
- Rebuilding Communities Initiative

Click for a full list >>

In programs that provide information about both

contraception and abstinence, evaluators have found no increase in sexual activity. Indeed, some programs that include information on contraception were found to delay initiation of sexual activity.
-When Teens Have Sex
Learn more >>

(minister, and director of Sojourners Community.)

To view this Webcast, you will need the RealPlayer plugin which you can download here.

The Right Start: A New Report on Infants in Largest U.S. Cities New! 12/16/99
A new KIDS COUNT Special Report released December 16 finds that newborns who enter life in America's largest cities are likely to face substantial disadvantages in their early years. In The Right Start: Conditions of Babies and Their Families in America's Largest Cities, data drawn from birth certificates track eight key indicators of well-being in the top 50 U.S. urban areas.

The report, the first comprehensive study of large cities based on data drawn from birth certificates, underscores the extent to which many urban communities remain isolated from the economic and social resurgence experienced over the past decade.

The Overlooked Undercount: Children Missed in the Decennial Census(64K PDF)
In a new paper, **The Overlooked Undercount: Children Missed in the Decennial Census**, William O'Hare explores the reasons why so many children are not included in the U.S. Census and examines the implications and consequences for the nation's communities and neighborhoods. Dr. O'Hare is coordinator of the Annie E. Casey Foundation's annual KIDS COUNT project.

Teen Childbearing in America's Largest Cities -- A KIDS COUNT Working Paper 4/20/99
The widely noted national decline in births to teens is even more dramatic in many of the nation's largest cities. An average 13 percent decline since 1991 in the number of births to teens in the 50 largest cities was led by a drop of 39 percent in Detroit, 32 percent in Toledo and St. Louis, 31 percent in Washington, D.C., 27 percent in San Francisco, and 26 percent in Boston. Nationally, the number of births to teens decreased by 5 percent in the same time period.

When Teens Have Sex: Issues and Trends -- A KIDS COUNT Special Report 1/20/98
When Teens Have Sex: Issues and Trends -- A KIDS COUNT Special Report, which is patterned after the Foundation's annual KIDS COUNT Data Book, provides key indicators of adolescent health and sexual behavior state by state, discusses the issues, and describes some promising programs that are helping young people make responsible desisions.

1999 KIDS COUNT Overview and Summary/Findings

1998 KIDS COUNT Overview and Summary/Findings

1997 KIDS COUNT Overview and Summary/Findings

1996 KIDS COUNT Overview and Summary/Findings

1995 KIDS COUNT Overview and Summary/Findings

CITY KIDS COUNT: Data on the Well-Being of Children in Large Cities

Child Care You Can Count On - Model Programs and Policies

Success in School: Education Ideas that Count

Contacts for State KIDS COUNT Projects

Frequently Asked Questions About KIDS COUNT

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Last Updated: July 10, 2000
URL: http://www.aecf.org/kidscount/index.htm

HOME

2000 KIDS COUNT Data Online

PROFILES GRAPHS MAPS RANKINGS RAW DATA

Profiles - Results

« PREVIOUS CREATE A NEW PROFILE »

Profile for Maryland

Indicators of Child Well-Being		Trend Data 1990	1997
Percent low birth-weight babies	MD	7.8%	8.8%
	U.S.	7.0%	7.5%
Infant mortality rate (deaths per 1,000 live births)	MD	9.5	8.8
	U.S.	9.2	7.2
Child death rate (deaths per 100,000 children ages 1-14)	MD	27	23
	U.S.	31	25
Rate of teen deaths rate by accident, homicide, and suicide (deaths per 100,000 teens ages 15-19)	MD	77	58
	U.S.	71	58
Teen birth rate (births per 1,000 females ages 15-17)	MD	33	28
	U.S.	37	32
Percent of teens who are high school dropouts (ages 16-19)	MD	10%	7%
	U.S.	10%	10%
Percent of teens not attending school and not working (ages 16-19)	MD	10%	8%
	U.S.	10%	9%
Percent of children living with parents who do not have full-time, year-round employment	MD	26%	22%
	U.S.	30%	27%
Percent of children in poverty	MD	14%	14%
	U.S.	20%	21%
Percent of families with children headed by a single parent	MD	28%	26%
	U.S.	24%	27%

Demographic Change			
			Population: 1990-1999
	1990	1999	% CHANGE
All children under age 18	1,167,700	1,309,400	12%

Economic Characteristics		
	MD	U.S.
Median income of families with children: 1997	$58,200	$43,400
Percent of female-headed families receiving child support or alimony: 1997	48%	34%
Percent of children in extreme poverty (income below 50% of poverty level): 1997	7%	9%
Percent of children under age 5 in poverty: 1996	15%	23%

Child Health and Education		
	MD	U.S.
Percent of low-income children without health insurance: 1997	26%	25%
Percent of 2-year-olds who were immunized: 1998	79%	81%
Percent of 4th grade students who scored below basic reading level: 1998	39%	39%
Percent of 4th grade students who scored below basic mathematics level: 1996	41%	38%

Child-Care Indicators		
	MD	U.S.
Percent of children under age 6 living with working parents: 1997	69%	66%
Percent of children ages 6-12 living with working parents: 1997	59%	55%
Percent of children under age 13 living in low-income families with working parents: 1997	11%	21%
Median hourly wages of child-care workers: 1998	$7.21	$6.61
Median hourly wages of preschool teachers: 1998	$9.16	$8.32
Median hourly wages of all workers: 1998	$13.15	$11.29

Juvenile Justice		
	MD	U.S.
Juvenile violent crime arrest rate (arrests per 100,000 youths ages 10-17): 1997	685	412
Juvenile property crime arrest rate (arrests per 100,000 youths ages 10-17): 1997	2,724	2,338

Access to Phones, Computers, and the Internet		
	MD	U.S.
Percent of children who live in a household without a phone: 1997-1998	5%	8%
Percent of children who live in a household without a computer: 1997-1998	35%	49%
Percent of children who live in a household without Internet access: 1997-1998	59%	73%

Primary KIDS COUNT Contact for this state:

Maryland

Jennean Everett-Reynolds
KIDS COUNT Project Director

Advocates for Children & Youth
34 Market Place
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Bernstein Building
Baltimore, MD 21202
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Definitions & Data Sources

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Reports & Data

Making Sure of Where We Started: State Employment and Training Systems for Welfare Recipients on the Eve of Federal Reform

This Urban Institute report reviews employment and training services for welfare recipients and the financial resources devoted to welfare employment and training services before the implementation of federal welfare reform legislation.

State Child Welfare Screening Policies and Practices

The Urban Institute's publication, "The Decision to Investigate: Understanding State Child Welfare Screening Policies and Practices," describes results from a 1997 baseline survey of child welfare agencies.

Reviewing State Actions in Child Care and Early Education

How does your state compare? Children's Defense Fund provides highlights and updates on state actions during 1999.

Status of Education Standards in the States

States are implementing their plans for academic standards in public education. Check out a chart of your state's "action plan" on testing, social promotion, school readiness, accountability, and more - the results of a survey of the states by Achieve, Inc.

Welfare Reform- State Sanction Policies and Number of Families Affected

GAO's review of welfare reform sanction policies and procedures shows states using sanctions to cut cash benefits for about 5 percent of TANF recipients - some 135,800 families -- in any given month. Some families are also being sanctioned with cuts in Medicaid coverage and/or Food Stamp participation.

State of the States 2000

(March 15, 2000) The National Priorities Project (NPP) wants to redefine "national security" as a family and community matter, measuring whether the nation is meeting citizen needs in five basic areas -- economic security, education, the environment, health care and housing. Its *State of the States 2000* compares the federal commitment to these needs with the federal dollars spent on defense in snapshots of each state.

Health Care Statistics

The Henry J. Kaiser Family Foundation outlines key facts about the health of children in each state, including the numbers of children on Medicaid and the demographics of uninsured kids. **Other resources:**

- The American Academy of Pediatrics offers fact sheets on how states can afford to cover children's health care.
- The Urban Institute's "Assessing the New Federalism" project has current reports on developments in health care at the state level.

State Education Statistics

Demographic and membership characteristics of schools and districts, grade levels in schools, urbanicity, high school completers and dropouts, achievement levels of students, number and proportions of instructional, support services, and administrative staff, pupil-teacher ratio, salary

information, teacher preparation, federal education aid to states, and revenue and expenditure information. **Other resources:**

- The National Education Goals Panel has created state fact sheets based on the 1999 National Education Goals Report and Data Volume.
- For more on state education standards, check out other NEGP publications.

Child Care Statistics
Find demographic information about the children, families, and child care in your state, as well as contact information for state agencies involved in child care.

Alabama KIDS COUNT
If you want to see how Alabama's children fared in health and achievement, explore KIDS COUNT data. County by county rankings are available from Voices for Alabama's Children.

Children in Alabama: 1998 Data
The Alabama section from Children in the States: 1998 Data, published by the Children's Defense Fund (CDF), offers an overview of pertinent information on kids in the state. CDF's CHIP checkup shows how your state is implementing the largest federal funding expansion in children's health coverage since the adoption of Medicaid.

Hunger and Food Programs
Find state-specific information about child hunger and participation in federal food programs from the Food Research and Action Center (FRAC).

Alabama State Data Center
The Alabama State Data Center serves as an almanac of state facts including the number of children in Alabama and the percentage of families in poverty. If you've got the time to explore, you'll discover a wealth of information. Need help finding the answer to a specific question? Call the "reference librarian" at 205-348-6191. For basic data visit the U.S. Census Bureau's State and County Quickfacts.

State-by-State Comparisons

2000 KIDS COUNT
The 2000 KIDS COUNT Data Book, released June 20, finds that although overall poverty rates declined slightly over the last decade, the number of children in "working poor" families rose significantly.

State EITCs Helping Working Parents
The federal Earned Income Tax Credit (EITC) has been called the single most effective anti-poverty program for low-income families, lifting at least 2 million children out of poverty by cutting their families' tax burdens. Eleven states now offer state EITCs to low-income families, building on bipartisan support and giving working families "A Hand Up" and out of poverty, according to this report from the Center on Budget and Policy Priorities.

Making Standards Matter 1999
The American Federation of Teachers reports annually on state efforts to introduce and implement educational curriculum and performance standards. "Making Standards Matter 1999" reports that all but three states are committed to using student standards and includes recommendations to help students succeed in "high stakes" standards.

State TANF Information
While welfare reform gave states greater flexibility, important information has been hard to gather, such as the TANF (Temporary Assistance to Needy Families) regulations for each of the 50 states and the District of Columbia. The Center on Budget and Policy Priorities and the Center for Law and Social Policy has now put that information online.

On the Chopping Block...Potential Cuts in Labor, HHS, and Education

The National Priorities Project provides a state-by-state analysis of the effect of the cuts in the FY 2000 HHS-Education-Labor appropriations bills (which cover discretionary spending), showing the actual effect of cuts in each of several selected programs in each state.

State Tobacco Settlements

Most states settled their cases with the tobacco companies months ago, but will the money go to reduce tobacco use as promised? Read *The Aftermath of the States' Tobacco Settlement: A Mid-term Report Card*, a report by the Campaign for Tobacco-Free Kids and the American Heart Association, to check up on your state legislature.

Quality Counts '99

Many states have adopted standards for what students should know as well as tests to measure how much young people are learning, using accountability as the lever to bring about improvements in classrooms. The executive summary of this 1999 *Education Week* report details the findings of an exhaustive, 50-state survey of state policies on accountability. Find out how far states have to go in making their accountability systems clear, fair, and complete.

Prekindergarten Programs Funded by the States

Looking for information about state funding and implementation of prekindergarten programs? This report from the Families and Work Institute provides descriptive tables of each state's program and a brief analysis across states.

Map and Track: State Initiatives for Children in Poverty

How many states are responding to the compelling new research on early brain development? Which states are demonstrating leadership in developing and implementing a vision for families with young children? Which states are not funding any state initiatives for supporting young children? Find out in the 1998 edition of this report published by the National Center for Children in Poverty.

Healthfinder

Looking for children's health information on topics such as immunizations, physical education, substance abuse, children and tobacco, or child abuse? Healthfinder brings together under one umbrella a wealth of health information for parents, consumers, and advocates. Here's the gateway to the latest reports from all the agencies housed under the Department of Health and Human Services as well as the 50 state health departments. You can also find health information and publications from universities, professional journals, and government research institutions, and links to other library and website information resources.

MORE

Children's Defense Fund

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CHILDREN IN THE STATES

1998 Maryland profile

April 28, 1998

Moments for Maryland children

Every 12 minutes a child was reported abused or neglected.
Every hour a baby was born to a teenage mother.
Every hour a baby was born at low birthweight.
Every 14 hours a baby died during the first year of life.
Every 3 days a child or youth was killed by a gun.

Population and family characteristics | Economic security and federal program participation | Health and disabilities | Child care and early childhood education | Youth development

Population and family characteristics

	Maryland	United States
Number of children under age 18, 1996	1,286,190	69,048,323
Number of children under age 6, 1996	437,339	23,331,932
Number of children ages 6 - 17, 1996	848,851	45,716,391
Number of substantiated claims of children abused or neglected, 1995	na	n/a
Children under age 18 in foster care on the last day of the fiscal year (FY) 1995	7,399	480,249
Percentage change from FY 1990 - FY 1995	14%	19%
Number and percentage of births to unmarried mothers, 1995	24,124 33%	1,253,976 32%

Economic security and federal program participation	Maryland	United States
Median income of families of four, 1995	$60,239	$49,687
Hourly minimum wage, 1997	$5.15	$5.15
Lowest fair market rent for a two-bedroom apartment, 1998	$488	*
Lowest rent as a percentage of minimum wage, 1998	57%	*
Percentage change in number of welfare (AFDC/TANF) recipients, January 1993 to August 1997	-33%	-29%
Number of children benefiting from the Food Stamp Program, FY 1997	200,000	13,195,000
Number of participants receiving food supplements through the Women, Infants, and Children Food (WIC) Program, FY 1997	91,520	7,178,456
Number and percentage of children under age 18 who are poor, 1993	194,218 15% State rank: 7	15,727,492 23%
Percentage of cases with any child support collected over the course of a year, FY 1995	23% State rank: 21	19%

Health and disabilities	Maryland	United States
Incidence of early prenatal care, 1995	87.9% State rank: 5	81.3%
Rate of low-birthweight births, 1995	8.5% State rank: 43	7.3%
Infant mortality rate (infant deaths per 1,000 live births), 1995	8.9 State rank: 41	7.6
Percentage of 19- to 35-month-old children fully immunized, 1996	78% State rank: 20	77%
Number and percentage of children through age 18 lacking health insurance, 1994-1996	158,000 11.3% State rank: 24	11,300,000 15.1%
Number and percentage of children covered by Medicaid, FY 1996	320,632 21%	23,254,568 28%
Number of young people under age 22 in the Individuals with Disabilities Education (IDEA) Program, 1995-1996	100,863	5,572,328
Number of children in the Supplemental Security Income (SSI) Program, November 1997	13,824	944,130
Number of child cases terminated from SSI, Aug. 1996 - Dec. 1997	1,610	145,904

Child care and early childhood education	Maryland	United States
Percentage of mothers in the labor force with children under age 6, 1990	66%	60%
Percentage of mothers in the labor force with children ages 6 - 17, 1990	81%	75%
Total number of children participating in Head Start, 1996	10,733	798,513
Number and percentage of public schools offering extended day programs, 1993-1994	1,185 44%	80,737 19%
Number of licensed child care centers, 1997	2,077	96,507
Number of regulated family child care or group homes, 1997	12,292	282,883
Training required for family child care providers prior to serving children, 1997	Yes	No
Training required for teachers in child care centers prior to serving children, 1997	Yes	No
Number of 18-month-olds allowed per caregiver (Recommended level 3 - 5 per caregiver)	3	*



Youth development	Maryland	United States
Teen birth rate, 1995	47.7	56.8
Number of reported juvenile violent crime arrests, 1996	3,656	n/a
Total number of deaths from firearms of young people under age 20, 1995	143	4,716
Number of homicides of young people under 20 due to firearms, 1995	118	3,249
Number of suicides of young people under age 20 by firearms, 1995	20	1,450
Annual average unemployment rate for youths, ages 16 - 19, 1995	22.4%	17.3%


* See Data Sources

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CDF

United States at a Glance:

Total 1996-98 Non-elderly Population:	236,291,000
Low-Income (below 200% of Poverty) Non-elderly Population (1996-98):	75,944,000
Percent Low-Income:	32.1%
Uninsured Population (non-elderly, 1996-98):	42,900,900
Percent Uninsured:	18.2%
Medicaid Enrollment (non-elderly, 1996-98):	26,187,000
Percent Medicaid:	11.1%
Medicaid Managed Care Enrollment (1998):	16,834,000
Percent of Medicaid Enrollment in Managed Care:	54.1%
Total Medicaid Spending (1997):	$161,219,000,000
Federal Medicaid Assistance Percentage (FMAP, FY 2001):	60.8%

Other Online Resources:

Health Care Financing Administration
Census Bureau
The Urban Institute
Anne E. Casey Foundation
American Association for Retired People
National Governors Association

Also Available:

A copy of *State Facts: Health Needs and Medicaid Financing,* February 1998, can be ordered from the Foundation's publications request line at 1-800-656-4533 (ask for document #2041).

State Summary Tables Online

State Summary Tables in PDF (130K)

State Summary Tables in Text ZIP Archive (35K) (or in a Stuff-It Archive)

Date Sources and Definitions

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National Center for Education Statistics
NCES Electronic Catalog
Product Information Page
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Subjects A - Z
Survey and Program Areas

Title: State Profiles of Public Elementary and Secondary Education: 1996-97

Abstract: State Profiles provides summary data on the 50 states, DC, and the outlying areas. The data that are reported are those most commonly used to present a thumbnail sketch of the resources, needs, organization, and special characteristics of education within a state. Data include: demographic characteristics, membership characteristics of schools and districts, grade levels in schools, urbanicity, number of students by race/ethnicity, high school completers and dropouts, achievement levels of students, number and proportions of instructional, support services, and administrative staff, pupil-teacher ratio, salary information, teacher preparation, federal education aid to states, and revenue and expenditure information.

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GPO Price: $47.00

Authors: Victor Bandeira de Mello, AIR

Type of Product: Statistical Analysis Report

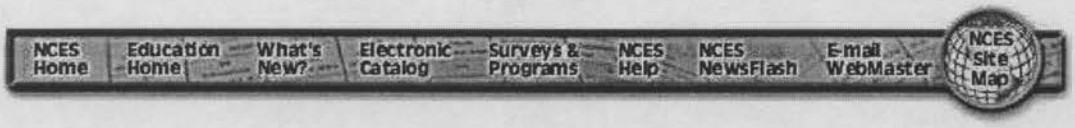
Data Source: Common Core of Data (CCD)
Schools and Staffing Survey (SASS)

Subject Descriptors:
- Achievement, student
  - mathematics
- Achievement, student
  - science
- Dropout rates, high school
- Enrollment
  - elementary and secondary schools
- Expenditures
  - elementary and secondary schools
- Finance
  - elementary and secondary schools
- High school graduates, number of
- Public elementary and secondary agencies
- Public schools
  - elementary/secondary
- Race/ethnicity
- Revenues
  - elementary/secondary schools
- School districts, public
- Schools

- Staff
  - elementary and secondary schools
- State
  - counts by state
- Teachers
  - salaries of

Questions: *For questions about the content of this product, please contact Beth Young.*

Tell a colleague about this product!



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Federal Food Programs

The Programs:

- Food Stamp Program
- National School Lunch Program
- School Breakfast Program
- Summer Food Service Program for Children
- Supplemental Nutrition Program for Women, Infants & Children (WIC)
- Child and Adult Care Food Program (CACFP)
- The Emergency Food Assistance Program (TEFAP)

Resources to assist afterschool and summer programs in using the child nutrition programs.

Visit the Second Annual Report from FRAC and Second Harvest, the National Food Bank Network, which presents information on actions the 50 states and the District of Columbia are taking -- or failing to take -- to address the food assistance gap. Actions include initiatives to protect food stamp benefits for jobless persons willing to work and for legal immigrants, to expand the Summer Food and School Breakfast Programs, and to provide additional financial support to emergency feeding providers. The report profiles model initiatives in each category.

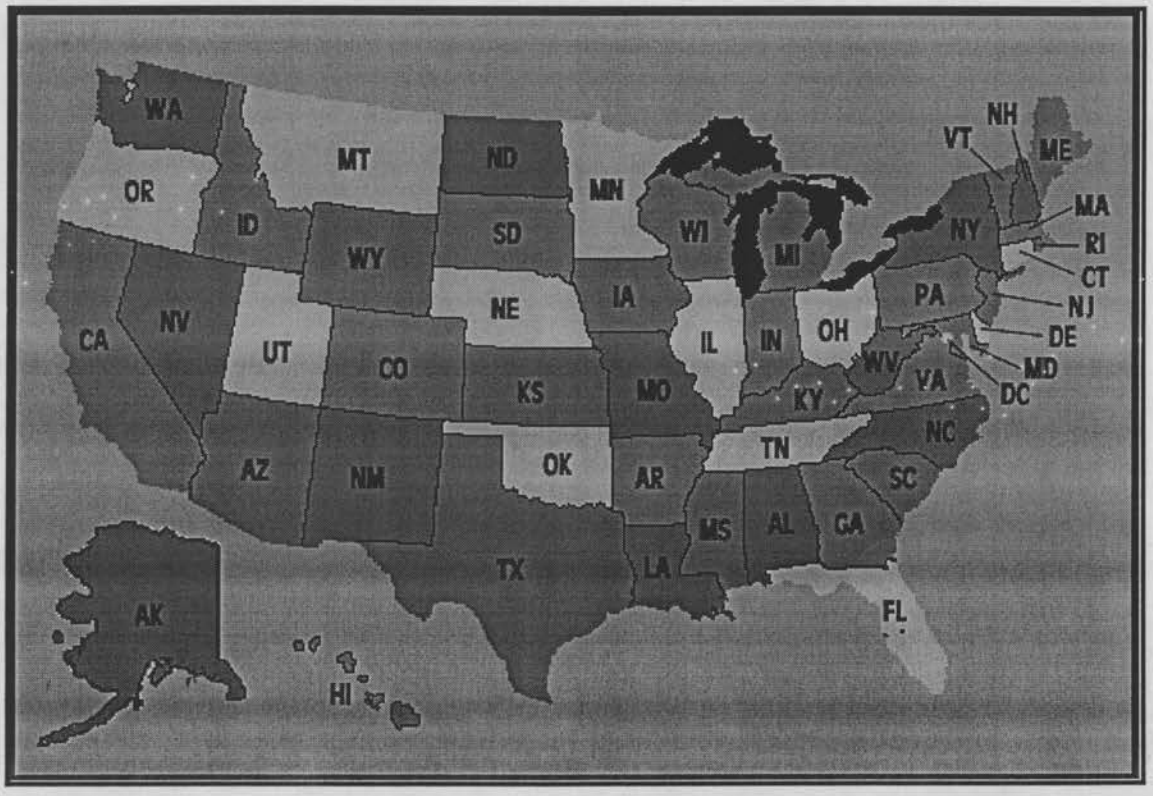
State Profiles

Choose your state from the map below to view a profile of the Federal Food Programs at work in the state, or view the National Profile.

NCCIC National Child Care Information Center

State Child Care Profiles

The following state profiles include demographic information about the children, families and child care in each state, as well as contact information for different state agencies involved in child care. The profiles also contain links to additional state and national resources. The profiles can be accessed by clicking on your state in the map below or by clicking on the state names listed at the bottom of this page.



2000 MD CAN Children's Agenda Convention
Evaluation

1. Please tell us one or two things you liked most about today's Convention.

2. Please tell us the one or two things that were problems today with the agenda or site.

3. Which workshop did you attend? _____
   Will it help you in your advocacy efforts?

4. Which coalition breakout did you attend? _____
   Do you feel it added to the knowledge you received during the rest of the Convention?

5. Have you attended previous Conventions? _____ If yes, which one(s)? ___1997; ___1998; ___1999 How did today compare with past Conventions?

6. We try to improve upon the Convention every year. Please tell us how you think future Conventions can be improved.

7. If you received the policy book before the Convention, did you read the suggested pages?

8. Did you take time to look at the information tables and pick up some resources?

Thank you for attending the 2000 Children's Agenda Convention. We hope you had a meaningful experience that will help you to be a stronger advocate for children in the future.

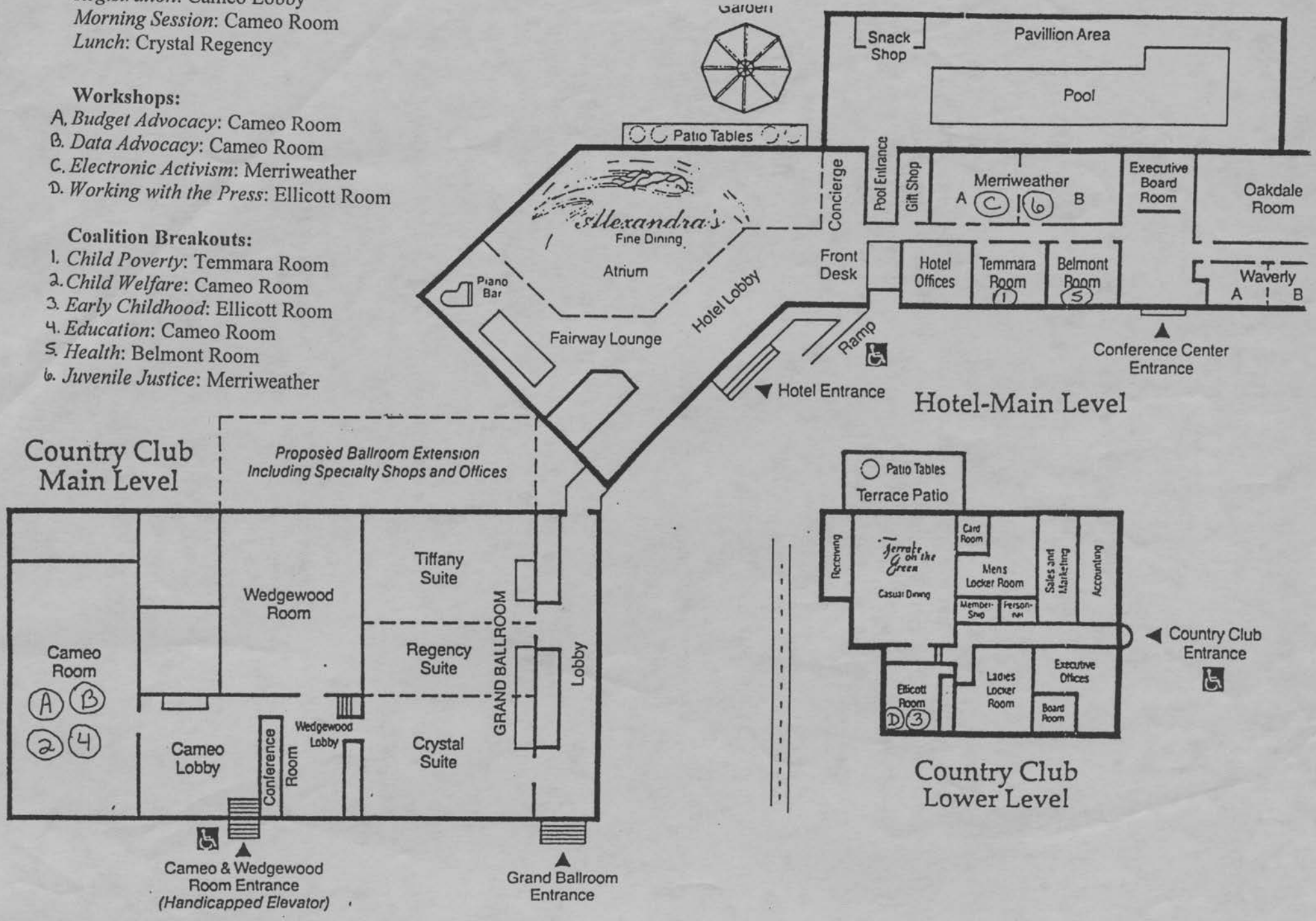
Registration: Cameo Lobby
Morning Session: Cameo Room
Lunch: Crystal Regency

Workshops:

A. *Budget Advocacy*: Cameo Room
B. *Data Advocacy*: Cameo Room
C. *Electronic Activism*: Merriweather
D. *Working with the Press*: Ellicott Room

Coalition Breakouts:

1. *Child Poverty*: Temmara Room
2. *Child Welfare*: Cameo Room
3. *Early Childhood*: Ellicott Room
4. *Education*: Cameo Room
5. *Health*: Belmont Room
6. *Juvenile Justice*: Merriweather



Criteria to Consider
As You Select MD CAN 2001 Public Policy Issues

Remember, when you prioritize the policies listed on the ballot, consider the facts in the policy book, the points listed on the ballot, and the information you learned today. Though each of us have a special interest in specific policies, today we come together to look at the whole child and family and to select the policies that will have the greatest impact. Consider the following:

1. Does this policy have the ability to significantly improve the lives of **many** Maryland children and families?

2. Will this policy help bring about **long-term** improvement in the lives of children and families?

3. Will the policy help improve **outcomes** for children in areas that you think are extremely important (for example, breaking the cycle of child poverty, improving academic success, improving child health outcomes, etc.)?

4. Is there a strong potential for **political support** among voters, citizens and political leaders?

5. What is the **cost effectiveness** of the policy in comparison to other uses of the same money?

6. Are there potential **sources of funding** available at the federal, state or local level that could be leveraged if this initiative succeeds?

Helpful Websites

Maryland Electronic Capital (includes Governor, Lt. Governor, General Assembly, and state agencies)	www.mec.state.md.us/mec
To access the Governor's site directly	www.gov.state.md.us
To access the General Assembly site directly	www.mlis.state.md.us
Academy for Educational Development	www.aed.org
Advocates for Children and Youth	www.acy.org
American Academy of Pediatrics	www.aap.org
American Academy of Pediatrics – Maryland Chapter	www.mdaap.org
American Youth Policy Forum	www.aypf.org
Annie E. Casey Foundation	www.aecf.org
Campaign for an Effective Crime Policy	www.crimepolicy.org
Center for Health Care Strategies	www.chcs.org
Center for Law and Social Policy	www.clasp.org
Center on Budget and Policy Priorities	www.cbpp.org
Child Welfare League of America	www.cwla.org
Children's Defense Fund	www.childrensdefensefund.org
Communities in Schools, Inc.	www.cisnet.org
Connect for Kids (Benton Foundation)	www.connectforkids.org
Council of Great City Schools	www.cgcs.org
Education Week	www.edweek.org
Families USA	www.familiesusa.org
Family Voices	www.familyvoices.org
Health Care Financing Administration	www.hcfa.gov
Joint Center for Poverty Research	www.jcpr.org

League of Women Voters of Maryland	www.bcpl.net/~lwv
Maryland Association of Nonprofit Organizations (MANO)	www.mdnonprofit.org
Maryland Association of Resources for Families and Youth (MARFY)	www.marfy.org
Maryland Budget and Tax Institute	www.mdnonprofit.org/mbtpi.htm
Maryland Justice Policy Institute	www.md-justice-policy-inst.org
Maryland State Department of Education	www.msde.state.md.us
National Association of Child Advocates	www.childadvocacy.org
National Center on Children in Poverty	http://cpmcnet.columbia.edu/dept/nccp
Public Justice Center	www.publicjustice.org
U.S. Department of Education	www.ed.gov
U.S. Office of Juvenile Justice and Delinquency Prevention	www.ojjdp.ncjrs.org
Welfare Information Network	www.welfareinfo.org

Who Wants to Be a Champion for Children?

Here are the questions for the 'Who Wants to Be a Champion for Children' game, with the correct answer in bold.

Child Poverty questions:

1. *Prize = Cut by half the number of families living under 200% FPL*

Maryland has almost 1.4 million children. Two-thirds of these children live in families where at least one parent is working. Approximately how many of these children live at or below 200% of the federal poverty level?

a. 100,000 children
b. 225,000 children
c. 350,000 children
d. 475,000 children

2. *Prize = even distribution of assets.*

The top 10% of Americans control what percentage of available assets?

A. 25%
B. 47%
C. 67%
D. 82%

3. *Prize = 1,000 people opening IDAs*

All of the following can be purchased with money saved in a traditional Individual Development Account program, EXCEPT:

A. A small business
B. Medical treatment
C. A major home repair
D. Post-Secondary Education

4. *Prize = double the income of all low-income parents*

A parent's educational level has a direct correlation to their earning potential. In 1979, a person with a college diploma earned 39% more than a worker with a high school diploma. What is the difference in 1993 in earning potential?

a. 50%
b. 60%
c. 70%
d. 80%

5. *Prize = double the percentage of parents with a college education*

Which of the following are true statements about the positive effects of educational level of a parent on the child's academic achievement? Educated parents...

a. have the confidence to build a partnership with educators.
b. do their children's homework.
c. see more benefit in education and participate more actively in their children's schooling and education.
d. A and C above.

6. *Prize = funding to provide IDA accounts for 1,000 people.*

How much would an IDA program cost to the state of Maryland to provide accounts for 1,000 people over 5 years?

A. $1 million
B. $4 million
C. $6 million
D. $10 million

7. *Prize = $9 million.*
Which of the following is the best strategy to help low-income parents secure better jobs with benefits and room for advancement?
a. opportunities for education and job training
b. tax credits for low-income families
c. computer loan programs
d. government-supported wage subsidies that pass through employers to workers

Child Welfare Questions:
1. *Prize = All religious exemptions are removed from child abuse and neglect laws.*
Religious exemptions have legally permitted parents to withhold medical care to their children for which of the following medically curable and treatable diseases?
a. Diabetes
b. Pneumonia and Bacterial Meningitis
c. Ruptured Appendix
d. All of the above

2. *Prize = No more children in Maryland suffer from a treatable condition because their parents withheld medical care*
Which of the following religious exemptions are current law in Maryland? One that prohibits or prevents:
a. the health department from requiring parents to obtain medical treatment for their children who have contracted tuberculosis if they are receiving prayer treatments.
b. the juvenile court from terminating the parental rights of negligent parents who rely on spiritual healing for their children.
c. the Juvenile Court from ordering necessary medical care for children who receive spiritual healing in lieu of medical care.
d. All of the above.

3. *Prize = 50 addictions specialists*
According to the Citizens' Review Board for Children, how many mothers with substance abuse problems are estimated to have had their children removed to out-of-home care in 1999?
a. 3000
b. 500
c. 1600
d. 750

4. *Prize = 100 children safely returned to their parents who were successfully treated for substance abuse*
How many intensive inpatient substance abuse treatment slots for women with children are there in Maryland that are appropriate for women with children?
a. 1506
b. 811
c. 379
d. 71

5. *Prize = pay raise for all addiction specialists in the state*
If people receive appropriate substance abuse treatment, how many are likely to achieve a period of sustained recovery, according to a recent report by DHHS?
a. 2 out of 3 people
b. 1 out of 7 people
c. 4 out of 5 people
d. 3 out of 8 people

6. *Prize = $16.5 million for substance abuse treatment and child welfare services.*
What is the current state policy for integrating child welfare and substance abuse services?
a. An initial screening is performed to assess risk for abuse or neglect.
b. For families who request treatment, the caseworker can go to an addiction specialist who will facilitate appropriate treatment.
c. If the case goes to court the court orders substance abuse testing and assessment.
d. Unless the child is a cocaine or heroine exposed infant, there is no comprehensive statewide policy.

Early Childhood questions:
1. *Prize = all child care settings in Maryland meet high quality standards.*
Over half of all young children in Maryland are in child care. One good indicator of whether a child is in a high quality child care program is:
a. whether the youngster can sing the alphabet song.
b. whether a youngster is learning to color in the lines.
c. whether a youngster's interests help shape the curriculum.
d. whether a youngster brings home ditto sheets regularly.

2. *Prize = all child care settings in Maryland focusing on the developmental needs of children.*
What do you think is the most important aspect of a child care setting? Specifically, good child care programs focus on a child's:
a. social and emotional development
b. intellectual development
c. motor development
d. all of the above

3. *Prize = funding for training of family support personnel.*
The phrase "family support" is used frequently, but few people actually know what it means. Which of the following is not a tenet of family support?
a. Enabling
b. Family-centered
c. Empowerment
d. Non-judgmental

4. *Prize = all young children receiving appropriate brain stimulation.*
We all know how important brain development is to the future health and happiness of a child. Approximately what percentage of growth has the average brain achieved by the age of two?
a. 40%
b. 90%
c. 80%
d. 65%

5. *Prize = all parents understanding the importance of early brain development.*
Imagine you are a Ph.D. candidate at Johns Hopkins School of Medicine. You are 25 years old, at the peak of your intellectual development...or are you? The brain of an average toddler is approximately how active compared to an adult?
a. The same
b. Twice as active
c. Three times as active
d. ½ as active

6. Prize = *all children having their needs met according to Maslow's hierachy of needs.*
Maslow's hierarchy tells us that we need to be fed, warm, dry, and safe to function at anywhere near maximum level. Aside from bodily nourishment, what is the most important component in early brain development?
a. Developmentally appropriate toys
b. Having information presented in developmentally appropriate language
c. Flash cards, Mozart tapes, books, and other educational materials
d. Loving, nurturing relationships

7. *Prize = all parents are able to spend quality time with their children on a daily basis.*
Child rearing practices have changed over the centuries in response to what we learn and experience. According to the National Association for the Education of Young Children (NAEYC), which item constitutes appropriate practice with toddlers?
a. adults "help" children produce a recognizable piece of work during arts and crafts time.
b. adults develop flexible time schedules dictated more by children's needs than by adult preferences.
c. adults require all children to participate in 'group time' daily.
d. adults restrict the use of certain toys to certain areas, like blocks or housekeeping.

Education questions:

1. *Prize = $15 million for teacher mentoring*
Maryland faces a teacher shortage of 11,000 teachers. How can a good mentoring and support program help Maryland attract and retain teachers?
a. It can't really help, but we need to spend our tax dollars on something.
b. It doubles the number of available players for the teacher's softball league.
c. Properly trained, full-time mentors would help new teachers tackle the normal difficulties of first-year teaching.
d. It gives teachers another person to answer to beyond the principal, parents, the PTA, the School Board and students.

2. *Prize = Governor will fund MSDE budget request for academic intervention*
What is the amount of money MSDE sought in the 2000 General Assembly to provide academic interventions to benefit students at-risk of failing the high school assessments?
a. $45 million
b. $90 million
c. $160 million
d. $250 million

3. *Prize = all schools employing proven practices for academic intervention*
Which of the following is not an example of an academic intervention?
a. Suspension and Expulsion
b. Tutoring
c. Summer School
d. After School

4. *Prize = Maryland calculates what it would really cost for every child to have an adequate education*
An adequate education includes high standards, a rich and well-delineated curriculum, and sufficient resources that help a child achieve state standards. Which is the kind of service that would **not** be included in an adequate education?
a. Core services, such as small class-size, curricula, books, teachers, well maintained infrastructure, such as physical facilities, transportation, lunch program,
b. Preventive services, which are services that children need in order to avoid academic difficulty down the road.
c. Remedial services, which are provided to children when they start to experience school failure so that they are put back on track towards academic success.
d. Basketball camp with Michael Jordan, Kobe Bryant and Shaquille O'Neal

5. *Prize = Maryland fulfills its Constitutional mandate for education.*
Why should the state of Maryland fully fund an adequate education?
a. The cost of an education is much cheaper than the cost of prisons.
b. It's the right thing to do. Children deserve it.
c. It is a constitutional requirement that the state provide a thorough and efficient education.
d. Education is the key to lifting children out of poverty.

6. *Prize = Maryland employs an adequate education funding formula*
A number of large funding programs are due to sunset June 30, 2002. The Commission on Education Finance, Equity and Excellence was established to develop recommendations for how Maryland should structure school finance in the future. Which is **not** a characteristic of a good school finance formula?
a. It is tied to the real costs of providing an *adequate* education and is predictable over time, so that jurisdictions can make long-term plans.
b. It is tied to accountability in that *each* jurisdiction is adequately funded in order to enable *all* students to meet state standards.
c. It targets all of the state aid for education towards the cost of buying pizza and beer for new teachers.
d. It distributes state aid primarily through formulas based on the relative wealth of jurisdictions, without supplanting local funds or compensating for inadequate local funding.

Health questions:
1. *Prize = 480 new hearing aids*
By what age does a child diagnosed with hearing loss need to receive a hearing aid in order to ensure that they will be on par with their peers by fourth grade?
a. five years
b. one year
c. six months
d. three years

2. *Prize = $800,000 for a hearing aid loaner bank.*
What can Maryland do to ensure that children diagnosed with hearing loss get the hearing aids they need as soon as possible?
a. pass a mandated health insurance benefit for children for hearing aids.
b. fund a hearing aid loaner bank for $800,000 to loan hearing aids to infants immediately after diagnosis of hearing loss.
c. put free hearing aids in all Happy Meals.
d. A and B

3. *Prize = 50 new trained physicians statewide*
About how many pediatricians are there statewide with special training and expertise in diagnosis and treatment of child abuse and neglect whose testimony will stand up in court?
a. Maryland has an adequate number of physicians to diagnose and treat child victims.
b. Maryland has 10-12 trained physicians, all of whom are in Metro areas.
c. None, because so few children are abused in Maryland.
d. All doctors are experts on child abuse and neglect.

4. *Prize = $750,000 to set up a public health infrastructure for child abuse and neglect*
What can we do to create a public health infrastructure that will assure an adequate number of qualified and trained physicians available locally to diagnose child abuse and neglect and follow up with court preparation and testimony?
a. provide grant funding to local health departments or regional consortiums to train and hire pediatricians as consultants for the diagnosis and treatment of child abuse and neglect.
b. use teleconsulting based at metropolitan academic centers to assist physicians in rural areas with child abuse and neglect cases.
c. support the DHMH budget request for $750,000
d. all of the above

5. *Prize = every pregnant woman in HealthChoice receiving prenatal care*
What was the MCO track record for the latest annual review (EQRO) on prenatal care delivery in HealthChoice?
a. 100% because every dollar spent on prenatal care saves $3 in future medical costs for newborns.
b. all of the MCOs exceeded the minimum compliance rate of 70%.
c. the MCOs improved vastly from 1998 to 1999.
d. the average MCO performance on prenatal objectives was 58%, but only 3 MCOs met the very minimal 70% criteria.

6. *Prize = every MCO meets quality standards*
This is the third year of implementation of Medicaid managed care called HealthChoice. What percentage of MCOs are meeting the minimum quality standards set by the state?
a. the minimum quality standards are so low that all the MCOs easily met them both this year and last.
b. One MCO met the minimum standards this year and four MCOs received financial sanctions for failing to meet the standards.
c. no MCO passed more than three of the six focused reviews.
d. B and C.

Juvenile Justice questions:

1. *Prize = 25% increase in DJJ budget appropriation for non-residential services*
What percentage of the $162 million dollar annual budget of the Department of Juvenile Justice is dedicated to non-residential services (services for youth who live at home)?
a. 50% ($81 million)
b. 40% ($64.8 million)
c. 10% ($16.2 million)
d. 4% ($6.5 million)

2. *Prize = a comprehensive array of community-based resources for children and their families*
What is the percent of the $162 million dollar Department of Juvenile Justice budget allocated to institutions and residential care and custody for detained and committed youth?
a. 69% ($111.8 million)
b. 59% ($95.6 million)
c. 49% ($79.4 million)
d. 39% ($63.2 million)

3. *Prize = Maryland relies less on institutional care and commits its resources to inexpensive and more effective community-based services.*
According to DJJ research, what is the recidivism rate (rearrest within six months) for youth who are released from institutions like Hickey?
a 48% or 5 of 10 youth released
b. 28% or 3 of 10 released
c. 90% or 9 of 10 released
d. 78% or 8 of 10 released

4. *Prize = communities and neighborhoods have access to services for youth who are beginning to get into trouble*
Of the 55,000 youth arrested in Maryland each year how many, after being adjudicated delinquent, are placed in institutions costing the Department approximately $110 million dollars annually?
a. 22,000 youth
b. 12,000 youth
c 6,000 youth
d. 2,000 youth

5. *Prize = community services provide structured discipline and accountability while youth remain at home or close to home.*
What percentage of youth under 18 are arrested for crimes of violence (crimes against people, not crimes against property)?
a. 50%
b. 31%
c. 25%
d. 7%

6. *Prize = Maryland develops and funds a wide array of community-based alternatives to detention, thereby reducing the need for secure detention*
In 1999, what percent of youth in detention were there for non-violent crimes?
a. 98%
b. 88%
c. 78%
d. 12%

7. *Prize = African-Americans have equal access to community-based services*
African-American male teens represent 16% of Maryland's population. African American males are over-represented in Maryland's detention facilities. What percent of juveniles in detention is African-American males?
a. 16%
b. 34%
c. 75%
d. 92%

Qualifying Questions:

In what year was the first MD CAN Children's Agenda Convention held?
A. 1996
B. 1997
C. 1998
D. 1999

Who received the first Champion for Children Award?
a. Governor Glendening, for his work on the Maryland Children's Health Program
b. George W. Bush, for his commitment to human rights
c. Janet Reno, for her sensitivity to children's emotional fragility
d. Charlston Heston, for his views on gun control

What is MD CAN's slogan?
a. Just Do It.
b. Show Me the Money
c. Children's Advocacy for Busy People
d. Just Say 'No'.

Which was the first chosen as a MD CAN lead issue?
a. after-school
b. MCHP
c. juvenile justice detention reform
d. early childhood education funding

Who was the 1999 Champion for Children?
a. Jesse Ventura, for his commitment to public television
b. Speaker Cas Taylor, for his leadership on the after-school initiative
c. Ken Starr, for his frugal spending of our tax dollars
d. Newt Gingrich, for his Contract for America

Which of these was not one of the top four issues for MD CAN last year?
a. integration of child welfare and substance abuse treatment services
b. stop the overuse and misuse of juvenile detention
c. parent education, literacy, and job skills training
d. increased funding for the horse racing industry

Special Thanks to…

Keynote: Dr. Sheryl Brissett-Chapman, Baptist Home for Children and Families

'Who Wants to Be a Champion for Children?' contestants
Child Welfare: Mindy Amor, Coalition to Protect Maryland's Children
Lifeline: Charlie Cooper
Juvenile Justice: Marc Bell, Maryland Juvenile Justice Coalition
Lifeline: John Savage
Education: Dr. David Jackson, The *New* Maryland Education Coalition
Lifeline: Cathy Brennan
Health: Karen Ann Lichtenstein, Coalition for Healthy Maryland Children
Early Childhood: Lisa Davis, Early Learning Workgroup
Child Poverty: Lynda Meade, Maryland Alliance for the Poor

'Regis': Jann Jackson, Advocates for Children and Youth
Video Projection: Steve Charrier

Panel of Subcabinet Secretaries:
Bonnie Kirkland, Office for Children, Youth, and Families
Georges Benjamin, Department of Health and Mental Hygiene
Lynda Fox, Department of Human Resources
Bishop Robinson, Department of Juvenile Justice
Carol Ann Baglin, Maryland State Department of Education

Workshop Presenters:
Budget Advocacy:
Neil Bergsman, Department of Budget and Management
Moderator: Matthew Joseph, Advocates for Children and Youth
Electronic Activism:
Paula Antononvich, Dougherty and Associates
Moderator: Christina Feehan, MARFY
Data Advocacy:
Meg Bostrom, Consultant
Moderator: Judy Morenoff, League of Women Voters
Working with the Press:
Sean Yeos, Baltimore Afro-American; Morgan State Radio; documentary film maker
Howard Libit, The Baltimore *Sun*
Barry Rascovar, The Baltimore *Sun*
Mindy Mintz, Maryland Public Television
Moderator: Sharon Rubinstein, Advocates for Children and Youth

Behind the Scenes:
Christine Brubaker, Judy Morenoff, and Emi Okuda for preparing the packets for the Convention.

Diane Banchiere, Christine Brubaker, K.C. Docie, Earl Hunt, Matthew Joseph, Phil Kim, and Emi Okuda for mailing the policy books.

Nancy Roberts for computer expertise.

All the people who helped today with registration and coalition breaouts.

Agenda
2000 MD CAN Children's Agenda Convention

9:00 a.m. Welcome and Keynote Address

- Dr. Sheryl Brissett-Chapman, Executive Director of the Baptist Home for Children and Families, has dedicated her career to serving at-risk children, speaking and publishing extensively on issues of policy and practice directed at highly vulnerable children, youth and families.

9:30 a.m. Issue Presentation: "Who Wants to be a Champion for Children?"

- Interactive review of policy issues to be addressed during the 2001 General Assembly

10:45 a.m. Break

11:00 a.m. Panel Discussion with Cabinet Secretaries

- Secretary of the Department of Health and Mental Hygiene Georges Benjamin
- Secretary of the Department of Human Resources Lynda Fox
- Secretary of the Department of Juvenile Justice Bishop Robinson
- Special Secretary of the Governor's Office for Children, Youth and Families Bonnie Kirkland
- Assistant State Superintendent for Special Education Carol Ann Baglin

12:30 p.m. Lunch Banquet

- *Champion for Children* Award presentation

2:00 p.m. Workshops (Please attend the workshop for which you registered.)

- Electronic Activism: Cameo Room
- Working with the Press: Temmara Room
- Budget Advocacy 101: Ellicott Room
- Data Advocacy: Merriweather

3:00 p.m. Coalition Breakouts (Please attend the workshop for which you registered.)

- Child Poverty: Maryland Alliance for the Poor – Temmara Room
- Child Welfare: Coalition to Protect Maryland's Children – Ellicott Room
- Early Childhood: Early Learning Workgroup – Cameo Room
- Education: The *New* Maryland Education Coalition – Cameo Room
- Health: Coalition for Healthy Maryland Children – Belmont Room
- Juvenile Justice: Maryland Juvenile Justice Coalition - Merriweather

MARYLAND'S BUDGET

Presentation to the 2000 MD CAN Convention

September 7, 2000

Neil Bergsman
Director of Budget Analysis
Department of Budget and Management
45 Calvert Street; Annapolis, Maryland 21041

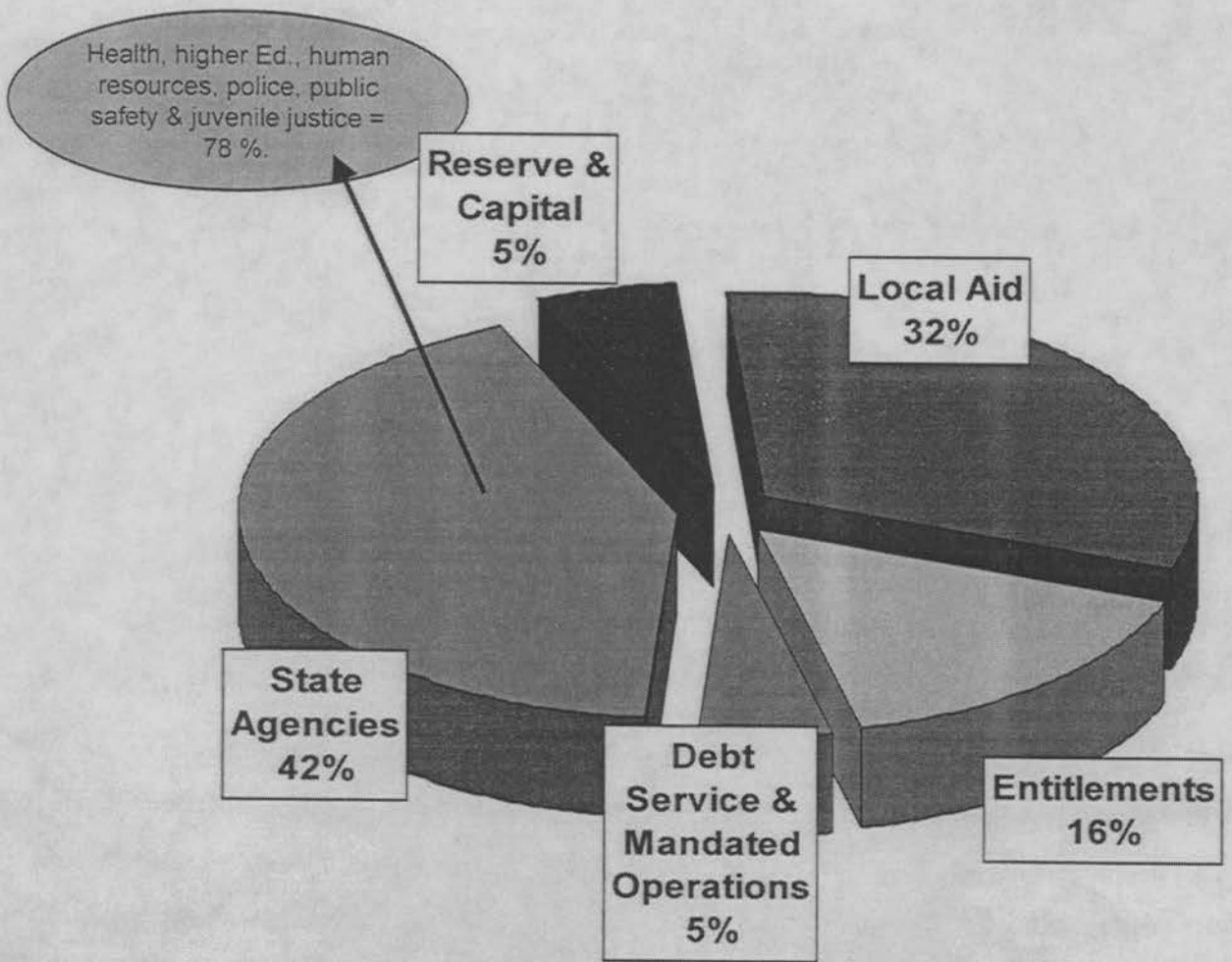
410–260-7271
nberg@dbm.state.md.us

Outline

- **The State Budget Process**
- **Maryland Managing for Results**
- **The Capital Budget Process**
- **Outlook for Fiscal 2002**
- **Tips for Advocates**

Entitlements, local aid & mandated spending

equal 53% of the FY 2001 general fund



Source: Department of Budget and Management

Maryland's Budget Process

The 2 most important things

- The budget must be balanced.
  - When the Governor submits it.
  - When the legislature enacts it.
- The legislature can only cut.
  - They cannot add.
  - They cannot rearrange.
  - They can restrict the use of funds.

Budget process basics

- Fiscal year runs July to June
  - The 2001 legislature will enact the FY 2002 budget, which will begin July 1, 2001.
- House and Senate alternate beginning budget consideration.
  - 2001 will be the House of Delegate's turn to go first.

Budget timetable

- September 1
  - Agency requests to Governor
- October, November
  - Agency hearings with Governor, Lt. Governor and Chief of Staff
- November, December
  - Governor's Decisions
- January 21
  - Budget Introduced
- Early April
  - Final legislative action

Some "exceptions" to the 2 most important things

- Supplemental budgets
  - Proposed by Governor during session
  - Must identify revenue source
- Supplementary appropriation bills
  - Enacted by legislature after budget is passed
  - Must provide revenue source
  - Not routine part of process
- Capital budget
  - Principally funded by bond proceeds
  - Legislature may add, cut & rearrange

Managing for Results

- Strategic Planning
- Performance Measurement
- Results-Oriented
- Now Mandatory Statewide
- Key Factor in Executive Budget Decisions

MFR: Frequently Asked Questions

- Isn't MFR just the latest management fad?
- Isn't MFR just an excuse to cut budgets?
- Then how does MFR figure into budget decisions?
- Is there a Statewide MFR plan?
- Why is MFR taking so long?

What are we looking for?

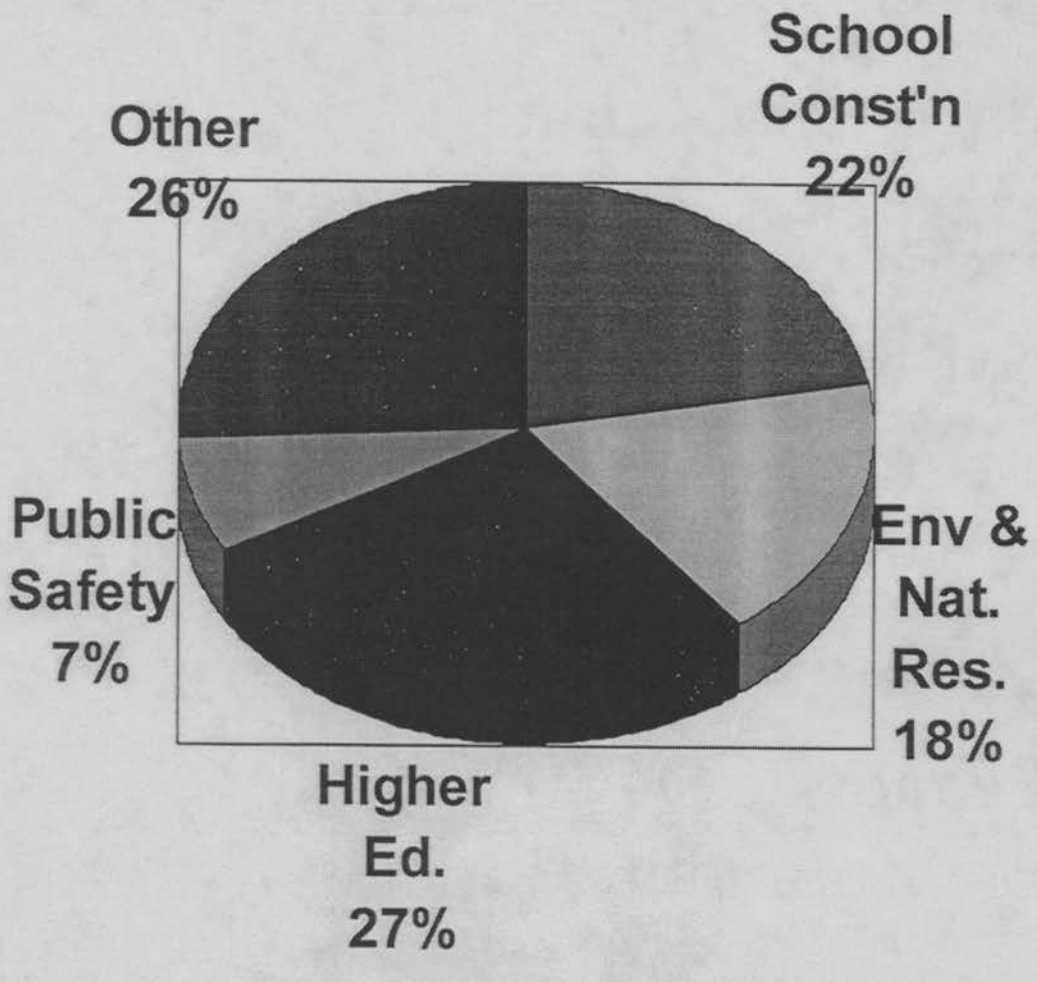
- Initiative addresses strategic issues and key goals of strategic plan
- Outcome measures for the result expected from the initiative
- Improvements expected from the initiative are clearly articulated
- Strategy behind the initiative is well-thought out and likely success documented
- Cost estimates are reasonable

The Capital Budget

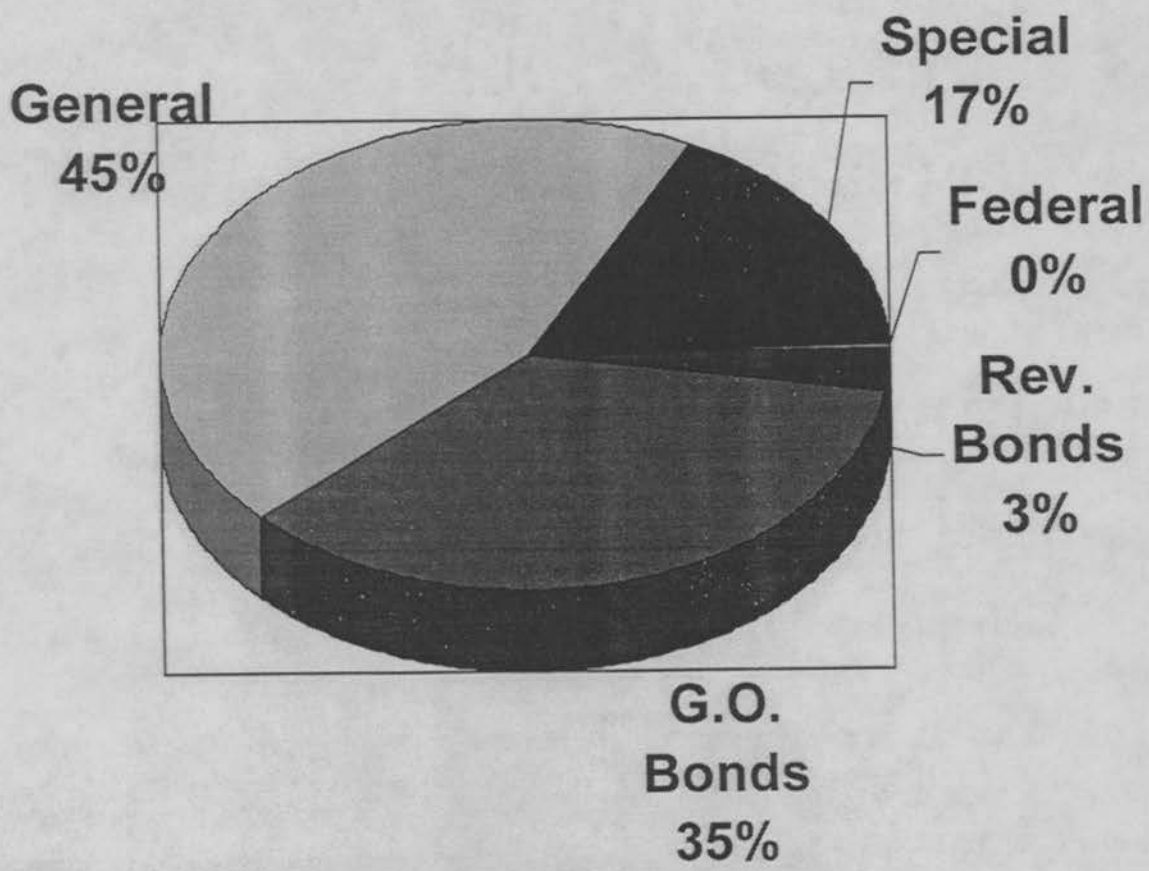
What is Capital?

- Physical Improvement
- Big (over $100,000)
- Long Useful Life (15+ years)
- Eligible Costs
  - Acquisition, design, construction, equipment
- Grant and Loan Programs
  - Economic Development, Environment, Housing

Capital Budget Uses Fiscal 2001



Capital Budget Sources Fiscal 2001



Capital Budget Concepts

- Capital Debt Affordability
- GO Bonds
  - Capital Budget Bill
  - Legislative Bond Bills
- One-time Revenues
- Planning Process
  - Facility Master Plan
  - Facility Program
  - Architectural Design
  - Construction
- (Transportation is separate)

What makes the capital budget different?

- GO Bonds
  - Legislature can add and rearrange
  - Can be passed only AFTER operating budget
  - Governor has item-veto
- Zero-based, not incremental
- 5-year capital improvement program
- NOT subject to Spending Affordability

FY 2002 Budget Outlook

Budget Context

- The budget for FY 2002 was once balanced
- Continued strong economy is a plus
- FY 2001 budget action creates challenges
- Spending affordability will be a constraint

Good Economic News

- FY 2000 revenues
  - finished $146 million over the estimate.
- State personal income growth
  - up 5.9% (1st quarter of '00)
- Employment
  - up 2.6% (June '00)
- US GDP growth:
  - 5% for '00
  - near 3% of '01 and '02

Why revenue growth will slow down

- Labor supply
  - Unemployment is down to 4%. Hiring is becoming difficult for businesses.
- Energy prices
  - Oil prices have doubled since 1998 ($14/bbl to $29/bbl). Expected to stabilize in the $23 range by CY end.
- Interest rates
  - Fed increased rates 6 times since June 1999. It takes a year for monetary policy to affect the economy.
- State Income Tax Cut
  - Additional 1% cut 2001 & 2002

FY 2001 budget action affects FY 2002 balance

- Revenue Losses
  - $89 m in FY 2002
  - Examples:
    - Inheritance Tax Cut - $24m
    - Earned Income Tax Credit - $13m one-time
    - Child/dependent care credit - $6 m/year
    - Long-term-care credit - $3 m/year
    - Tax-free week - $7 million
    - Local retirement reimbursements- $23m/year
  - Reserve fund
    - FY 2001 appropriation reduced $165 m

FY 2001 budget action affects FY 2002 balance

- Spending commitments:
  - Teacher salary challenge - $65 m
  - Teacher scholarships-$5 m
  - Lead paint -$4.5 m
  - City criminal justice - $6 m
  - Nursing home initiatives-$11.5 m
  - Academic intervention $19 m
  - Juvenile Justice Improvements - $7 m
- Capital commitments: $81 m

Budget Outlook

- Current services budget is very close to balance. (too close to call).
- Creating room for enhancements will be challenging.
- Spending affordability increase(w/o enhancements) in the 6.5 - 7% range.

Tips for Advocacy

- Get your item in the Governor's Proposed Budget
  - Key Players: Agency head, Budget Secretary, Deputy Chief of Staff.
- Protect the item in the legislature
  - Key Players: Agency head, House & Senate Subcommittee members, & Conferees.
- Get your item in the Supplemental Budget
  - Key Player: Governor
- Pay attention to implementation
  - Key Player: Agency head.

Newsweek

MY TURN

ONE CHILD AT A TIME

I'm a court-appointed advocate for abused kids trying to save them before they're lost forever

BY MARGARET CRANE

THE 10-YEAR-OLD CAME TOWARD ME. SHE LOOKED like a typical preteen: small-boned with a face like a flower, dark eyes and a tiny turned-up nose covered by freckles resembling sprinkles of nutmeg. Her shoulder-length blond hair was pulled back with a black velvet headband. She started talking animatedly about her friends, her favorite subjects in school and how much she loved to ride a 10-speed bike. This was my first meeting with Mary (not her real name) a year ago.

The more she talked, the less she resembled the child I'd read about who had lived through torment that most of us never experience in our worst nightmares. She entered the juvenile system five years ago. She had been sexually abused by an uncle, her father and her father's friend. Her divorced mother, an attractive woman who is borderline retarded, is now seeing a man whose children may be be taken from him by the state. The boyfriend has a history of child abuse documented in a report that is longer than a Russian novel. The child's paternal grandfather molested another of his daughters and served time in prison.

Since Mary was removed from her home, she has been caught in that purgatory known as protective care and passed around like a stack of papers—three foster homes, two residential treatment centers and eight schools. Her appearance is deceptive. When I first met her, she was very troubled. She wet her pants and was on medication to control the problem. She behaved sexually toward boys and could get verbally and physically aggressive.She threatened suicide a couple of times and mutilated herself, pulling out her hair or banging her head against a wall during tantrums. With intensive therapy she has learned to better manage her anger.

I am Mary's Court Appointed Special Advocate—a voice speaking up for her in court. I'm neither a social worker nor a lawyer, but a trained volunteer assigned by a family-court judge to look out for Mary's "best interests" so she doesn't languish in protective custody.

I became a CASA after a friend asked me to get involved. She felt that I could empathize with these kids because of the complexities of my own childhood. I agreed to do it and went through 30 hours of training, because as a mother of three healthy kids, I felt I could not ignore other children who are in greater need. My only hesitation was the time commitment. I'm a freelance writer, and I was concerned about juggling two jobs.

There are some 37,000 advocates like me across the country. We telephone and visit families, gathering facts to track kids and their parents who get lost in the labyrinth of foster care. CASAs report their findings to judges who often have just minutes to decide where a child will live and for how long.

The importance of our work is underscored by the highly publicized death of Elisa Izquierdo, 6, in New York last month. Elisa, living with her father, was returned to her mother after his death last year. Her mother allegedly smashed the child's head against a wall. How do these youngsters fall through the cracks? In my district, social workers may be assigned more than 50 cases, supervisors twice as many. CASA volunteers are assigned only one. We serve, at no cost to taxpayers, as an additional safety net, working alongside a multitude of professionals to try and ensure that children like Elisa do not return to unsafe homes.

Elisa's tragedy has spurred me to fight harder to help Mary. Since I took on her case, I've had unique access to a family file filled with incidents of abuse that would sicken the hardest heart.

In a summer hearing, the court brushed aside the mother's poor choice of companion and her lack of parenting skills, and moved toward reunifying mother and daughter. The mother's psychological evaluation suggested that she should have her child back as long as they both continued therapy and Mom attended parenting and life-skills classes. Mary was then staying with her mother every other weekend. The judge decided to increase visits by one day a week and assess the case in two months.

In September the judge ruled that Mary should return home full time under the legal, watchful eye of the Division of Family Services. Early next year the case will be reviewed for the mother to regain permanent custody. I worry that this decision will be based not only on what's best for the child but on the need to clear an overcrowded docket of a case that has gone on too long and is costing too much.

I'm not convinced living with her mother is the safest place for Mary. Mom is a good person who loves her daughter. Mary loves her mother and wants to remain home. But Mom has displayed poor parental judgment in the past. Once she failed to get medical attention for Mary when she injured herself seriously on a visit.

From the beginning, I knew reunification was the goal. But I really hoped it might not happen. Those handling the case, including the social worker, therapists, lawyers and I, charted Mary's future: where she'd be safest, have friends and someone to help with her homework. In my opinion, she should be with a paternal aunt who clearly loves her niece and wants to help.

In my area, there are some 800 kids who've been removed from their homes and placed in care. Before I became an advocate, I had no idea what happened to these youngsters and never considered how I could help. As more of us fight for these abused and neglected children, perhaps the level of public awareness will be raised and we'll be able to protect more before they're lost forever.

I'm still aghast at the judge's recent decision to send the child home full time with Mom pending the final court ruling next year. The county's family services will continue to insist Mary and her mom attend therapy and have intervention services until that time, and I'll continue to monitor the whole family.

For the next few months I have a fighting chance to keep my one CASA child safe, if they let me. At least I can comfort myself with the knowledge that as long as I'm on this case, I will do the best that I can with the worst that I have to deal with.

CRANE, *a writer, wife and mother, lives in Missouri.*

A child's voice in court.®

Acting in the Best Interests of Children

LOCAL HERO

By LIBBY SLATE
SPECIAL TO THE TIMES

"In the back of my mind, I always knew I'd be a lawyer," says first-year UCLA law student Erica Bristol. "I'm a good arguer. I always stand by my point of view, no matter what."

Since fall of 1995, Bristol, 30, has been putting that conviction to good use in another legal-related endeavor: volunteering as a court-appointed special advocate (CASA) to champion the rights and wishes of one of the 47,000 minors caught up in the Los Angeles County foster care system.

"Social workers have 60 to 90 cases, and attorneys have more. They're extremely bogged down, overworked, under a lot of pressure," says Bristol, whose charge is "Judy," a 14-year-old girl whose identity she cannot reveal. "CASAs can save time, make it easier to get information. They get the child's point of view. I'm totally advocating on behalf of the child and nobody else. Her needs and desires come first. She knows that."

Besides visiting regularly with Judy, Bristol's responsibilities include talking to Judy's social worker, attorney and teachers; making sure everyone has accurate, updated information; visiting the teenager's school; submitting status reports for court hearings and reporting verbally at those hearings; and being on call should an emergency arise. She also provides a consistent presence in a system with rapid social worker and attorney turnover.

"An advocate has a two-year required commitment. During her experience, the child can interact with so many people who are temporary, so she never builds a lasting relationship with anyone in the system," Bristol says. "If a child is taken out of her home, which is pretty traumatic, and then is with someone temporarily, it's difficult to learn how to trust anybody because she won't know how long they'll be in her life."

Judy has been in the system since she was 8, removed from her home because of her parents' drug abuse and handed off from one relative to another when her troublesome behavior proved too difficult to handle. Judy has since settled down, in large part because of Bristol's empathy and support in the absence of appropriate parental influences.

Bristol, a vivacious self-described "go-getter" who last summer toured California playing electric bass in a five-woman rock/rhythm and blues band, tries to be a role model for the teenager. She was assigned to Judy by a CASA supervisor who thought Bristol's own experience would serve as encouragement to the girl.

Though Bristol grew up in Altadena in a "typical middle class family," she says, she dropped out of college after two years and worked as a secretary. She returned to school in 1994, studying political science full time at night at Cal State Los Angeles while keeping her day job, graduated last year and entered UCLA Law School in September.

"Not completing college right after high school, you see how limited your world is, how people are passing you up," Bristol says.

Accordingly, she emphasizes to Judy the value of education, the importance of good grades and the possibility of attending any college the girl aspires to regardless of her current lot in life. When Bristol decided that Judy's public school was not challenging enough for the talented writer, she located a magnet school offering journalism and got Judy admitted.

Since last May, Bristol has also served as the CASA for Judy's 17-year-old brother, guiding him away from the temptations of gangs and drugs in favor of school and helping the two, who live separately and had not seen each other for some time, to reestablish a relationship. "I'm just trying to keep them out of trouble," she says. "They're good kids, in their hearts. You can tell."

"These two teenagers really like Erica," says Donna Carson, a program supervisor for the Child Advocates Office of the Los Angeles County Superior Court, who matched Bristol with Judy. "It's a rare find to get someone just turning 30, who's already achieved so much in her young life and is as inspiring as Erica is. She's always able to put forward their best interests, their feelings. Because of her educational advocacy, she is not letting these bright kids fall through the cracks."

Bristol's charges are not permitted to give interviews, but a now-20-year-old Los Angeles woman who had been assigned a CASA volunteer as a teenager described perhaps the greatest benefit she received from her. "Your social worker won't go to your graduation, but your CASA worker will," she says. "Having a CASA makes you feel like someone cares for you. A lot of kids in the system need to know that. They need to know that someone cares."

Children Given A Voice In Court

Advocates Restart Pr. George's Program

By Ellen Lee
Washington Post Staff Writer

The child had been neglected. More often than not, he fended for himself because no one was at home to care for him.

He was getting into trouble. He skipped school. He had brought a knife to class. He had acted as the lookout for a break-in. Finally, he had been placed in a group home and brought before a judge to decide who should care for him.

When Charles A. Coward met the boy, then 14, last year, he knew what he had to do. As a volunteer advocate for the child working in the Court Appointed Special Advocate program, he would speak to the court on behalf of the boy. He would meet and interview the boy and everyone associated with him, from his therapist to his father to his foster mother, and work with the boy's appointed social worker and attorney. Then Coward would tell the judge what he thought was best for the child.

"They bring a much-needed perspective to the situations," said District Judge Joanne Wills of the Montgomery County juvenile court. In 1987, while Wills was in private practice, she helped found the Montgomery County chapter of CASA, the first in Maryland. Now she often depends on CASA volunteers to help provide the information she needs to decide a case.

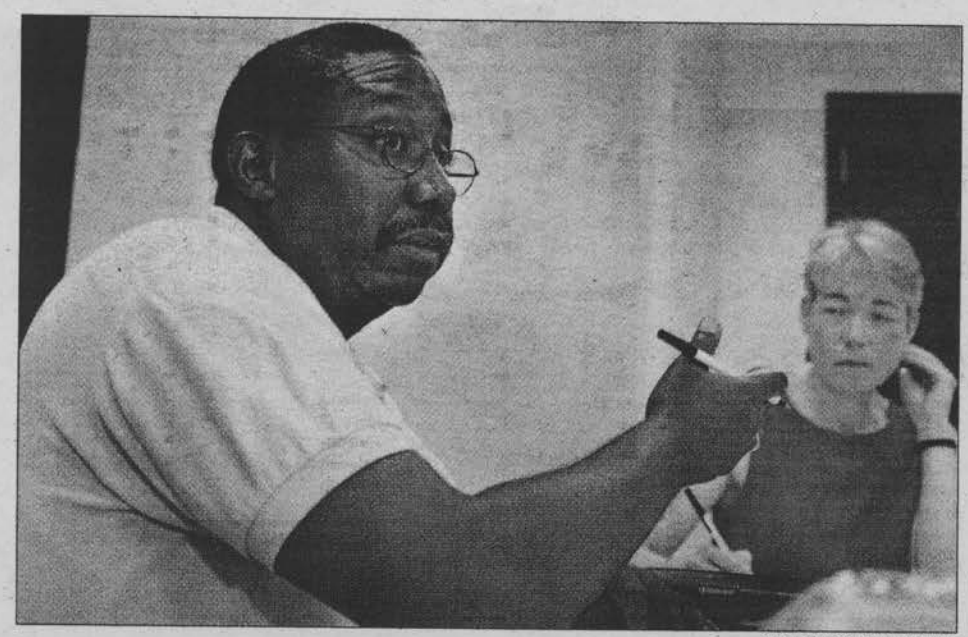
"As a judge, what I need is as much information as possible about the child and the situation," Wills said. "Since I can't go out to the community to get it, I depend on others."

It is no small task. CASA recruits volunteers like Coward, who lives in Greenbelt, to act as advocates for neglected and abused children caught in the juvenile court and child welfare systems.

About 900 independent CASA groups operate in the United States, including eight in Maryland, one in Washington and 11 in Virginia. A few weeks ago, a board of directors was named for a new Prince George's County chapter.

Chapter organizers were helped in part by the Maryland CASA Association, itself a new organization formed in August 1998. Besides Prince George's County, the statewide association is helping to open chapters to serve Worcester and Wicomico counties on the Eastern Shore, as well as Baltimore County, Carroll County and Cecil County.

See CASA, Page 11



BY YONI BROOK FOR THE WASHINGTON POST

Leo Jones, who restarted a failed CASA chapter in Prince George's County, meets with board member Nancy Pilenes.

Children Get Voice in Court

CASA, *From Page 3*

Prince George's County opened a CASA chapter in 1992, but dwindling resources forced it to close in 1995. About a year ago, Leo Jones, who helps reorganize schools into smaller academies for Johns Hopkins University's Center for Social Organization of Schools, tried to volunteer for CASA. After learning there was no longer a local chapter, he decided to form one.

As the new chairman of the board, Jones is leading volunteers in efforts to locate a chapter office, raise $75,000 for the first year's budget, and recruit volunteers to be trained as advocates. They expect to hold a kickoff fundraiser and begin training volunteers in September or October, then open the program in January.

"As a community, it's important we indicate our support," Jones said. "It's along the lines of 'It takes a village.' We have an important stake in finding children healthy, nurturing and safe homes." In Prince George's County, about 1,200 children are reportedly neglected or abused each year, a figure second only to that for the city of Baltimore, which has about 3,100, according to the Maryland Department of Human Resources. Many others reside in foster homes, staying far longer than state officials' goal of 18 months.

> "Quite often, CASA advocates are the only ones . . . who have the luxury of only focusing on that case."
>
> **—Leo Jones,** Chairman of CASA chapter

CASA, at the request of a judge, matches up each advocate with one or two of those cases.

"I think it can always help to have another set of eyes to monitor cases," said Jones, who saw his share of child abuse cases when he served as an assistant state's attorney in Prince George's County from 1986 to 1990. "Quite often, CASA advocates are the only ones in the case who have the luxury of only focusing on that case."

Board member Nancy Pilenes, a lawyer who specializes in consumer protection work with the Federal Trade Commission, recalls juggling 80 to 120 cases at a time when she was a legal aid attorney in Prince George's County. The cases often were complex, with many people and agencies involved. Having a CASA advocate helped provide additional information that the attorney or social worker did not have time to get.

"If you're not able to gather that information and meet with the family, you may not be able to make the best decision about where the child should live and how their needs should be addressed," Pilenes said.

Prospective volunteers must go through an intensive interview process and 30 to 40 hours of training. During a series of classes, they learn about the child welfare system, the courtroom, how to gather information for the case, and issues such as physical and sexual abuse. CASA staff members also conduct reference and criminal background checks.

Volunteers who make it through the entire process are assigned a child.

Coward, who recently quit his job in speech pathology at Howard University to pursue work in theater, contacts his child's foster mother at least once a week and tries to spend time with the boy about every two weeks. They've done everything from picking out new eyeglasses together to delivering meals to patients with HIV or AIDS.

Eventually, the plan is to return the child to his biological mother, who had been found negligent several years ago but has since taken parenting classes. Coward has recommended that the process proceed slowly and that the boy's two sisters return to their mother first.

"My goal is to stay with him until he turns 18 and see what he's like when he graduates," Coward said. "I want to see if I made a difference in his life."

For more information, call the Maryland CASA Association in Annapolis at 888-833-CASA or 410-260-1980.

Oral Health and Children in Maryland

Why Should We Be Concerned about Oral Health?

- Dental caries (tooth decay) is the most common chronic disease of childhood
- Dental caries is an infectious disease that can be transmitted from parent/care giver to child
- Periodontal disease appears to affect systemic health (e.g., cardiovascular disease, low birth weight) and may exacerbate nutrition problems
- Pain due to dental caries diminishes school/work productivity
- Poor dental health leads to diminished self-esteem from an unattractive smile

Dental Decay in Maryland Children:

- Maryland children have nearly 3 times the U.S. average in untreated dental cavities (MD - 55%; US-21%)
- Sixty percent (60%) of school children in Maryland have at least one untreated dental cavity
- Maryland children eligible for Medicaid or reduced school lunch have a 30% higher tooth decay rate than other children
- Twenty percent (20%) of children have 80% of the dental cavities

HealthChoice Dental Program:

- Only 19% of children age 3 and above enrolled in Health Choice receive dental services
- Reimbursement of 55% of the usual, customary and reasonable (UCR) fees is less than the cost of providing care
- There is disparity across the state in access to general and specialty dental care, especially in rural areas
- Dentists still do not participate in the program because of:
  - ✶ Low reimbursement
  - ✶ Administrative issues
  - ✶ Patient compliance issues
  - ✶ Government-operated program
  - ✶ Dislike of managed care by dentists

Maryland's Efforts to Improve Oral Health for the Underserved

1997

- *HealthChoice* managed care organizations were encouraged by the State to offer a limited package of adult dental benefits for the first time in over 10 years.

1998

- SB 590 (primary sponsor – Senator Gloria Lawlah) enacted to require the Department of Health and Mental Hygiene to set "targets" and increase utilization of dental services through the *HealthChoice* program.

- Oral Health Advisory Committee at the Department of Health and Mental Hygiene was established to advise the Maryland Health Secretary on matters of oral health access. The Committee includes representatives from state government, Medicaid managed care organizations, University of Maryland Dental School and professional dental organizations. The Committee provides a forum for the discussion of oral health issues and is an avenue for communication with internal and external partners in the State working to improve oral health. Recommendations of the Committee are given serious consideration by state government.

- Governor Parris N. Glendening included funds in a Supplemental Budget for dental services to Medicaid managed care organizations that helped to increase access and for the Office of Oral Health for demonstration projects focusing on prevention, outreach and treatment.

(over) ➔

- Governor Parris N. Glendening included funds for Demonstration Projects to increase access to dental care for underserved children enrolled in *HealthChoice* and Maryland's Children's Health Insurance Program. The Demonstration Projects have already resulted in ***1000 children in 18 months accessing dental services*** through outreach to the public and case management. .

1999

- The Department of Health and Mental Hygiene provided $4.7 million to managed care organizations for dental services encouraging them to use these funds to increase dental reimbursement rates.

2000

- SB519/HB543 (primary sponsors – Senator Gloria Lawlah and Delegate Peter Hammen) enacted with Governor Glendening including funds in a Supplemental Budget providing loan assistance repayment of up to $33,000 per year for a 3-year period for eligible dentists with 30% Medicaid patients as a proportion of their total patient population. By the third year of the program, a maximum of 15 dentists will be able to participate at any one time in the program.

- HB1107/SB691 (primary sponsors – Delegate Ronald Guns and Senator Paula Hollinger) enacted "Licensure of Retired Volunteer Dentists and Dental Hygienists" which establishes a license for the first time for retired dentists and dental hygienists who agree to provide at least 100 hours of free care.

- HB1169/SB874 (primary sponsors – Delegate Verna Jones and Senator Gloria Lawlah) enacted "Use of Property Taxes for Dental Equipment in Underserved Areas" which authorizes the counties and Baltimore City to grant by law a tax credit against county or municipal tax assessments of personal property used in the practice of dentistry in a geographic area that has been designated as underserved by dentists.

- Federally qualified health center on the Eastern Shore (Choptank Community Health Center) was awarded federal, state and private grants to develop a dental program.

- Maryland Health Care Foundation grant awards totaling $400,000 awarded to increase access to dental care services for uninsured and underinsured children.

- Placement of University of Maryland Dental School Pediatric Dental Fellows in underserved regions of the State.

- Pilot Dental Access projects were designed and implemented in St. Mary's and Garrett County Health Departments.

Ongoing Efforts for 2000

- Efforts to increase funding for Medicaid dental services.
- Strategies to implement methods that non-dental health professionals can use to identify dental disease or provide basic dental preventive services.
- Efforts to improve the dental safety-net system in Maryland.
- Efforts to have the HealthChoice program be more client and provider centered.
- Engaging more Maryland general dentists and dental specialists in the process of caring for children in HealthChoice.
- Focusing on opportunities that can be derived by better collaborations and partnerships.

Oral Health Care for Maryland Kids Summit
September 22, 2000
Marriott Inner Harbor Hotel
9:00 a.m. – 4:00 p.m.

PRELIMINARY AGENDA

Purpose: The purpose of the **Oral Health Care for Maryland Kids Summit** is to enhance awareness regarding oral health and the related access issues facing Maryland's most vulnerable population. The summit seeks to provide a forum for Maryland's health officers, legislators, health policy makers, state dental organizations, advocates and consumers of oral health to develop strategies and offer solutions to improve the oral health of Maryland residents.

8:30 – 9:00 a.m.	Registration and check-in
9:00 – 9:15 a.m.	Welcome
9:15 – 9:30 a.m.	Opening Comments
9:30 – 10:15 a.m.	Keynote Address: *"The Patient Perspective"*
	presented by: Burton Edelstein, DDS, MPH Director, Children's Dental Health Project
10:15 – 10:30 a.m.	Break
10:30 – 11:50 a.m.	Facilitated Discussion
12:00 noon	Luncheon Presentation
	presented by: James Crall, DDS, ScD Chair, Department of Pediatric Dentistry University of Connecticut Health Center
1:00 – 2:45 p.m.	Development of Strategies via Small Group Discussions
2:45 – 3:15 p.m.	Break
3:15 – 4:00 p.m.	Reports from the Small Groups: Summary of Strategies Next Steps for Implementation Summit Follow-up
4:00 p.m.	Summit Concludes

FOR INFORMATION CALL: Chesapeake Health Education Program, Inc.
410-642-2411, ext 5403

Fiscal Year 2002 Budget Outlook

presentation to the Sustainable Funding Project

July 6, 2000

Neil Bergsman

Maryland Department of Budget & Management

Budget Outlook

- The budget for FY 2002 was once balanced
- Continued strong economy is a plus
- FY 2001 budget action will creates challenges
- Spending affordability will be a constraint
- WILD CARDS

Good Economic News

- FY 2000 revenues
  - look to finish 50-100 million over the estimate.
- State personal income growth
  - up 6.6% (4th quarter of '99)
- Employment
  - up 2.8% (May '00)
- US GDP growth:
  - 5% for '00, near 3% of '01 and '02

FY 2001 budget action affects FY 2002 balance

- Revenue Losses
  - $72 m in FY 2002
  - Examples:
    - Earned Income Tax Credit - $13m one-time
    - Child/dependent care credit - $6 m/year
    - Long-term-care credit - $3 m/year
    - Tax-free week - $7 million
    - Local retirement reimbursements- $23m/year
  - Reserve fund
    - FY 2001 appropriation reduced $165 m

FY 2001 budget action affects FY 2002 balance

- Spending commitments:
  - Teacher salary challenge - $65 m
  - Teacher scholarships-$5 m
  - Lead paint -$4.5 m
  - City criminal justice - $6 m
  - Nursing home initiatives-$11.5 m
  - Academic intervention $19 m
  - Juvenile Justice Improvements - $7 m
- Capital commitments: $81 m

WILD CARDS

- City school funding
- Medicaid MCO rates
- Tobacco fund/legal fee settlement

What's Going on Now?

- Budget targets to agencies
  - Current services adjustments
    - Personnel inflation, new facilities, new legislation, workload increases, "annualization" of part-year expenses
    - Back out FY 2001 one-time expanses
  - Established Governor's commitments (e.g. DDA waiting list initiative)
  - Mandated increases
  - 2% productivity reduction ($48 m)

What's Going on Now?

- Over-the-target request guidance
  - "Wish list" items for further development
  - Guideline: 10 items or 5%
  - Tied to MFR goals and measures.

Budget Process Schedule

- Agency requests due 8/31
- Executive branch budget meetings: Oct-Nov.
- Revenue Estimates: mid-December
- Spending Affordability recommendation: December 15
- Final Governor decisions: late December
- Budget introduced: January 17, 2001

Budget Outlook

- Current services budget is very close to balance. (too close to call)
- Spending affordability increase(w/o enhancements) in the 6.5 - 7% range.

MARYLAND CAN
Children's Action Network

ACTION ALERT

What You Need to Know:

HB 1133, The Child Welfare Workforce Act of 1998, passed the General Assembly with a mandate to reduce child welfare caseloads statewide. The General Assembly adopted language in 1999 and again in 2000 requiring the Department of Human Resources (DHR) and the Department of Budget and Management (DBM) to reduce caseloads in line with standards established by the Child Welfare League of America.

- At a recent Stakeholders Forum, held by the Department of Human Resources, caseload reduction was voted the number one priority.
- Presently, DHR has reduced caseloads in pilot sites only.
- The most recent budget language mandates that DHR and DBM present a plan indicating how caseload reduction statewide will be achieved by June 2003.
- The plan that the Departments presented gives no information on the numbers of staff, amounts of money, or timetables for achieving the goals.

Actions:

Please write, e-mail or call Governor Glendening today!

Request that the Governor put $6.7 million in the General Fund (with a Federal match) in the 2002 budget for the first stage of caseload reduction.

The Honorable Parris N. Glendening, Governor
The State House
Annapolis, Maryland 21401
Governor@gov.state.md.us
410-974-3901 or 1-888-811-8336

c/o Advocates for Children and Youth, 34 Market Place, Suite 500, Baltimore, MD 21202
Phone 410-547-9200 Fax 410-547-8690

2000-2001 MD CAN Steering Committee

Please affirm the following people as representatives to the MD CAN Steering Committee for 2000-2001.

Issue Coalition Representatives:

Coalition for Healthy Maryland Children
Bobbi Seabolt, Executive Director; American Academy of Pediatrics, Maryland Chapter

Coalition to Protect Maryland's Children
Charlie Cooper, Executive Director; Citizens' Review Board for Children

Early Learning Work Group
Margaret Williams, Executive Director; Friends of the Family

Juvenile Justice Coalition
Jim McComb, Executive Director; Maryland Association of Resources for Families and Children

Maryland Alliance for the Poor
Lynda Meade, Director of Social Concerns; Catholic Charities

The *New* Maryland Education Coalition
Carl Stokes

At-Large Members:

Mindy Amor, Training and Consultation Services

Steward Frazier, Citizen Representative

Martha Holleman, Director of Policy & Planning; Safe and Sound Campaign

Judy Morenoff, Board Member; League of Women Voters, Maryland

Sandy Skolnick, Executive Director; Maryland Committee for Children

Patricia Plunkett, Member; Montgomery County Network for Children

Barbara Schmitt, Member; National Association of Social Workers, Maryland Chapter

Nan Waranch, Director of Public Policy; United Way of Central Maryland

___ I affirm this group as the MD CAN Steering Committee for 2000-2001.

___ I affirm this group with the exception or addition of:

_____

_____

GLOSSARY OF BUDGET TERMS AND ACRONYMS

Allowance:

Budget Document, spending plan. presented to the General Assembly by the Governor.

APEX:

Action Plan for Educational Excellence - The major State funding program for education. This is comprised of the State Share of Basic Current Expenses and Compensatory Education programs.

Appropriation:

The budget set by the General Assembly upon enactment of the Budget Bill, which provides spending authority to the agency.

BPAS:

Budget Preparation and Analysis System. This is the new statewide budget preparation program being introduced by DBM.

Current Services Baseline:

General Fund target amount determined by DBM as a maximum for the Department's Budget Request.

Deficiency Request:

Request for additional funds (usually general funds) to provide the additional monies deemed necessary to complete the current fiscal year.

DBM:

Department of Budget and Management, effective July 1, 1996. This was formerly the Department of Budget and Fiscal Planning (DBFP).

Federal Funds:

Funds received from the Federal Government to be expended in accordance with specific Federal regulations establishing programs authorized by federal laws.

FY:

Fiscal Year (State - July 1 - June 30)

FFY:

Federal Fiscal Year (October 1 - September 30)

FTE:

Full Time Equivalent (used to describe enrollment or positions)

General Funds:

State Funds obtained through nondedicated State revenues.

Mandated Programs – Aid to Education:

Those programs for which the funding level is prescribed by State law.

Non-Mandated Programs:

Those programs for which the funding level is not prescribed by State law and based on resources available to the Department.

Program:

The organizational level previously reflected by an eight digit code, and now identified as a six digit code (e.g.: Division of Business Services - 36.01.01.02 or RA0102, respectively).

Reimbursable Funds:

Funds received by a State agency for services it provides for another State agency.

Request:

The Budget Document submitted by the Department to DBM.

Special Fund:

Revenues received under provisions of State law, from fees, licenses, permits, etc. and specifically dedicated by such laws.

Subcabinet Fund:

The interagency fund used to make distributions to Local management Boards to address the service needs of children at risk, focusing on family preservation return/diversion from out-of-state placement and placements in residential facilities.

Unfunded Augmentation Project Request:

Funds for projects requested by the Department in excess of the general fund Current Services Baseline granted to the Department. These represent requests to implement new initiatives or expand existing programs.

Unfunded Baseline Project Request:

Funds for projects requested by the Department and expected to be included in the general fund Current Services Baseline granted to the Department. These are also called **Current Services Budget Requests**. There are nine categories of requests, including Annualizations, New Legislation, Legal Mandates, and Population/Workload changes.

Unit:

The organizational level previously reflected by a six digit code, and now identified as a four digit code (e.g.: Aid to Education - 36.01.02 or RA02, respectively).

Children with Special Health Care Needs

Getting Help and Information

In the Baltimore Metropolitan Area

2000 Edition

Baltimore HealthCare Access, Inc.

Health Department
Baltimore Maryland

Children with Special Health Care Needs

Getting Help and Information in the Baltimore Metropolitan Area

The following booklet contains a listing of sources of support, referral, and information for the families of children with special health care needs who reside in the Baltimore Metropolitan area. The booklet will, we hope, expand as parents, professionals, and community agencies who care for children identify additional resources. If you know of a group or source of information that should be included, please call Therese McIntyre-Evans with Baltimore HealthCare Access at 410-649-0510 ext. 3007 or send an e-mail to theresem@worldnet.att.net.

The booklet is divided into two sections. The first section includes resources which are not specific to any one disability, disease, or chronic illness. The second section details support groups and information sources for specific concerns. Both sections include local and national resources.

Author's Note: Many of our readers may already be aware of the power of the internet to provide easy access to information useful to parents of children with special health care needs. Internet addresses are included in this directory to assist in your efforts to locate information. A cautionary note is extended however: Please remember as you are surfing the web that the content of web sites may not be accurate. Verify the information you gather from the web with your child's physician or other health care professionals.

Children with Special Health Care Needs

Getting Help and Information in the Baltimore Metropolitan Area

Table of Contents

Baltimore HealthCare Access, Inc.

HEALTH DEPARTMENT BALTIMORE MARYLAND

Section I: General Resources

Local/Regional Resources

Advocacy

Telephone	*Organization*
410-547-9200	Advocates for Children and Youth http://www.acy.org/ *Advocates for and assists with child related issues*
410-828-9526	American Academy of Pediatrics – Maryland Chapter http://www.mdaap.org/ *Advocates for the "Medical Home" for CSHCN and for other children's issues*
410-333-3688	Developmental Disabilities Council *Conducts workshops and advocates for inclusion for individuals withdisabilities*
410-974-6139	Maryland Partners in PolicyMaking *Trains parents in advocacy leadership skills*
410-859-5300	The Parents' Place of Maryland (PPMD) at http://www.ppmd.org *Parent education, support and information about special education rights and responsibilities*

Health

Telephone	*Organization*
410-649-0507	Baltimore HealthCare Access *Helps with questions and concerns about HealthChoice and SSI for children of Baltimore City residents.*
410-767-1818	Children's Medical Services *Assists with obtaining medical and rehabilitative care not paid for by HealthChoice or private insurance*

Health *(cont.)*

Telephone	*Organization*
1-800-492-5231	HealthChoice/ Maryland Children's Health Program http://dhmh.state.md.us/healthchoice/ *General Information*
800-977-7388	Enrollment Broker *To enroll in a managed care organization after acceptance into the HealthChoice program*
800-284-4510	HealthChoice Enrollee Action Line **(HEAL)** *To register complaints and/or concerns about HealthChoice or an MCO*

Participating health insurance plans include Americaid, Freestate, Helix, Jai Medical Systems, Maryland Physician's Care, Prime Health, Priority Partners, and United Health Care (Chespeake Family First). Please note that some of these plans offer the HealthChoice program and commercial (through companies) insurance. When in doubt call the HEAL line listed above.

800-565-8190	Rare and Expensive Case Management Program (REM) Referral Line *For questions about eligibility. The REM program is a special program under HealthChoice for children and adults who have special needs and meet eligibility requirements.*
800-492-6006	REM Hotline *After enrollment concerns*
410-528-1840	Health Education Advocacy Unit http://www.oag.state.md.us *Assistance with commercial health insurance denials of health care*
410-859-5304	Maryland Family Voices (c/o PPMD) *Statewide grassroots network to improve the health care of children with special health care needs*

Health *(cont.)*

Telephone	*Organization*
877-245-1762	Maryland Health Care Commission http://www.mhcc.state.md.us/index.htm *Information on the standard benefit plan for small businesses and HMO report cards*
410-468-2244	Maryland Insurance Administration http://www.gacc.com/mia *Assistance with commercial policy appeals in emergency situations*

Government

Telephone	*Organization*
Maryland Senators	
202-224-4524	Honorable Paul S. Sarbanes (D) United States Senate E-mail: senator@sarbanes.senate.gov
202-224-4654	Honorable Barbara A. Mikulski (D) United States Senate E-mail: senator@mikulski.senate.gov

Senate web site located at http://www.senate.gov/

Governor	
410-974-3901	Parris N. Glendening E-mail: governor@gov.state.md.us http://www.gov.state.md.us

Call your local library to access information on your local representative or visit the House of Representatives web site at http://www.house.gov/. Maryland delegates can be located at http://mlis.state.md.us/.

Legal

Telephone	*Organization*
410-974-6139 800-949-4232	Regional ADA Information Center *Information and referral related to the Americans Disabilities Act* http://www.adainfo.org

Legal resources *(cont.)*

Telephone	*Organization*
410-366-0922	Community Law Center, Inc. *Assists with cases related to lead poisoning at* clawc@aol.com - http://www.communitylaw.com
410-539-5340	Legal Aid Bureau *Provides free legal assistance for low income families*
410-234-2791	Maryland Disability Law Center *Legal representation for disabled persons*

Maryland State Programs

Telephone	*Organization*
410-902-4500	Developmental Disabilities Administration *Provides respite care & residential placement information*
410-902-4500	Family Support Services *Offers assistance locating and acquiring services including respite care*
800-535-0182	Maryland Infants and Toddlers Program *Provides early intervention services for children 0-3*
800 TECH-TAP	Maryland Technology Assistance Program at http://www.mdtap.org *Provides information, referral, loan service, and demonstrations of assistive technology*

Miscellaneous

Telephone	*Organization*
410-727-2118	A.S.K. The Association for Special Kids http:\\www.specialkids.com – *Provides assistance with financial planning*

Miscellaneous resources ***(cont.)***

Telephone	*Organization*
410-367-5883	Baltimore's Child *Produces a monthly calendar of events for CSHCN and an annual special edition*
410-298-0991	Easter Seal Society of Maryland *Provides information and referral and has a loan closet for equipment*
410-685-0525	First Call for Help *Information and referral for counseling, health services, day care etc.*
410-323-0500	League for the Handicapped *Provides array of assistance including accessible summer camp, fitness activities and pool*
410-625-1113	LOCATE Child Care *Offers assistance identifying child care for children with special health care needs*
410-333-2668	Maryland State Library for the Blind and Physically Handicapped *Free library services to persons unable to read or handle ordinary books and magazines due to visual or physical impairments .*
410-377-8607	Parents of Special Needs Children *Support group for families of Children with Special Needs*

National resources

Telephone	*Organization*
800-344-5405	ABLEDATA http://www.abledata.com/ *Searchable database of disability resources*
800-433-9016	American Academy of Pediatrics http://www.aap.org/ *National advocacy for children*

National resources *(cont.)*

Telephone	*Organization*
888-835-5669	Family Voices http://familyvoices.org *National advocacy and information for children with special health care needs*
	Family Village http://www.familyvillage.wisc.edu/index.htmlx *Internet information, resources and referral*
202-628-3030	Families USA http://www.familiesusa.org/ *National health care advocacy group*
	Internet Resources for Special Children http://www.irsc.org/ *Internet based searchable links to other web sites*
888-663-4637	March of Dimes Birth Defects Foundation http://www.modimes.org/ *Information and fact sheets about birth defects*
800-221-6827	National Easter Seal Society http://www.seals.com/ *Offers services for children with disabilities*
301-762-6564	National Father's Network http://www.fathersnetwork.org/mn/splash2.html *Support for fathers of children with special needs*
800-695-0285	National Information Center for Children and Youth with Disabilities http://www.nichcy.org/index.html *Provides information and referral for children with disabilities*
800-922-9234	National Information Clearinghouse for Infants with Disabilities http://www.cdd.sc.edu/NIC/NIC.HTM *National information and referral system created to support infants with disabilities and their families*

National resources *(cont.)*

Telephone	*Organization*
800-999-6673	National Organization for Rare Disorders http://www.rarediseases.org/ *Technical assistance and information dissemination on rare disorders.*
410-614-5553	National Policy Center for Children with Special Health Care Needs *System design and program evaluation*
	Sibling Support Project http://www.chmc.org/departmt/sibsupp/ *Support for the siblings of children with special needs – visit the web site for a program near you*

Section II: Support Groups and Resources by Diagnoses

Telephone	*Resources*
HIV/AIDS	
	Local Resources
410-837-2437	Call for a free copy of the "AIDS Resource Guide Baltimore" from AIDS Action
	National Resources
800-458-5231	CDC National AIDS Clearinghouse at http://www.cdcnpin.org/
800-342-AIDS	National AIDS Hotline
800-669-0696	AIDS Education at Work
800-673-8538	National Association of People with AIDS
800-822-7422	Project Inform at http://www.projinf.org/
Other Immune Deficiency resources	
800-296-4433	Immune Deficiency Foundation
800-598-4668	American Autoimmune Related Diseases Association

Allergy/Asthma
(non-food)

Telephone	*Resources*
	Local Resources
410-321-4710	Asthma and Allergy Foundation of America – *Maryland Chapter*
	National Resources
800-822-2762	American Academy of Allergy Asthma & Immunology at http://www.aaaai.org/
800-LUNG-USA	American Lung Association at http://www.lungusa.org/
800-727-8462	Asthma and Allergy Foundation of America
	Asthma Information Center at http://www.mdnet.de/asthma/
	The Sneeze Gazette at http://people.delphi.com/drchrisr/frames/index.html

Autism

	Local Resources
410-744-8331	Autism Society of America - *Baltimore Chesapeake Chapter*
410-455-0191	National Autistic Society – *Baltimore Area Support Group*
	National Resources
800-3AUTISM	Autism Society of America at http://www.autism-society.org/
	National Autistic Society at http://www.oneworld.org/autism_uk/

Blind/Vision Impaired

	Local resources
410-554-9385	Division of Rehabilitation Services (MSDE) *Call for a free copy of statewide resources and services*

Blind/Vision Impaired *(cont.)*

Telephone	*Resources*
	Local Resources
410-433-1258	National Federation of the Blind *Baltimore Chapter* at http://www.nfb.org/
301-405-7915	Connections: Beyond Sight and Sound
	National resources
800-232-5463	American Foundation for the Blind at http://www.afb.org/http://www.afb.org/
800-548-4337	Guide Dog Foundation for the Blind at http://www.guidedog.org/
800-683-5555	Foundation Fighting Blindness
800-424-8666	National Alliance of Blind Students at http://www.mwc.edu/~javil6ci/nabs_html/nabs.html
800-562-6265	National Association of Parents of Visually Impaired
800-424-8567	National Library Services for the Blind and Physically Handicapped at http://lcweb.loc.gov/nls/nls.html

Brain/Head Injury

	Local resources
410-448-2924	Brain Injury Association of Maryland
410-747-7758	Mild TBI Support Group
410-578-5626	Family Head Injury Support Group - RETURN Group
410-578-5626	RETURN Job Club
410-876-5333	Maryland Neuro Rehab Center Support Group
	National resources
703-236-6000	Brain Injury Association at http://www.biausa.org/
914-883-6532	Forget-Me-Not

Cancer

	Local resources
410-931-6850	American Cancer Society – *North Central Maryland Area*

Cancer *(cont.)*

Telephone	*Resources*
	Local resources
410-668-1943	Baltimore Cancer Support Group
410-486-4744	Children's Cancer Foundation
	National resources
800-525-3777	AMC Information and Counseling Line
800-ACS-2345	American Cancer Society at http://www.cancer.org/
800-433-0464	Bloch National Cancer Hot Line
800-4-CANCER	Cancer Information Service
800-843-8114	American Institute for Cancer Research at http://www.aicr.org/
800-813-HOPE	Cancer Care at http://www.cancercare.org/
800-366-2223	Candelighters Childhood Cancer Foundation at http://www.candlelighters.org/
800-ICARE-61	The International Cancer Alliance, Inc. at http://www.icare.org/index.htm
800-4-CANCER	National Cancer Institute at http://www.nci.nih.gov/
888 YES-NCCS	National Coalition for Cancer Survivorship at http://www.cansearch.org/
301-496-7403	NCI's CancerFax
818-508-5657	Vital Options at http://www.vitaloptions.org/

Cerebral Palsy

	Local resources
410-484-4540	United Cerebral Palsy Association of Central Maryland
	National resources
800-872-5827	United Cerebral Palsy Association at http://www.ucpa.org/html/

Cleft Palate/Facial Anomalies

Telephone	*Resources*
	Local resources
	None located
	National resources
800-695-0285	National Information Center for Children and Youth with Cleft Palate
800-242-5338	National Cleft Palate Association
800-332-2373	FACES, The National Craniofacial Association at http://www.faces-cranio.org/
	Wide Smiles at http://www.widesmiles.org/

Cystic Fibrosis

	Local resources
410-771-9000	Cystic Fibrosis Foundation – *Maryland Chapter*
	National Resources
800-344-4823	Cystic Fibrosis Foundation at http://www.cff.org/

Diabetes

	Local resources
410-485-5515	American Diabetes Association – *Maryland Affiliate*
410-823-0073	Juvenile Diabetes Foundation
	National resources
800-338-DMED	American Association of Diabetes Educators
800-DIABETES	American Diabetes Association at http://www.diabetes.org/
800-232-3472	American Diabetes Foundation
800-223-1138	Juvenile Diabetes Foundation at http://www.jdfcure.com/

Down Syndrome

Local resources

800-221-4602
National Number

Chesapeake Down Syndrome
Parent's Group, Inc.
604 Worcester Road
Towson, MD 21286-78337

National resources

800-221-4602 — National Down Syndrome Society at http://www.ndss.org/

800-232-6372 — National Down Syndrome Congress http://members.carol.net/~ndsc/index_nf.html

516-221-4700 — Association for Children with Down Syndrome, Inc. (ACDS) at http://www.acds.org/index2.html

Hearing/Communication

Local resources

410-243-3800 — Hearing and Speech Agency

410-788-0131 — Greater Baltimore Parents Association for Hearing Impaired Children

800-622-6742 — MD Speech-Language-Hearing Association

National resources

800-327-9355 — Better Hearing Institute at http://www.betterhearing.org/

800-638-8255 — American Speech Language Hearing Association at http://www.asha.org/

800-521-5247 — Hearing Aid Helpline

800-241-1044
800-241-1055(TTY)

National Institute on Deafness and Other Communication Disorders (NIDCD) Clearinghouse at http://www.nih.gov/nidcd/

Heart Conditions

Local resources

410-685-7074 — American Heart Association - *Maryland Chapter*

Heart Conditions *(cont.)*

Telephone	*Resources*
	National resources
800-AHA-USA1	American Heart Association at http://www.amhrt.org/
780-454-7665	Children's Heart Society at http://www.childrensheart.org/
	Congenital Heart Disease Information and Resources at http://www.tchin.org/

Hemophilia

	Local resources
410-525-3474	National Hemophilia Foundation - *Maryland Chapter*
	National resources
800-424-2634	National Hemophilia Foundation at http://www.hemophilia.org/

Kidney Disease/Failure

	Local resources
410-494-8545	National Kidney Foundation - *Maryland Chapter*
	National resources
800-749-2257	American Association of Kidney Patients at http://www.aakp.org/aakpteam.html
626-917-9803	American Coalition of Kidney Patients, Inc.
800-638-8299	American Kidney Fund http://www.arbon.com/kidney/brochure.htm
800-622-9010	National Kidney Foundation at http://www.kidney.org/

Lead Poisoning

	Local resources
410-396-8595	Lead Poisoning Prevention Program
410-396- 7225	Lead Abatement Action Project

Lead Poisoning *(cont.)*

Telephone	*Resources*
	Local resources
410-534-6447	Coalition to End Childhood Lead Poisoning and at http://www.leadsafe.org
410-534-6447	Community Lead Education and Reduction Corps (CLEARCorps) – Baltimore at http://www.clearcorps.org
410-706-1849	University of Maryland Environmental Health Education Center
410-233-0521	Youth Warriors
	National resources
	Alliance to End Lead Poisoning at http://www.aeclp.org/
	Environmental Protection Agency at http://www.epa.gov/opptintr/lead/

Learning Disabilities

	Local resources
410-265-8188	Learning Disabilities Association of Metro Baltimore
	National resources
412-341-1515	Learning Disabilities Association at http://www.ldanatl.org/
	LDOnline at http://www.ldonline.org/index.html
888-575-7373	National Center for Learning Disabilities at http://www.ncld.org/

Leukemia

	Local resources
410-825-2500	Leukemia Society of America - *Maryland Chapter*

Leukemia *(cont.)*

Telephone	*Resources*
	National Resources
	Leukemia Society of America http://www.leukemia.org
	National Children's Cancer Society at http://www.children-cancer.com/gif.html

Liver Disease

	Local resources
202-872-6749	American Liver Foundation *Washington, DC - No Maryland chapter*
	National resources
800-GO LIVER	American Liver Foundation http://sadieo.ucsf.edu/ALF/ALFfinal/homepagealf.html
718-987-6200	Biliary Atresia and Liver Transplant Network

Mental Retardation

	Local resources
410-974-6139	ARC (Association for Retarded Citizens) of Maryland
410-333-3688	Developmental Disabilities Council
	National Resources
817-261-6003	The ARC of the United States http://thearc.org/
800-424-3688	American Association of Mental Retardation at http://www.aamr.org/AboutUs.html

Mental Health/Illness

Attention Deficit Disorder

	Local resources
410-828-5300	Children and Adults with Attention Deficit Disorder (CH.A.D.D.) *Maryland Affiliate*

Mental Health/Illness *(cont.)*

Attention Deficit Disorder

Telephone	*Resources*
	National Resources
800-223-4050	Children and Adults with Attention Deficit Disorder (CH.A.D.D.) at http://www.chadd.org/
440-350-9595	National Attention Deficit Disorder Association at http://www.add.org/

General Mental Health

	Local resources
410-235-1178	Mental Health Association of Maryland *Call for their free guide to services and support in Maryland*
	National resources
	The Federation of Families for Children's Mental Health at http://www.ffcmh.org/
	Bazelon Center for Mental Health Law at http://www.bazelon.org/
800-789-CMHS	National Mental Health Services Knowledge Exchange Network at http://www.cmhc.com/
800-447-4474	Mental Health InfoSource at http://www.mhsource.com/

Muscular Dystrophy

	Local resources
410-252-5910	Muscular Dystrophy Association – *Maryland Chapter*
	National resources
800-572-1717	Muscular Dystrophy Association at http://www.mdausa.org/

Prematurity/Low Birth Weight

Telephone	*Resources*
	Local resources
	None located – Check with the NICU staff at the birth hospital
	National resources
	Comeunity Premature Baby Support On-line at http://www.comeunity.com/premature/baby/index.html
	For Parents of Preemies – Facts for parents http://www2.medsch.wisc.edu/childrenshosp/Parents_of_Preemies/toc.html
	American Association of Premature Infants – On-line support group at http://www.aapi-online.org/
	The Preemie Store – clothes and other items for premature babies at http://www.preemie.com/

Respiratory/Lung Conditions

	Local resources
410-560-2120	American Lung Association - *Maryland Chapter*
	National resources
800-586-4872	American Lung Association http://www.lungusa.org/

Seizure Disorders/Epilepsy

	Local resources
410-828-7700	Epilepsy Foundation of the Chesapeake Region *Sabrina Cooke - Coordinator for Families and Children*
	National Resources
800-332-1000	Epilepsy Foundation of America at www.efa.org
800-642-0500	Epilepsy Information Service

Sickle Cell Anemia

Telephone	*Resources*
	Local resources
410-767-6730	Maryland Department of Health and Mental Hygiene Office of Hereditary Disorders
410-383-2214	Sickle Cell Disease Association of America – *Maryland Chapter*
	National resources
	Sickle Cell Disease Association of America at http://www.sicklecelldisease.org/
	Sickle Cell Disease Research Foundation at http://www.scdrf.org/
404-616-3572	Sickle Cell Information Center at http://www.emory.edu/PEDS/SICKLE/

Spina Bifida

	Local resources
410-833-5059	Spina Bifida Association of Maryland
	National resources
800-621-3141	Spina Bifida Association at http://www.sbaa.org/

Spinal Cord Injuries/Paralysis

	Local resources
301-424-8335	National Spinal Cord Injury Association - *Located in Rockville, MD – No local chapter*
410-546-4600	National Spinal Cord Injury Association Support Group - *Located in Salisbury, MD*
	National resources
800-225-0292	American Paralysis Association at http://www.apacure.com/
800-962-9629	National Spinal Cord Injury Association at http://www.spinalcord.org/

Spinal Cord Injuries/Paralysis *(cont.)*

Telephone	*Resources*
	National resources
800-526-3456	National Spinal Cord Injury Hotline at http://www.scihotline.org/
888-772-1711	Paralysis Society of America at http://www.psa.org/

Other Information, Support, and Referral Sources

Fill in sources you may have found in your own search for help and don't forget to call us. We would like to include other sources in our next edition. We can be reached at 410-649-0521 ext. 3007.

_____

_____

_____

_____

_____

_____

My Child's Providers at a Glance

Telephone	*Name*	*Type of Provider*
_____	_____	**Primary Care Physician**
_____	_____	**Specialty Physician**
_____	_____	**Specialty Physician**
_____	_____	**Therapist**

My Child's Providers at a Glance

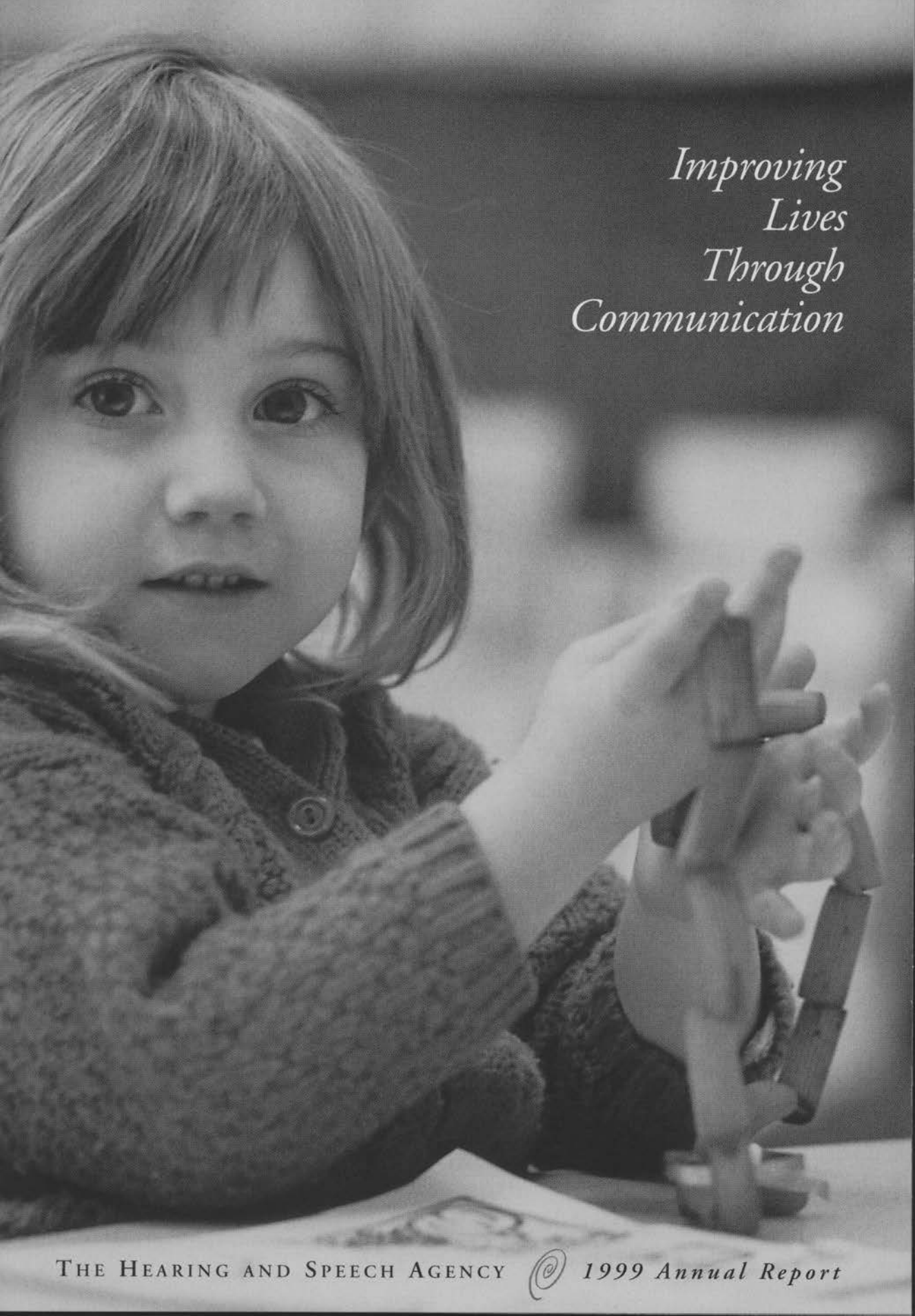
_____	_____	**Therapist**
_____	_____	**Home Care Company**
_____	_____	**DME** (Durable Medical Equipment)
_____	_____	**Other**
_____	_____	**Other**
_____	_____	**Other**

CHILDREN WITH SPECIAL HEALTH CARE NEEDS: GETTING HELP AND INFORMATION IN THE BALTIMORE METROPOLITAN AREA is part of a continuing effort to provide the families of children with special health care needs resources and information to assist in the care of their children. Other available Baltimore HealthCare Access (BHCA) publications include: CHILDREN AND SSI: A HOW-TO GUIDE TO BENEFITS IN MARYLAND and CHILDREN IN FOSTER OR KINSHIP CARE: *ACCESSING CARE WITH HEALTHCOICE.*

Baltimore HealthCare Access, Inc.

HEALTH DEPARTMENT · BALTIMORE MARYLAND

Baltimore HealthCare Access, a quasi-government bureau of the Baltimore City Health Department, was established in 1997 to assist with the Medicaid transition to managed care or HealthChoice. BHCA continues to provide health education, care coordination, eligibility for the Maryland Children's Health Program, and ombudsman services to HealthChoice recipients. This publication is provided in conjunction with the Baltimore City Health Department's SSI Care Coordination Program and Children's Medical Services. Copies of this and any other BHCA publication can be obtained from the Children with Special Health Care Needs Coordinator at Baltimore HealthCare Access. Please call 410-649-0507 ext. 3007 or send an e-mail to theresem@worldnet.att.net.

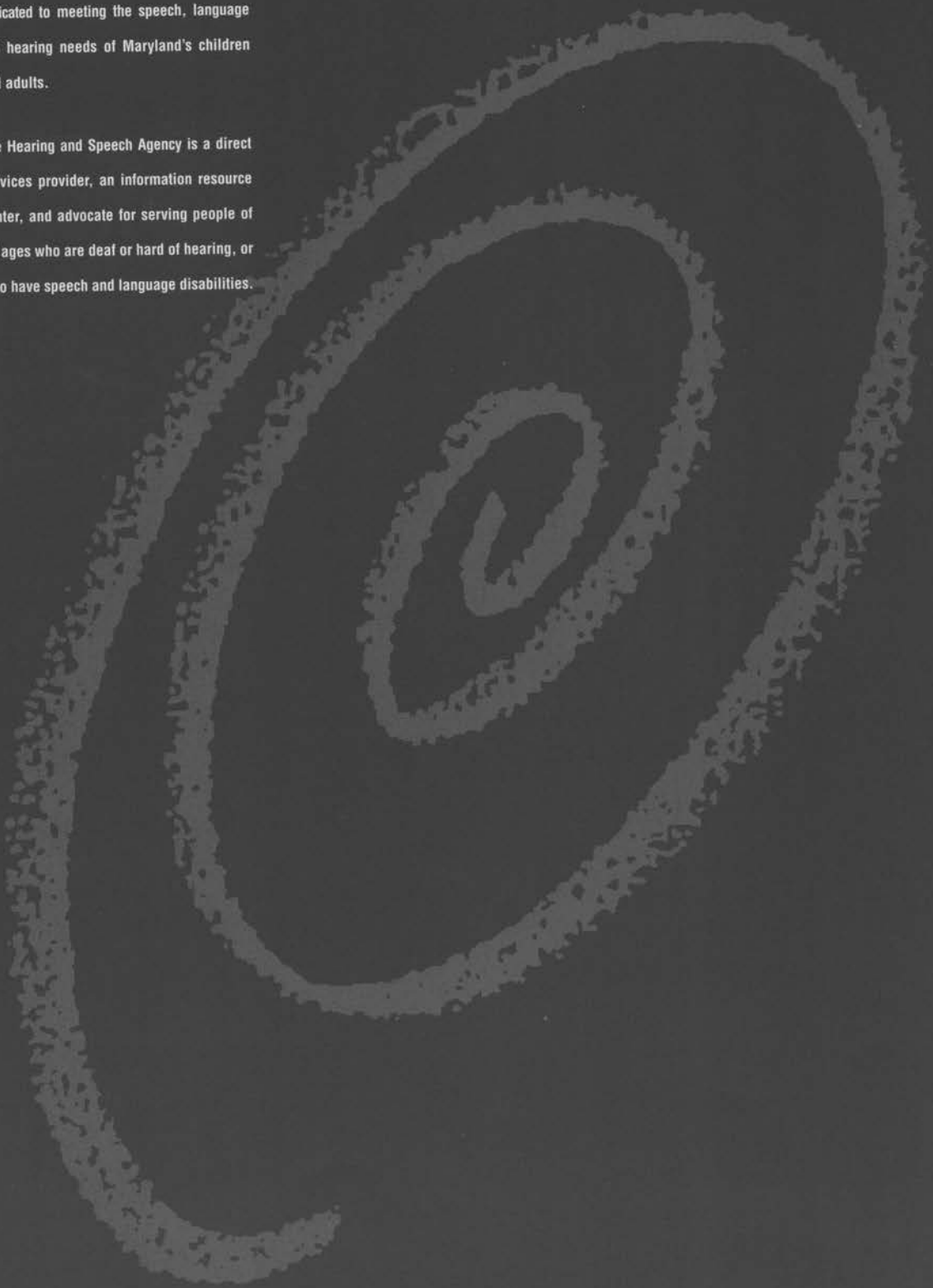


Improving Lives Through Communication

THE HEARING AND SPEECH AGENCY *1999 Annual Report*

Founded in 1926, The Hearing and Speech Agency is a private, nonprofit organization dedicated to meeting the speech, language and hearing needs of Maryland's children and adults.

The Hearing and Speech Agency is a direct services provider, an information resource center, and advocate for serving people of all ages who are deaf or hard of hearing, or who have speech and language disabilities.



To the Friends of The Hearing and Speech Agency

Today, it is an ongoing challenge to provide the best possible services for our clients. Thanks to our partners in the community, we can meet those challenges successfully and make a measurable difference in the lives of people who are deaf or hard of hearing, or who have speech and language disabilities. We are most grateful for the support we receive from individuals, foundations, corporations, and local and state government. It provides the balance we need to effectively serve all our constituents, both young and old.

Susan H. Glasgow
Executive Director

In addition to thanking our many contributors, this report highlights our programs' many achievements this year. The communication progress of our students and clinical clients, and the excellence of our interpreter services are proudly reported in the following pages.

We are also pleased to inform you of the time and effort we have spent on advocacy. During the 1999 legislative session, Agency staff testified at the Maryland General Assembly while legislators debated important bills that could significantly affect the lives of those we serve. Knowing these bills could mean positive change for our constituents, the Agency joined forces with several other organizations to lobby for their successful passage.

We were delighted by the passage of the Universal Infant Hearing Screening Act and by a decision to change Maryland Medical Assistance regulations. The new Act requires that all infants born in Maryland be screened for hearing loss before they leave the hospital. The new regulations ensure that children receiving medical assistance will be able to get speech, language and audiology services from traditional providers such as The Hearing and Speech Agency. Both initiatives will have a huge impact upon whether or not children are identified and treated early and effectively for speech, language or hearing problems. This is wonderful news not only for the Agency but also for the children and families we serve.

Gail Liss, Ed.D.
President

We are proud of our many accomplishments this year. To everyone who supports The Hearing and Speech Agency, we offer our heartfelt thanks.

Susan H. Glasgow Gail M. Liss, Ed.D.

Gateway School

Gateway School is a nonpublic, special education school for children with severe speech, language or communication disorders. The school's mission is to remediate language, speech, or hearing disabilities that interfere with academic and social development. We marvel at the accomplishments and success of our students this year, and we understand how challenging the learning path may be. Together, students, parents, teachers and therapists reap the rewards of perseverance, progress and possibilities.

1998-1999 School Year

Student enrollment	*46*
Full-day students	*36*
Half-day students	*10*
Students graduating	*9*
Students reinstated into public schools	*4*
Students referred to other nonpublic schools	*4*
Students relocating to another country	*1*
Individual 1/2 hour speech-language therapy sessions	*4,878*
Group 1/2 hour speech-language therapy sessions	*2,749*
Speech & language therapy	*3,093.5 hours*
Occupational therapy	*652.5 hours*
Physical therapy	*224 hours*
Individual child counseling	*85 hours*

On-site Visit Results in Praise

We are proud to report that the Maryland State Department of Education commended Gateway School for several reasons following an on-site visit this year. Among them were the following: providing an inviting climate; strong support for parents and students; the treatment of each person with dignity and respect; a multi-disciplinary approach with the classroom teacher as instructional leader supported by other providers; and keeping student records well organized and in compliance with regulatory requirements.

Tiger Cub Scouts Promise to "Do Their Best"

With their motto "Always Do Your Best" proudly displayed on new yellow T-shirts, boys and girls from Gateway School formed their own Tiger Scout pack this year. Boy Scouts of America worked closely with staff and parent volunteers to start this exciting new venture. Integrating traditional scouting into Gateway's curriculum has been tremendously successful, helping the children learn about cooperation and citizenship in a creative and fun way.

Breakfast Club

Another new program at Gateway School is the Breakfast Club. Many of the students gather each morning to eat a healthy breakfast and learn about the importance of a nourishing diet. The children particularly cherish the opportunity to eat and socialize together, and appreciate this satisfying start to the school day.

We Salute Our Volunteers

Gateway family members, spouses of staff, friends and college students volunteered countless hours at the school this year. Nineteen students from Loyola College gained hands-on experience in our classrooms, hoping to make a difference in the lives of our students as well as to improve their own skills as future educators and therapists.

"In the last few years my son Jamal's improvement has been fantastic. When he was born, I was told he would never walk, talk, speak or see. To know where he has come from, and to see him now, it's a miracle and a blessing. When his doctors see him, they can't believe it's the same child. I have a lot of support from my family and Gateway School. The therapists, teachers and assistants – they will always hold a very special place in my heart."

~ Melissa Jones-Williams
Gateway Parent

Seven parents and spouses of staff visited classrooms to talk about their work in the community – as police officers, nurses, doctors, dentists, architects, security guards, and mail carriers. Many other parents served on the PTO and helped at special events and field trips.

Volunteers were entirely responsible for three major projects this year:

The School Library continues to expand and improve under the watchful eyes of two dedicated volunteers, Marge Haupt and Kay Feldman. Ten years ago, Marge took on the challenge to create a proper school library where none had existed before. Six years later, Kay agreed to help her. Together, they have built a library collection that offers a broad range of titles and topics for children ages three to ten. Our volunteer librarians are particularly proud that the entire collection is now on computer catalog.

The Alex Open Golf Tournament attracted attention from the local media when Al Krebs, the grandparent of a former Gateway School student, organized the seventh Alex Open Golf Tournament to benefit the school. The tournament took place on June 21, 1999 at Rolling Road Golf Club where over one hundred golfers played eighteen holes and then stayed to feast on shrimp in the elegant clubhouse. Al's remarkable effort raised over $5,000, which was split between Gateway School and Kennedy Krieger Institute's LEAP program, where Al's grandson is now a student.

The Gateway 5K Run and One Mile Walk on May 16, 1999 challenged staff, families and friends to run or walk in support of Gateway School. The event was the brainchild of speech-language pathologist Jennifer Ciovacco, whose effort netted over $5,000 to purchase computers for the school.

Centralized Interpreter Referral Service

For the thirteenth year, the Centralized Interpreter Referral Service (CIRS) provided sign language and oral interpreters for deaf and hard of hearing people throughout the Baltimore metropolitan area. Carefully matching the right interpreter to each situation, CIRS served individuals wherever important information was being shared. Typical settings included hospitals, universities and courtrooms, but we also sent interpreters to several private events such as weddings and family reunions so that deaf and hard of hearing individuals could participate fully.

July 1, 1998 to June 30, 1999

Deaf individuals served	*1,100*
Interpreting provided	*31,395 hours*
Hearing individuals benefiting from interpreting services	*26,899*
Off-site sign language/deaf awareness class locations	*11*
Individuals taking American Sign Language classes	*333*
Sign language instruction provided	*4,398 hours*
Interpreters graduating from the Mentor Program	*7*

Sign Language Classes and Deaf Awareness Workshops

Serving three times last year's number of students, CIRS provided American Sign Language classes and deaf awareness workshops to children and adults in a variety of settings. Six instructors taught classes and workshops at the Agency's headquarters as well as at George McMechan School in Baltimore City, Beth Tfiloh and St. Paul's Plus in Baltimore County, and Chesapeake High School in Anne Arundel County. Classes and workshops for adults took place at Landover Memorial Baptist Church, St. Matthew's Church in Bel Air, the University of Maryland at Baltimore, and the Maryland State Department of Rehabilitation Services. Another class for adults was taught in a private home.

Sign Language Interpreter Mentor Program

Becoming a proficient sign language interpreter who is comfortable working in a broad range of situations can be a long and challenging process. New interpreters are often not ready to work without the support and advice of an experienced professional. To help meet the needs of "rookie" interpreters, CIRS offers a mentor program that is a natural extension of its mission. The program, which consists of weekly workshops, videotape analysis and regular meetings with mentors, takes up to six months to complete. This year, seven new interpreters graduated from the program and are now ready to join the 135 other highly qualified interpreters currently working for CIRS.

"The first night of class, I didn't know what to expect but I knew I wanted to learn how to communicate in sign language. At first, I was puzzled, anxious and excited. In just half an hour, I learned how to finger spell my name and could introduce myself to people. Now, I want to go all the way to the advanced class and possibly be an interpreter one day."

~ Ethel Hurt
Sign Language Student

Video Interpreting

This year, The Hearing and Speech Agency was one of seven organizations to partner with Sprint and Maryland Relay in a trial of video relay interpreting (VRI). The purpose of the nine-month trial was to determine whether VRI would become a permanent addition to the existing Maryland Relay service. During the trial period, deaf or hard of hearing clients could come to the Agency to communicate using this special technology free-of-charge.

Many clients, especially those who are not comfortable conversing in English through the more traditional TTY system, found that video interpreting offered tremendous advantages. They particularly liked the "three-dimensional" conversation that this technology allows, since the video camera captures and relays the user's emotion through his or her facial expressions and body language. Now that the trial is over, The Hearing and Speech Agency will continue to offer video interpreting at reasonable hourly rates.

Clinical Services

The Clinical Services program provides audiology and speech-language pathology services to children and adults in Baltimore City and beyond. The Agency offers a sliding fee scale for all these services, and is the only source of low-cost or free hearing aids in this area.

July 1, 1998 to June 30, 1999

Clients served	*842*
Clients 0-3 years old	*307*
Clients 4-18 years old	*293*
Clients 19-59 years old	*97*
Clients 60 years old or older	*145*
Audiology and speech-language therapy sessions provided	*3,838*
Off-site service locations	*7*

Top Provider of Free and Low-Cost Hearing Aids

The Hearing and Speech Agency's audiology program can boast the remarkable achievement of becoming the country's top provider of low-cost and free hearing aids to people at or near the poverty level. Working with *Hear Now,* a nonprofit organization that recycles hearing aids nationwide, we were able to distribute eighty-six hearing aids to fifty-six clients this year. Our success is largely due to a three-year grant from the Harry and Jeanette Weinberg Foundation that helped provide affordable hearing tests and hearing aid fittings to low-income, elderly people. All the hearing aids were provided by *Hear Now.*

Community Service: Home Visits and Off-site Service

Not all of our clients are able to come to the Agency's locations for services, so we work hard to send our clinicians into the community instead. Screening, therapy and audiology took place in scores of public and private schools, private homes, the Good Shepherd Center in Arbutus, and Keswick Multi-Care Center in Roland Park. Young children, adolescents and adults benefited from our ability to engage in such outreach.

Miriam Zadek Family Education Program

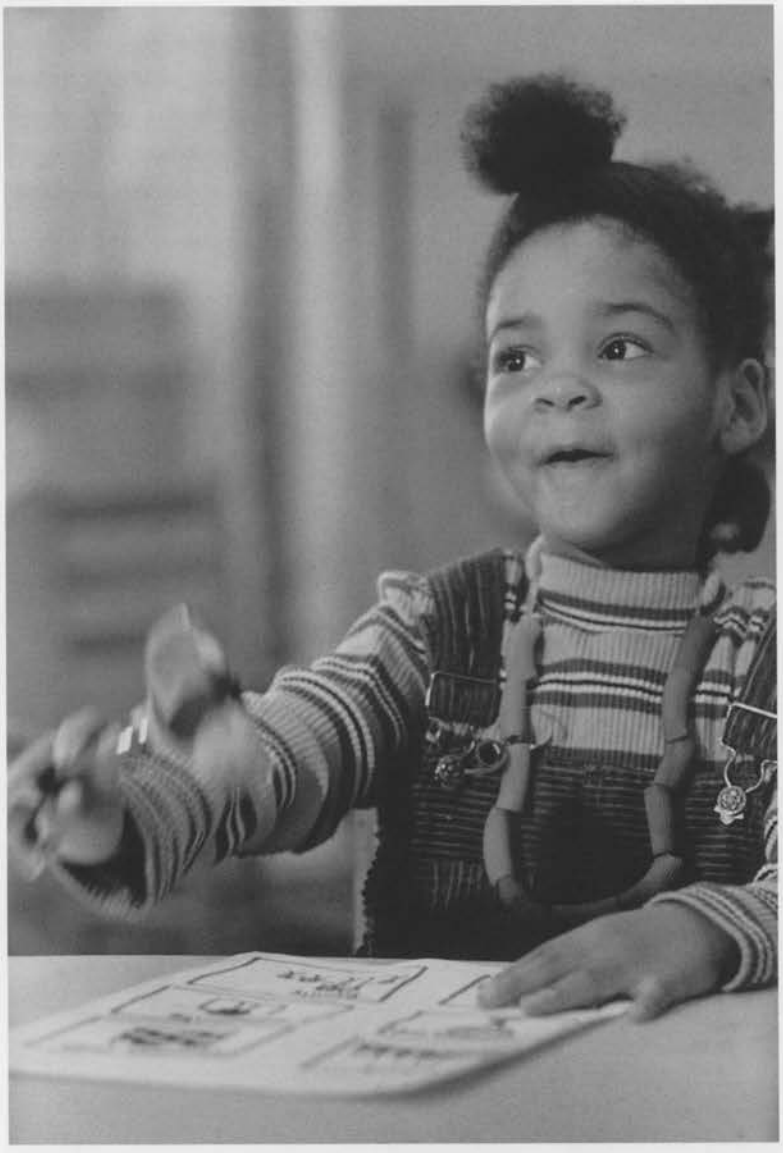
In November, Dr. Patricia Blasco, Associate Professor of Education at Bowie State University presented the workshop "Play: A Child's Work" for professionals and parents of children with disabilities, and the professionals who serve them. Participants learned about the concept of using play to assess the developmental abilities of young children with disabilities. This program was made possible by the Miriam Zadek Family Education Program, an endowment fund of The Hearing and Speech Agency.

"When I need to have my digital hearing aids cleaned or to buy new batteries, The Hearing and Speech Agency is the only place I will go. Everyone I've ever dealt with has been so compassionate, understanding and informative. I have great admiration for the Agency's ability to deal with children who are deaf or hard of hearing. The Clinic is helping to meet a tremendous need in our community."

~ Norma Friedman

Hilgenberg Scottish Rite Center for Childhood Language Disorders

Since 1985, The Hearing and Speech Agency has provided the speech-language therapy and audiology services at the Hilgenberg Scottish Rite Center at 3800 N. Charles Street. Our clinicians split their time between the Center and the Agency's headquarters on St. Paul Street. These two locations, and our partnership with the Scottish Rite Masons, allow the Agency to provide affordable speech-language services to many children in the Baltimore area. This year, 1,705 half-hour sessions of therapy were provided, including evaluations and screenings.



Contributors

We gratefully acknowledge all those who, through their generous gifts, help advance the efforts of The Hearing and Speech Agency. Listed below are donors who made contributions between July 1, 1998 and June 30, 1999.

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United Way of Central Maryland

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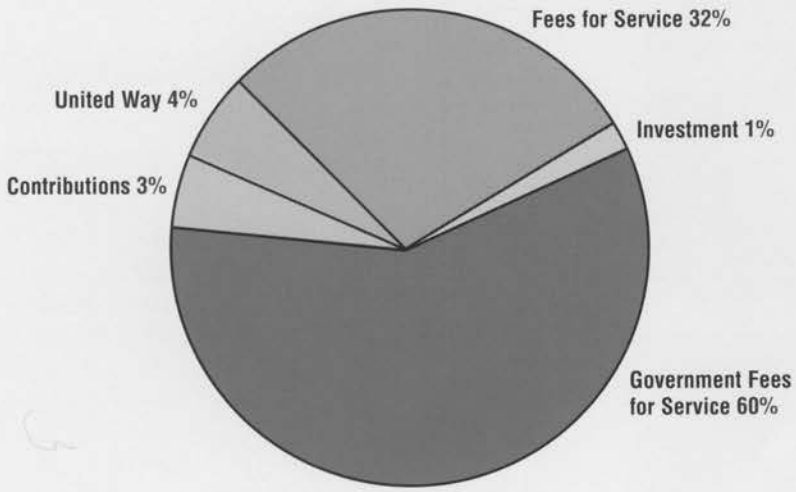
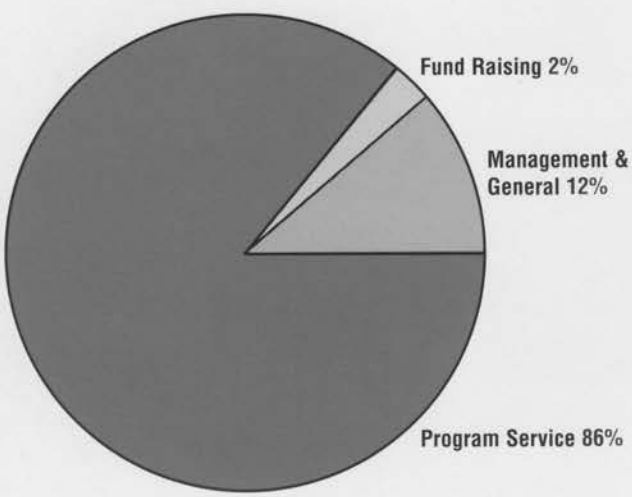
Finances July 1, 1998 to June 30, 1999

REVENUE



Total Revenue **$3,917,600**

EXPENSES



Total Expenses **$3,378,400**

The Hearing and Speech Agency Locations

The Hearing and Speech Agency
2220 St. Paul Street
Baltimore, MD 21218
410-243-3800
410-243-1275 (TTY)
410-366-8732 (Fax)
email: hasa@hasa.org
Visit our website at www.hasa.org

Services are available at 2220 St. Paul Street and other locations. Please contact The Hearing and Speech Agency at the address above for complete location and program information.

Hilgenberg Scottish Rite Center for Childhood Language Disorders
3800 N. Charles Street
Baltimore, MD 21218
410-243-6034 for information
410-243-0841 (Fax)

Operated by The Hearing and Speech Agency with financial support from the Scottish Rite Masons.

Hours of Operation

St. Paul Street

Monday to Friday, 9:00 a.m. to 4:30 p.m. with evening hours available on Tuesdays.

Hilgenberg Scottish Rite Center

Monday to Friday, 9:00 a.m. to 4:30 p.m. with evening hours available on Mondays and Wednesdays.

The Hearing and Speech Agency does not discriminate on the basis of race, sex, national origin, age, handicapping condition or sexual orientation.

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(July 1, 1998 to June 30, 1999)

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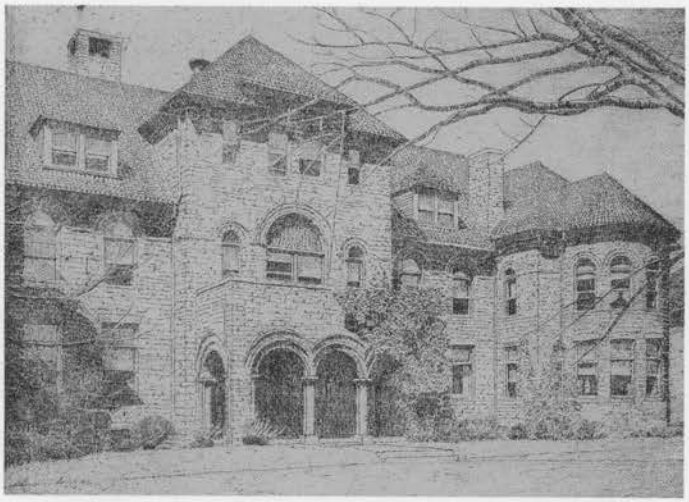


THE HEARING AND SPEECH AGENCY
2220 St. Paul Street
Baltimore, Maryland 21218-5894
TELEPHONE: 410-243-3800
TTY: 410-243-1275
FAX: 410-366-8732
www.hasa.org

Maryland's kids need help— yours!

- Maryland is the fifth wealthiest state in the United States, yet when looking at fourteen essential indicators of child well-being, Maryland is ranked a disappointing 32nd in the nation in the well-being of its young people.
- 16% of Maryland's children are poor, and 1/3 of those children live in families where at least one parent works all year long.
- 65% of Maryland third graders who take the Maryland School Performance Assessment Program test do not score satisfactory or above in reading. The ability to read is a strong predictor of future academic success.
- 65% of parents court-ordered to pay child support have not even paid $1 toward the support of their children

MARYLAND CAN Children's Action Network

The Maryland Children's Action Network (MD CAN) Registration Card

I am committed to improving the lives of Maryland's children and want to join **MD CAN**.

Name _____

Address _____

City _____ Zip _____

Phone _____ Fax _____

E-mail _____

- ❑ I want to be a MD CAN Member
- ❑ Enclosed is my donation to MD CAN to help support the costs of the action alerts. Make tax deductible check payable to ACY/MD CAN:
- ❑ $50 ❑ $25 ❑ $15 ❑ Other $____

Please return your registration to:

MD CAN
c/o ACY 34 Market Place, Fifth Floor
Baltimore, MD 21202

MD CAN Steering Committee

Steering Committee Members:
Lead Agency - Advocates for Children and Youth
Issue Coalitions: The Maryland After-School Campaign; Children and Families Health Workgroup; Coalition to Protect Maryland's Children; Early Learning Work Group; Juvenile Justice Coalition; Maryland Alliance for the Poor; Maryland Education Coalition
At-Large Members: Port Discovery Children's Museum; Citizen Advocate; Safe and Sound Campaign; League of Women Voters, Maryland; Maryland Committee for Children; Montgomery County Network For Children; National Association Social Workers, MD Chapter; United Way of Central MD

Advocacy for Busy People

Join Today! and Give Every Maryland Child a Voice

MARYLAND CAN Children's Action Network

Maryland Children's Action Network
c/o Advocates for Children and Youth
34 Market Place, Fifth Floor
Baltimore, MD 21202
PH/FAX: 410-547-9200/8690
www.acy.org

We can do better for Maryland's kids. Join MD CAN today!

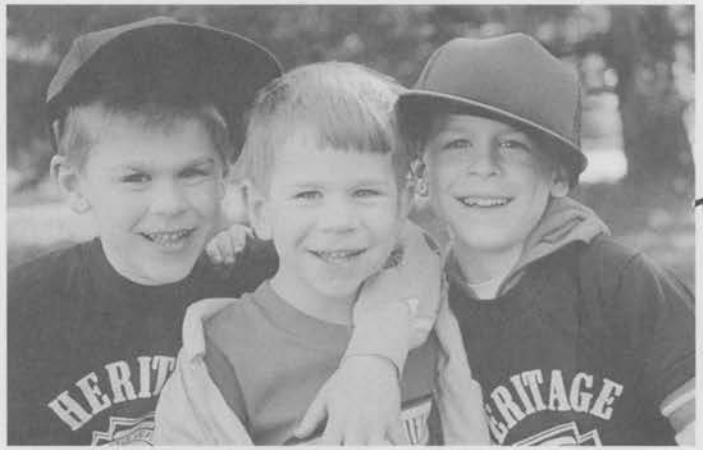
MD CAN can help you become a powerful advocate for kids!

MD CAN can help you:

- **Become educated** on the issues that affect the well being of our children.
- **Voice your concerns** about child well being and help recruit others — family, friends, neighbors and colleagues — who will also speak out to ensure that Maryland's youngsters are healthy, safe, educated, valued and more economically secure.
- **Pledge just minutes a month** to call policy makers and other community leaders to voice your opinion on critical children's issues. All you need is access to a phone or email at home or work.

Just what is the Maryland Children's Action Network?

- **MD CAN is a community education and mobilization effort** devoted to improving the well-being of all Maryland's children and youth.
- **MD CAN** is you and thousands of citizens just like you from all across Maryland.
- **MD CAN** is a statewide network of people **of all ages and backgrounds** who **speak** out, **volunteer** and **vote** for the best interest of our youth.
- **MD CAN** is non-partisan and does not endorse any political candidate or political party

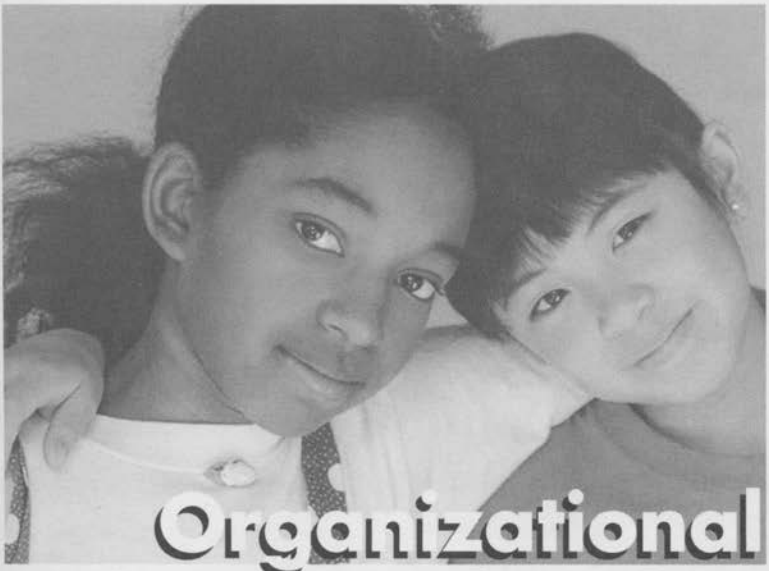


What can I do to help kids if I join?

As a **MD CAN** member, you will receive one page briefs on children's issues that include suggested action items. After reading the materials, you will be asked to:

- **Call** elected representatives or other community leaders to voice your concerns.
- **Share** what you learn with the general public, community leaders, the media, government administrators, elected officials and candidates for office, to educate them about the grave issues facing our youngsters.
- **MD CAN is a community education and mobilization effort** devoted to improving the well-being of all Maryland's children and youth.

Together we can make sure all Maryland's children are healthy, safe, educated, valued, and economically secure.



Organizational Membership Brochure

Maryland Children's Action Network
c/o Advocates for Children and Youth
34 Market Place, Fifth Floor
Baltimore, MD 21202
PH/FAX: 410-547-9200/8690
www.acy.org

MD CAN is a partnership of organizations and citizens dedicated to improving results for children in Maryland. The primary strategies include public education and citizen mobilization. The lead agency for this effort is Advocates for Children and Youth. ACY serves as the communication hub for the effort.

Organizational support includes:

1. Working in partnership to develop and promote a children's policy agenda that will improve results in a meaningful and measurable way.
2. Using your organizational resources such as your newsletter, mailing list, fax broadcast system and e-mail to publicize the goals and activities of MD CAN.
3. Assisting with recruitment of team members in Maryland's 47 legislative districts.
4. Making a financial contribution to sustain this effort:
   - Annual contribution for statewide organizations: $350 - $500
   - Annual contribution for local organizations: $100-$200
   - Annual contribution for community organizations: $50 - $75

MD CAN Organizational Partners will:

1. Have a voice in shaping the children's public policy agenda in Maryland.
2. Receive fax alerts, issue briefs and newsletters throughout the year on children's issues.
3. Receive advocacy training opportunities for Boards of Directors and staff.
4. Receive discounts on publications and conferences.
5. Receive recognition on brochures and conference materials.

Organizational members will assist in recruiting their individual members in joining MD CAN. Individual membership includes:

1. Membership in a network of volunteers within your legislative district.
2. Volunteering a minimum of 2 hours a month/24 hours a year to advocate for children.
3. Making a financial contribution to defray the cost of action alerts:

Suggested individual contribution:

_____ $50 _____ $25 _____ $15 _____ other

Individual members will receive:

1. Fax, email or posted action alerts, issue briefs and newsletters.
2. Advocacy training opportunities.
3. Discounts on products, publications and conferences.

To be successful, MD CAN requires an investment from organizations and individuals.

As of July 1, 1999, 900 individual citizens and 39 organizations representing several thousand Marylanders support the mission of MD CAN.

Join MD CAN today! Be part of a united voice for our children.

Yes, we want to join MD CAN and improve results for children in Maryland!

Organization _____

Address _____

City _____

Phone _____ Fax _____

E-mail _____ Website _____

Number of Individual Members _____

Number of Organizational Members _____

Our contribution for _____ (year) will be $_____ and the following in-kind resources:

_____

_____

_____

The Staff assigned as our organizational representative is:

Name _____

Title _____

Phone _____ Fax _____

E-mail _____

Date _____

MARYLAND CAN Children's Action Network

Maryland is a Wealthy State, but Our Children are not Doing Well ...MD CAN Do Better!

- Maryland has the 3rd highest median household income in the country, but Maryland children rank 24th in the nation on ten essential indicators of well being (1999 National Kids Count Data Book).
- The Maryland Children's Action Network (MD CAN), was created in 1997, as a powerful network of thousands of concerned citizens and hundreds of organizations promoting policies and public spending to improve results for children and families.
- MD CAN seeks to maximize the role of ordinary citizens in speaking out for the needs of children.
- Coalitions formulate policies, research best practices, and evaluate the impact of public initiatives on children. Kids Count data analysis adds depth to the picture.
- Everyone shares responsibility for selecting priorities for the year and promoting the agenda with state and local leaders. Government relations, communications, and citizen mobilization are essential components of the effort.
- Each success leaves room for a new priority to move to the forefront.

If we all share a vision for change, MD CAN do better!

If you care about the well-being of children and would like to join MD CAN's work to improve the lives of children and families, please call Advocates for Children and Youth at 410-547-9200 or visit www.acy.org.

MD CAN: How We Are Improving Results for Children & Youth

8 Steps:		Early Childhood	Health	Education	Child Welfare	Economic Security	Youth Development/ Juvenile Justice
1. Develop a shared vision for children, youth and families in Maryland.	**Desired Results**	■ Babies born healthy ■ Children enter school ready to learn	■ Healthy children	■ Children successful in school ■ Children completing school	■ Children safe in their homes and communities	■ Stable and economically self-sufficient families	■ Youth stay out of trouble and have a chance to become self-sufficient adults
2. Analyze the actual reality of child well-being.	**KidsCount/ Other Data**	■ Our infant mortality rate is 46th worst in the country (1998). Both this rate, as well as our low birth weight rate, is 20% higher than the national average.	■ Over 100,000 of our children still lack health insurance (1999).	■ 58% of our 3rd graders did not pass the MSPAP reading test (1999).	■ Our foster care caseload has doubled since 1990. Of new entries in 1998, 63% had a parental factor of substance abuse.	■ One out of eight of our children live in poverty (1995).	■ Our violent juvenile arrest rate is 46th worst in the country (1998).
3. Organize ourselves to develop solutions.	**MD CAN Issue Coalitions**	■ Early Learning Workgroup	■ Coalition for Healthy Maryland Children	■ The New Maryland Education Coalition	■ Coalition to Protect Maryland's Children	■ Maryland Alliance for the Poor	■ Maryland's Juvenile Justice Coalition
4. Identify policies and funding needed to improve results.	**What Works**	■ Meeting the Needs of our Youngest Children: Increase funding for early childhood development and education.	■ Improving Health Outcomes for Children: Improve HealthChoice accessibility and protect children from gun injury and death.	■ Investing in Maryland's Future: Ensure equity, adequacy, and accountability in public school funding and provide summer school for low performing children.	■ Protecting Children from Abuse and Neglect: Guarantee appropriate substance abuse treatment for parents of abused and neglected children.	■ Breaking the Cycle of Child Poverty: Provide parents with increased opportunities for education, literacy, and job skills training.	■ Youth Making Wise Decisions: Stop the overuse and misuse of juvenile detention and fund school-based programs that promote positive behavior.
5. Select priorities and build consensus.	**Citizen Involvement**	**Annual Maryland Children's Agenda Convention**					
6. Promote legislative passage of annual agenda.	**Advocacy**	**Annual Children's Agenda** **Government Relations** · **Citizen Mobilization** · **Communication**					
		MD CAN Policies Adopted					
		Increased funding for Purchase of Care Vouchers and Head Start programs	Passage of the Maryland Children's Health Insurance Program	Creation of the Commission on Education Finance, Equity and Excellence	Passage of the Child Welfare Workforce Initiative	Passage of the Earned Income Tax Credit and Earned Income Disregard	Ten million dollars allocated for after-school programs
7. Make sure new laws are implemented well.	**Monitoring & Accountability**	**Independent monitoring of major initiatives**					
8. Analyze whether policies are making a difference.	**Analysis**	**Track data indicators of child well-being**					

MD CAN STEERING COMMITTEE

Lead Agency:
Jann Jackson
Advocates for Children & Youth, Inc.

Issue Coalition Representatives:
Bobbi Seabolt - Coalition for Healthy Maryland Children
Charlie Cooper - Coalition to Protect Maryland's Children
Lynda Meade - Maryland Alliance for the Poor
Margaret Williams - Early Learning Workgroup
Jim McComb - Maryland's Juvenile Justice Coalition
Elaine Franz - The *New* Maryland Education Coalition

At Large Members:
Rev. Steward Fraiser - Citizen
Mindy Amor - Citizen
Judy Morenoff - League of Women Voters of Maryland
Lori Rogovin - Maryland Committee for Children
Nancy Schneider - Montgomery County Network for Children
Barbara Schmitt - National Association of Social Workers, MD Chapter
Martha Holleman - Safe and Sound Campaign - Baltimore City
Nan Waranch - United Way of Central Maryland

Staff:
Jan Schmidt/ Diana Charrier
Advocates for Children and Youth

MD CAN ORGANIZATIONAL PARTNERS

Advocates for Children & Youth
AFL-CIO
American Academy of Pediatrics, MD Chapter
Annapolis Youth Services Bureau
Associated Catholic Charities
Association for the Education of Young Children
Baltimore Jewish Council
Center for Poverty Solutions
Central Maryland Ecumenical Council
CHOICE Program
Citizens' Review Board for Children
Families Involved Together
Frederick County Voice for Kids
Friends of the Family
Healthy Families Lower Shore
Hear My Voice (Eastern Shore)
Junior League of Baltimore
League of Women Voters of Maryland
Maryland Association of Local Management Board Directors
Maryland Association of Nonpublic Special Education Facilities
Maryland Association of Resources for Families and Youth
Maryland Association of Youth Services Bureaus
Maryland Committee for Children
Maryland SAFE KIDS Coalition
Maryland State Association of United Ways
Marylanders Against Handgun Abuse
Medical & Chirurgical Faculty of Maryland
Mental Health Association of Maryland
Montgomery Child Care Association
Montgomery County Network for Children
National Association of Social Workers, MD Chapter
People Against Child Abuse
Port Discovery
Safe and Sound Campaign - Baltimore City
The Family League of Baltimore
The Family Tree
United Way of Central Maryland
YMCA of Central Maryland

MD CAN ISSUE COALITIONS

Coalition for Healthy Maryland Children

Chair: Tracy Hart
March of Dimes
Staff: Carol Fanconi
Advocates for Children & Youth

Advocates for Children and Youth
American Academy of Pediatrics, MD Chapter
Baltimore Jewish Council
Center for Poverty Solutions
The CHOICE Program
The Coordinating Center
Citizens' Review Board for Children
Friends of the Family
Health Care for the Homeless
Kennedy Krieger Institute
League of Women Voters
March of Dimes
Maryland Association of Resources for Families and Youth
Maryland Citizens Health Initiative
Maryland Committee for Children
Maryland Developmental Disabilities Council
Maryland Disability Law Center
Maryland Hospital Association
Maryland's Juvenile Justice Coalition
Maryland Mental Health Association
Maryland OB/ GYN Society
Medical Care for Children Partnership
Mid-Atlantic Community Health Centers
Planned Parenthood
Primary Care Coalition
Welfare Advocates

Coalition to Protect Maryland's Children

Co-Chairs:
Charlie Cooper
Citizens' Review Board for Children
Mindy Amor

Staff:
Diane Banchiere
Advocates for Children and Youth

Jann Jackson - Advocates for Children and Youth
Bobbi Seabolt - American Academy of Pediatrics, MD Chapter
Ellen Mugmon - American Professional Society on the Abuse of Children, MD Chapter
Lynda Meade - Associated Catholic Charities
Roger Lyons - Baltimore Urban League
Pat Cronin - The Family Tree
Margaret Williams – Friends of the Family
Lee Hudson - Lutheran Office on Public Policy
James McComb - Maryland Association of Resources for Families and Youth
Deborah Green –Maryland League of Foster and Adoptive Parents
Ed Kilcullen – Maryland Court Appointed Special Advocate Association
Nancy Schneider - Montgomery County Network for Children
Brenda Peterson - National Association of Social Workers, MD Chapter
Barbara Holtan - Tressler Lutheran Services
Rev. Steward Fraiser
Camille Wheeler

Early Learning Workgroup

Chair: Margaret Williams
Friends of the Family
Staff: Lori Rogovin
Maryland Committee for Children

Bobbi Seabolt - American Academy of Pediatrics, MD Chapter
Meena Abraham - Baltimore City Fetal and Infant Mortality
Carlethea Johnson - Baltimore City Head Start
Maxine Reed Vance - Baltimore City Healthy Start
Michael Cenci - Family League of Baltimore City
Cleona Garfield - Healthy Child Care MD/ Child Care Administration
Elaine Franz – The *New* Maryland Education Coalition
John Surr - MD Association for Education of Young Children
Anne London - National Council of Jewish Women /HIPPY
Nancy Schneider – Montgomery County Network for Children
Bernadette Leeds - Office for Children, Youth, and Families
Gloria Goldfaden - People Against Child Abuse
Louise Corwin - Ready at Five Partnership
Martha Holleman - Safe and Sound Campaign
Stephanie Davis - The Family Tree
Chris Ader-Soto – YMCA of Central Maryland
Laura Adkins – Carroll County Child Care Association
Shannon Aleshire–Child Care Choices
Lynn Baldwin – MD National Capitol Park/Planning Company
Caroline Barringer – Baltimore Child Care Community Resource Center
Nancy Barry – Partners in Child Care
Tillie Bayliss – University of MD, College Park
Marguerite Bellamy – Head Start
Cara Bethke – The Playroom
Frances Chapman – St. Francis Xavier Head Start
Joan Cobb – CCB-Liberty Campus
Fanny Crawford – Resources for Children and Families
Mona Criswell – Play Centers, Inc.
Barbara Curtis – CAC Head Start, Howard County
Tanthia Darden – Tanthia's Kids
Nancy Dillon-Tobias – Baltimore County Schools/HIPPY/Title I
Esther Fidler-Grossman – Custom Playground & Child Care Design
Pamela Funderburk – Ms. Pam's Daycare
Mary Henn – MLK Early Head Start
Christine Ivey – Ivey League Learning Center
Donna Jacobs – Early Childhood Development, Essex Community College
Cecilia Johnson – MD State Family Child Care Association
Kathleen Kieselewich – A Child's Place
Audrey Leviton – Kennedy Krieger Child and Family Institute
Sheila Lipsiomb – Anne Arundel County Economic Opportunity Comm, Inc.
Marie Noplock – Maryland Therapy Network
Jan Schmidt – Advocates for Children and Youth
Margo Sipes – Downtown Baltimore Child Care, Inc.
Ginny Smith – Child Care Links
Tom Taylor – Child First, Inc.
Carol Walsh – The Family Works
Avril Williams – Child Care Shoppe
Marti Worshtil – Prince George's Child Resource Center
Donna Krause
Tupper Webster
Toni Ungaretti
Emily Wolfson

Maryland Alliance for the Poor

Lynda Meade - Associated Catholic Charities
Jan Schmidt - Advocates for Children & Youth
David Conn - Baltimore Jewish Council
Roger Lyons - Baltimore Urban League
Laura Howell - Center for Poverty Solutions
Mary Ellen Vanni - Energy Advocates
Kevin Lindamood - Health Care for the Homeless
Peter Sabonis - Homeless Persons Representation Project
Clifford Collins - MD Association of Community Action Agencies
Jeff Caruso - Maryland Catholic Conference
Deborah Povich - Maryland Center for Community Development
Lori Rogovin - Maryland Committee for Children
Beryl Smith - Maryland Interfaith Legislative Committee
Keith Prouty - Maryland State Conference, NAACP
Ronald Halber - Jewish Community Council of Greater Washington

Maryland's Juvenile Justice Coalition

Chair: Jim P. McComb
MD Association of Resources for Families & Youth
Director: Heather A. Ford
Advocates for Children and Youth
Communications: Sharon Rubinstein
Advocates for Children and Youth

Abell Foundation
Advocates for Children and Youth
American Academy of Pediatrics, MD Chapter
American Justice Institute
Annie E. Casey Foundation
Associated Black Charities
Baltimore City Head Start Program
Baltimore Police Athletic League
Campaign for an Effective Crime Policy
Caroline County Family Support Center
CASA of Baltimore City
Center for Study of Troubling Behavior, Univ. of MD
Center on Juvenile and Criminal Justice
Central MD Ecumenical Council
Chesapeake Center for Youth Development
Citizens Planning and Housing Association
Dorchester County Office of Child and Family Services
Druid Heights Community Development Corp.
Eastern Shore Taskforce
Families Involved Together, Inc.
The Family Tree
First Step, Inc.
Friends of the Family
Girl Scouts of Central MD
Greater Baltimore Committee
Harford County Department of Community Services
Int'l Association of Machinists and Aerospace Workers
Maryland Association of Resources for Families and Youth
Maryland Association of Youth Service Bureaus
Maryland Justice Policy Institute
Maryland State Teachers Association
Marylanders Against Handgun Abuse
Mental Health Association of MD, Inc.
Montgomery County Network for Children
Mothers for Equal Justice
National Center on Institutions and Alternatives
National Mental Health Association
Northwest Youth Services, Inc.
Open Society Institute
Our House Youth Home
Pediatric Ambulatory Center, Univ. of MD
Prevent Child Abuse, MD
Public Justice Center
Robert A. Pascal Youth and Family Service Center
Shaw Prison Services Program
Walden/Sierra, Inc.
Youth Law Center

The *New* Maryland Education Coalition

Steering Committee Members:
Chair: Dr. David Jackson
Advocates for Children and Youth
Vice-Chair: Charlie Cooper
Staff: Catherine Brennan
Advocates for Children and Youth

Bebe Verdery – ACLU of Maryland
Dr. John O'Connell – Alleghany County Public Schools
Anita Rosen –American Association of University Women
Zattura Sims-El – Baltimore Education Network
Phil Fornaci – Maryland Disability Law Center
Patricia Payne – Shelter Policy Institute
Jerry Baum
Elaine Franz
Stanley Heuisler
Catherine Smith
Carl Stokes
Terri Turner
Nicholas Schloeder, Sr.

Organizational Members:
AAUW Baltimore
AAUW Maryland
ACLU Foundation of Maryland, Inc.
Advocates for Children and Youth
Ashland Nursery Inc. – Baltimore City Head Start
Association of Supervisory & Administrative School Personnel
Baltimore City Public Schools
Baltimore Urban League
Baltimore Washington Conference
Barclay-Brent Education Corporation
Belair-Edison Improvement Association
Board of Education of Garrett County
Board of Education of Cecil County
Broadmead Residents Association
Caroline County Public Schools
Cecil County Chamber of Commerce
Cecil County Classroom Teachers Association
Cecil County Public Schools
Children First, Inc.
Citizens Planning and Housing Association
College Club of Baltimore City, Inc.
Dorchester County Public Schools
Edgemeade Project/Edgemeade Raymond A. Rogers Jr. School
Fallstaff Parent Teacher Organization
Federation of Maryland Teachers
Prince George's County
Forest Park High School
Friends of the Family
Fund for Educational Excellence
Garrett County Board of Education
Glenarden Woods Elementary School
Greater Baltimore Committee
Greater Homewood Community Corporation
Harford County Board of Education
JHU – Center for Social Org. of Schools
John Hopkins University
Kent County Public Schools
League of Women Voters of Baltimore City
League of Women Voters of Maryland
Learning Disabilities Association of Metropolitan Baltimore
Learning Disabilities Association of the Lower Shore
Marianist Sharing Fund
Mars Estate Elementary School
Maryland Association of Nonpublic Special Education Facilities
Maryland Committee for Children
Maryland Institute College of Art
Maryland State Teachers Association
Maryland Writing Project – TSU College of Education
Morgan State University
Mt. Washington Parent Teacher Organization
National Association of Negro Business and Professional Women
Odenton Elementary School – Anne Arundel County Public Schools
Oliver Beach Elementary School – Baltimore County Public Schools
Parents Anonymous
Public School Administrators and Supervisors Association of Baltimore City
Queen Anne's County Board of Education
Sandy Plains Elementary School
School for Contemporary Education
Showell Elementary School
St. Mary's County Public Schools
Struever Brothers, Eccles & Rouse Inc.
Talbot County Board of Education
Teachers Association of Baltimore County
The ARC of Maryland, Inc.
The Forbush School
Towson Unitarian Universalist Church
UFCW Local 400
William H. Lemmel Middle School

There are 92 individual MEC members across Maryland.

MD CAN has individual members across the state.

Maryland is a Wealthy State, but Our Children are not Doing Well ...MD CAN Do Better!

- Maryland has the 3rd highest median household income in the country, but Maryland children rank 24th in the nation on ten essential indicators of well being (1999 National Kids Count Data Book).
- The Maryland Children's Action Network (MD CAN), was created in 1997, as a powerful network of thousands of concerned citizens and hundreds of organizations promoting policies and public spending to improve results for children and families.
- MD CAN seeks to maximize the role of ordinary citizens in speaking out for the needs of children.
- Coalitions formulate policies, research best practices, and evaluate the impact of public initiatives on children. Kids Count data analysis adds depth to the picture.
- Everyone shares responsibility for selecting priorities for the year and promoting the agenda with state and local leaders. Government relations, communications, and citizen mobilization are essential components of the effort.
- Each success leaves room for a new priority to move to the forefront.

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A Guide for Maryland Citizens

2000

When you go to Annapolis

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League of Women Voters of Maryland, Inc.
and supported by the *Baltimore Sun*

SENATE COMMITTEES

All located in James Senate Office Bldg.
(Numbers indicate legislative districts)

BUDGET AND TAXATION (B&T)

Room 100 - Phone (410) 841/858-3690

Hoffman, Barbara A. (D)	42	**VanHollen Jr., Christopher**	18
Chair		*Vice Chair (D)*	
Currie, Ulysses (D)	25	Middleton, Thomas M. (D)	28
Hogan, Patrick J. (R)	39	Munson, Donald F. (R)	2
Kasemeyer, Edward J. (D)	12	Neall, Robert R. (R)	33
Lawlah, Gloria Gary (D)	26	Ruben, Ida (D)	20
Madden, Martin G. (R)	13	Stoltzfus, J. Lowell (R)	38
McFadden, Nathaniel J. (D)	45	Stone, Jr., Norman (D)	7

Staff: Melanie Wenger, Nicolle Fleury, Kathleen Boucher, Laura McCarthy

ECONOMIC AND ENVIRONMENTAL AFFAIRS (EEA)

Room 200 - Phone (410) 841/858-3661

Blount, Clarence W. (D)	41	**Hollinger, Paula C. (D)**	11
Chair		*Vice Chair*	
Collins, Michael J. (D)	6	Jacobs, Nancy (R)	34
Conway, Joan Carter (D)	43	McCabe, Christopher J. (R)	14
Dyson, Roy P. (D)	29	Pinsky, Paul G. (D)	22
Frosh, Brian E. (D)	16	Sfikas, Perry (D)	46
Harris, Andrew P. (R)	9		

Staff: Carol Swan, Damian O'Doherty

FINANCE (FIN)

Presidential Wing - Phone (410) 841/858-3677

Bromwell, Thomas L. (D)	8	**Dorman, Arthur D. (D)**	21
Chair		*Vice Chair*	
Astle, John C. (D)	30	Hooper, J. Robert (R)	35
DeGrange,James E. Sr, (D)	32	Kelley, Delores G. (D)	10
Della Jr., George W. (D)	47	Roesser, Jean W. (R)	15
Exum, Nathaniel (D)	24	Teitelbaum, Leonard H. (D)	19
Hafer, John J. (R)	1		

Staff:Tamela Burt, Alex Nunez, Dave Smulski, Kathleen Smith, Barbara Houghton

JUDICIAL PROCEEDINGS (JPR)

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Baker, Walter M. (D)	36	**Green, Leo E. (D)**	23
Chair		*Vice Chair*	
Colburn, Richard F. (R)	37	Jimeno, Philip C. (D)	31
Ferguson, Timothy R. (R)	4	Mitchell, Clarence IV (D)	44
Forehand, Jennie M. (D)	17	Mooney, Alexander X. (R)	3
Haines, Larry E. (R)	5		
Hughes, Ralph M. (D)	40		

Staff: Susan Russell, Jeremy McCoy

Hearing schedules, House and Senate seating plans, and synopses of bills are available at the Legislative Information Desk in the State House basement, Legislative Services Building basement and Senate Office Bldg., 1st floor.

HOUSE OF DELEGATES COMMITTEES

All located in Lowe House Office Bldg.
(Numbers indicate legislative districts)

APPROPRIATIONS (APP)

Room 131 - Phone (410) 841/858-3407

Rawlings, Howard P. (D)	40	**Conway, Norman H. (D)**	38
Chair		*Vice Chair*	
Baker, Rushern (D)	22 B	Jones, Adrienne A. (D)	10
Baker, Wheeler R. (D)	36	Jones, Verna (D)	44
Billings, Leon (D)	18	Kagan, Cheryl (D)	17
Branch, Talmadge (D)	45	Klima, Martha S. (R)	9 A
Cadden, Joan (D)	31	Kopp, Nancy K. (D)	16
D'Amato, Richard (D)	30	Leopold, John (R)	31
Dewberry, Thomas E. (D)	47 B	Linton, Samuel C. (D)	28
Edwards, George C. (R)	1 A	Palumbo, Richard A. (D)	22 A
Flanagan, Robert L. (R)	14 B	Pitkin, Joan B. (D)	23
Franchot, Peter (D)	20	Proctor, Jr., James E. (D)	27 A
Hecht, C. Sue (D)	3	Rosenberg, Samuel (D)	42
Hubers, Nancy (D)	6	Stocksdale, Nancy R. (R)	5
James, Mary (D)	34	Turner, Frank (D)	13 A

Staff: Dea Whayland-Dayly, Rachel Hise, Suzanne Freed

COMMERCE AND GOVERNMENT MATTERS (CGM)

Room 141 - Phone (410) 841/858-3502

Wood, John (D)	29 A	**McIntosh, Maggie (D)**	42
Chair		*Vice Chair*	
Arnick, John S. (D)	7	Kittleman, Robert H. (R)	14 B
Benson, Joanne C. (D)	24	Malone, Jr., James E. (D)	12 A
Bobo, Elizabeth (D)	12 B	Mandel, Adrienne A. (D)	19
Brinkley, David R. (R)	4 A	Paige, Jeffrey A. (D)	44
Bronrott, William (D)	16	Parrott, Joanne (R)	35 A
Clagett, Virginia P. (D)	30	Riley, B. Daniel (D)	34
DeCarlo, Diane (D)	6	Shank,Christopher (R)	2 B
Dobson, Michael V. (D)	43	Snodgrass, Louise V. (R)	3
Dypski, Cornell N. (D)	46	Sophocleus, Theodore (D)	32
Glassman, Barry (R)	35 A	Swain, Darren (D)	24

Staff: James Gilchrest, Theodore King, Jr., William Varga

ECONOMIC MATTERS (ECM)

Room 151 - Phone (410) 841/858-3519

Busch, Michael E. (D)	30	**Gordon, Michael R. (R)**	17
Chair		*Vice Chair*	
Barve, Kumar B. (D)	17	Kirk, Ruth M. (D)	44
Brown, Anthony (D)	25	Krysiak, Carolyn J. (D)	46
Donoghue, John P. (D)	2 C	La Vay, Richard (R)	15
Eckardt, Adelaide C. (R)	37 B	Love, Mary Ann E. (D)	32
Fulton, Tony E. (D)	40	McClenahan, Charles A. (R)	38
Goldwater, Marilyn R. (D)	16	McHale, Brian (D)	47 A
Harrison, Hattie N. (D)	45	Minnick, Joseph (D)	7
Hill, Kerry (D)	26	Mitchell, Van T. D)	28
Kach, A. Wade (R)	9 A	Moe, Brian R. (D)	21
Kelly, James M. (R)	9 B	Pendergrass, Shane (D)	13 A
		Walkup, Mary Roe (R)	36

Staff: John Favazza, Kristen Jones, Healther Hamilton

ENVIRONMENTAL MATTERS (ENV)

Room 161 - Phone (410) 841/858-3534

Guns, Ronald A. (D)	36	**Weir, Michael H. (D)**	
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Baldwin, Robert (R)	33	Mohorovic, Jr., Jacob J. (D)	
Boutin, Charles (R)	34	Morhaim, Dan K. (D)	1
Cane, Rudolph (D)	37 A	Nathan-Pulliam, Shirley (D)	1
Davis, Dereck (D)	25	Oaks, Nathaniel T. (D)	4
Elliott, Donald B. (R)	4 B	Owings, III, George W. (D)	2
Frush, Barbara (D)	21	Redmer, Jr., Alfred W. (R)	
Hammen, Peter A. (D)	46	Schisler, Kenneth D. (R)	3
Hubbard, James W. (D)	23	Sher, Tod David (D)	1
Hurson, John Adams (D)	18	Stern, Joan (D)	3
Klausmeier, Katherine (D)	8	Stull, Paul (R)	

Staff: Christina Llewellyn, Jennifer Blackburn

JUDICIARY (JUD)

Room 121 - Phone (410) 841/858-3488

Vallario, Jr., Joseph F. (D)	27A	**Doory, Ann Marie (D)**	43
Chair		*Vice Chair*	
Amedori, Carmen (R)	5	Grosfeld, Sharon M. (D)	18
Barkley, Charles (D)	39	Hutchins, Thomas E. (R)	28
Boschert, David (R)	33	Kelly, Kevin (D)	1
Burns, Jr., Emmett C. (D)	10	Menes, Pauline H. (D)	21
Cole, William H. IV (D)	47 A	Montague, Jr., Kenneth C. (D)	43
Dembrow, Dana Lee (D)	20	Murphy, Donald E. (R)	12
Getty, Joseph (R)	5	O'Donnell, Anthony J. (R)	29
Giannetti, John (D)	13 B	Petzold, Carol Stoker (D)	19
Gladden, Lisa (D)	41	Valderrama, David M. (D)	26
Griffith, Melony (D)	25	Zirkin, Robert (D)	11

Staff: Douglas Nestor, Donald Hogan Jr., Lauren Casey, Monita Wilson

WAYS AND MEANS (W&M)

Room 111 - Phone (410) 841/858-3469

Hixson, Sheila Ellis (D)	20	**Healey, Anne (D)**	22
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Bartlett, Joseph (R)	3	Howard, Carolyn J.B. (D)	24
Bohanan, John L. (D)	29 B	Mariott, Salima Siler (D)	40
Bozman, K. Bennett (D)	38	McKee, Robert A. (R)	2
Campbell, James W. (D)	42	Patterson, Obie (D)	26
Carlson, Paul (D)	39	Phillips, Wendell (D)	41
Conroy, Mary (D)	23	Ports Jr., James F. (R)	8
Cryor, Jean B. (R)	15	Rosso, Mary (D)	31
Davis, Clarence (D)	45	Rudolph, David (D)	35
Finifter, Michael J. (D)	11	Rzepkowski, James E. (R)	32
Greenip, Janet (R)	33	Shriver, Mark K. (D)	15
Heller, Henry B. (D)	19		

Staff:Ryan Bishop, Ted King, Joe Alden

THE LEGISLATIVE DISTRICTS

The state is divided, on the basis of population, into 47 legislative districts, each of which elects one senator and three delegates to the General Assembly. Some of the legislative districts cross county lines, particularly in the rural areas. Some legislative districts are subdivided into three single-member or one single-member and one two-member legislative districts. In a legislative district containing more than two counties (or parts thereof), and which is not subdivided, no county may have more than one delegate residing in it.

District	County
1	Garrett (1A), Part of Allegany (1B/1C)
2	Part of Washington (2A/2B/2C)
3	Parts of Washington and Frederick
4	Part of Frederick (4A), Part of Carroll (4B)
5	Part of Carroll
6	Parts of Baltimore Co. and Harford
7	Part of Baltimore Co.
8	Parts of Baltimore City and Baltimore Co.
9	Part of Baltimore Co. (9A/9B)
10	Parts of Baltimore City and Baltimore Co.
11	Part of Baltimore Co.
12	Parts of Baltimore Co. (12A) and Howard (12B)
13	Parts of Howard (13A/13B) and Prince George's (13B)
14	Parts of Montgomery (14A/14B) and Howard (14B)
15 thru 20	Parts of Montgomery
21	Parts of Prince George's and Montgomery County
22 thru 26	Parts of Prince George's County
27	Parts of Prince George's (27A), Anne Arundel (27B) and Calvert (27B)
28	Charles
29	Parts of St. Mary's (29A/29B/29C) and Calvert (29B/29C)
30 thru 33	Parts of Anne Arundel
34	Part of Harford
35	Parts of Harford (35A) and Cecil (35B)
36	Kent, Queen Anne's, parts of Cecil, Caroline and Talbot
37	Dorchester, parts of Caroline, Talbot and Wicomico
38	Somerset, Worcester, parts of Wicomico
39	Part of Montgomery
40 thru 41	Parts of Baltimore City
42	Parts of Baltimore City and Baltimore Co.
43 thru 45	Parts of Baltimore City
46	Parts of Baltimore City and Baltimore Co.
47	Parts of Baltimore City (47A) and Baltimore Co. 47B)

When You Go to Annapolis

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LEAGUE OF WOMEN VOTERS OF MARYLAND

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2	Munson, Donald F. (R)	B&T	405	3609
3	Mooney, Alexander X. (R)	JPR	302	3575
4	Ferguson, Timothy R. (R)	JPR	403	3704
5	Haines, Larry E. (R)	JPR	401	3683
6	Collins, Michael J. (D)	EEA	216	3642
7	Stone, Jr., Norman R. (D)	B&T	P.W.**	3587
8	Bromwell, Thomas L. (D)	FIN	P.W.**	3620
9	Harris, Andrew P. (R)	EEA	307	3706
10	Kelley, Delores G. (D)	FIN	314	3606
11	Hollinger, Paula C. (D)	EEA	206	3131
12	Kasemeyer, Edward J. (D)	B&T	309	3653
13	Madden, Martin G. (R)	B&T	407	3572
14	McCabe, Christopher J. (R)	EEA	404	3671
15	Roesser, Jean W. (R)	FIN	308	3169
16	Frosh, Brian E. (D)	EEA	202	3124
17	Forehand, Jennie M. (D)	JPR	214	3134
18	Van Hollen, Jr., Christopher (D)	B&T	304	3137
19	Teitelbaum, Leonard H. (D)	FIN	205	3151
20	Ruben, Ida G. (D)	B&T	100	3634
21	Dorman, Arthur (D)	FIN	116	3141
22	Pinsky, Paul G. (D)	EEA	303	3155
23	Green, Leo E. (D)	JPR	212	3631
24	Exum, Nathaniel (D)	FIN	209	3148
25	Currie, Ulysses (D)	B&T	100	3127
26	Lawlah, Gloria Gary (D)	B&T	313	3092
27	Miller Jr., Thomas V. Mike (D)	Preside	H 107 SH*	3700
28	Middleton, Thomas McLain (D)	B&T	210	3616
29	Dyson, Roy P. (D)	EEA	215	3673
30	Astle, John C. (D)	FIN	P.W.**	3578
31	Jimeno, Phillip C. (D)	JPR	402A	3658
32	DeGrange, James E. Sr. (D)	FIN	211	3593
33	Neall, Robert R. (R)	B&T	402B	3568
34	Jacobs, Nancy (R)	EEA	311	3158
35	Hooper, J. Robert (R)	FIN	408	3603
36	Baker, Walter M. (D)	JPR	301	3639
37	Colburn, Richard F. (R)	JPR	409	3590
38	Stoltzfus, J. Lowell (R)	B&T	410	3645
39	Hogan, Patrick J. (R)	B&T	316	3686
40	Hughes, Ralph M. (D)	JPR	310	3656
41	Blount, Clarence W. (D)	EEA	201	3697
42	Hoffman, Barbara A. (D)	B&T	100	3648
43	Conway, Joan Carter (D)	EEA	305	3145
44	Mitchell, Clarence IV (D)	JPR	306	3612
45	McFadden, Nathaniel J. (D)	B&T	208	3165
46	Sfikas, Perry (D)	EEA	204	3598
47	Della, Jr., George W. (D)	FIN	207	3600

* SH - State House

** P.W. - Presidential Wing

DIRECTORY
HOUSE OF DELEGATES OFFICE BUILDING
College Avenue, Annapolis, MD 21401

Dist.	Name	Room	841/858	Ctte.
1A	Edwards, George C. (R)	320	3435	APP
1B	Kelly, Kevin (D)	320	3404	JUD
1C	Taylor, Jr., Casper R. (D)	101SH	3800	Speaker
2A	McKee, Robert A. (R)	321	3447	W&M
2B	Shank, Christopher B. (R)	321	3447	CGM
2C	Donoghue John P. (D)	321	3447	ECM
3	Bartlett, Joseph R. (R)	324	3240	W&M
3	Hecht, C. Sue (D)	324	3240	APP
3	Snodgrass, Louise V. (R)	324	3240	CGM
4A	Brinkley, David R. (R)	323	3107	CGM
4A	Stull, Paul S. (R)	323	3107	ENV
4B	Elliott, Donald B. (R)	323	3107	ENV
5	Amedori, Carmen	322	3371	JUD
5	Getty, Joseph M. (R)	322	3371	JUD
5	Stocksdale, Nancy R. (R)	322	3371	APP
6	DeCarlo, Diane	303	3384	CGM
6	Hubers, Nancy (D)	303	3384	APP
6	Weir, Michael H. (D)	303	3384	ENV
7	Arnick, John S. (D)	426	3458	CGM
7	Minnick, Joseph J. (D)	305	3332	ECM
7	Mohorovic, Jr. , Jacob J. (D)	305	3334	ENV
8	Klausmeier, Katherine (D)	307	3365	ENV
8	Ports, Jr., James F. (R)	307	3365	W&M
8	Redmer, Alfred W. Jr. (R)	307	3365	ENV
9A	Kach, A. Wade (R)	308	3359	ECM
9A	Klima, Martha S. (R)	308	3359	APP
9B	Kelly, James M. (R)	308	3359	ECM
10	Burns, Emmett C. Jr. (D)	309	3350	JUD
10	Jones, Adrienne A. (D)	309	3350	APP
10	Nathan-Pulliam, Shirley (D)	309	3350	ENV
11	Finifter, Michael J. (D)	304	3342	ENV
11	Morhaim, Dan K. (D)	304	3342	JUD
11	Zirkin, Robert (D)	304	3342	W&M
12A	Malone, Jr., James E. (D)	306	3378	CGM
12A	Murphy, Donald E. (R)	306	3378	JUD
12B	Bobo, Elizabeth (D)	209	3205	CGM
13A	Pendergrass, Shane E. (D)	209	3205	ECM
13A	Turner, Frank S. (D)	209	3205	APP
13B	Giannetti, John A. Jr. (D)	207	3058	JUD
14A	Sher, Tod David (D)	226	3052	ENV
14B	Flanagan, Robert L. (R)	405	3200	APP
14B	Kittleman, Robert H. (R)	411	3401	CGM
15	Cryor, Jean B. (R)	226	3090	W&M
15	LaVay, Richard (D)	226	3090	ECM
15	Shriver, Mark K. (D)	224	3046	W&M
16	Bronrott, William A.	221	3019	CGM
16	Goldwater, Marilyn R. (D)	221	3019	ECM
16	Kopp, Nancy K. (D)	221	3019	APP

DIRECTORY
HOUSE OF DELEGATES OFFICE BUILDING
College Avenue, Annapolis, MD 21401

Dist.	Name	Room	841/858	Ctte.
17	Barve, Kumar P. (D)	222	3001	ECM
17	Gordon, Michael R. (D)	151	3519	ECM
17	Kagan, Cheryl C. (D)	224	3046	APP
18	Billings, Leon G. (D)	223	3028	APP
18	Grosfeld, Sharon M. (D)	223	3028	JUD
18	Hurson, John Adams (D)	313	3464	ENV
19	Heller, Henry B. (D)	429	3528	W&M
19	Mandel, Adrienne A. (D)	220	3045	CGM
19	Petzold, Carol Stoker (D)	222	3001	JUD
20	Dembrow, Dana Lee (D)	220	3045	JUD
20	Franchot, Peter (D)	424	3460	APP
20	Hixson, Sheila Ellis (D)	100	3469	W&M
21	Frush, Barbara (D)	210	3114	ENV
21	Menes, Pauline H. (D)	210	3114	JUD
21	Moe, Brian R. (D)	210	3114	ECM
22A	Healey, Anne (D)	100	3961	W&M
22A	Palumbo, Richard A. (D)	207	3058	APP
22B	Baker, Rushern L. (D)	201	3074	APP
23	Conroy, Mary A. (D)	208	3098	W&M
23	Hubbard, James W. (D)	208	3103	ENV
23	Pitkin, Joan B. (D)	208	3098	APP
24	Benson, Joanne C. (D)	204	3065	CGM
24	Howard, Carolyn J.B. (D)	204	3065	W&M
24	Swain, Darren M. (D)	204	3065	CGM
25	Brown, Anthony (D)	203	3076	ECM
25	Davis, Dereck E. (D)	203	3076	ENV
25	Griffith, Melony (D)	203	3076	JUD
26	Hill, Kerry (D)	205	3012	ECM
26	Patterson, Obie (D)	205	3012	W&M
26	Valderrama, David M. (D)	205	3012	JUD
27A	Proctor, James E. Jr. (D)	206	3083	APP
27A	Vallario, Joseph F. Jr. (D)	121	3488	JUD
27B	Owings, George W. III (D)	219	3231	ENV
28	Hutchins, Thomas E. (R)	216	3247	JUD
28	Linton, Samuel C. (D)	216	3247	APP
28	Mitchell, Van T. (D)	216	3247	ECM
29A	Wood, Jr., John F. (D)	141	3502	CGM
29B	Bohanan, John L. (D)	217	3314	W&M
29C	O'Donnell, Anthony J. (R)	217	3314	JUD
30	Busch, Michael E. (D)	151	3519	ECM
30	Clagett, Virginia P. (D)	212	3211	CGM
30	D'Amato, Richard (D)	212	3211	APP
31	Cadden, Joan (D)	213	3217	APP
31	Leopold, John R. (R)	213	3217	APP
31	Rosso, Mary (D)	213	3217	W&M
32	Love, Mary Ann E. (D)	214	3233	ECM
32	Rzepkowski, James E. (R)	214	3233	W&M
32	Sophocleus, Theodore (D)	214	3233	CGM

DIRECTORY
HOUSE OF DELEGATES OFFICE BUILDING
College Avenue, Annapolis, MD 21401

Dist.	Name	Room	841/858	Ctte.
33	Baldwin, Robert C. (R)	215	3223	ENV
33	Boschert, David	215	3223	JUD
33	Greenip, Janet (R)	215	3223	W&M
34	Boutin, Charles R. (R)	326	3289	ENV
34	James, Mary-Dulany (D)	326	3289	APP
34	Riley, B. Daniel (D)	326	3289	CGM
35A	Glassman, Barry (R)	326	3289	CGM
35A	Parrott, Joanne S. (R)	326	3289	CGM
35B	Rudolph, David D. (D)	403	3444	W&M
36	Baker, Wheeler R. (D)	422	3189	APP
36	Guns, Ronald A. (D)	161	3534	ENV
36	Walkup, Mary Roe (R)	423	3449	ECM
37A	Cane, Rudolph C. (D)	414	3427	ENV
37B	Eckardt, Adelaide C. (R)	404	3343	ECM
37B	Schisler, Kenneth D. (R)	415	3429	ENV
38	Bozman, K. Bennett (D)	413	3431	W&M
38	Conway, Norman H. (D)	416	3425	APP
38	McClenahan, Charles A. (R)	412	3433	ECM
39	Barkley, Charles (D)	225	3037	JUD
39	Carlson, Paul H. (D)	225	3037	W&M
39	Stern, Joan F. (D)	225	3037	ENV
40	Fulton, Tony E. (D)	314	3277	ECM
40	Mariott, Salima Siler (D)	314	3277	W&M
40	Rawlings, Howard P. (D)	131	3407	APP
41	Gladden, Lisa A. (D)	317	3283	JUD
41	Oaks, Nathaniel T. (D)	317	3283	ENV
41	Phillips, Wendell F. (D)	317	3283	W&M
42	Campbell, James W. (D)	319	3297	W&M
42	McIntosh, Maggie L. (D)	141	3502	CGM
42	Rosenberg, Samuel I. (D)	319	3297	APP
43	Dobson, Michael V. (D)	314	3521	CGM
43	Doory, Ann Marie (D)	121	3476	JUD
43	Montague, Kenneth C. Jr. (D)	310	3259	JUD
44	Jones, Verna (D)	315	3263	APP
44	Kirk, Ruth (D)	315	3263	ECM
44	Paige, Jeffrey A. (D)	315	3263	CGM
45	Branch, Talmadge (D)	301	3257	APP
45	Davis, Clarence (D)	301	3257	W&M
45	Harrison, Hattie (D)	427	3486	ECM
46	Dypski, Cornell N. (D)	316	3303	CGM
46	Hammen, Peter A. (D)	316	3303	ENV
46	Krysiak, Carolyn J. (D)	316	3303	ECM
47A	Cole, William H. (D)	310	3319	CGM
47A	McHale, Brian K. (D)	310	3319	ECM
47B	Dewberry, Thomas E. (D)	312	3391	APP

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(All 410 numbers)

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90 State Circle, Annapolis MD 21401

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Minority Whip: J. Lowell Stoltzfus — ext. 3645
410 Senate Office Building (R) (Dist. 38)

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H 101 State House (D) (Dist. 1C)

Speaker Pro Tem: Thomas Dewberry — ext. 3391
312 House Office Building (D) (Dist. 47B)

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313 House Office Building (D) (Dist.18)

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2000 KIDS COUNT

A Pocket Guide on America's Youth

The Annie E. Casey Foundation

KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the United States. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children. The initiative publishes the annual *KIDS COUNT Data Book*, which uses the best available data to measure the educational, social, economic, and physical well-being of children. (This *Pocket Guide* is derived from the *2000 KIDS COUNT Data Book*. For ordering information, see back cover.) The Foundation also funds a nationwide network of state-level KIDS COUNT projects that provide a more detailed, community-level picture of the condition of America's children.

Table of Contents

Connections Count: An Alternative Framework for Understanding and Strengthening America's Vulnerable Families

The 1990s were a time of unparalleled prosperity in America. Over the past decade, virtually every indicator of economic growth and well-being moved upward. Although significant numbers of families are clearly benefiting from this economic boom, it's important to recognize that too many other families and kids are not.

This phenomenon can be seen most starkly in our major metropolitan areas, where comfortable middle- and upper-income communities brush the borders of neighborhoods that remain home to large numbers of very poor families. In impoverished urban and rural communities, families are still being overwhelmed by a number of factors that continue to put them at high risk of poor life outcomes. As noted in our *1999 KIDS COUNT Data Book*, about 9.2 million children can be considered particularly vulnerable.

Over the past decade, we've learned a lot about fragile families in America. Although we understand more about who's generally at risk and we now recognize that the majority of these families live in communities of concentrated poverty, we still don't know enough about the specific and concrete obstacles that these families confront daily — or the best ways to surmount them. The Casey Foundation believes that to accelerate our search for answers to these challenges we need a more practical way of describing, measuring, and addressing the issues that poor families face.

Central to this view is our growing recognition of the value and significance of connections, and the consequences when families and kids are isolated or "disconnected" from the opportunities, networks, supports, and services that will enable them to thrive. Of particular importance are connections to economic opportunities that help families secure jobs and build assets, social networks that offer help and promote positive relationships, and high quality and accessible supports and services — such as schools, day care, and police protection — that families trust.

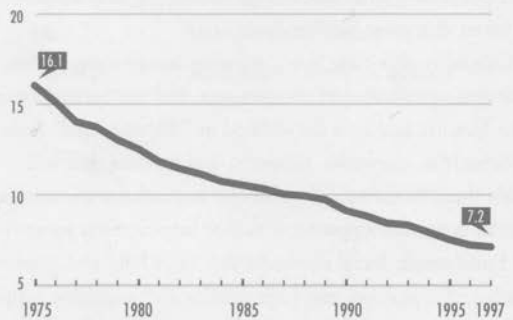
The importance of helping families make these connections is the theme of our *2000 KIDS COUNT Data Book*, and, indeed, of much of the current work of the entire Foundation.

Douglas W. Nelson
President
The Annie E. Casey Foundation

Percent Low-Birthweight Babies, 1975–1997

Since the mid-1980s, the percentage of babies weighing less than 5.5 pounds at birth has risen steadily to 7.5 percent in 1997 — its highest level since 1973.

Infant Deaths per 1,000 Live Births, 1975–1997

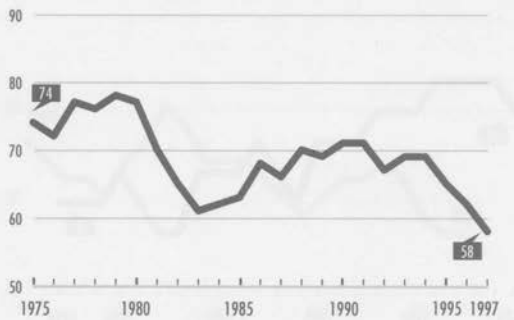


In the last two decades, the infant mortality rate has been cut by more than half — from 16.1 in 1975 to 7.2 in 1997.

Child Deaths per 100,000 Children Ages 1–14, 1975–1997

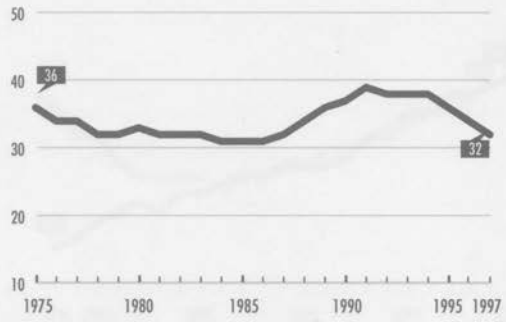
The child death rate has dropped 43 percent since 1975, reaching 25 deaths per 100,000 children in 1997.

Deaths by Accident, Homicide, and Suicide per 100,000 Teens Ages 15–19, 1975–1997



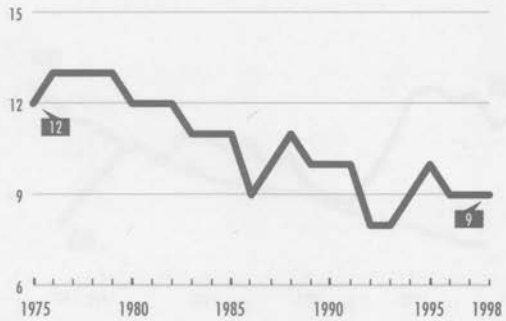
In the last few years, the rate of teen deaths by accident, homicide, and suicide has fallen 16 percent — from 69 deaths per 100,000 teens in 1994 to 58 deaths per 100,000 in 1997.

Teen Birth Rate
Births per 1,000 Females Ages 15–17, 1975–1997



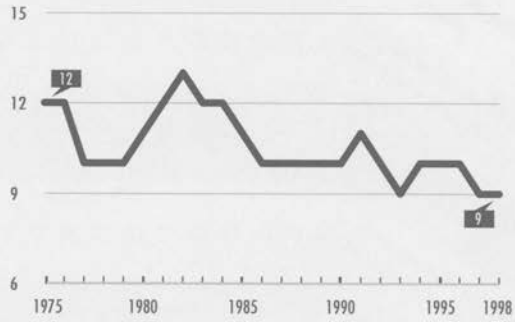
After rising to 39 births per 1,000 teen girls in 1991, teenage childbearing has declined in recent years. The teen birth rate now is at its lowest level since 1987.

High School Dropouts
Percent of 16–19 Year-Olds Not in School and Not High School Grads, 1975–1998



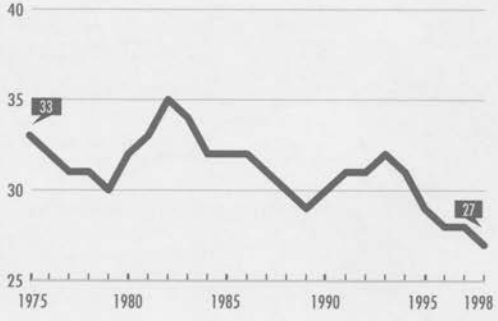
Teens ages 16-19 are less likely to have dropped out of school in 1998 (9 percent) than in 1975 (12 percent). After some fluctuations, this percentage has remained constant the past three years.

Idle Teens
Percent of 16–19 Year-Olds Not in School and Not Working, 1975–1998



About 9 percent of youth are currently neither in school nor at work — down from 12 percent in 1975. This measure reflects the difficulties of the transition from school to work.

Percent of Children Living with Parents Who Do Not Have Full-time, Year-round Employment, 1975–1998

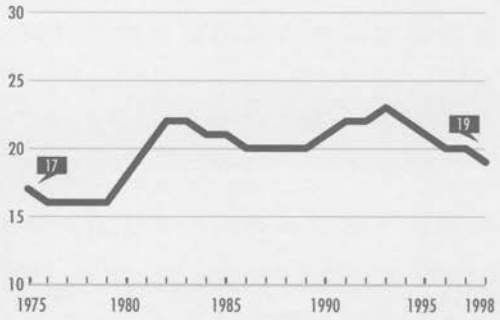


In 1998, 27 percent of children did not live with at least one parent who worked full-time, year-round. The trends for this measure parallel overall employment trends over the past two decades.

	Indicators used to determine national composite ranking										Access to Phones, Computers, and the Internet			
	National Composite Ranking	Percent low-birthweight babies	Infant deaths per 1,000 live births	Child deaths per 100,000 children ages 1–14	Deaths by accident, homicide, & suicide per 100,000 teens ages 15–19	Teen births per 1,000 females ages 15–17	Percent of 16–19 year-olds who are high school dropouts	Percent of 16–19 year-olds not in school & not working	Percent of children living with parents who do not have full-time, year-round employment	Percent of children in poverty (data reflect poverty in the previous year)	Percent of families with children under age 18 headed by a single parent	Percent of children who live in a household without a phone, 1998	Percent of children who live in a household without a computer, 1997-1998	Percent of children who live in a household without Internet access, 1997-1998	Percent of children who live in a household without Internet access, 1997-1998
UNITED STATES	—	7.5	7.2	25	58	32	10	9	27	21	27	8	49	73	
Alabama	47	9.2	9.5	36	74	43	11	10	29	25	30	10	62	81	
Alaska	33	5.9	7.5	42	85	25	8	11	27	15	26	4	31	59	
Arizona	41	6.9	7.1	29	70	44	15	11	30	24	28	11	54	73	
Arkansas	48	8.4	8.7	38	90	43	12	12	27	26	28	14	62	84	
California	26	6.2	5.9	21	52	36	10	9	31	25	26	7	52	74	
Colorado	20	8.8	7.0	23	53	30	11	8	21	15	23	3	34	63	
Connecticut	12	7.3	7.2	20	41	22	8	6	25	14	27	5	41	65	
Delaware	34	8.7	7.8	25	66	37	10	7	26	15	32	4	51	75	
District of Columbia	not ranked	13.4	13.2	46	264	66	10	16	49	36	62	11	65	84	
Florida	36	8.0	7.1	27	55	35	12	9	29	22	31	10	52	71	
Georgia	42	8.8	8.6	29	65	44	12	9	28	23	29	13	57	76	
Hawaii	13	7.2	6.6	19	27	25	5	10	32	18	24	6	53	73	
Idaho	24	6.3	6.8	37	68	23	10	9	28	16	20	8	39	71	
Illinois	30	7.9	8.4	23	58	34	9	8	26	18	27	10	48	75	
Indiana	16	7.7	8.2	27	62	32	6	6	20	14	22	6	48	75	
Iowa	5	6.4	6.2	24	52	20	6	5	19	13	24	6	43	74	
Kansas	15	6.9	7.4	27	69	28	6	6	19	14	27	4	37	69	
Kentucky	40	7.8	7.3	30	73	35	11	12	31	26	25	9	48	75	
Louisiana	50	10.2	9.5	34	84	42	11	13	35	30	35	13	67	85	
Maine	10	5.9	5.1	21	37	15	7	8	29	17	25	4	37	66	
Maryland	22	8.8	8.8	23	58	28	7	8	22	14	26	5	35	59	
Massachusetts	7	7.0	5.2	15	33	19	7	6	27	15	27	5	38	63	
Michigan	29	7.7	8.2	26	59	25	8	7	28	19	28	7	48	74	
Minnesota	1	5.9	5.9	21	46	18	6	4	21	11	22	4	40	69	
Mississippi	49	10.1	10.6	36	90	50	10	10	30	30	34	14	70	87	
Missouri	32	7.7	7.6	27	73	30	11	9	26	19	26	7	45	72	
Montana	28	6.3	6.9	32	69	20	8	8	32	21	25	8	44	78	
Nebraska	11	7.0	7.4	24	67	21	9	6	17	12	23	5	41	74	
Nevada	35	7.6	6.5	30	66	42	17	10	24	14	27	7	53	72	
New Hampshire	2	5.8	4.3	20	27	14	8	6	27	8	26	6	29	59	
New Jersey	9	7.9	6.3	21	35	21	6	6	24	14	22	6	38	66	
New Mexico	46	7.8	6.1	27	68	44	14	14	33	29	32	18	58	77	
New York	31	7.8	6.7	21	37	23	9	10	34	25	32	5	52	75	
North Carolina	39	8.8	9.2	28	62	38	12	9	26	19	29	9	56	79	
North Dakota	3	6.2	6.2	21	61	14	6	4	19	15	20	4	43	74	
Ohio	23	7.7	7.8	24	42	29	8	8	28	17	27	6	46	71	
Oklahoma	38	7.3	7.5	33	82	37	10	9	29	25	27	15	57	80	
Oregon	27	5.5	5.8	25	53	27	13	11	31	17	28	5	44	70	
Pennsylvania	18	7.6	7.6	24	57	22	8	8	26	17	25	4	48	72	
Rhode Island	25	7.4	7.0	15	43	28	12	11	28	18	29	6	44	65	
South Carolina	43	9.2	9.6	28	65	40	11	9	25	23	31	10	56	75	
South Dakota	17	5.5	7.7	29	83	22	9	6	21	19	24	9	43	74	
Tennessee	45	8.8	8.6	30	77	39	13	13	26	21	30	11	55	77	
Texas	37	7.3	6.4	27	66	47	13	11	27	26	26	10	59	79	
Utah	6	6.6	5.8	27	66	24	7	7	19	12	15	3	30	66	
Vermont	8	6.3	6.1	23	26	12	7	8	24	15	26	5	34	66	
Virginia	19	7.7	7.8	23	59	26	7	6	24	17	29	5	42	68	
Washington	14	5.6	5.6	23	51	25	8	9	28	17	26	4	36	64	
West Virginia	44	8.3	9.6	29	57	28	8	11	38	30	26	11	60	80	
Wisconsin	4	6.4	6.5	22	50	21	4	4	19	12	23	4	42	73	
Wyoming	21	9.0	5.8	31	78	23	8	7	22	14	25	7	43	74	

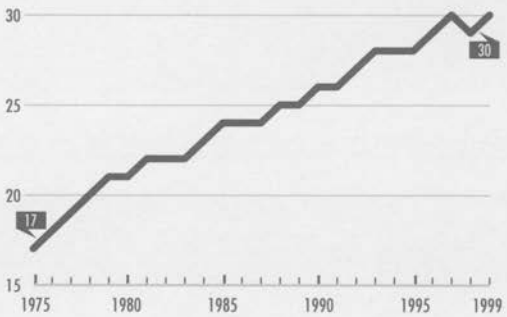
Note: All data are for 1997 unless otherwise indicated.

Percent of Children in Poverty, 1975–1998



In 1998, 19 percent of American children lived in poverty — the first time since 1980 that the child poverty rate had fallen below 20 percent.

Percent of Families with Children Under 18 Headed by Single Parent, 1975–1999



Minor fluctuations in recent years have not altered the fact that the percentage of single-parent families with related children is much higher in 1999 (30 percent) than in 1975 (17 percent).

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communities connect and strengthen families in isolated neighborhoods. Through NT/FD, the Foundation is investing considerable resources in ideas that can advance more active public support of family-strengthening strategies.

In the most concrete expression of our NT/FD strategy, we want to help mobilize, in selected cities around the country, a critical mass of interest, investment, and action to demonstrate that it is possible to transform tough neighborhoods into family-strengthening environments. This is the conviction that undergirds our *Making Connections* Initiative.

Making Connections

In 1999, the Casey Foundation launched *Making Connections*, a new initiative involving 22 cities that we believe possess the political will to frame and fulfill a family-strengthening agenda.

While we envision *Making Connections* to be at least a decade-long commitment, it begins with a three-year preparatory phase, during which we hope to see each city begin to stimulate and support a local movement on behalf of families. Our hope is that this movement will, over time, develop the power and momentum to accomplish the following:

- Build on existing efforts and spur neighborhood-scale, comprehensive family-strengthening strategies.
- Use these neighborhood-scale initiatives to rethink, revamp, and redirect policies, practices, and resources on a city-wide scale, so that all families, regardless of where they live, have access to the same high-quality connecting opportunities.

Through our own direct grantmaking and by co-investing with others, we want to build on, expand, and advance existing successful family connection efforts in each site. We also hope to help stimulate new ideas by offering each of the *Making Connections* cities significant technical assistance and access to some of the most successful family-linking strategies being implemented in similar communities across the nation.

Conclusion

The Casey Foundation believes strongly that the framework described here is a powerful tool for understanding and addressing the disadvantages that confront children in America.

Over the next decade, in addition to our *Making Connections* initiative, we hope to put this approach to work in a variety of ways. For example, because of a lack of strong, systematically collected indicators of family connection, we want to support new data collection efforts, such as the Urban Institute's National Neighborhood Indicators Partnership, the National Survey of America's Families, and the U.S. Census Bureau's American Community Survey. Our hope is that such investments will also inform our continuing efforts to maximize the impact and relevance of our national *KIDS COUNT Data Book* indicators as well as the state-level KIDS COUNT projects we support.

We also plan to continue supporting promising, replicable, neighborhood-based strategies for strengthening families — strategies that exemplify new and creative ways to connect families to the opportunities, networks, and supports they need.

We are convinced that thinking about families in terms of their connections can help these varied stakeholders recognize that, while each has a unique and important contribution to make, it is only their collective action that will make a real and lasting difference for our most vulnerable families.

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The 1990s were a time of unparalleled prosperity in America. Over the past decade, virtually every indicator of economic growth and well-being moved upward. Although significant numbers of families are clearly benefiting from this economic boom, it's important to recognize that too many other families and kids are not.

This phenomenon can be seen most starkly in our major metropolitan areas, where comfortable middle- and upper-income communities brush the borders of neighborhoods that remain home to large numbers of very poor families. In impoverished urban and rural communities, families are still being overwhelmed by a number of factors that continue to put them at high risk of poor life outcomes.

Over the past decade, we've learned a lot about fragile families in America. Although we understand more about who's generally at risk and we now recognize that the majority of these families live in communities of concentrated poverty, we still don't know enough about the specific and concrete obstacles that these families confront daily — or the best ways to surmount them. The Casey Foundation believes that to accelerate our search for answers to these challenges, we need a more practical way of describing, measuring, and addressing the issues that poor families face.

Central to this view is our growing recognition of the value and significance of *connections*, and the consequences when families and kids are isolated or "disconnected" from the opportunities, networks, supports, and services that will enable them to thrive. Of particular importance are connections to economic opportunities that help families secure jobs and build assets, social networks that offer help and promote positive relationships, and high quality and accessible supports and services — such as schools, day care, and police protection — that families trust.

The importance of helping families make these connections is the theme of our *KIDS COUNT Data Book*, and, indeed, of much of the current work of the entire Foundation.

A Different Framework for Thinking About Families

It has long been recognized that many of our poorest families are struggling to survive in communities that often exacerbate rather than mitigate the disadvantages of poverty — communities where a lack of public resources, economic investment, and political power sometimes serve to separate and isolate families from mainstream society.

However, while such difficulties have been acknowledged, historically, the framework used to understand the issues these families face has had significant limitations. For example, these families have been described as "below poverty," "minority," "living in inner-city neighborhoods," and "disproportionately single parents." Although not wrong, such characterizations imply that class, race, place, and family structure are the primary measures of disadvantage and that unless these issues can be addressed, no real progress can be made.

At the Casey Foundation, we now believe that an alternative framework can give us a more practical understanding of what it means to be a poor family trying to raise kids in a tough neighborhood and why the experiences of poor families tend to differ from those of families that are more affluent.

The Importance of Family Connections

For many families living in neighborhoods of concentrated poverty, life is often a series of paradoxes. At a time when media experts, economists, and social observers stress that the future belongs to those on the Internet and those who can compete in a global economy, many inner-city families don't have cars to get to work, phones to remain linked with family and neighbors, or computers that would allow them to navigate the information superhighway.

Connecting Families to Economic Opportunities

All families need an opportunity to build a solid financial foundation that enables them to meet their everyday needs and plan for the future. Indeed, it is well known that when parents work and save, their personal development is affected, as well as the development of their kids and the quality of neighborhood life.

Chronic unemployment has long been recognized as an all-too-common reality for families in tough neighborhoods. And despite the current booming economy, this trend continues.

Yet many residents in neighborhoods with the worst child outcomes aren't simply poor and underemployed. They are removed and disconnected from the core opportunities, resources, and institutions that would enable them to combat their poverty more successfully.

Connecting Families to Strong Social Networks

While economic opportunity is unmistakably essential to family success, the ability of a family to succeed also depends heavily on the positive supportive relationships parents form.

Historically, these formal and informal support systems have been one of the strengths of poor communities. But in some places, these networks of core relationships are fraying as a result of social and demographic trends that intensify isolation. Among the most important trends are those that affect family formation, such as the absence of fathers.

When key social networks become frayed, families can find it difficult to feel connected to a larger community that cares about what happens to them and to their kids. The absence of these critical links can compound the stress and burden of parenthood, particularly for parents of young children.

Connecting Families to Supports and Services

In addition to real economic opportunities and relevant social networks, strong families also need high-quality supports and services.

But in too many of the poorest communities, families do not believe that appropriate supports and services will be there when they need help. And even when help is available, many poor families lack confidence or trust in the local institutions that provide critical supports and services such as health care, day care, education, and law enforcement.

In many poor urban and rural communities, families are disadvantaged because the supports and services they need simply aren't there. For example, the availability of primary care health clinics is sometimes so inadequate that parents are regularly forced to use hospital emergency rooms as their provider of first resort.

Even when help is available, many poor families are skeptical that they'll get what they need, for they have no confidence or trust in the local community institutions that provide critical supports and services.

The distrust and isolation that characterizes the relationships that many poor families have with different mainstream systems and institutions reflect, to some degree, their feelings toward government in general. Many families in poor communities have difficulty seeing government agencies as proactive, caring, and responsive — a view that has many ramifications.

The Implications of a Connections Framework

Successful, happy, healthy kids need families that are strong — families that not only love them, but also provide, nurture, support, and teach. But being a strong family is terribly tough in high-poverty neighborhoods that offer few of the opportunities, networks, and supports that all families need and most families take for granted.

Moreover, we believe that thinking about family connections — and how they can be built, link by link — can help provide a road map for change that is more practical and can inspire more people to act. Across the country, we can identify potent examples of strategies that are working to build bridges, foster relationships, and advance truly accessible services in our poorest neighborhoods.

Our experiences — and the experiences of others — have led us to conclude that to truly transform family-weakening neighborhoods, we need strategies that can help *all* families make deeper connections on *all* of these fronts.

Mounting such an effort will require an unprecedented degree of political will and collaboration among and across a broad cross-section of stakeholders. The stakeholders include local government; employers; banks; large and small businesses; faith-based groups; community-based organizations; cultural clubs; hospitals; universities; schools; law enforcement officials; and, most important, leadership from families and grassroots community organizations.

This is the type and level of active participation that the Casey Foundation is hoping to promote through our recently inaugurated Neighborhood Transformation/ Family Development (NT/FD) Initiative, a strategy for helping

(Continued on opposite-facing panel)

	National Composite Rank	Percent low-birthweight babies		Infant mortality rate (deaths per 1,000 live births)		Child death rate (deaths per 100,000 children ages 1-14)		Rate of teen deaths by accident, homicide, and suicide (deaths per 100,000 teens ages 15-19)		Teen birth rate (births per 1,000 females ages 15-17)	
		rate	rank	rate	rank	rate	rank	rate	rank	rate	rank
UNITED STATES	—	7.5	—	7.2	—	25	—	58	—	32	—
Alabama	47	9.2	47	9.5	46	36	46	74	42	43	44
Alaska	33	5.9	5	7.5	30	42	50	85	48	25	19
Arizona	41	6.9	16	7.1	24	29	35	70	39	44	46
Arkansas	48	8.4	39	8.7	43	38	49	90	49	43	44
California	26	6.2	8	5.9	8	21	6	52	14	36	36
Colorado	20	8.8	41	7.0	22	23	13	53	16	30	30
Connecticut	12	7.3	21	7.2	26	20	4	41	8	22	12
Delaware	34	8.7	40	7.8	35	25	23	66	30	37	37
District of Columbia	not ranked	13.4	not ranked	13.2	not ranked	46	not ranked	264	not ranked	66	not rank
Florida	36	8.0	37	7.1	24	27	26	55	18	35	34
Georgia	42	8.8	41	8.6	41	29	35	65	28	44	46
Hawaii	13	7.2	20	6.6	18	19	3	27	2	25	19
Idaho	24	6.3	10	6.8	20	37	48	68	35	23	15
Illinois	30	7.9	35	8.4	40	23	13	58	21	34	33
Indiana	16	7.7	27	8.2	38	27	26	62	26	32	32
Iowa	5	6.4	13	6.2	12	24	19	52	14	20	7
Kansas	15	6.9	16	7.4	28	27	26	69	37	28	25
Kentucky	40	7.8	32	7.3	27	30	39	73	40	35	34
Louisiana	50	10.2	50	9.5	46	34	45	84	47	42	42
Maine	10	5.9	5	5.1	2	21	6	37	6	15	4
Maryland	22	8.8	41	8.8	44	23	13	58	21	28	25
Massachusetts	7	7.0	18	5.2	3	15	1	33	4	19	6
Michigan	29	7.7	27	8.2	38	26	25	59	23	25	19
Minnesota	1	5.9	5	5.9	8	21	6	46	11	18	5
Mississippi	49	10.1	49	10.6	50	36	46	90	49	50	50
Missouri	32	7.7	27	7.6	32	27	26	73	40	30	30
Montana	28	6.3	10	6.9	21	32	43	69	37	20	7
Nebraska	11	7.0	18	7.4	28	24	19	67	34	21	9
Nevada	35	7.6	25	6.5	16	30	39	66	30	42	42
New Hampshire	2	5.8	4	4.3	1	20	4	27	2	14	2
New Jersey	9	7.9	35	6.3	14	21	6	35	5	21	9
New Mexico	46	7.8	32	6.1	10	27	26	68	35	44	46
New York	31	7.8	32	6.7	19	21	6	37	6	23	15
North Carolina	39	8.8	41	9.2	45	28	33	62	26	38	39
North Dakota	3	6.2	8	6.2	12	21	6	61	25	14	2
Ohio	23	7.7	27	7.8	35	24	19	42	9	29	29
Oklahoma	38	7.3	21	7.5	30	33	44	82	45	37	37
Oregon	27	5.5	1	5.8	5	25	23	53	16	27	24
Pennsylvania	18	7.6	25	7.6	32	24	19	57	19	22	12
Rhode Island	25	7.4	24	7.0	22	15	1	43	10	28	25
South Carolina	43	9.2	47	9.6	48	28	33	65	28	40	41
South Dakota	17	5.5	1	7.7	34	29	35	83	46	22	12
Tennessee	45	8.8	41	8.6	41	30	39	77	43	39	40
Texas	37	7.3	21	6.4	15	27	26	66	30	47	49
Utah	6	6.6	15	5.8	5	27	26	66	30	24	18
Vermont	8	6.3	10	6.1	10	23	13	26	1	12	1
Virginia	19	7.7	27	7.8	35	23	13	59	23	26	23
Washington	14	5.6	3	5.6	4	23	13	51	13	25	19
West Virginia	44	8.3	38	9.6	48	29	35	57	19	28	25
Wisconsin	4	6.4	13	6.5	16	22	12	50	12	21	9
Wyoming	21	9.0	46	5.8	5	31	42	78	44	23	15

Percent of children living with parents who do not have full-time, year-round employment		Percent of children in poverty (data reflect poverty in the previous year)		Percent of families with children headed by a single parent		Percent of children who live in a household without a phone, 1998	Percent of children who live in a household without a computer, 1997-1998	Percent of children who live in a household without Internet access, 1997-1998	
rate	rank	rate	rank	rate	rank				
27	—	21	—	27	—	8	49	73	US
29	36	25	40	30	42	10	62	81	AL
27	25	15	14	26	18	4	31	59	AK
30	40	24	39	28	34	11	54	73	AZ
27	25	26	44	28	34	14	62	84	AR
31	42	25	40	26	18	7	52	74	CA
21	8	15	14	23	7	3	34	63	CO
25	17	14	7	27	27	5	41	65	CT
26	19	15	14	32	46	4	51	75	DE
49	not ranked	36	not ranked	62	not ranked	11	65	84	DC
29	36	22	36	31	44	10	52	71	FL
28	30	23	37	29	38	13	57	76	GA
32	45	18	27	24	10	6	53	73	HI
28	30	16	20	20	2	8	39	71	ID
26	19	18	27	27	27	10	48	75	IL
20	7	14	7	22	4	6	48	75	IN
19	2	13	6	24	10	6	43	74	IA
19	2	14	7	27	27	4	37	69	KS
31	42	26	44	25	13	9	48	75	KY
35	49	30	48	35	50	13	67	85	LA
29	36	17	21	25	13	4	37	66	ME
22	11	14	7	26	18	5	35	59	MD
27	25	15	14	27	27	5	38	63	MA
28	30	19	30	28	34	7	48	74	MI
21	8	11	2	22	4	4	40	69	MN
30	40	30	48	34	49	14	70	87	MS
26	19	19	30	26	18	7	45	72	MO
32	45	21	34	25	13	8	44	78	MT
17	1	12	3	23	7	5	41	74	NE
24	13	14	7	27	27	7	53	72	NV
27	25	8	1	26	18	6	29	59	NH
24	13	14	7	22	4	6	38	66	NJ
33	47	29	47	32	46	18	58	77	NM
34	48	25	40	32	46	5	52	75	NY
26	19	19	30	29	38	9	56	79	NC
19	2	15	14	20	2	4	43	74	ND
28	30	17	21	27	27	6	46	71	OH
29	36	25	40	27	27	15	57	80	OK
31	42	17	21	28	34	5	44	70	OR
26	19	17	21	25	13	4	48	72	PA
28	30	18	27	29	38	6	44	65	RI
25	17	23	37	31	44	10	56	75	SC
21	8	19	30	24	10	9	43	74	SD
26	19	21	34	30	42	11	55	77	TN
27	25	26	44	26	18	10	59	79	TX
19	2	12	3	15	1	3	30	66	UT
24	13	15	14	26	18	5	34	66	VT
24	13	17	21	29	38	5	42	68	VA
28	30	17	21	26	18	4	36	64	WA
38	50	30	48	26	18	11	60	80	WV
19	2	12	3	23	7	4	42	73	WI
22	11	14	7	25	13	7	43	74	WY

Note: All data are for 1997 unless otherwise indicated.
Data prepared by Kelvin M. Pollard, Population Reference Bureau.

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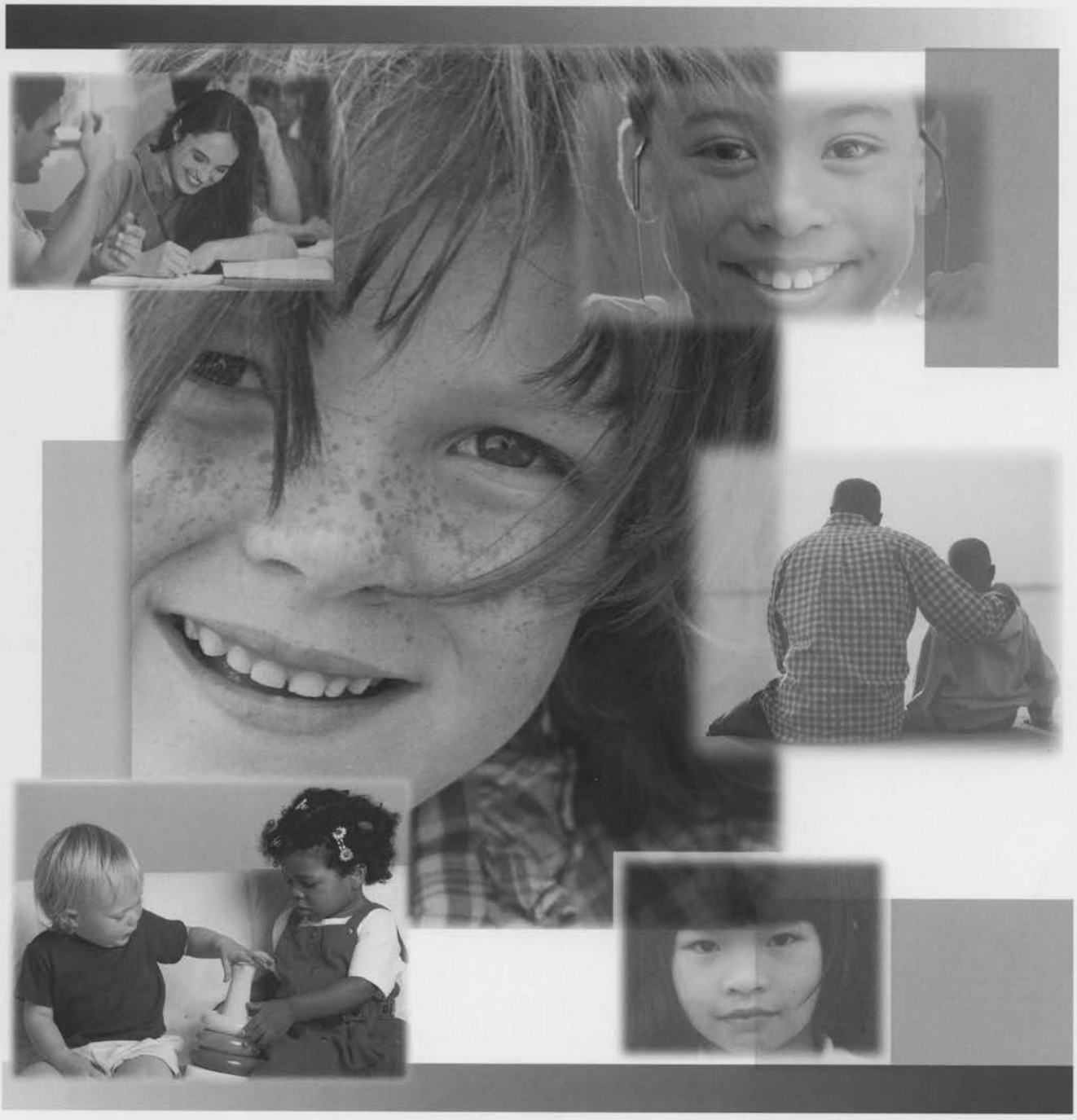
Percent of teens not attending school and not working (ages 16-19)		Percent of children living with parents who do not have full-time, year-round employment		Percent of children in poverty (data reflect poverty in the previous year)		Percent of families with children headed by a single parent		Percent of children who live in a household without a phone, 1998	Percent of children who live in a household without a computer, 1997-1998	Percent of children who live a household without Intern access, 1997-1998
rate	rank	rate	rank	rate	rank	rate	rank			
9	—	27	—	21	—	27	—	8	49	73
10	35	29	36	25	40	30	42	10	62	81
11	40	27	25	15	14	26	18	4	31	59
11	40	30	40	24	39	28	34	11	54	73
12	46	27	25	26	44	28	34	14	62	84
9	26	31	42	25	40	26	18	7	52	74
8	18	21	8	15	14	23	7	3	34	63
6	5	25	17	14	7	27	27	5	41	65
7	14	26	19	15	14	32	46	4	51	75
16	not ranked	49	not ranked	36	not ranked	62	not ranked	11	65	84
9	26	29	36	22	36	31	44	10	52	71
9	26	28	30	23	37	29	38	13	57	76
10	35	32	45	18	27	24	10	6	53	73
9	26	28	30	16	20	20	2	8	39	71
8	18	26	19	18	27	27	27	10	48	75
6	5	20	7	14	7	22	4	6	48	75
5	4	19	2	13	6	24	10	6	43	74
6	5	19	2	14	7	27	27	4	37	69
12	46	31	42	26	44	25	13	9	48	75
13	48	35	49	30	48	35	50	13	67	85
8	18	29	36	17	21	25	13	4	37	66
8	18	22	11	14	7	26	18	5	35	59
6	5	27	25	15	14	27	27	5	38	63
7	14	28	30	19	30	28	34	7	48	74
4	1	21	8	11	2	22	4	4	40	69
10	35	30	40	30	48	34	49	14	70	87
9	26	26	19	19	30	26	18	7	45	72
8	18	32	45	21	34	25	13	8	44	78
6	5	17	1	12	3	23	7	5	41	74
10	35	24	13	14	7	27	27	7	53	72
6	5	27	25	8	1	26	18	6	29	59
6	5	24	13	14	7	22	4	6	38	66
14	50	33	47	29	47	32	46	18	58	77
10	35	34	48	25	40	32	46	5	52	75
9	26	26	19	19	30	29	38	9	56	79
4	1	19	2	15	14	20	2	4	43	74
8	18	28	30	17	21	27	27	6	46	71
9	26	29	36	25	40	27	27	15	57	80
11	40	31	42	17	21	28	34	5	44	70
8	18	26	19	17	21	25	13	4	48	72
11	40	28	30	18	27	29	38	6	44	65
9	26	25	17	23	37	31	44	10	56	75
6	5	21	8	19	30	24	10	9	43	74
13	48	26	19	21	34	30	42	11	55	77
11	40	27	25	26	44	26	18	10	59	79
7	14	19	2	12	3	15	1	3	30	66
8	18	24	13	15	14	26	18	5	34	66
6	5	24	13	17	21	29	38	5	42	68
9	26	28	30	17	21	26	18	4	36	64
11	40	38	50	30	48	26	18	11	60	80
4	1	19	2	12	3	23	7	4	42	73
7	14	22	11	14	7	25	13	7	43	74

Note: All data are for 1997 unless otherwise i
Data prepared by Kelvin M. Pollard, Populatio

2000 KIDS COUNT DATA SHEET

	National Composite Rank	INDICATORS USED TO DETERMINE COMPOSITE RANKING															
		Percent low-birthweight babies		Infant mortality rate (deaths per 1,000 live births)		Child death rate (deaths per 100,000 children ages 1-14)		Rate of teen deaths by accident, homicide, and suicide (deaths per 100,000 teens ages 15-19)		Teen birth rate (births per 1,000 females ages 15-17)		Percent of teens who are high school dropouts (ages 16-19)		Percent of teens not attending school and not working (ages 16-19)		Percent of children living with parents who do not have full-t year-round employm	
		rate	rank	rate	rank	rate	rank	rate	rank	rate	rank	rate	rank	rate	rank	rate	ran
UNITED STATES	—	7.5	—	7.2	—	25	—	58	—	32	—	10	—	9	—	27	—
Alabama	47	9.2	47	9.5	46	36	46	74	42	43	44	11	34	10	35	29	3
Alaska	33	5.9	5	7.5	30	42	50	85	48	25	19	8	15	11	40	27	2
Arizona	41	6.9	16	7.1	24	29	35	70	39	44	46	15	49	11	40	30	4
Arkansas	48	8.4	39	8.7	43	38	49	90	49	43	44	12	40	12	46	27	2
California	26	6.2	8	5.9	8	21	6	52	14	36	36	10	29	9	26	31	4
Colorado	20	8.8	41	7.0	22	23	13	53	16	30	30	11	34	8	18	21	
Connecticut	12	7.3	21	7.2	26	20	4	41	8	22	12	8	15	6	5	25	1
Delaware	34	8.7	40	7.8	35	25	23	66	30	37	37	10	29	7	14	26	1
District of Columbia	not ranked	13.4	not ranked	13.2	not ranked	46	not ranked	264	not ranked	66	not ranked	10	not ranked	16	not ranked	49	not ra
Florida	36	8.0	37	7.1	24	27	26	55	18	35	34	12	40	9	26	29	3
Georgia	42	8.8	41	8.6	41	29	35	65	28	44	46	12	40	9	26	28	3
Hawaii	13	7.2	20	6.6	18	19	3	27	2	25	19	5	2	10	35	32	4
Idaho	24	6.3	10	6.8	20	37	48	68	35	23	15	10	29	9	26	28	3
Illinois	30	7.9	35	8.4	40	23	13	58	21	34	33	9	25	8	18	26	1
Indiana	16	7.7	27	8.2	38	27	26	62	26	32	32	6	3	6	5	20	
Iowa	5	6.4	13	6.2	12	24	19	52	14	20	7	6	3	5	4	19	
Kansas	15	6.9	16	7.4	28	27	26	69	37	28	25	6	3	6	5	19	
Kentucky	40	7.8	32	7.3	27	30	39	73	40	35	34	11	34	12	46	31	4
Louisiana	50	10.2	50	9.5	46	34	45	84	47	42	42	11	34	13	48	35	4
Maine	10	5.9	5	5.1	2	21	6	37	6	15	4	7	9	8	18	29	3
Maryland	22	8.8	41	8.8	44	23	13	58	21	28	25	7	9	8	18	22	1
Massachusetts	7	7.0	18	5.2	3	15	1	33	4	19	6	7	9	6	5	27	2
Michigan	29	7.7	27	8.2	38	26	25	59	23	25	19	8	15	7	14	28	3
Minnesota	1	5.9	5	5.9	8	21	6	46	11	18	5	6	3	4	1	21	
Mississippi	49	10.1	49	10.6	50	36	46	90	49	50	50	10	29	10	35	30	4
Missouri	32	7.7	27	7.6	32	27	26	73	40	30	30	11	34	9	26	26	1
Montana	28	6.3	10	6.9	21	32	43	69	37	20	7	8	15	8	18	32	4
Nebraska	11	7.0	18	7.4	28	24	19	67	34	21	9	9	25	6	5	17	

Maryland's Results For Child Well-Being



Parris N. Glendening, Governor • Kathleen Kennedy Townsend, Lt. Governor
Bonnie A. Kirkland, Special Secretary
Children, Youth, and Families

Maryland Partnership for Children, Youth, and Families

Vision Statement

Maryland children and families will thrive in their homes and communities.

Kathleen Kennedy Townsend, *Lt. Governor, Chair*

Georges C. Benjamin, *Secretary, Department of Health and Mental Hygiene*

C. Bennett Connelly, *Chief, Division of Children, Youth, and Families, Montgomery County Department of Health and Human Services*

Gilberto de Jesus, *Secretary, Department of Juvenile Justice*

Donna S. Edwards, *President, AFSCME Council 92*

Lynda Fox, *Secretary, Department of Human Resources*

William W. Gorman, *Business Person, Calvert County*

Nancy Grasmick, *State Superintendent, Maryland State Department of Education*

Bonnie A. Kirkland, *Special Secretary, Children, Youth, and Families*

Dr. Michelle Leverett, *Chair, Baltimore County Local Management Board*

Marlene Catron McLaurin, *Executive Vice President, United Way of Central Maryland*

Beatrice Rodgers, *Director, Office for Individuals with Disabilities*

Diane Sakwa, *Executive Director, Families Involved Together, Inc.*

Robert T. Stephens, *Executive Director, Garrett County Office for Children, Youth, and Families*

Phil Tilghman, *Commissioner, Wicomico County*

Charlene Hughins Uhl, *Executive Director, Ready at Five Partnership*

Lydia Christina Waddler, *Director, Division for Children, Youth, and Families, Prince George's County Department of Family Services*

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Maryland's Results for Child Well-Being

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Governor's Task Force for Children, Youth, and Families Systems Reform (1996)

Kathleen Kennedy Townsend, *Lt. Governor, Chair*

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Winifred Wilson, *Executive Director, Commission for Children, Youth and Families of Prince George's County, Program Subcommittee Co-Chair*

Fred Puddester, *Secretary, Department of Budget and Management, Fiscal Subcommittee Co-Chair*

Margaret Myers, *President, Caroline County Commissioners, Fiscal Subcommittee Co-Chair*

George Brosan, *Citizen Representative, Anne Arundel County Local Management Board*

Alvin Collins, *Secretary, Department of Human Resources*

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Kathleen Feely, *Associate Director, The Annie E. Casey Foundation*

Donna Gaither, *President, Baltimore City Local Management Board*

Barbara Hoffman, *Senator, Senate of Maryland*

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Ronald Kreitner, *Director, Maryland Office of Planning*

Susan Leviton, *Founder, Advocates for Children and Youth*

Jim McComb, *Executive Director, Maryland Association of Resources for Families and Youth*

Jack Mead, *Education Representative, Harford County Local Management Board*

Norman Parker, Jr., *Deputy Attorney General, Office of the Attorney General*

Patricia Payne, *Secretary, Department of Housing and Community Development*

Connie Pullen, *Vice-Chair, Mid Shore Local Management Board*

Beatrice Rodgers, *Director, Office for Individuals with Disabilities*

Stuart Simms, *Secretary, Department of Juvenile Justice*

Jolene Sullivan, *Director, Carroll County Department of Citizen Services*

Linda Thompson, *Special Secretary, Office for Children, Youth and Families*

Martin Wasserman, *Secretary, Department of Health and Mental Hygiene*

Martin P. Welch, *Associate Judge, Circuit Court Baltimore City*

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Results Workgroup (1997)

Donna F. Crocker, *Prince George's County Department of Family Service, Co-Chair*
Nancy S. Grasmick, *State Superintendent, Maryland State Department of Education, Co-Chair*
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Nadine Bean, *University of Maryland School of Social Work*
Judy Bell, *Bowie Youth Services*
Georges C. Benjamin, *Department of Health & Mental Hygiene*
Catherine Carey, *Department of Juvenile Justice*
Laura Cassidy, *Allegany County Systems Reform Initiative*
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Marsha Howes, *Department of Human Resources*
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Linda T. Lombardo, *Lighthouse, Inc.*
David Markoe, *Frederick County Public Schools*
Christine Mencken, *Department of Juvenile Justice*
Rachel Monks, *Department of Budget and Management*
Mary Naramore, *Department of Budget & Management*
Richard Paulman, *Allegany County Department of Social Services*
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Sharon Nathanson, *Maryland State Department of Education*

The Outreach Workgroup to the Maryland Partnership for Children, Youth, and Families (1998)

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Manuel Albin, *Hispanic Services*

Karen Finn, *Caroline County Human Services Council*

Bill Gorman, *Calvert County Local Management Board*

Maceo Hallmon, *Maryland Association of Youth Service Bureaus*

Anne Kim, *Maryland Department of Transportation*

Barbara Kozlowski, *Anne Arundel County Systems Reform*

Madeleine Shea, *United Way of Central Maryland*

Robert Stephens, *Garrett County Office for Children, Youth, and Families*

Kathleen Reif, *Wicomico County Partnership for Families and Children, and Maryland Association of Public Library Administrators*

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A Call to Action From the Lt. Governor

Protecting and nurturing our children and families is perhaps our most difficult challenge and responsibility. To fulfill our commitment, we need to hold ourselves accountable for our children's growth. The job can't be shuffled off to someone else. Each of us represents a single thread in the statewide safety net for our children, and each of us has a stake in protecting their present and future. Government, the business community, non-profits, and Maryland citizens must work together to determine what our children need to grow and thrive, how we should measure our success in caring for them, and how we can hold ourselves accountable for getting results.

This document clearly and unambiguously sets forth our expectations for ourselves and focuses our energies towards the development of collaborative strategies that work. Our goal is that children and families will be healthy, strong, and have the knowledge, ability, and tools to lead healthy, happy, and independent lives.

Our first step has been to establish a common set of measurable results and indicators that mark real improvements in the lives of children and families. Using this data, we will be able to see a precise picture of our children's well-being. Further, we can use it as a measuring stick to determine which of our efforts are working, and which need improvement. This will be an invaluable tool for each of us working toward changes that will improve the quality of life for all Maryland's children.

As the mother of four daughters, as well as chair of the Maryland Partnership for Children, Youth and Families, I am encouraged by the depth of our State's commitment to achieving results. For the past two years, representatives from state government and communities have worked diligently to establish Maryland's eight Results and 24 indicators for child and family well-being. Their work provides us with important information about our children's quality of life and our initiatives' impact. This data is the bedrock on which we are building a strategy to improve our schools, neighborhoods, and communities. These results and indicators will periodically be reassessed and refined to give Maryland a responsive and effective system for measuring the status of children and families and mapping our State's progress in improving their well-being.

All areas of a child's well being are interwoven and interrelated. Sick children will not learn as well as healthy ones, for instance. To protect the health of our children, to promote their education, and to affirm their safety, we need the help of every member of our community: parents, health care professionals, schools, child-care providers, businesses, the faith community, and all others who consider themselves community members. It is our hope that all Marylanders will join in this effort and challenge us to make Maryland the best state in which to live, work, and raise a family.

Kathleen Kennedy Townsend

Kathleen Kennedy Townsend
Lt. Governor

What are Results and Indicators?

What is a result?

Maryland's goals for children, families, and/or communities.

Maryland has eight results: Each result 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 Which Support Family Life

What is an indicator?

Data that demonstrate Maryland's progress toward meeting each result.

After careful review, research, and public participation, indicators were chosen based on data availability at the State and local levels, quality and completeness of data, and the importance of its impact on the result area.

Choosing Maryland's Results and Indicators

In May 1998, Governor Parris N. Glendening appointed the Maryland Partnership for Children, Youth, and Families to advise him on critical issues affecting Maryland's children and act as a catalyst for improving opportunities for children and families in our State. Comprised of members of state child-serving agencies, local government, local management boards, citizens, parents and advocacy organizations, the Partnership's creation represented one piece of a three year movement to develop a coordinated system of outcome-based efforts for Maryland's children and families. The eight Results for children and families identified in this document are a tangible measure of this work.

Maryland's effort is part of a national movement toward results-based services and accountability for outcomes. 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 for children and families. Additionally, this Task Force responded to the differing and individual needs of Maryland's many varied jurisdictions. 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.

Nine results were originally proposed by the Task Force's Program Subcommittee. 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. Following this review, one result (Healthy Adults) was dropped due to insufficient data demonstrating its direct connection to child well-being.

In the fall of 1998, the Partnership created the Outreach Workgroup to gather further public review of the proposed eight Results. In January 1999, the Maryland Partnership for Children, Youth, and Families adopted the Outreach Workgroup's recommended results and indicators as identified in this publication.

Guidelines for Indicator Selection

The chosen results capture the quality of life for children and families in Maryland. Progress toward each result will be determined through selected indicators which specifically measure segments of each result area. By monitoring the indicators, State and local jurisdictions will be 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 24 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 is readily available from public sources.
- Data on the indicator is 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 as others 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. Maryland's 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 of programs and services.

Community Outreach

Special emphasis was placed on gaining public input and approval for the recommended results and indicators. For each Result area, the Outreach Workgroup created a special advisory panel of concerned citizens and experts to review and revise the indicators for each of the Result areas. Following the completion of this phase, the Outreach Workgroup worked with Local Management Boards (LMBs) and other community organizations to establish avenues for further community input into the design of Maryland's Results and Indicators.

As a result, 20 of Maryland's LMBs came together to host twelve community roundtable discussions throughout the State, which included parents, elected officials, libraries and representatives from county organizations, schools, healthcare systems, and others. An independent facilitator guided each of the twelve discussions and helped to solicit local response to the proposed Results and Indicators.

This unique approach to involving citizens excited newspapers and other media outlets across the State to produce articles on the Results and Indicators. Roundtable advertisements ran in newspapers and on local cable networks. A statewide mailing of 3,850 brochures to local community groups and neighborhood organizations helped to promote the upcoming roundtables. Copies of the "Recommended Results and Indicators of Child and Family Well-Being" were also mailed to Maryland's libraries to encourage public review.

Following these efforts, a statewide public hearing was held in Annapolis to offer a forum for citizens, organizations and agencies who could not attend a local roundtable to testify before a panel of Partnership members. Participants were asked to present their concerns and submit written testimony.

Upon the completion of the public engagement phase, the Outreach Workgroup presented its final recommendations to the Maryland Partnership. These recommendations reflected the comments expressed during the roundtables and public review. The recommendations were adopted at the January 1999 meeting. *(Final Recommendations to the Maryland Partnership for Children, Youth and Families on the Child and Family Well-being Results and Indicators,* January 1999, http://www.ocyf.state.md.us.)

Using Maryland's Results and Indicators

The Maryland Partnership, 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 they feel are priorities in their community. The information in this publication will assist in tracking and evaluating the well-being of children across the State and in each local area.

Indicators will be 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 determine areas of major difference 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 will assist local jurisdictions in targeting potential priority areas.
  - Provide parents and communities with 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 progress towards set goals.
- Compare and collaborate with similar jurisdictions to help identify potential strategies.
- Choose intervention strategies that will move the indicator. 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 strategy.

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

The Future of Maryland Results and Indicators

The future of Results and indicators lies in its success as a tool for State and local jurisdictions in their strategic planning and program evaluation. As these jurisdictions use Results and indicators to fit their needs, the publication will be adapted in an on-going process of public engagement and continued research. This is Maryland's first attempt at designing Results and indicators and the Maryland Partnership is looking forward to observing how it evolves to fit the needs of the State and its communities.

Suggestions can be made at the web-site hosted by the Governor's Office for Children, Youth and Families at http://www.ocyf.state.md.us.

An educational conference will also be held in May 2000 to act as a forum for further education and discussion of Results and indicators.

Descriptive Guide to the Results and Indicators

The Results and Indicators contained in this descriptive guide will help State and local efforts to improve results for children and families. 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 breakdowns 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 in the State to address this indicator are discussed in this section.

In The Field

This section briefly describes programs that focus on turning the curve of the indicator's trend in a positive direction, including contact information for those interested in learning more.

Additional Guidance to the Results & Indicators

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.

Percent = (Number in sub-group) ÷ (Number in whole group) x 100

Example: Percent of children enrolled in Pre-School, 1998

Percent = (Number enrolled) ÷ (Number of children ages 2-4) x 100

= 61,232 ÷ 208,082 x 100

= ***29% of children ages 2-4 are enrolled in Pre-School in 1998***

Rate: The easiest way to understand a rate is to think of a percent as a rate per 100. In the example above, 29% of children enrolled in Pre-School could also be expressed as *"29 children per 100"* are enrolled in Pre-School.

Rate = (Number in sub-group) ÷ (Number in whole group) ÷ MULTIPLIER

Example: Rate of youth arrested for violent crimes per 100,000, 1998

Rate = (Number arrested, ages 10-17) ÷ (Number of youth ages 10-17) x 100,000

= 3,037 ÷ 567,678 x 100,000

= 535 per 100,000 youth ages 10-17 were arrested for violent crimes in 1998

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 10 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.

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.

Rate of Change = {[(Recent year number) ÷ (Prior year number)] - 1} x 100

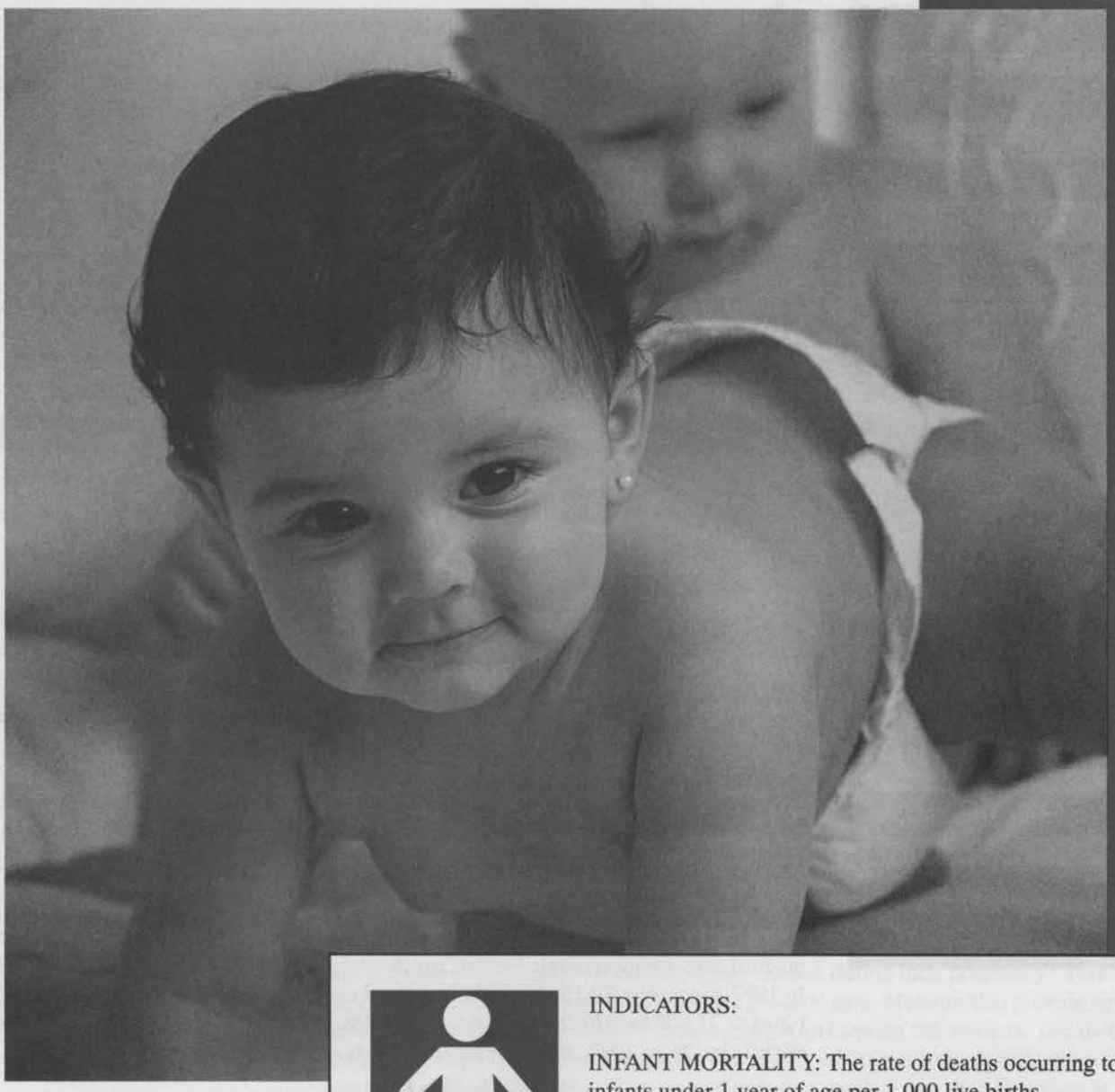
Example: Rate of change in the rate of out-of-home placement, Fiscal Years 1998 to 1999

Rate of Change = {[(FY99 rate of placement) ÷ (FY98 rate of placement)] - 1} x 100

= {[11.497 ÷ 12.114] - 1} x100

= *-5.1% is the rate of change in the rate of placement from FY98 to FY99.*

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 18 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, births in various racial/ethnic groups, ar births to mothers in various age groups who do not survive beyond year one.

Significance

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

Baseline Data

INFANT MORTALITY RATE- Infant deaths per 1,000 live births

	1990	1991	1992	1993	1994	1995	1996	1997	1998
Maryland									
All Races	9.7	9.1	9.9	9.8	8.9	8.8	8.4	8.6	8.6
African Am	17.3	14.3	16.9	17.6	15.3	15.4	14.5	16.1	15.5
White	6.4	6.7	6.7	6.1	6.0	6.1	5.6	5.3	5.5
National									
All Races	8.9	8.6	8.5	8.4	8.0	7.6	7.2	7.1	NA
African Am	16.9	16.6	16.8	16.5	15.8	14.7	14.2	NA	NA
White	7.2	7.0	6.9	6.8	6.6	6.3	6.0	NA	NA

Data Sources

Maryland - Vital Statistics, DHMH. Data are reported by jurisdiction. National - Federal Interagency Forum on Child and Family Statistics http://childstats.gov.

Considerations

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

Related Measures

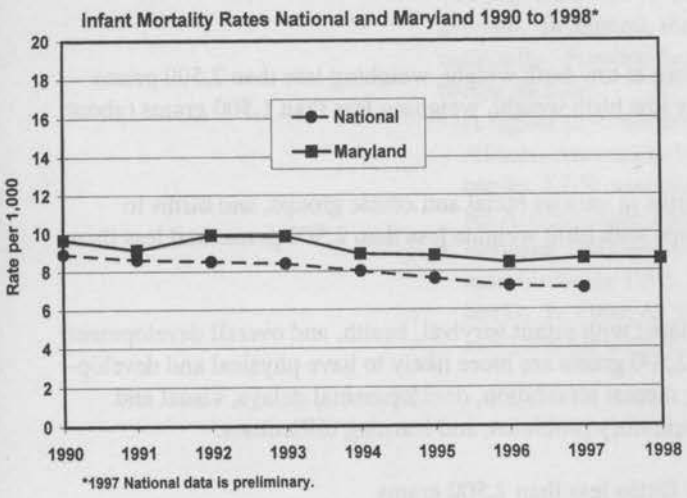
A "service delivery/utilization" indicator that is often used as a proxy for results in area is percent of births for which prenatal care was initiated in the first trimester (f births, for various racial/ethnic groups, for various age groups). Data are reported by Vital Statistics, DHMH, by race and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

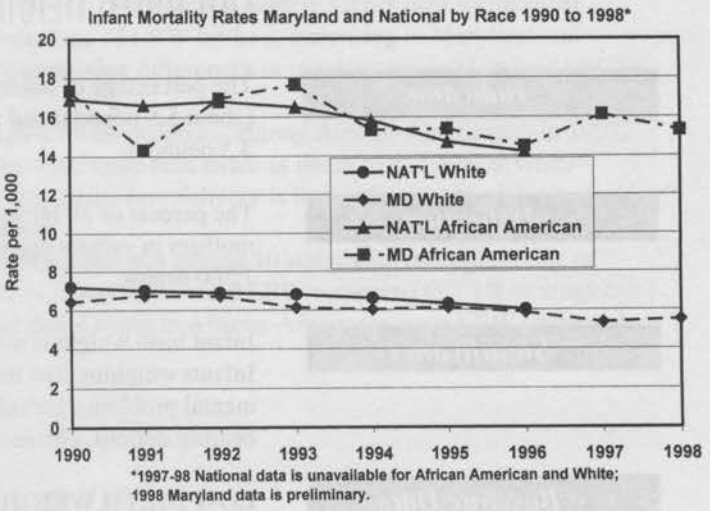
Discussion

A variety of factors influence infant mortality: maternal health, quality and access to medical care, socioeconomic factors, psychosocial factors, and public health practic In 1997, there were 70,151 births in Maryland and this figure increased by over 1,5(births to 71,802 total births in Maryland in 1998. Maryland's infant mortality rate ro slightly by 2% in 1997, after several years of steady decline.

Analysis by the Maryland Department of Health & Mental Hygiene found that the Baltimore Metropolitan region experienced the greatest increase. There was a 36.4% increase in deaths to African-Americans in the region. An increase in neonatal death (deaths within the first 28 days of life) also had an effect on infant mortality in 1997 Prematurity was the primary cause of death to babies on their date of delivery.

Other risk factors associated with the rise in infant mortality within the Baltimore Metropolitan region include multiple births (24%); inflammation of fetal membrane and infection (24%); and sexually transmitted diseases and infections such as syphil chlamydia, gonorrhea, Group B Streptococcus infection and possible bacterial vagi Other risk factors identified in mothers of those infants who died include tobacco us (24%); illicit drug use (21%); late or no prenatal care (21%); and birth defects (11% and sudden infant death syndrome (9%).





In The Field

This crucial issue is being addressed across the state through the following initiatives:

The *Maryland Children's Health Insurance Program (CHIP)* is administered through the Department of Health and Mental Hygiene's Health Care Financing Department. This program provides health care coverage for pregnant women and children, up to the age of 19, in working families with incomes up to twice the federal poverty level. For example, a family of four making $32,900 will be eligible under this program. Maryland Children's Health Insurance Program provided coverage for up to 60,000 during its first year of operation. Eligible families are encouraged to call 1-800-456-8900 to request an application through the mail or pick one up in person at one of the State's 24 local health departments or social service agencies.

Through the Governor's Commission on Infant Mortality, Maryland is reducing the racial disparity in infant mortality. The Commission offers Community Incentive Grants to focus locally on reducing racial disparity. Three grants were awarded in 1999. The Mid Eastern Shore Advisory Council's *Motherhood Mentoring Program* serving the five county region, project uses trained community volunteers to provide support to socially isolated pregnant women during their pregnancy. This ensures that the mother is getting consistent prenatal care. Mentors also provide health information to encourage health-enhancing behaviors among the mothers. The mothers are also enrolled in local family support centers for additional support and education in parenting skills development. For more information, contact Jeannine Robinson at 410-767-4160.

Baltimore City's community-based screening and treatment program reduces Sexually Transmitted Disease (STD) infection among pregnant women and their partners in the Sandtown-Winchester community. Implemented by *Healthy Start* at the Baltimore City Health Department, the program's goals are to decrease the infant mortality rate, pre-term delivery rate and low birth weight. This is a unique program that treats both pregnant women and their partners. Contact the Family League of Baltimore City at 410-662-5500.

Worcester County's *Initiative to Preserve Families* provides home visitation support to parents with newborn babies. The program trains parents how to care for their newborn, encourages proper development of the newborn and how to make the home safe. The program also makes referrals to other organizations and agencies, identifies and accesses available resources. Contact the Worcester County Initiative to Preserve Families at 410-632-3648.

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 and less than 1,500 grams.

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 - Births less than 2,500 grams

	1990	1991	1992	1993	1994	1995	1996	1997	1998
Maryland									
All Races	8%	8%	8%	8%	8%	9%	9%	9%	9%
White	5%	6%	6%	6%	6%	6%	6%	6%	6%
African Am	13%	13%	14%	13%	13%	14%	13%	14%	13%
National									
All Races	7%	7%	7%	7%	7%	7%	7%	8%	NA
White	6%	6%	6%	6%	6%	6%	6%	7%	NA
African Am	13%	14%	13%	13%	13%	13%	13%	13%	NA

Data Sources

Maryland - Vital Statistics, DHMH. 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 - Federal Interagency Forum on Child and Family Statistics
http://childstats.gov.

Considerations

This indicator supports both a national and state health goal. The former, Healthy People 2000, has set a national goal of 95 percent of infants to be born weighing 5.5 pounds or greater by the year 2000. 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.

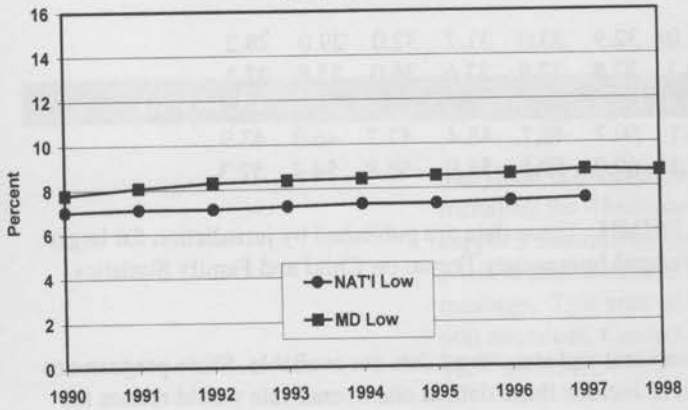
Discussion

Low birth weight (LBW) is the primary cause of infant mortality. In addition, babies weighing less than 2,500 grams (about 5.5 pounds) at birth have a high probability of experiencing developmental delays. LBW babies may be born either premature (before 37 weeks gestation) or full term (40 weeks gestation), but fail to gain enough weight. Multiple births such as twins, triplets or quadruplets have a significantly higher risk of being born LBW.

The percent of LBW infants born in Maryland is slightly higher than the national average. In general, the percentage of LBW births is increasing in Maryland and nationally. Possible factors explaining differences in trends between Maryland and the nation include:

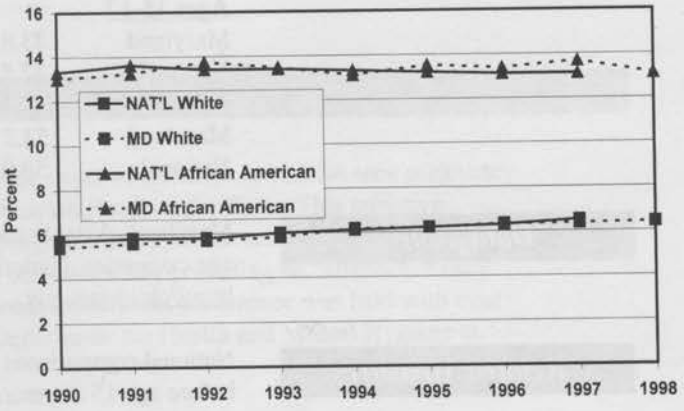
- A higher percentage of LBW births occurring among African-Americans. In 1997, African-Americans babies were more than twice as likely to be LBW as white babies. LBW associated with premature delivery is the leading cause of death for African-American babies.
- Between 1992 and 1994, Maryland was among 10 states with the highest rate of twin births. In 1996, 57% of plural births were LBW compared to 7.1% of singleton births. In 1996, 63.5% of plural births to African-Americans were LBW compared to 53.8% for whites.

Percent of Low Weight Babies Maryland and National 1990 to 1998*



*1998 Maryland data is preliminary; 1998 National data is unavailable.

Percent of Low Weight Babies Maryland and National by Race 1990 to 1998*



*1998 Maryland data is preliminary.

In The Field

Healthy Families Lower Shore works with expectant women and new parents in Somerset and Worcester to learn how recognize their babies' needs and how to care for them. This program is a voluntary home visiting program where parents work with staff to design an individualized family plan. This plan may involve referrals to childbirth and parenting classes, medical care, or housing authorities, as well as home visits to promote positive parenting and education to improve family self-sufficiency. For more information contact Healthy Families Lower Shore at 410-651-1876.

Births to Adolescents

Indicator

The rate of births to adolescents less than 18 years old.

Definition

The rate of births (per 1,000) for adolescents less than 15 years and for adolescents between the ages of 15 and 17, 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

BIRTH RATES TO ADOLESCENTS, total live births per 1,000 women

Ages 10-14	1990	1991	1992	1993	1994	1995	1996	1997
Maryland	1.7	1.7	1.5	1.5	1.6	1.3	1.3	1.2
National	1.4	1.4	1.4	1.4	1.4	1.3	1.2	1.1
Ages 15-17								
Maryland	33.8	35.0	32.9	33.0	31.7	32.0	29.0	28.2
National	37.5	38.7	37.8	37.8	37.6	36.0	33.8	32.1
Ages 15-19								
Maryland	53.2	54.1	50.7	48.7	48.4	47.7	46.0	43.9
National	59.9	62.1	60.7	59.6	58.9	56.8	54.4	52.3

Data Sources

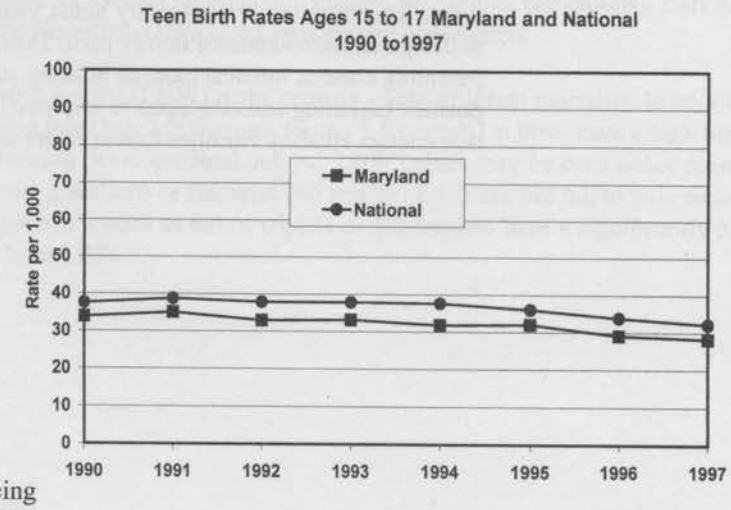
Maryland - Vital Statistics, DHMH. These data are published by jurisdiction for larger age categories. National - Federal Interagency Forum on Child and Family Statistics http://childstats.gov.

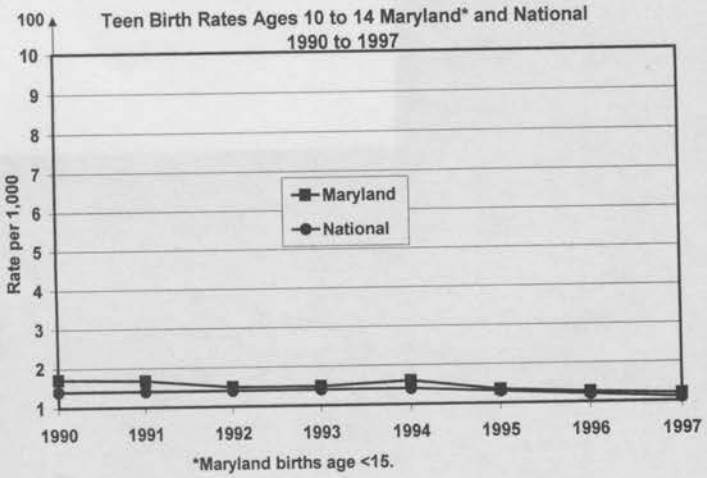
Related Measures

National comparisons and national 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 <15 rate is growing and deserves separate examination.

Discussion

On May 11, 1999, Lt. Governor Kathleen Kennedy Townsend announced that Maryland's adolescent birth rate (ages 15 to 19) had dropped for the sixth straight year. From 1995 to 1997, the teen birth rate (ages 15-17) dropped from 32.0 to 28.2 per 1,000 teens. Currently, Maryland's teenage pregnancy rate ranks 13th nationally. This recent improvement has most likely been the result of Maryland's multi-faceted approach (access to health care, education and counseling, outreach, and media messages) for addressing the problem of teen pregnancy.





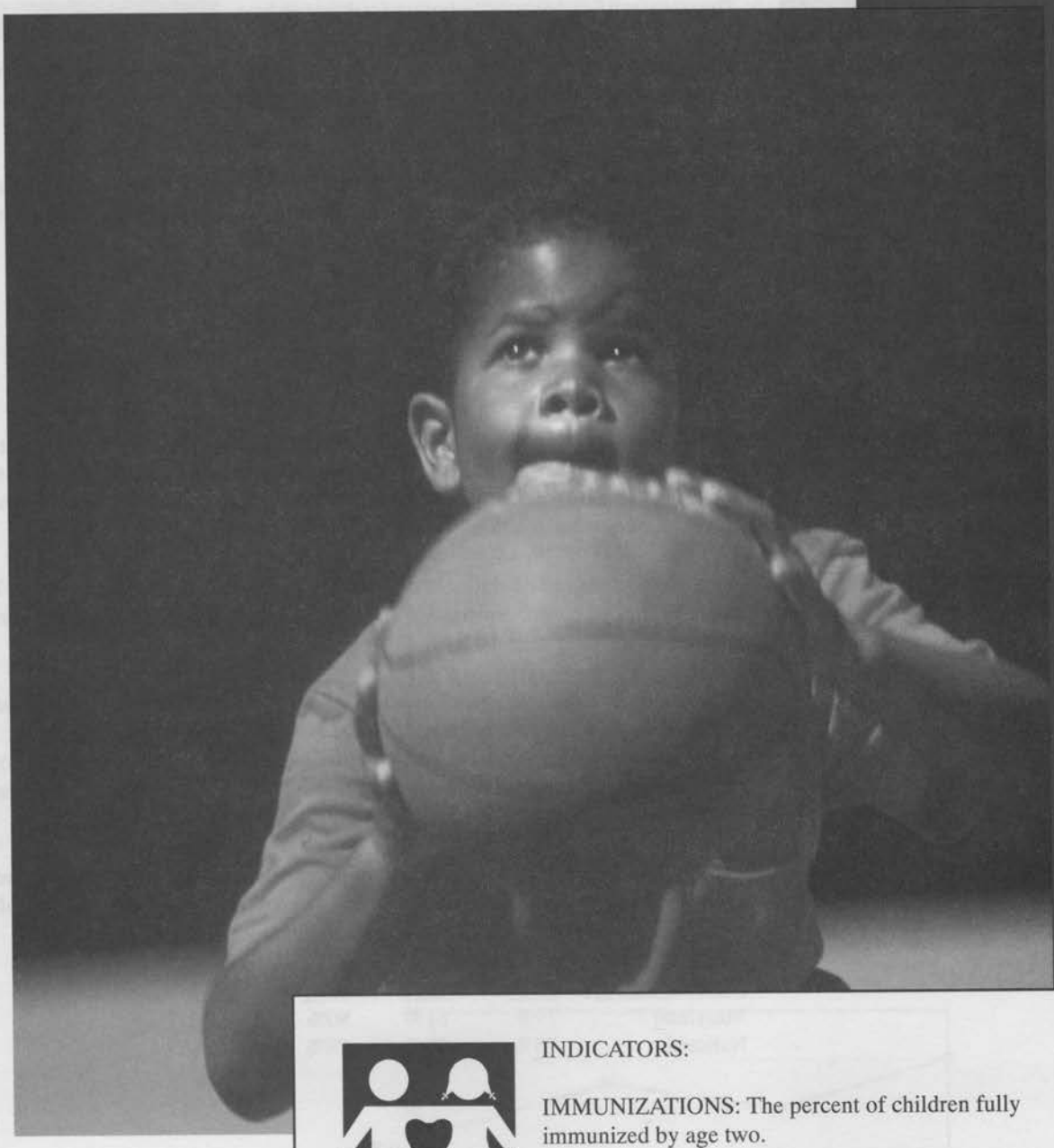
In The Field

Maryland is undertaking a wide range of activities to address teen pregnancy including the *Abstinence Education Program for Teens*. This initiative supports community-based programs that promote self-esteem and other positive alternatives to risky behavior while providing an "abstinence only" message. This year an abstinence education conference was held with over 400 attendees. Contact the Department for Health and Mental Hygiene at 410-767-6247.

The *Governor's Council on Adolescent Pregnancy* reaches all of Maryland's jurisdictions through Interagency Committees on Adolescent Pregnancy Prevention and Parenting (ICAPPPs). Representatives from the community as well as public and private sectors focus on coordinating efforts to address adolescent pregnancy in their jurisdiction. Contact the Governor's Office for Children, Youth, and Families at 410-767-6080.

The *Teen Partnership* is a collaboration of 13 programs and agencies coordinating services to meet the needs of pregnant and parenting adolescents. Any agency/program within this network can access any services a teen may need by calling on one of the network partners. For example, if a teen does not have transportation to a doctor's appointment, the partner would call the Family Support Center, which has offered their van for transportation. If a school identifies a teen that is pregnant, they can call their partner at Girls Inc. to find out about parenting classes. This program is a one stop shop for teens. For information call Washington County Office for Children, Youth, and Families at 301-791-3486.

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.

SUBSTANCE ABUSE: The percent of public high school students who report using alcohol, tobacco, or illegal drugs.

IMMUNIZATIONS

Indicator

The percent of children fully immunized by age two.

Definition

The percent of children registering for public school who have received the full schedule of appropriate immunizations against diphtheria, tetanus, pertussis, measles, mumps, rubella, and polio.

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

Maryland Survey	1994-95	1995-96	1996-97	1997-98	1998-99
Maryland	63%	65%	69%	73%	74%

Data Sources

DHMH collects immunization data that are reported to local school districts retrospectively at school registration. Specifically, DHMH uses a random statewide sample of 1,152 - 3,142 kindergarten immunization records from randomly selected schools. Not available by jurisdiction.

Considerations

As with all retrospective data, there is a delay in assessing the current status. That is, data collected at school registration reflects the immunization status of 2-year-olds approximately four years later.

As new vaccines are introduced, immunization rates on these vaccines may need to be included, such as the Hib vaccine. Data are not yet available by jurisdictions. Maryland is developing an Immunization Registry that will require current immunization status of all children up to age six. A pilot project began in the Fall of 1999 and full statewide implementation will occur during 2000.

Related Measures

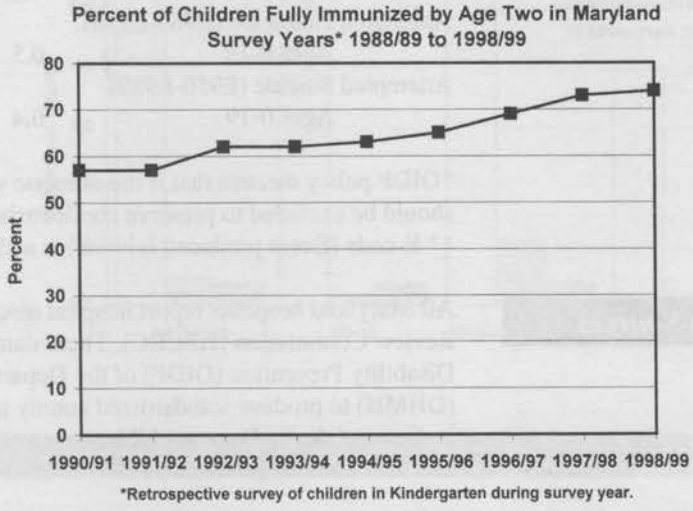
In 1996-1997, 82 percent of Maryland two-year-olds were fully immunized according to the National Immunization Survey (NIS), which provides state estimates of vaccination coverage levels among children aged 19-35 months.

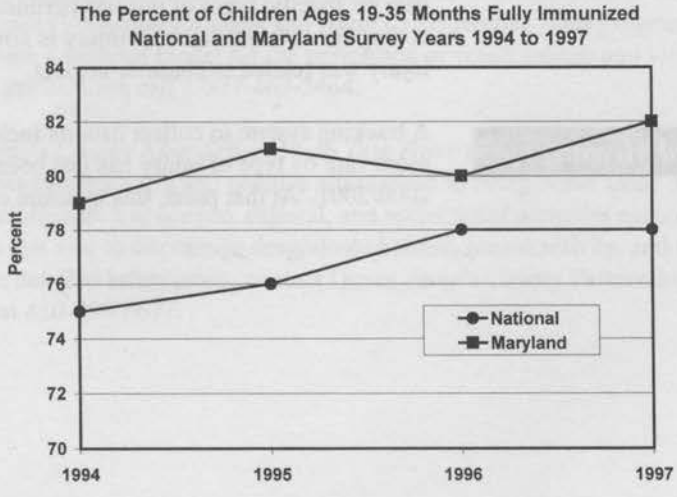
National Survey	1994	1995	1996	1997
Maryland	79%	81%	80%	82%
National	75%	76%	78%	78%

Discussion

According to national statistics, the percentage of children ages 19-35 months that were fully immunized in Maryland, in 1997, stood at 82% compared to a national average of 78%. Since 1994 the total percentage of child immunizations in Maryland has been increasing and consistently exceeding the national average. Immunization shots 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) and hepatitus B.

Each year the recommended childhood immunization schedule is reviewed and updated by the Center for Disease Control's Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians, (AAFP) and the American Academy of Pediatrics (AAP).





Injuries

Indicator

The rate of child injuries that require inpatient hospitalization.

Definition

The rate of injuries per 100,000 children that require inpatient hospitalization in three broad injury categories: accidents (motor vehicle or other), attempted homicide, or attempted suicide.

Significance

Child injuries requiring inpatient hospitalization present risks of long-term illness and disability.

Baseline Data

CHILD INJURIES - 1996, Rate per 100,000*

Injury Event & E-code**	All Races	White	African American	All Other Races
Accidents (E800-E949)				
Ages 0-19	4.6	4.3	5.2	4.0
Attempted Homicide (E960-E978)				
Ages 0-19	0.5	0.2	1.1	0.2
Attempted Suicide (E950-E959)				
Ages 0-19	0.4	0.3	0.4	0.3

*OIDP policy dictates that if the numeric value of cases is less than 6, then the data should be excluded to preserve confidentiality.
** E-code (Event produced injuries) is a classification of injury events.

Data Sources

All Maryland hospitals report hospital discharge data to the Health Services Cost Review Commission (HSCRC). These data sets are used by the Office of Injury and Disability Prevention (OIDP) of the Department of Health and Mental Hygiene (DHMH) to produce standardized county profiles that include reports on child hospitalization and death. Data on children are available by the age brackets 0, 1-4, 5-9, 10-14, and 15-19 and by jurisdiction.

Considerations

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

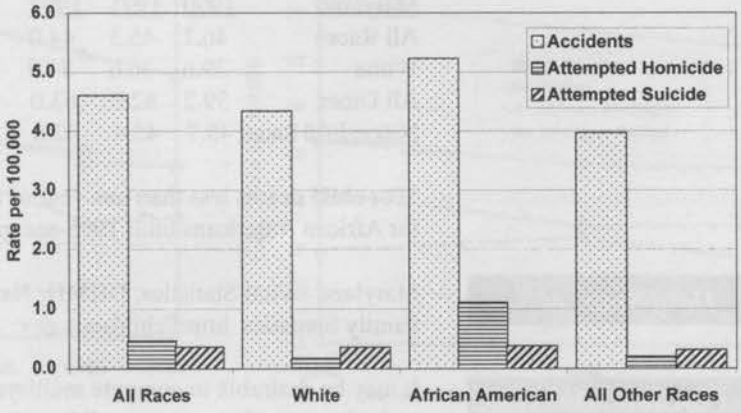
Related Measures

A tracking system to collect data on incidence rates of injuries requiring emergency room care by type of injury has just been initiated and the first data will be available in 2000/2001. At that point, this measure could be added as an indicator of child health.

Discussion

According to the John's Hopkins Center for Injury Research and Policy. More than 150,000 people die from injuries each year in the United States and approximately one-fourth of the population suffers non-fatal injuries that range from minor wounds to chronic disabilities. Injuries are the leading cause of death for children and young adults, plus they cause many serious health problems for the elderly. Moreover, injuries are expensive, costing more than $160 billion dollars annually in the United States. As a society, we lose more years of productive life from injuries than from any other cause.

Child Injuries Caused by Accidents, Attempted Homicide, or Attempted Suicide, 1996



In The Field

Maryland continues to focus on preventing child injuries - accidents, attempted homicide, and attempted suicide - which require in-patient hospitalization. One innovative program operated by the Mental Hygiene Administration is the *Maryland Youth Suicide Prevention Program* and *Youth Crisis Hotline*. This program and hotline have become a national model for the prevention of youth suicide and violence. For more information call 1-877-463-3464.

Queen Anne's County *After-School Youth Task Force* offers middle-school students constructive opportunities and positive alternatives to being home alone or unsupervised. The program's academic, cultural, and recreational activities encourage positive behaviors that aim to discourage drug/alcohol abuse, sexual activity, and violence. To receive detailed information, contact Queen Anne's County Partnership for Children at 410-758-6677.

Deaths

Indicator

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

Definition

The rates per 100,000 of death 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 per 100,000 population

Ages 1-19*

Maryland	1990	1991	1992	1993	1994	1995	1996	1997
All Races	46.1	45.3	44.0	44.2	39.9	42.9	37.8	36.3
White	39.6	36.6	34.0	33.5	30.6	31.9	24.8	25.2
All Other	59.2	62.0	63.0	63.7	56.7	65.8	61.2	56.0
National/All Races	45.7	45.4	42.6	44.0	43.1	41.9	39.9	NA

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

Data Sources

Maryland - Vital Statistics, DHMH; National - Federal Interagency Forum on Child and Family Statistics http://childstats.gov

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

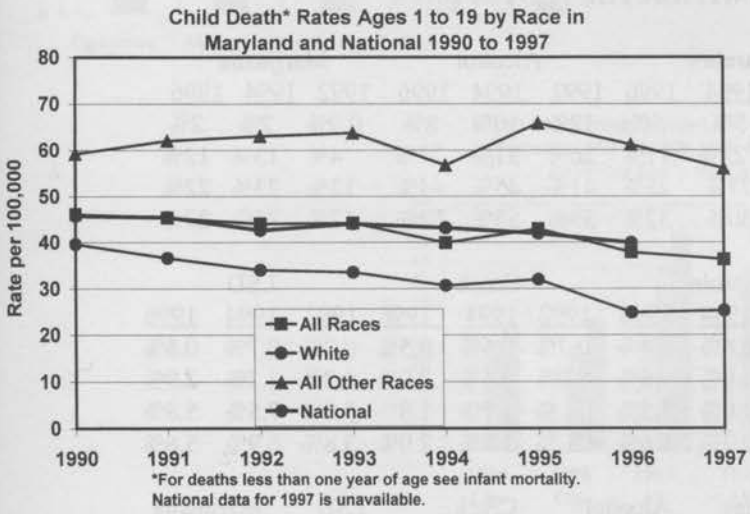
National Kids Count (data from the National Center for Health Statistics, Division of Vital Statistics and Vital Statistics of the United States, Vol. II, Mortality, Part B, Table 8-3).

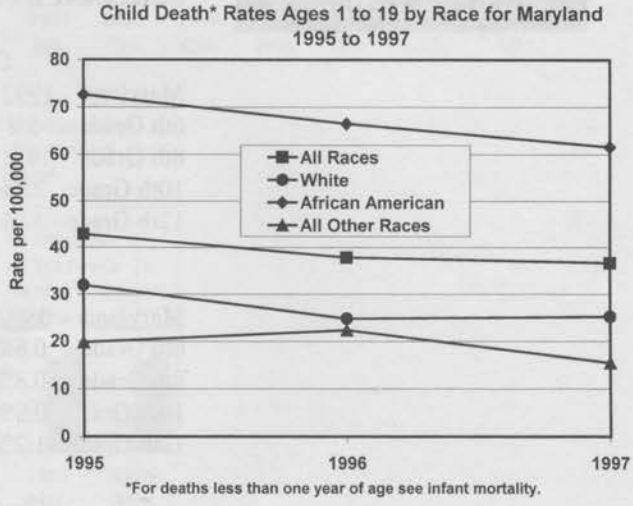
	1985	1994
Rate of Child deaths per 100,000 children ages 1-14	32	30

Discussion

The Maryland Department of Health and Mental Hygiene's Vital Statistics Annual Report (1997) offers a comprehensive overview of the leading causes of death among children. The primary leading cause of death among 1 - 4 and 5 - 14 year old children, in all of the race and ethnic categories combines, is death resulting from accidents and adverse affects. For the 1 - 4 year old children, accidents and their adverse affects resulted in 28.3% or 26 deaths across the state. For the 5 - 14 year old children, accidents and their adverse affects resulted in 31.9% or 44 deaths across the state. The primary cause of death among the 15 - 24 age group (all race and ethnic categories) was homicide, which was the cause in 33.9% or 202 deaths.

To stem the tide in child deaths the state has previously and continues to stress greater care to prevent accidents in the home, on the road, and in schools. County health departments continually offer programs on prenatal care that are easily accessible by every income group. 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 and community groups to improve security and reduce the number of weapons on the street.





In The Field

Lighthouse, Inc. is a non-profit youth and family services center located in Southwest Baltimore County, which offers family counseling, parenting workshops, and psycho-educational workshops in schools and local communities. One of the many valuable services that this program provides for the community is a Crisis Intervention and "Walk In" Emergency Service. Like an emergency room, which treats all who enter, Lighthouse offers immediate help for those in need. While Lighthouse places a strong emphasis on prevention, there are times when an appointment isn't possible and the situation is a true emergency. Contact the Baltimore County Local Management Board at 410-887-4254.

Substance Abuse

Indicator

The percentage of public school students who report using alcohol, tobacco, or illegal 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).

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 USE WITHIN THE LAST 30 DAYS

	Cigarettes			Alcohol			Marijuana		
Maryland	1992	1994	1996	1992	1994	1996	1992	1994	1996
6th Grade	5%	5%	5%	12%	10%	8%	0.9%	2%	2%
8th Grade	14%	21%	17%	26%	31%	27%	4%	13%	12%
10th Grade	23%	27%	25%	41%	45%	44%	12%	23%	22%
12th Grade	32%	30%	32%	53%	53%	52%	17%	25%	27%

	Heroin			Crack			LSD		
Maryland	1992	1994	1996	1992	1994	1996	1992	1994	1996
6th Grade	0.8%	0.6%	0.4%	0.7%	0.6%	0.5%	0.7%	0.7%	0.8%
8th Grade	0.8%	2.0%	1.6%	8.0%	2.4%	2.0%	1.2%	4.2%	2.9%
10th Grade	0.9%	1.0%	1.5%	1.4 %	1.7%	1.8%	3.8%	7.5%	5.8%
12th Grade	1.2%	1.3%	1.6%	1.1 %	1.9%	2.0%	3.8%	6.9%	5.6%

	Cigarettes		Alcohol		Crack		LSD		Marijuana	
National	1994	1996	1994	1996	1994	1996	1994	1996	1994	1996
8th Grade	19%	21%	26%	26%	0.7%	0.8%	1%	2%	8%	11%
10th Grade	25%	30%	39%	40%	0.6%	0.8%	2%	2%	16%	20%
12th Grade	31%	34%	50%	51%	0.8%	1.0%	3%	3%	19%	22%

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 annual national survey Monitoring the Future. Data are reported on the jurisdictional level.

Considerations

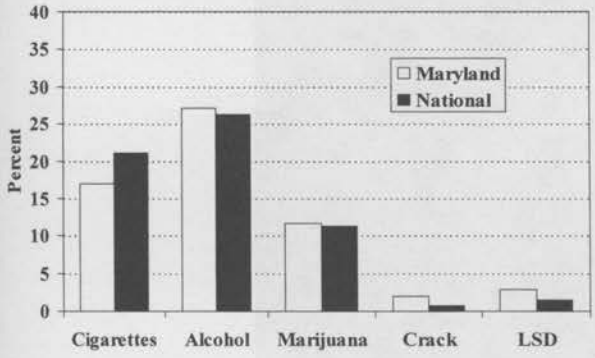
The MAS survey is limited in coverage to public school students and relies solely on student self-reports.

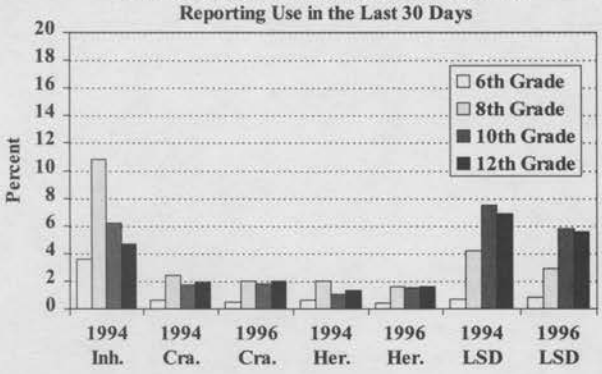
Related Measures

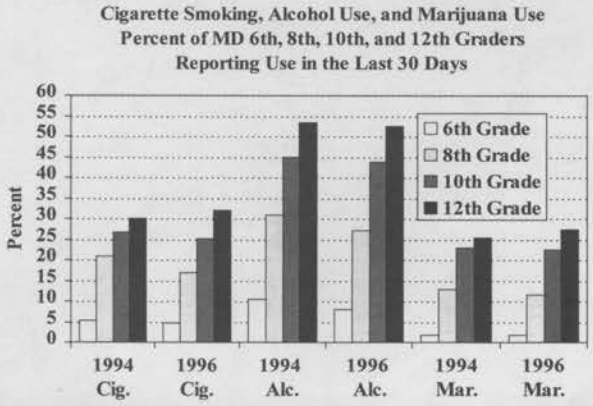
The annual national survey, Monitoring the Future, conducted by the National Institute on Drug Abuse gathers information on 8th, 10th, and 12th grades.

Discussion

Findings reported in the Maryland State Department of Education Surveys of Adolescents in the 6th, 8th, 10th, and 12th grades for 1994 and 1996 indicate that there appears to be a slight reduction in the use of alcohol, cigarettes and other illegal drugs by teenagers. The results of the 1998 Survey, available later this year will provide more conclusive evidence. The apparent trend in Maryland parallels the findings of the 1998 national survey, conducted by the University of Michigan, to monitor trends among students. The national study indicates the beginning of a downward trend in drug use.







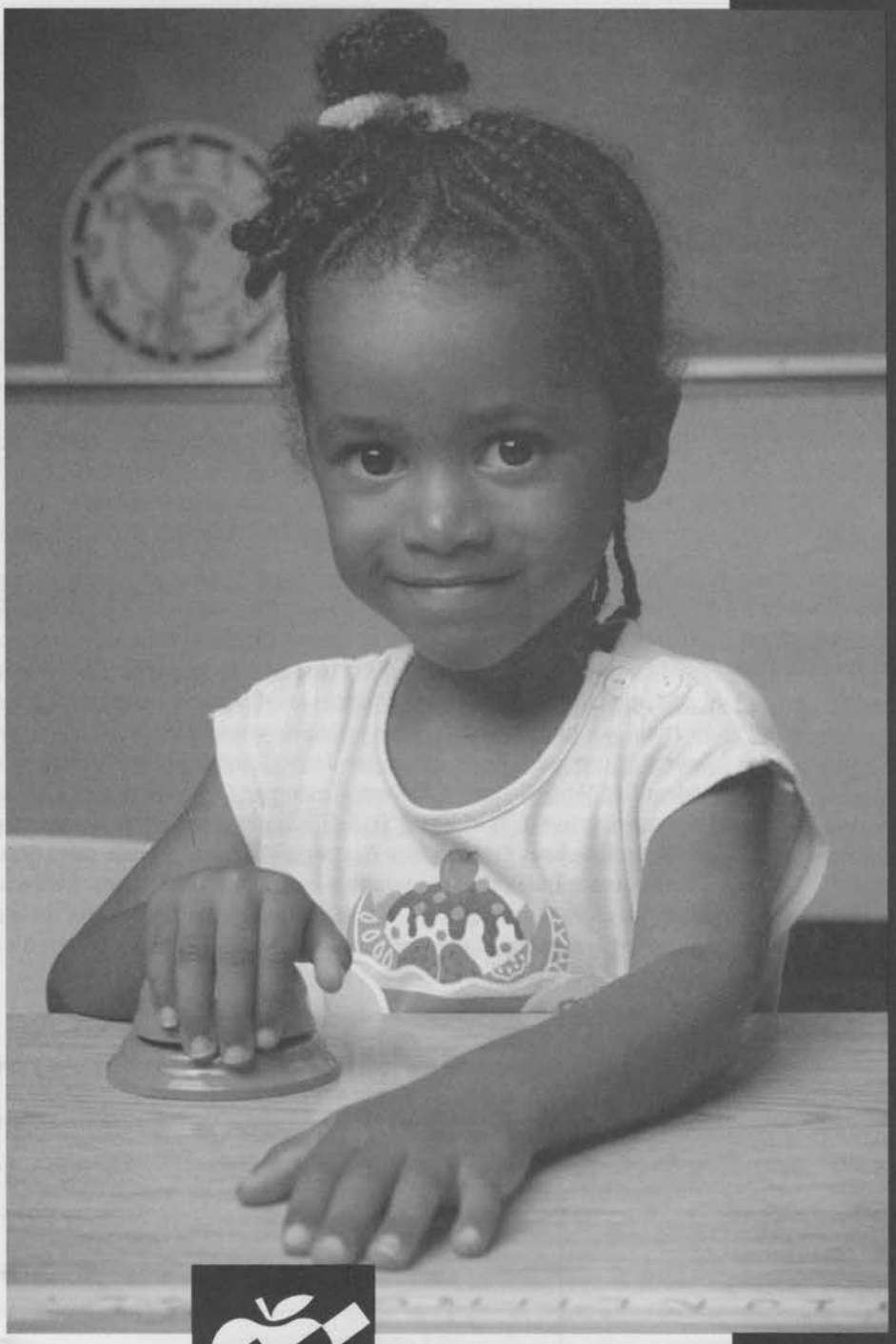
In The Field

Maryland is addressing the problem of the use of alcohol, cigarettes, and illegal drugs by teenagers through its *Comprehensive Safe and Drug Free Schools and Community Program*. Established in all 24 local school systems during 1997, funding is provided to support programs that prevent violence in and around schools, and strengthen programs designed to prevent the illegal use of tobacco, alcohol, and other drugs.

Caroline County offers a unique program called *Sneakers*, which stands for self-esteem, nurturance, expectations, assertiveness, knowledge, economics, responsibility and success. These principles are the foundation for the skills and values taught in this life skills and sexuality education program for adolescent females. Teens meet in group sessions to develop healthy relationships, their own value structure, self esteem, and an aversion for risky behavior like substance abuse and sexual activity. Contact Caroline County Local Management Board at 410-479-4446.

Charles County's *Windows Program* provides a safe and stable after-school and summer program for youth. The program also offers parent education including activities such as family activity night, building parenting skills, role-play in drug prevention sessions, and cooperation games to build self-esteem and confidence. Contact the Charles County Local Management Board at 301-934-7910.

Children Enter School Ready to Learn



Children Enter School Ready to Learn

School readiness reflects all the conditions and experiences a child has, prenatal to school entry, that affect the likelihood of successful school experiences. A number of indicators from other result areas are also indicators of "Children Enter School Ready To Learn," including:

- Infant mortality
- Low birth weight
- Births to adolescents
- Immunizations
- Abuse or neglect
- Domestic violence
- Child poverty
- Homeless adults and children.

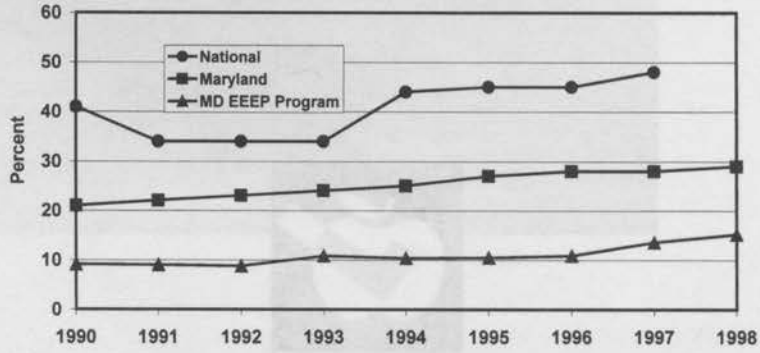
The following indicators will be used as preliminary indicators of school readiness:

- Children in preschool (public or private)
- Children in poverty enrolled in the Head Start Program
- Children at risk of developmental delay enrolled in the Infants and Toddlers Program.

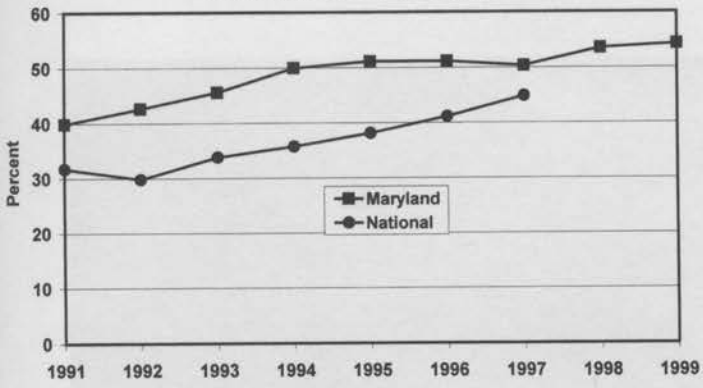
Discussion

Identifying accurate predictors of school readiness is of critical importance to the State and Local Management Boards, as well as across the Nation. In order to address educational efforts for young children and help prepare children for entering the school system, we must first determine where they need assistance and in what areas they are suitably prepared. For instance, the Joint Committee on Children, Youth, and Families identified Work Sampling System Kindergarten Development Checklist (WSS), Comprehensive Test of Basic Skill (TBS) given statewide in second grade, and the Maryland School Performance Assessment Program grade three Statewide School Performance Index (SPI) as possible indicators for this area. Likewise, research shows that our current measures are adequate as proxy measures, but we must continue to find the most accurate and appropriate indicators to determine children's readiness to learn.

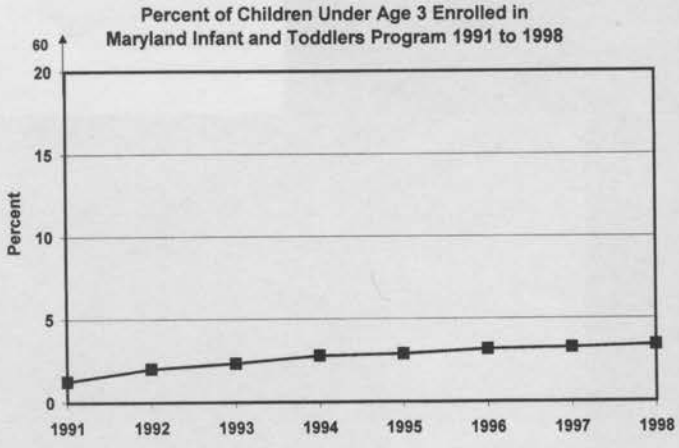
Percent of Children* Enrolled in Preschool in Maryland (Including Maryland's Extended Education Program/EEEP) and National 1990 to 1998



*National data is for 3 and 4 year olds, Maryland data is for 2, 3 and 4 year olds. Maryland EEEP data is for 4 year olds. National data for 1990 and 1994-97 may not be comparable with other years due to a change in survey procedures.



*National data for 1998 and 1999 are unavailable.



In The Field

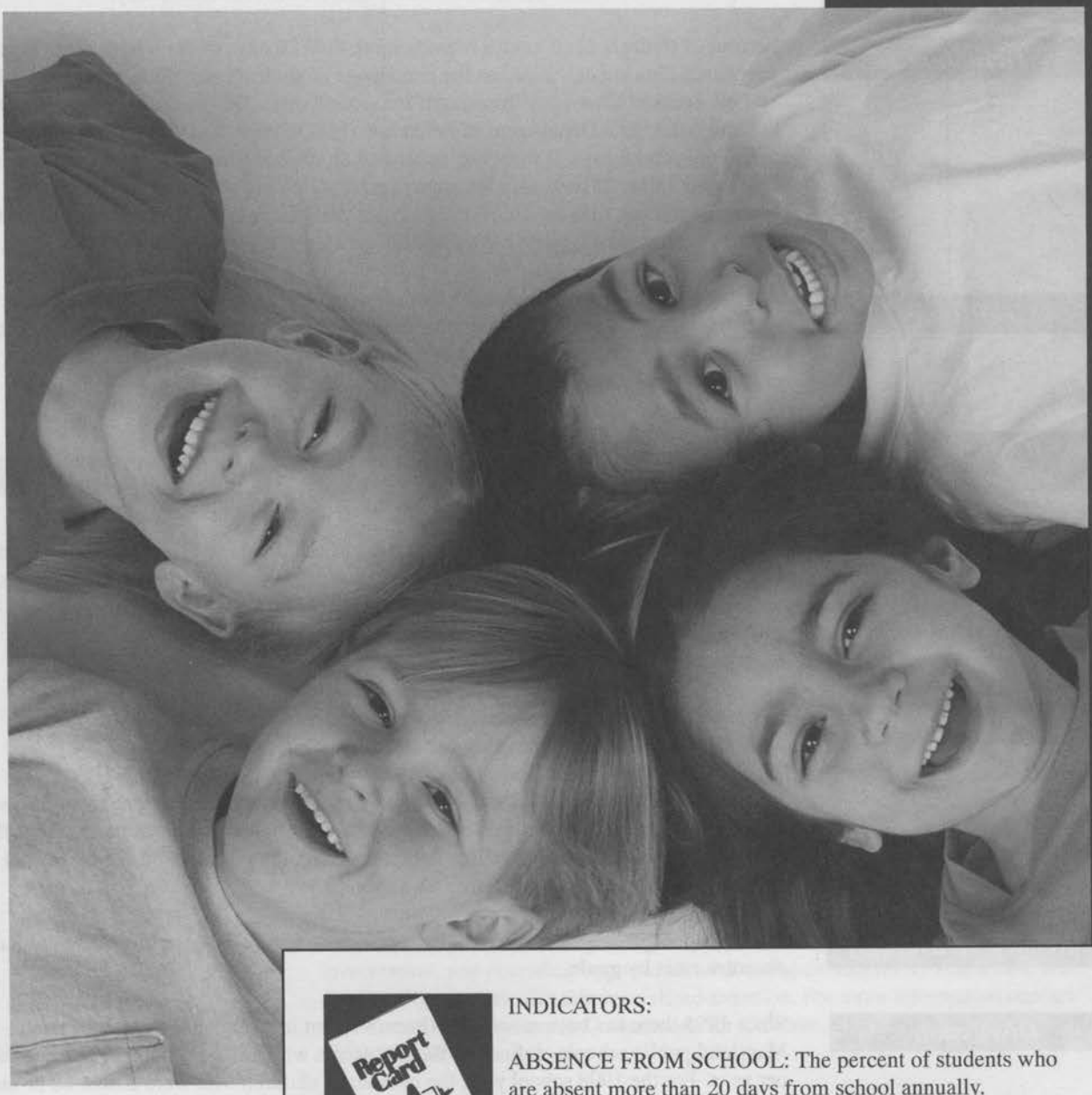
Maryland's Head Start centers reach over half of the eligible children in Maryland. Head Start continues to grow, while they help children and their families grow. Local Head Start programs develop Head Start/public school pre-kindergarten partnerships to ease a child's transition to school. Additionally, Head Start programs are building "seamless" programs that blend Head Start, pre-kindergarten, preschool special education and childcare. For more information about a Head Start program near you, contact Head Start at 410-767-4175 or their homepage http://www.nhsa.org.

The *Maryland Infants and Toddlers Program* administers a statewide, interagency early intervention system for children, birth to age three, with disabilities and developmental delays and their families. The program assures that eligible children have access to health, education, and social support services. In school year 1998-1999, 6,907 children and their families from all of the State's jurisdictions received early intervention services.

The Maryland State Department of Education (MSDE) provides the *Extended Elementary Education Program* (EEEP) statewide. This program provides learning experiences to help children develop and maintain the basic skills necessary for successful school performance. Such learning experiences are developmentally appropriate, and address the literacy, cognitive, social, emotional and physical needs of disadvantaged four-year old children. For more information, contact Rolf Grafwallner at 410-767-0342.

Cecil County's Public Library System offers a program called *This Way to Books*. Functioning as a supplement to home daycare providers in this rural county, This Way to Books brings the library to the day care location through a book van and a prepared learning activity kit, complete with videos, worksheets, and books. Contact Nancy Heinold at 410-996-5600 for more information.

Children Successful in School



INDICATORS:

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

ACADEMIC PERFORMANCE:
The percent of students in the 3rd and 8th grades scoring at the satisfactory or excellent level in six content areas in the Maryland School Performance Assessment Program.

DEMONSTRATED BASIC SKILLS: The percent of students in the 11th grade demonstrating basic skills by passing the four Maryland Functional Tests.

Absence From School

Indicator

The percent of students absent more than 20 days from 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 were published on the combined percentage of students absent more than 20 days for elementary (grades 1-6) and secondary (grades 7-12) levels. Beginning with the 1998 -1999 school year, data are published at 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

STUDENTS ABSENT- All grades

More Than	1993	1994	1995	1996	1997	1998	1999
20 days	14.6%	13.6%	14.7%	13.6%	13.8%	12.9%	13.7%

Data Sources

The Maryland State Department of Education (MSDE) through the Maryland School Performance Assessment Program (MSPAP) collects attendance data. Attendance rates are reported for the State, school system, and school levels for elementary (grades 1-5), middle (grades 6-8), and high (grades 9-12) school levels. Data are available for the State, school system, and school levels.

Considerations

While there is interest in collecting data on absences of more than 10 days, current system capacity and structure only can report on 20 days.

It is important to note that these data do not indicate the school response to absences or differentiate between students with "excused" versus "unexcused" absences. Also, the measure does not include students enrolled for fewer than 91 days during the school year.

Related Measures

Local school systems have detailed data on reasons for absences or be able to produce absentee rates by grade.

Discussion

Since 1995 there has been measurable improvement in reducing the absentee rate in Maryland public schools, defined as those students who missed school 20 or more days per year. For the 1998 school year, the number of children who were absent 20 or more days were 13.7% of the total student population for grades 1 - 12, compared with 14.7% in 1995.

In 1999, there were 841,671 students enrolled in the public schools of Maryland. Of that total, approximately 225,201 students (or 33.6%) were absent five (5) days or less per year.

Specific factors contributing to the reduction in the percentage of students absent 20 or more days per year between 1995 and 1999 are difficult to delineate. During this time period, however, there has been an expansion of new and innovative programs and increased efforts to engage parents and the community in support of school attendance.

Academic Performance

Indicator

The percent of 3rd, 5th and 8th graders scoring at least satisfactory in the six content areas in the Maryland School Performance Assessment Program.

Definition

The percent of public school students in grades 3, 5 and 8 scoring at the satisfactory or excellent levels on curriculum-based assessments in reading, writing, language usage, math, science and social studies.

Significance

The MSPAP requires students in grades 3, 5 and 8 to apply what they know about reading, writing, language usage, mathematics, science, and social studies. Unlike functional tests, which measure basic knowledge, the MSPAP tests are rigorous and demand high levels of performance.

Baseline Data

3RD, 5th and 8th GRADE CURRICULUM-BASED ASSESSMENTS-
Percent of Students scoring Satisfactory or Excellent, MSDE

	Reading				Writing			
	1994	1996	1998	1999	1994	1996	1998	1999
3rd Grade	31%	35%	42%	41%	35%	41%	47%	47%
5th Grade	30%	34%	40%	41%	33%	42%	42%	39%
8th Grade	24%	29%	26%	25%	44%	43%	44%	46%

	Language Usage				Mathematics			
	1994	1996	1998	1999	1994	1996	1998	1999
3rd Grade	34%	45%	49%	47%	34%	39%	42%	39%
5th Grade	35%	45%	51%	51%	42%	48%	48%	46%
8th Grade	44%	53%	48%	46%	40%	43%	47%	49%

	Science				Social Studies			
	1994	1996	1998	1999	1994	1996	1998	1999
3rd Grade	35%	36%	39%	39%	32%	29%	41%	42%
5th Grade	39%	45%	52%	52%	33%	43%	44%	44%
8th Grade	40%	47%	49%	51%	32%	36%	42%	44%

Data Sources

Collected by the Maryland State Department of Education (MSDE) through the Maryland School Performance Program (MSPP) for grades 3, 5, and 8. Data are currently reported as the percent of students achieving satisfactory performance and the percent achieving excellent performance and are available on the state, school system, and school levels.

Considerations

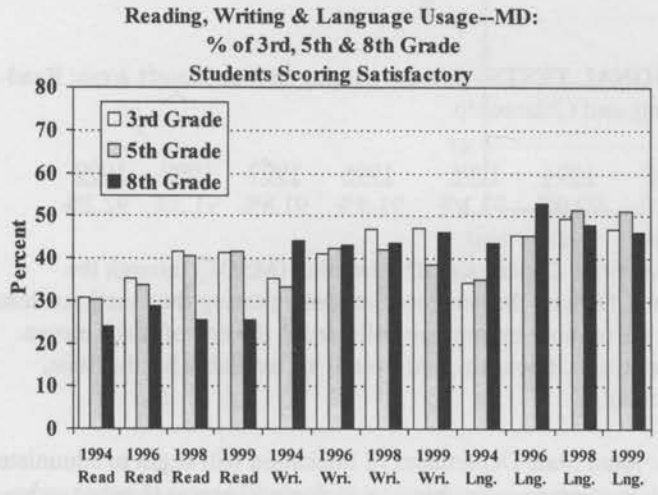
While guidelines are strict about which students can be exempted (based on degree of disability or proficiency in the English language), there may be variability across districts in the actual exemption rate. Measures only include non-exempt public school students. Students who are exempted from MSPAP are not included in the denominator for the calculation of MSPP standards. Students who are excused are included in the denominator for the calculation of MSPP standards. A high exemption rate, therefore, can raise the percentage of students scoring at the satisfactory and excellent levels.

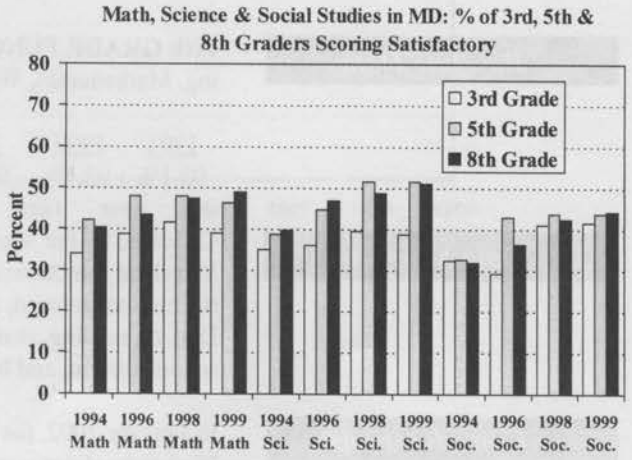
Discussion

Each year a battery of challenging tests are given under the auspices of the Maryland School Performance Assessment Program to determine the mastery of 3rd, 5th and 8th students in reading, writing, language usage, math, science, and social studies. The tests are also used to judge how well students apply knowledge in problem-solving situations. The benchmark set by the State for each test is that 70% of students will achieve

at least a satisfactory rating. The benchmark is rarely achieved in all grades for most tests; however, steady improvements from year to year are being made.

The subject area with the highest test scores in 1999 are language and writing at grade 3, language usage and science at grade 5, and mathematics and science at grade 8.





In The Field

Maryland has been a national leader in attempting to address issues of poverty, teacher quality, and other factors seen as continuing to hold back minority achievement. In 1998, a Maryland State Department of Education (MSDE) *Report on Minority Achievement in Maryland* concluded that more must be done to erase the gap in achievement that burdens minority students. The state has initiated a sweeping plan that assures funding equity that includes students at risk of dropping out. *The School Accountability Funding for Excellence* (SAFE) program has dedicated $61 million to assure achievement for children considered at-risk. Progress will be monitored closely and technical assistance provided to local school systems. For more information, contact MSDE at 410-767-0100.

Kent County *Horizons* is a six-week summer enrichment program for at-risk youth grades 1-8. Kids are provided breakfast, lunch and a snack as well as educational components that include project discovery, computer education, art and expression, sports and swimming, field trips, assemblies and live performances. Contact the Board for Children's and Family Services of Kent County at 410-810-2673.

Demonstrated Basic Skills

Indicator

The percent of students in the 11th grade demonstrating basic skills at the passing level.

Definition

The percent of eligible (non-exempt) public school students demonstrating basic skills in reading, mathematics, writing, and citizenship at the passing level at the end of grade eleven.

Significance

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

Baseline Data

11th GRADE FUNCTIONAL TESTS - Percent passing in four subject areas: Reading, Mathematics, Writing, and Citizenship.

1991	1992	1993	1994	1995	1996	1997	1998	1999
93.1%	92.4%	93.2%	92.9%	93.1%	91.8%	91.8%	91.3%	92.2%

Data Sources

Collected by the Maryland State Department of Education (MSDE) through the Maryland Functional Tests. Data on the percent of students passing the functional tests, the number refused, and the number exempt are collected at the end of grade eleven. Data on reading, math, writing, citizenship, and overall are available for the State, school system, and by school.

Considerations

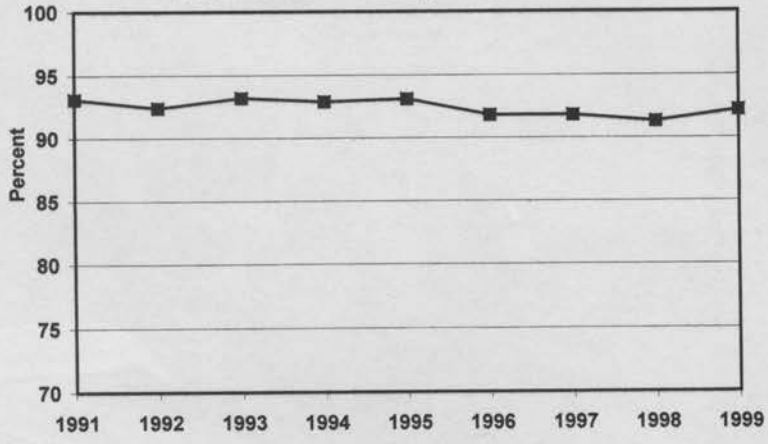
In January 2002, the Maryland State Department of Education will begin to administer High School Assessment Tests on a regular basis to students all across the state, who take English, Algebra, Geometry, Government and Biology. The test will determine how well students have grasped the core content of these subject areas. The rigorous high school assessments will be required to earn high school diplomas and will replace the functional tests.

Discussion

The basic skills of reading, writing, math, and citizenship needed to graduate are assessed by Maryland's functional tests. Results from the tests in Maryland indicate that most students demonstrate these basic skills by their first year of high school. The functional tests, given to 11th grade students in 1999 show that 99.4% of the students passed the reading test, 95.7% passed the math test, 98.2% passed the writing test, and 95.9% passed the citizenship test.

The attainment of basic skills needed to graduate is a milestone for Maryland's students. The mission of Maryland's schools, however, is the preparation of students for the 21st century. Learning in reading, writing, and math forms a solid foundation for the study of science, technology, social studies, fine arts, and for full participation in society. Maryland's efforts to document students' progress toward these results are outlined in the related indicator "Academic Performance."

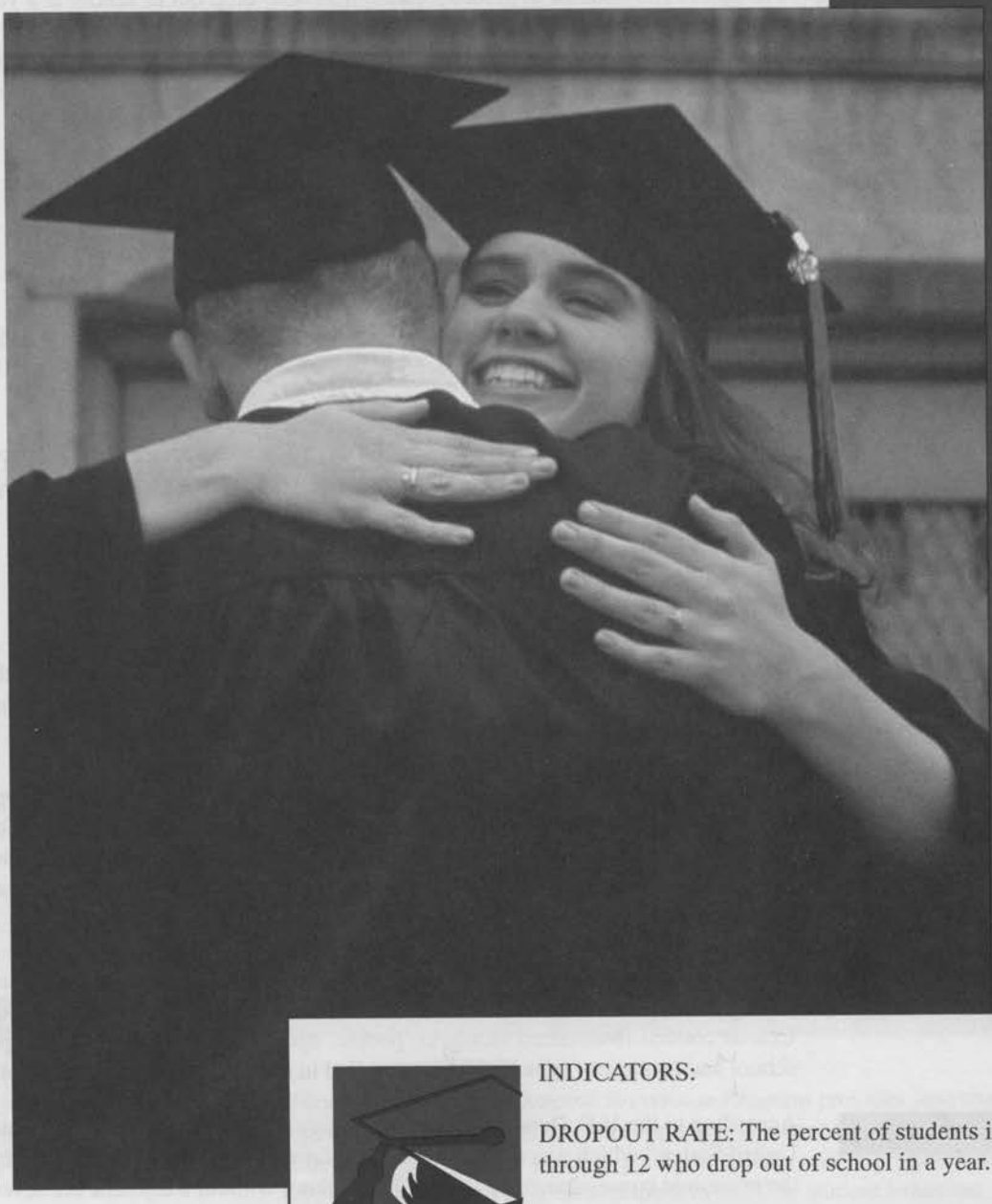
The Percent of Students Demonstrating Basic Skills in Reading, Math, Writing and Citizenship at the Passing Level at the end of 11th Grade Maryland 1991 to 1999



In The Field

Frederick Families First offers a variety of programs for young people. One is Mentoring/ Male Involvement, a school-based mentoring program at North and South Frederick Elementary Schools. Mentors meet one-on-one with their students twice a month to enhance academic performance, improve attendance and encourage positive social skills. They begin each session with a group discussion on such topics as peer pressure, listening skills, and much more. All mentors are volunteers. Contact Frederick County Office for Children, Youth, and Families at 301-631-3534

Children Completing School



INDICATORS:

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

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

HIGH SCHOOL DIPLOMA: The percent of persons over 25 years of age without a high school diploma or equivalent.

GRADUATION/SCHOOL COMPLETION OF CHILDREN WITH SED: The percent of children with serious emotional disturbances (SED) who graduate from or complete high school.

Dropout Rate

Indicator

The percent of students in grades 9 through 12 who drop out of school in a 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, MSDE

Maryland Students in grades 9-12

1991	1992	1993	1994	1995	1996	1997	1998	1999
4.3%	5.2%	5.36%	4.95%	4.95%	4.58%	4.66%	4.05%	4.16%

National Students in grades 10-12

1991	1992	1993	1994	1995	1996	1997	1998	1999
4%	4%	5%	5%	6%	5%	NA	NA	NA

Maryland Source: Maryland School Performance Report
National Source: Trends in the Well-being of America's Children 1998 (http://aspe.hhs.gov)

Data Sources

Data are collected by the Maryland State Department of Education (MSDE) through the Maryland School Performance Assessment Program (MSPAP) for grades 9 through 12. Data are available on the State, school system, and school levels.

Considerations

An aggregated dropout rate is currently reported for grades 9-12. Data on dropout rates also could be collected for individuals both within and across school years. Collecting these rates by grade and creating unduplicated counts of individual dropouts would require school systems and the State to significantly modify their accounting and reporting procedures.

Related Measures

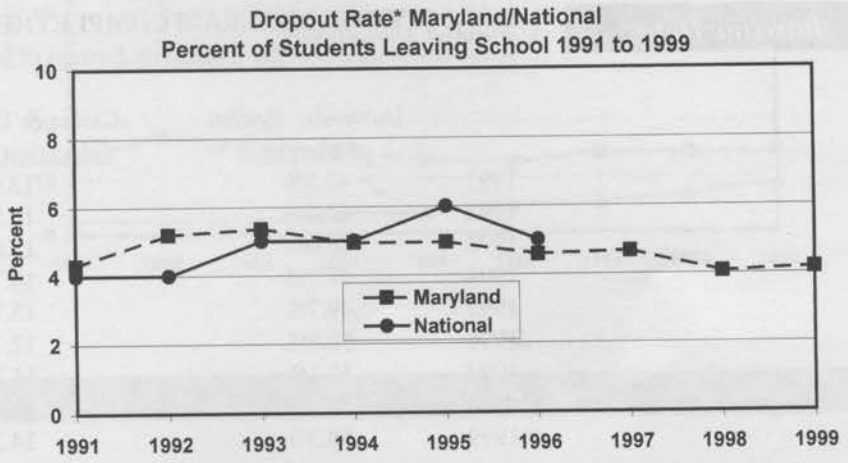
Local school systems have data on the reasons why students drop out of school. These reasons often include expulsion, pregnancy, and parenthood. Also, the U.S. Bureau of Census collects two related measures: people, ages 20-24, who have not completed high school and teenagers, ages 16-19, not enrolled in school and not a high school graduate.

Discussion

According to the U.S. Department of Education's 1997 Report, "Drop Out Rates in the United States," which was completed by the National Center for Education Statistics, the economic consequences of leaving high school without a diploma are severe. On average, dropouts are more likely to be unemployed than high school graduates are and they will earn less when they secure work. In addition, dropouts are more likely to receive public assistance and make up a disproportionate segment of the nation's prison population.

The percentage of Maryland students, grades 9-12, that withdrew from school before graduation or before completing an approved educational program was at 4.16%, in 1999; 4.05% in 1998; 4.66% in 1997; 4.95% in 1995 and 5.36% in 1993. Maryland's dropout rate is among the lowest in the nation. There has been improvement in the past decade, however, the number of students who do not complete school remains high.

The same report by the U.S. Department of Education in 1997 reflects a strong correlation between family income and dropping out of high school. Evidence suggests that the problem is partially tied to the level of economic resources. In 1997, dropouts from high-income families comprised less than 2% of the national dropout total. Dropouts from middle income families comprised about 4% of the national total and dropouts from low-income families comprised just over 12% of the total. Hispanic and African-American families are disproportionately represented at the lower end of the economic ladder.



*Maryland-% of students grades 9-12 who withdrew from school before graduation or completing an approved eduational program.
National-% of students enrolled in grades 10-12 one year earlier who were not enrolled and not graduated in in the year for which the data are presented; national data is not available for 1997-99.

In The Field

Maryland's Tomorrow Dropout Prevention Program provides year round, multi-year, supplemental instruction, student support, case management, and enrichment to help more than 7,200 at -risk youth to graduate. Middle school programs include academic support and intensive case management to stabilize student behaviors that interfere with learning. Family and community involvement is a crucial component of the middle school and high school effort.

High School Program Completion

Indicator

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

Definition

The percent of public high school graduates who complete minimum course requirements needed to enter the University System of Maryland; career and technology program requirements, or 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 requirements to enter the University System of Maryland:

	University System of Maryland	Career & Technology Education Programs	Both
1991	43.5%	13.6%	2.5%
1992	42.5%	17.5%	2.4%
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%

Data Sources

Data are collected by the Maryland State Department of Education (MSDE) through the Maryland School Performance Assessment Program (MSPAP). Data are available on the state, school system, and school levels. Data are reported by jurisdiction.

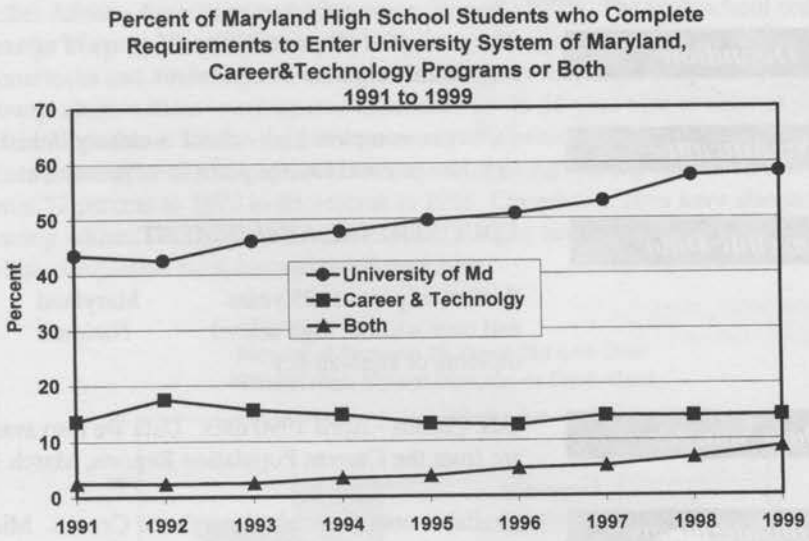
Considerations

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

In 1992, the State Board of Education adopted new, tougher graduation requirements in an effort to ensure that all graduates leave school with specific preparation for further education, employment, or both. The data for the class of 1997, the first cohort of students to be required to meet the new requirements, indicate that the diploma is acquiring greater meaning, as the State Board intended. The College Board reported in 1997 that 49% of Maryland's high school seniors who took the Scholastic Aptitude Test (SAT) had taken a full academic load in high school (20 yearlong courses in core subject areas), compared with 43% nationally.

The percent of high school graduates in Maryland who meet the requirements to enter the University System of Maryland and Technology programs is rising. In 1999, 58.3 percent of graduates had met the requirements for admission into the University of Maryland System, up from 42.5 percent in 1992.



In The Field

The Local Management Board of St. Mary's County hosts *The Young Parents Network*. This program provides support for teens with children, enabling them to finish school for a brighter future. One of the groups within The Young Parents Network is *Tomorrow's Child*, which offers in-school coaching for young fathers in Great Mills High School. This coaching assists the young fathers in focusing on their school work, achieving good test scores, completing school, and preparing them for the future. In addition, *Big Brothers/Big Sisters* is a Network partner which acts as a mentor for teen parents. *The Family Center,* another program within the Network, provides weekly after-school tutoring, job skills assessment, GED instruction, transportation and on-site childcare during tutoring time. Contact the Local Management Board of St. Mary's County at 301-475-4510.

High School Diploma

Indicator

The percent of persons over 25 years of age without a high school diploma or equivalent.

Definition

The percent of all persons over 25 years of age residing in Maryland who do not have a high school diploma or equivalent.

Significance

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

Baseline Data

EDUCATIONAL ATTAINMENT

		1990	1995
Percent of persons 25 years and over without high school diploma or equivalency	Maryland	21.6%	18.0%
	National	24.8%	18.3%

Data Sources

U.S. Census - April 1990 data. Data are also available on the county level. 1995 data are from the Current Population Reports, March 1995.

Considerations

Available once a decade through the Census. 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 18 to 24, who are not 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

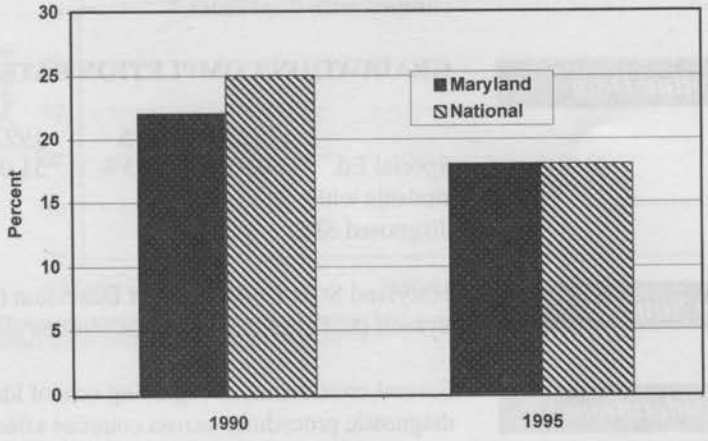
A high school diploma, or its equivalent, represents mastery of the basic reading, writing, and math skills a person needs to function in modern society. The percentage of young adults with a high school diploma or an equivalent credential is a measure of the extent to which young adults have completed a basic prerequisite for many entry-level jobs, as well as higher education.

Historically, most young adults complete high school by earning a regular high school diploma. In recent years the proportion of young adults who had earned an alternative credential is rising.

The most recent statistics for the High School Diploma indicator comes from the 1990 Census and 1995 Current Population Survey. Both in Maryland and nationally, the percentage of those 25 years old and over without a high school diploma or equivalent has dropped substantially. A related measure shows that, for 1997, 86 percent of young adults ages 18 to 24 who were not currently enrolled in high school had completed high school, either by obtaining a diploma or an alternative credential such as a General Education Development (GED).

High school graduates earn substantially more than persons who leave high school without graduating. Hispanics have had much lower high school completion rates than either African Americans or whites since the early 1970s. The high school completion rate for Hispanics in 1995 was only 63 percent, compared to 85 percent for African Americans and 90 percent for whites. This suggests that many Hispanic youth and young adults will be less prepared than other 18- to 24-year-olds to enter or progress in the labor force. While completion rates for Hispanics have remained fairly constant since the early 1970s, completion rates for African Americans have risen dramatically, from 72 percent in 1972 to 85 percent in 1995. Completion rates have also increased among whites, but to a lesser extent, so that the gap between African Americans and white completion rates has narrowed over time.

Percent of Persons 25 Years Old and Over Without High School Diploma or Equivalent



In The Field

Through *Career Connections*, Maryland's school-to-career initiative, schools involve the whole community to better prepare students for the career and educational opportunities of tomorrow. Students experience rigorous and challenging classroom instruction linked to relevant real-world experiences, such as internships or mentoring. Students interests are better engaged and the relevancy of the skills they are learning inspire a better commitment to complete school to achieve a better career or further education. Contact MSDE at 410-767-0100.

Graduation/School Completion of Children With Serious Emotional Disturbances (SED)**

Indicator

Percent of children with SED who graduate/complete high school.

Definition

Percent of children with SED who exit special education by graduating or completing school. The denominator does not include those students with SED 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, 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 serious emotional disturbances have the highest school dropout rate of any group of children with disabilities.*

Baseline Data

GRADUATION/COMPLETION RATE, Exit Data

	1995	1996	1997	1998	1999
Special Ed. students with diagnosed SED	50.9%	53.5%	51.0%	54.4%	61.2%

Data Sources

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

Considerations

Several considerations regarding school identification of children with SED: a) differing diagnostic procedures across counties affect SED enrollments and b) other characteristics of the population and available resources also affect both 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. While there are national estimates of the rates of different mental illnesses among children, it would be difficult to apply these with any confidence to Maryland's counties. The Mental Health Association of Maryland also recommends comparing the high school graduation rate for SED children to the graduation rate for the general population.

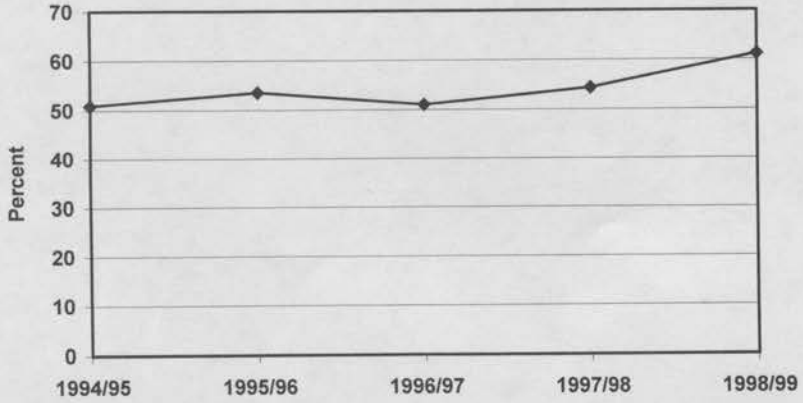
* The National Mental Health Associations's 1993 Report, All Systems Failure.
** Referred to as Emotional Disturbances (ED) with passage of IDEA.

Discussion

According to the Biennial Report of the Program for Children with Serious Emotional Disturbances (SED) in the United States, high school students with SED have a much lower grade point average than other students, perform far worse on (or fail) competency tests at a much higher rate than other disabled students (or the student population in general), and they leave school without graduating or fail to complete established programs at rates that often approach 60% in many states across the nation. While there continues to be considerable room for improvement, the graduation/school completion rate in Maryland for Special Education Students diagnosed with SED exceeds the national average by 6% for the 1996-1997 academic term.

In an effort to increase the number of high school graduates with SED and to enhance the quality of life for the students and their families, the Maryland State Department of Education 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 SED children, fostering better interagency relations, and providing technical assistance to local school systems and state operated programs to assure appropriate and necessary staffing for SED educational services.

Percent of Children with Serious Emotional Disturbances who Exit Special Education* by Graduating or Completing School 1994 to 1999



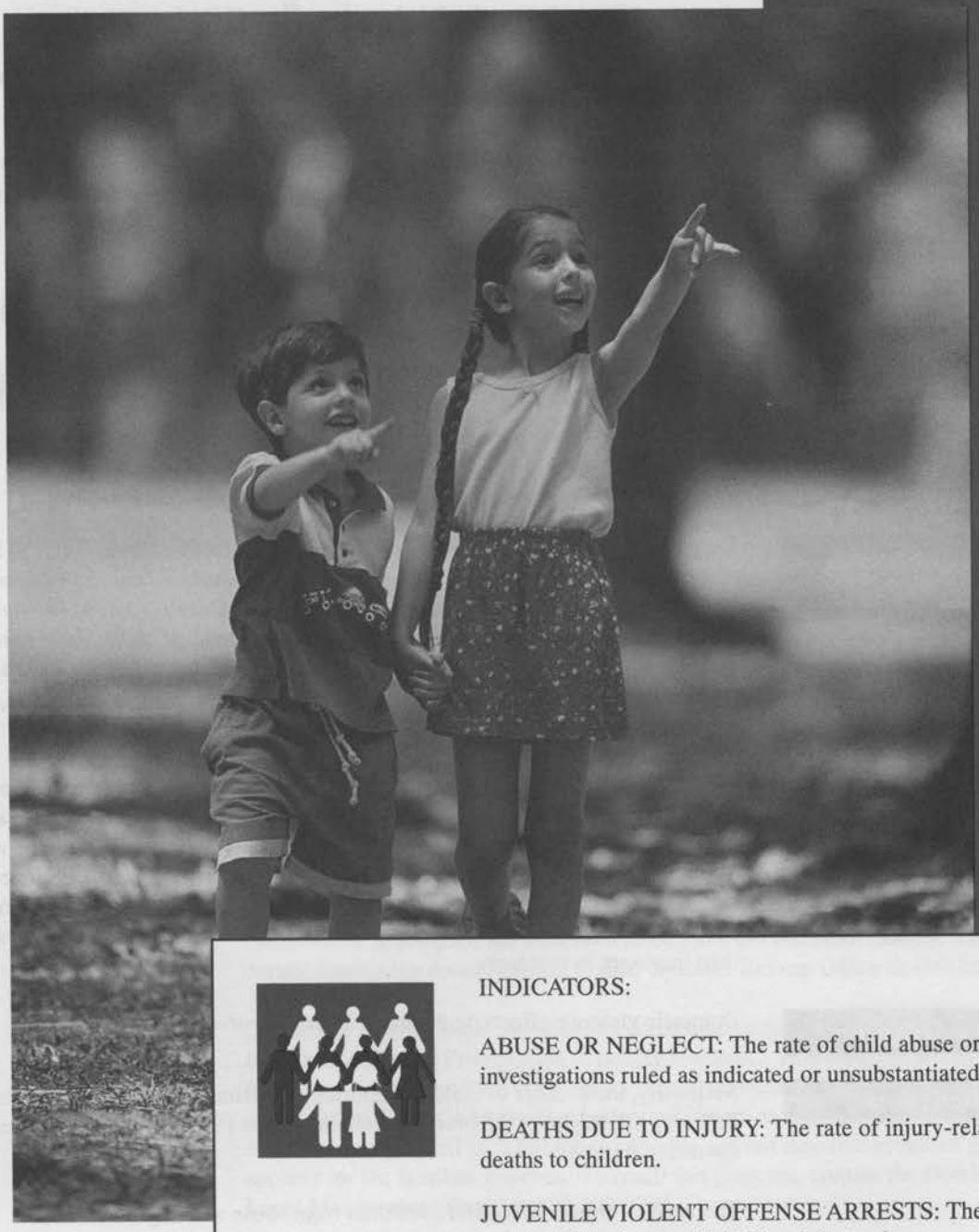
*The denominator excludes those students with SED who exited the program to return to general education or to transfer to another program.

In The Field

Maryland State Department of Education's (MSDE) *Division of Rehabilitation Services (DORS)* has regional offices across the state. Operating under the Federal Rehabilitation Act, DORS empowers individuals with disabilities to live productive and independent lives. DORS is one of the programs around the state established to serve students with SED by assessing the nature of the students' needs and tailoring appropriate services that will lead to graduation and future employment. Contact MSDE at 410-767-0100.

Maryland also has ten (10) state colleges and universities that have established *Special Education Programs* including Bowie, Coppin, Goucher, Hood, Johns Hopkins, Loyola, Towson, University of Maryland College Park, University of Maryland Eastern Shore, and Western Maryland. In addition, the University of Maryland College Park also has an approved program for individuals with multiple or more severe disabilities. For more information, contact MSDE at 410-767-0100.

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 crimes.

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 clients 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 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 -- abuse did not occur).

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 than other children for delinquency and mistreatment of their own children are.

Baseline Data

RATES OF INDICATED AND UNSUBSTANTIATED CHILD ABUSE AND NEGLECT

Rate per 1,000	1994	1995	1996	1997	1998
Indicated	7.7	7.6	7.1	7.0	5.8
Unsubstantiated	9.3	6.1	6.0	6.4	5.7
Total	16.9	13.7	13.2	13.4	11.5

Data Sources

Department of Human Resources (DHR) Child Protective Services (CPS) Statewide Automated Tracking System. Data are available by jurisdiction and by type of abuse. DHR/CPS does not track the number of investigations ruled out. At the state level investigations are counted by household, not by individual child, since statewide data on individual children involved in CPS investigations are not available. Data are not currently available by child, age, gender, race/ethnicity, maltreatment type, or relationship of perpetrator to victim.

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. The number of CPS investigations undertaken is also dependent upon staff and resource availability. Furthermore, a higher number of incident-based reports can reflect improvements in reporting systems rather than increases in incidents.

Related Measures

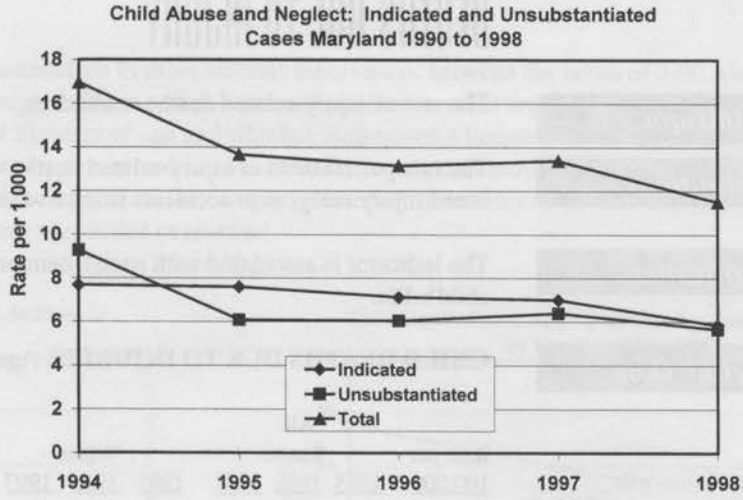
Domestic violence effects on children; Substance abuses.

Discussion

Nationally, the number of children reported as victims of child abuse and neglect is declining slightly over the four years leading up to 1997. Maryland has been following the national trend.

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.



In The Field

As a noted above, Maryland has many programs designed to provide a safer living environment for children at risk of being removed from their homes. One statewide program is *Family to Family*, funded by the Annie E. Casey Foundation, which believes a child in foster care is more likely to return home if placed with foster parents in the same or a nearby neighborhood so that the child's community ties are maintained. Contacts are maintained between foster parents, children, and birth parents. Another program, called the *Permanency Option*, promotes and subsidizes guardianship for children placed with relatives. When a child is placed with a relative, they may be willing to become the child's legal guardian if the child is unable to return home. Permanency Option provides a more stable living arrangement for children in out-of-home care. Contact the Governor's Office for Children, Youth, and Families at (410) 767-4160.

Anne Arundel County's *Kinship Care Support Groups* provide support, information, referral, and technical training to grandparents to help maintain grandchildren in their home. This alternative to out-of-home placement allows children to remain with family members. The program has four sites throughout the Northern County. For further details contact the Anne Arundel County Systems Reform Office at 410-222-7423.

Dorchester County *Youth Services* is a collaborative assistance initiative that offers Interagency Family Preservation to county residents. This program works with families as individuals and coordinates needed services throughout local agencies and organizations. This individualized attention fosters an environment of care and empowerment as well as, a reduction of stress and red tape that promises greater success for the families it serves. To reach this program, contact the Dorchester County Local Management Board at 410-228-0281.

Wicomico County hosts a program called *Caring Adults*, through their Salisbury's Promise Initiative. This abuse prevention program assists children in developing positive relationships with their parents, other caregivers or extended family members as well as, neighbors, coaches, teachers, child care workers, and youth workers. This positive, long-term contact with a mentor or family member will provide the beneficial relationship skills, intellectual nourishment, and caring guidance that they need to mature and learn. Contact Wicomico Partnership for Families and Children at 410-546-5400.

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 0-9, 10-19, 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.

Baseline Data

CHILD DEATHS DUE TO INJURIES, Ages 0-19

Rate per 100,000	All Races			White			African American			All Other Races		
	1995	1996	1997	1995	1996	1997	1995	1996	1997	1995	1996	1997
Accidents	15	12	11	15	10	9	17	18	16	9	3	3
Homicide	10	8	8	2	1	1	29	24	22	0	2	8
Suicide	2	2	2	2	2	2	3	1	1	3	3	0

Data Sources

All hospitals report discharges to the Health Services Cost Review Commission (HSCRC). These data sets are used by the Office of Injury and Disability Prevention (OIDP) of the Department of Health and Mental Hygiene (DHMH) to produce standardized county profiles that include reports on child hospitalization and death. Data on children are available by the age brackets 0, 1-4, 5-9, 10-14, and 15-19. OIDP does not use a standardized reporting mechanism, but instead encourages users to select for specific injury groups.

Considerations

The data can be stratified by age and county. It may be desirable to use multi-year averaging and trend lines as well as large age brackets in small jurisdictions. It also may be desirable to select certain diagnoses/E-codes to track. Further, it is important to note that the coding for external cause of injury is not reliable enough to indicate whether a child's injury-related death was due to abuse or neglect.

Related Measures

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

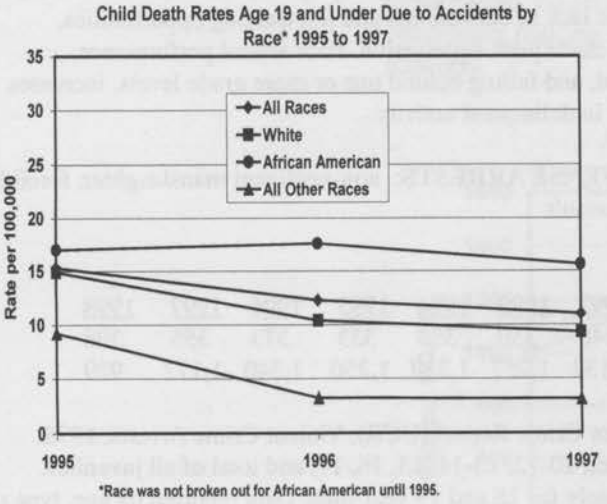
A tracking system to collect data on incidence rates of injuries requiring emergency room care by type of injury has just been initiated and first data will be available in 2000. At that point, this measure could be added as an indicator of child health. An effort is also underway to establish a Child Fatality Review Commission (CFRC) in every county.

Discussion

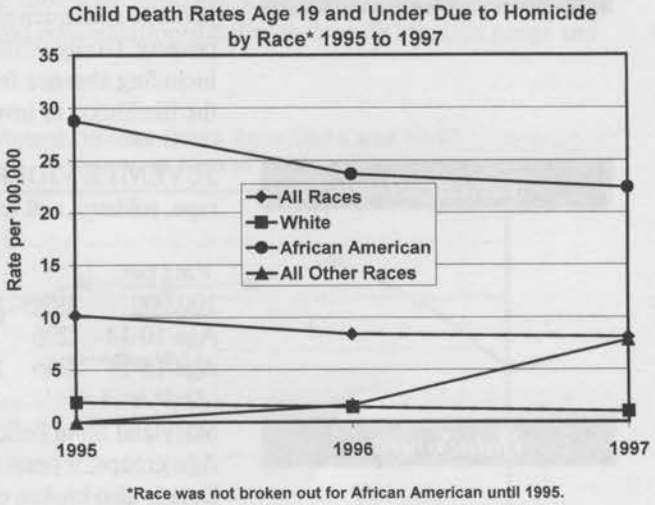
Deaths due to injury focus on the following causes: accidents, homicides, and suicides. Maryland statistics for ages 19 and under regarding both deaths due to homicide (for all races) and deaths due to accidents (for all races) reflect a measurable decline between 1995 and 1997.

Deaths due to injuries from motor vehicle accidents surpass all other categories combined. In order to reduce number of fatalities in this area and to ensure that young drivers obtain broader experience, the Motor Vehicle Administration initiated a Rookie Driver Graduated Licensing System earlier this year. Maryland teens must now have a learner's permit for four months, maintain a conviction-free driving record, and complete a standardized driver education course prior to becoming eligible for a provisional license. Upon receiving the provisional license, teenage drivers less than 18 years of age

are authorized to drive without supervision, between the hours of 5:00 AM and 12:00 midnight. Driving after hours will require an adult supervisor in the vehicle who is at least 21 years of age and who has maintained a license for a minimum of 3 years. In addition, provisional license holders convicted of moving violations are required, under the new regulations, to complete remedial driver education classes and/or have the license suspended or revoked.



*Race was not broken out for African American until 1995.



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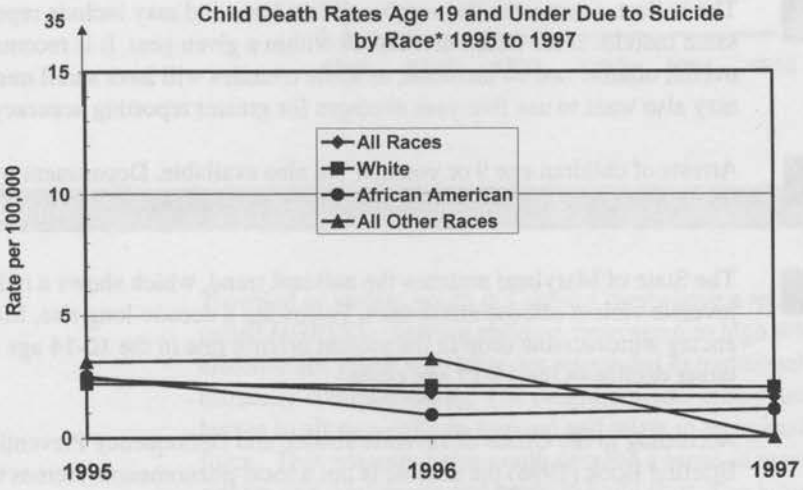


*Race was not broken out for African American until 1995.

In The Field

Through the Department of Human Resources (DHR) *Intensive Family Services (IFS)* program, families in crisis receive in-home services to assist them. Such services may include counseling, training in parenting skills and child development, crisis intervention and purchase of necessary goods such as food, clothing, and shelter. This program offers assistance 24 hours a day, and seven days a week for up to 90 days. For more information call 1-800-332-6347.

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 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

Rate per 100,000	1990	1991	1992	1993	1994	1995	1996	1997	1998
Age 10-14	296	316	346	350	353	333	373	355	308
Age 15-17	996	1,131	1,133	1,257	1,239	1,250	1,340	1,177	929

Data Sources

Maryland State Police Uniform Crime Report (UCR), Violent Crime Arrests, 1998. Age groups: 9 years or younger, 10-12, 13-14, 15, 16, 17, and total of all juveniles. Data is 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. 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.

Related Measures

Arrests of children age 9 or younger are also available. Department of Juvenile Justice (DJJ), Statistical Report, contains data on recidivism rates.

Discussion

The State of Maryland matches the national trend, which shows a reduction in the juvenile violent offense arrest rates. Following a decade-long rise, Maryland is experiencing a measurable drop in the violent offense rate in the 10-14 age range and an even larger decline in the 15-17 age range.

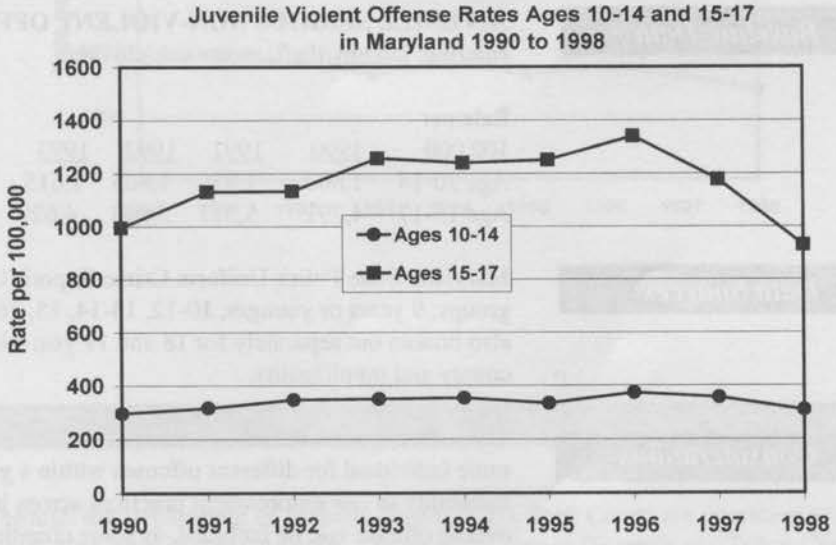
According to the Office of Juvenile Justice and Delinquency Prevention, FBI Statistical Briefing Book (1998) the decline is not a local phenomenon. Across the nation, there was a decline for persons under age 18 in Murder and Non-negligent Manslaughter (Down 16% in 1997); Forcible Rape (Down 2% in 1997); Robbery (Down 8%, in 1997); and Aggravated Assault (Down 8%, in 1997). In fact, the entire Violent Crime Index in the age group was down by 4%.

Nationally, a factor that could be slowly helping to change the direction of youth violence is the advent of youth courts around the nation. According to the American Probation and Parole Association (National Criminal Justice and Reference Service), teen court programs serve dual functions. In addition to being a mechanism for holding youthful offenders accountable and educating them about the legal system, teen courts

provide youth in the community with an avenue for developing, enhancing, and practicing life skills. Specifically, teen courts:

- Help youth realize they will be held accountable for their behavioral problems;
- Educate youth on the impact their actions have on themselves and others;
- Build competencies by providing instruction on how to communicate & resolve problems; and
- Provide a meaningful forum for youth to practice & enhance new competencies.

Other factors suggested for the downward trend nationally include increases in community policing funding and consolidation/stability in drug distribution gangs and networks.



In The Field

Troubled or violent youth in Carroll County have a special program that they can attend called *HORSES*. Serving children from age 6 to high school, HORSES is particularly effective for youth who have not responded to traditional means of therapy or have difficulty communicating. The program works with youth, a program counselor and horses to allow a child to respond and relate to an animal in a way that does not involve force. This program helps youth develop a sense of responsibility, increase their self-esteem and confidence and begin to build trust. The horsemanship component of the program allows the counselor to introduce such therapies as anger management, communication skills, and behavior with consequences. Contact Carroll County Local Management Board at 410-848-9707.

Juvenile Serious Non-Violent Offense Arrests

Indicator

The rate of arrests of youth ages 10-17 for 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 & entering, larceny/theft, motor vehicle theft

Rate per 100,000	1990	1991	1992	1993	1994	1995	1996	1997	1998
Age 10-14	1,803	1,938	1,805	1,615	1,780	1,610	1,712	1,599	1,370
Age 15-17	4,791	5,311	5,048	4,620	5,113	4,665	4,743	4,317	3,899

Data Sources

Maryland State Police Uniform Crime Report (UCR), Part I offenses, 1998. Age groups: 9 years or younger, 10-12, 13-14, 15, 16-17, and total of 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

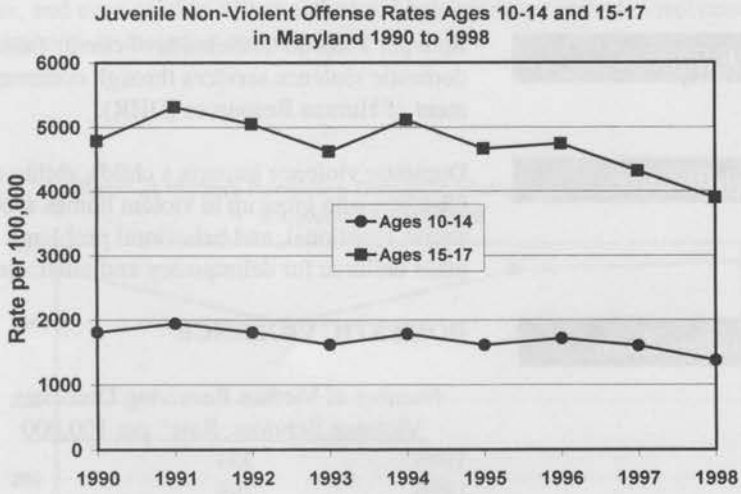
The indicator measures the number of incidents and may include repeated arrests of the same individual for different offenses within a given year. There also may be high variability in law enforcement practices across jurisdictions. It is recommended that an overall offense rate be included, as some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

Related Measures

Data are also available on ages "9 and under" juvenile serious non-violent offense arrests. Department of Juvenile Justice (DJJ), Statistical Report, contains data on recidivism rates.

Discussion

The rate of Juvenile Non-Violent Offense Rates for ages 10-14 and 15-17 has begun to reflect a gradual decrease from 1991 through 1998. While it is difficult to identify specific reasons as to the cause of the decline in the rate of non-violent offenses it is clear that for young Marylanders ages 15-17 the rate has dropped from a high of approximately 5,310 offenses per 100,000, in 1991 to approximately 3,900 offenses per 100,000, in 1998. The rate decline for youngsters aged 10-14 is equally promising, dropping from a high of 1,940 offenses per 100,000, in 1991 to approximately 1,370 offenses per 100,000, in 1998. For each age group there have been measurable changes in offense areas that include breaking/entering, larceny/theft, and vehicle theft.



In The Field

Through the Department of Juvenile Justice (DJJ), Teen Courts are operating across the State. Currently in Anne Arundel, Montgomery, Prince George's and Talbot Counties, as well as Baltimore City, Teen Courts train student volunteers to conduct trials of their peers and give out appropriate sanctions for offenses committed in public schools. These volunteers go to a "law school" to learn the skills necessary to qualify as attorneys, bailiffs, clerks, and jurors. The sanctions they dole out include community service and counseling. The idea behind this is to keep first-time offenders from getting a criminal record and to teach responsibility for one's actions and other valuable life skills. Contact the Governor's Office for Crime, Control, and Prevention at 410-321-3521.

The Southern Calvert County Neighborhood Youth Panel and the *Calvert Opportunity Program for Youth Panel (COPY)* redirects first-time misdemeanor offenders from the formal juvenile justice system. Community volunteers such as retirees, professionals, homemakers, and teachers form the panel under the coordination of the Department of Juvenile Justice. The panel enters into a contract with the offender, parent, and victim, and assigns consequences for each individual misdemeanor offense. Contact the Calvert County Local Management Board at 410-414-5997 for more information.

Harford County's, *Children In Need of Supervision (CINS)* diversion program, offers children an alternative to the formal involvement with the juvenile justice system. The program is a ninety-day, community-based service, which includes individual and family counseling, group service, parenting classes, mentoring, tutoring, crisis intervention, problem solving, and conflict resolution as needed. Contact the Harford County Family Systems Reform Initiative at 410-638-3166.

Domestic Violence

Indicator

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

Definition

Rate per 100,000 households of clients (most often adult family members) receiving domestic violence services through community-based programs funded by the Department of Human Resources (DHR).

Significance

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

Baseline Data

DOMESTIC VIOLENCE

	Number of Victims Receiving Domestic Violence Services, Rate* per 100,000
1995	334
1996	299
1997	333
1998	338

*Rate based on estimated number of households in Maryland

Data Sources

Department of Human Resources (DHR), Community Services Administration (CSA), Office of Transitional Services (OTS).

Considerations

These data provide incomplete coverage of the population. (For example, victims may report to police and/not to the OTS Domestic Violence Program, therefore not be included in OTS data.) Other domestic violence programs (privately funded) may also exist in a community but are not included in this measure.

Discussion

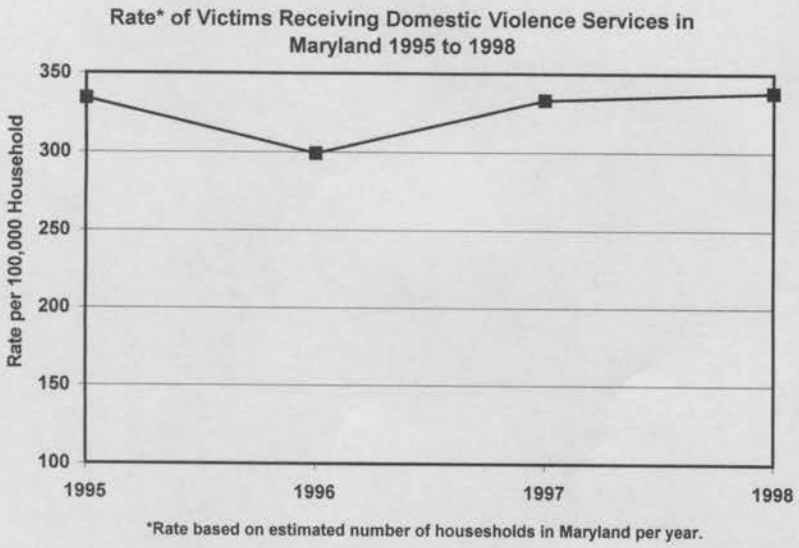
Domestic violence is recognized globally as a leading cause of death for women ages 14 to 44. In the United States, a woman is beaten every 15 seconds. Nearly one-third of all women murdered in the United States are killed by their husbands, former husbands, or boyfriends.

Effects of domestic violence on children are well documented:

- 79% of violent children have witnessed violence between their parents;
- A comparison of delinquent and non-delinquent youth found that a history of family violence or abuse is the most significant difference between the two groups;
- 50% of the men who frequently assaulted their wives also frequently abused their children;
- Child abuse is 15 times more likely to occur in families where domestic violence is present.

The younger the child, the greater the threat to healthy development. As the child grows older, years of witnessing domestic violence take their toll. Witnessing violence is stressful. Children who witness violence at home display emotional and behavioral disturbances as diverse as withdrawal, low self-esteem, nightmares, self-blame, and

aggression against peers, family members, and property. Older children are at risk for such problems as alcohol or drug abuse, physical conflict in their own relationships, anorexia, and even suicide. Other anti-social behavior may include involvement with gangs, truancy, or dropping out of school.

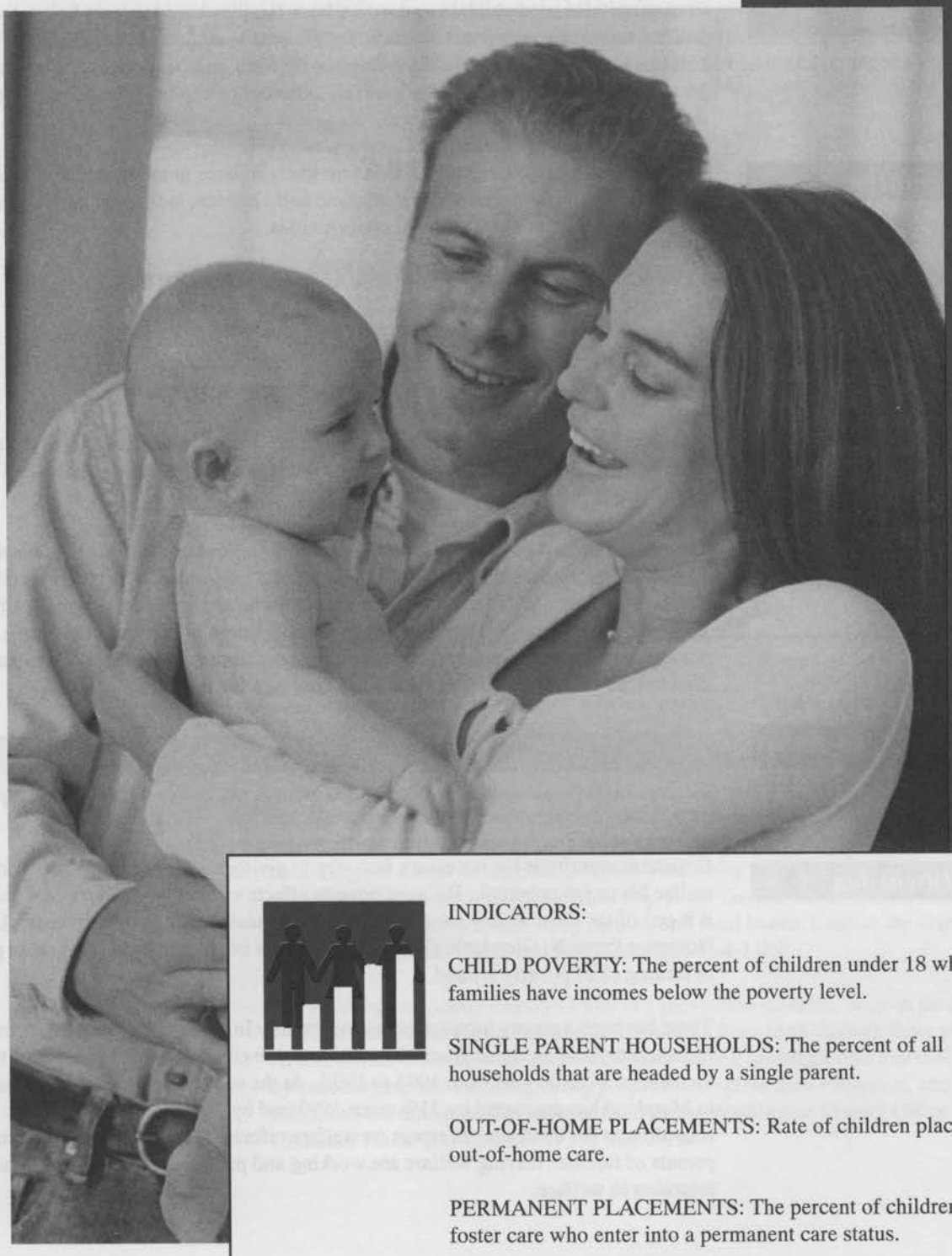


In The Field

A number of groups in Maryland are working to strengthen and extend the protections for the victims of domestic violence, including *Legislative Agenda for Maryland's Women, The Maryland Network Against Domestic Violence,* and *the Maryland Commission for Women*. Childcare providers and advocates urge increased interaction between domestic violence shelters and child welfare agencies, as well as positive role models for children to resolve conflict without violence.

Cecil County's *Silence Hurts* is a program that provides outreach to victims of domestic violence or sexual assault within the geographically isolated area of "Rising Sun." Program staff works with churches, schools, businesses, and other groups to educate people on the issues of rape, sexual assault, and domestic violence as well as the resources available to them. For more information, contact Cecil County Department of Social Services at 410-996-0444.

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

PERMANENT PLACEMENTS: The percent of children in foster care who enter into a permanent care status.

HOMELESS ADULTS AND CHILDREN: Rate of homeless adults and children served by programs funded by the Department of Human Resources.

Child Poverty

Indicator

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

Definition

Percentage of related children under 18 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

PERCENT OF CHILDREN UNDER AGE 18 IN POVERTY

	1989	1993	1995	1997	1998
Maryland	11.3%	15.1%	13.2%	13.4%	6.9%
National	19.6%	22.7%	20.8%	19.2%	18.3%

Data Sources

U.S. Bureau of Census. Child poverty rates at the State and sub-state level are available once every ten years from the decennial census; annual estimates are produced based on the current population survey (CPS).

Considerations

The official federal poverty level reflects an austere level of existence. 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.

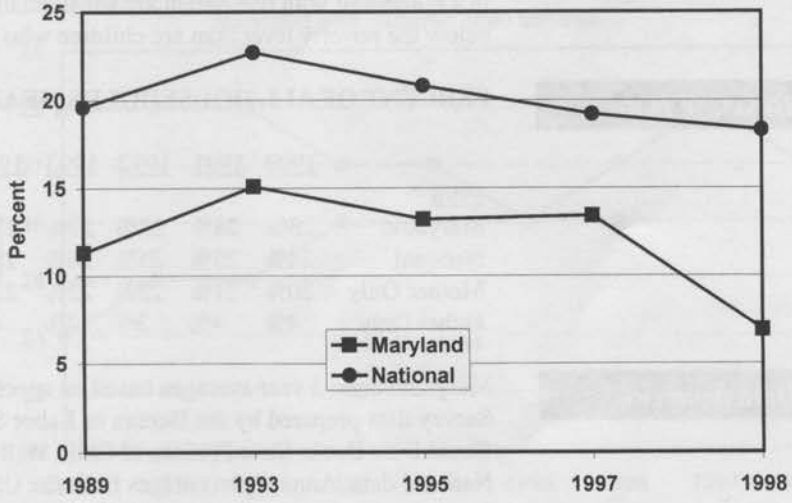
Discussion

Economic security is the necessary first step to giving a child the opportunity to fully realize his or her potential. Because poverty affects virtually every area of a child's life, it is one of the most widely used and powerful indicators of child well-being. Under Governor Parris N. Glendening's Administration, a number of indicators show promise in turning child poverty around.

There has been a steady increase in job availability in Maryland over the last six years. In fact, Maryland has gone from 41st to 16th in job creation since 1995 with a total increase of 141,400 jobs from 1995 to 1998. At the same time, the unemployment rate in Maryland has decreased by 31% since 1992 and by 10% from 1997 to 1998. Finally, according to the third interim report on welfare reform, exit studies show that most parents of families leaving welfare are working and preserving their families, not returning to welfare.

The 1998 single year estimate for child poverty in Maryland, 6.9%, represents a statistically significant decrease from the 1997 estimate of 13.4%, and also makes Maryland the state with the lowest estimate for child poverty. 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. Multi-year averages should be used to identify reliable trends and to set performance goals. Nonetheless, the recent estimate shows signs of great promise. Census 2000 results are needed to reflect more accurately the current status of child poverty.

Percent of Children Under Age 18 in Poverty in Maryland and National 1989, 1993, 1995, 1997, 1998



In The Field

The Garrett County Individual Development Accounts: Asset Builders encourages systematic savings by low income working families and individuals. These families build tangible assets through the program's matching funds and money management workshops. The programs are a partnership of the Garrett County Local Management Board, Garrett County Community Action, and local banks. Contact the Garrett County Office for Children, Youth, and Families at 301-334-1189.

The Washington County Family Center is a prevention-oriented, drop-in program, which serves expectant parents and their children from birth through three years. The *Family Center* interrupts the cycle of poverty among at-risk parents and their children by encouraging and enabling young people to complete their education, acquire job skills, and become effective parents. Contact the Washington County Office for Children, Youth, and Families at 301-791-3486.

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 generally linked to the amount and quality of human and economic resources available to that child. In addition, 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

	1990	1991	1992	1993	1994	1995	1996	1997	1998
Maryland	28%	28%	28%	27%	27%	26%	26%	NA	NA
National	24%	25%	25%	26%	26%	26%	27%	28%	27%
Mother Only	20%	21%	22%	22%	22%	22%	22%	23%	22%
Father Only	4%	4%	3%	4%	4%	4%	5%	5%	5%

Data Sources

Maryland data: 3 year averages based on special tabulations of Current Population Survey data prepared by the Bureau of Labor Statistics and published in the 1999 Kids Count Data Book: State Profiles of Child Well-being (The Annie E. Casey Foundation). 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.

Considerations

Jurisdiction breakdowns are not available.

Related Measures

Current Population Survey (CPS) data from the U.S. Bureau of the Census provides national figures annually for family structure, the percentage of children under age 18 by presence of parents in household, 1980 through 1998. 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.

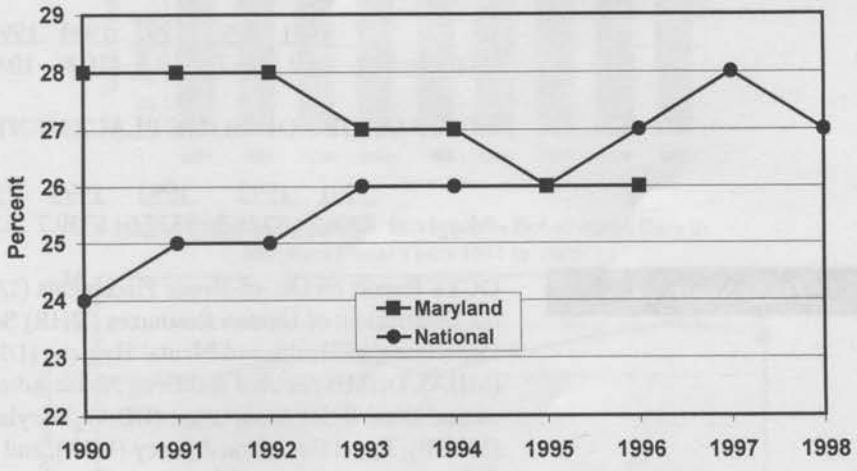
Discussion

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 number 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. 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. The public policy debate around these issues is difficult because people have strong feelings and opinions about how family structure should be addressed in the face of these critical challenges.

The facts remain, however, that increasing numbers of children are growing up in single parent households. 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 1990 to 1998



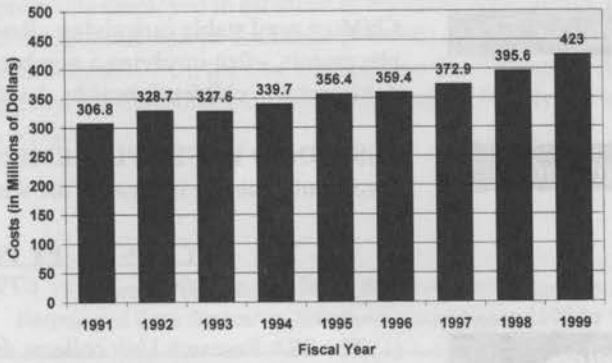
*1997 and 1998 data for Maryland is unavailable.

In The Field

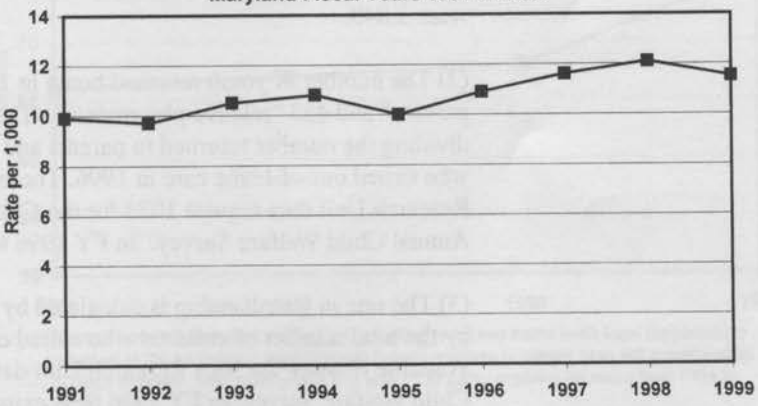
Howard County's Department of Citizen Services has an initiative called the *Child Care Resource Center* that, while available to all Howard County residents, is especially helpful to single parent households. This Resource Center is designed to improve the accessibility to available and affordable childcare. Contact the Child Care LOCATE LINE at 410-313-1930 or the Howard County Local Children's Council at 410-313-1940.

Some hope in ebbing the tide of out-of-home placements has been seen in the area of family preservation services. The rate of children entering paid out-of-home placements targeted by Maryland's interagency family preservation services (paid foster care excluding conversions from non-paid relative care, mental health public residential treatment facilities, education non-public placements, and juvenile justice placements for committed youth), is 5.2 for Fiscal Year 99 and has not seen any annual increases since Fiscal Year 1991.

Costs of Out-of-Home Placement in Maryland



Rate of Children Under Age 18 Placed in Out of Home Care in Maryland Fiscal Years 1991 to 1999



This information includes data from DJJ, DHR, DHMH(MHA, DDA, ADAA), and MSDE. DDA data for 1991 is not available. DHR FY 1993-98 includes Kinship Care.

In The Field

The Department of Human Resources (DHR) has a comprehensive group of employment and supportive service programs designed to promote the involvement of fathers in the lives of their children. There are five models in place across the State: *Young Fathers, Access and Visitation Mediation, Partners for Fragile Families, the Responsible Fatherhood Demonstration Project* and *Absent Parent Program*. For detailed information about any of these programs or where they are available, please contact DHR 1-800-332-6347.

The local Departments of Social Services and Local Management Boards provide family prevention services. *Family Preservation Program* seeks to prevent the removal of a child from his/her family. Through an empowering, strength-based approach, workers attempt not only to resolve the immediate crisis but also to educate the family to manage their own issues. Services include individual and/or family counseling, teaching household management skills, parenting skills, and daily living skills. Contact local Departments of Social Services or a LMB.

Permanent Placements

Indicator

The percent of children in foster care who enter into a permanent care status.

Definition

Permanent care status as defined by (1) adoption, (2) returned home (with legal responsibility returned to the parents), or (3) guardianship (where relatives or others have full guardianship in place of the State). Permanent foster care is when the court has sanctioned by name a kin or non-kin foster parent. When a child returns home, legal responsibility usually is returned to parents 3-6 months after a child returns to the home.

Significance

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

Baseline Data

SUSTAINED YOUTH PLACEMENTS
Percent of Children in Foster Care who Enter Into Permanent Care Status

	FY 1996	FY 1997	FY 1998	FY199
Maryland	66%	67%	68%	76%

Data Sources

(1) The SSA Research Unit collects data on public agency adoptions from court records. The adoption rate is calculated by dividing the number of adoptions by the number of foster care and kinship care exits in 1996 and 1997. For FY 1997 total exits were 3,840.

(2) The number of youth returned home in 1996 includes 1,466 youth who "return to parents" and 453 "relative placements". The rate returned home is calculated by dividing the number returned to parents and relatives by the total number of children who exited out-of-home care in 1996. These data are available through the SSA Research Unit data request 1023 for the Child Welfare League of America (CWLA) Annual Child Welfare Survey. In FY 1996 total exits were 3,820.

(3) The rate in guardianship is calculated by dividing the number placed with guardians by the total number of children who exited out-of-home care in 1996. Data is also available through the SSA Research Unit data request 1023 for the CWLA Annual Child Welfare Survey. In FY 1996 total exits were 3,820.

The SSA AMF/CIS database and CWLA Annual Child Welfare Survey are used to track data on out-of-home 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. Similarly, limited agency capacity to implement permanency plans may increase the amount of time children spend in temporary placements. Counties with low rates may want to use multi-year averaging.

Related Measures

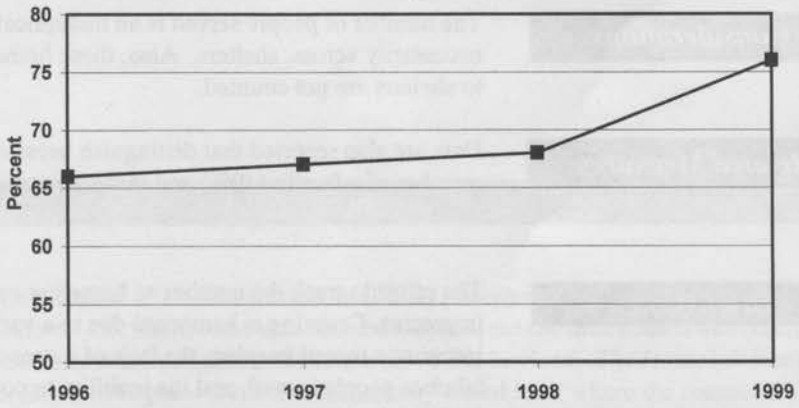
DHR/SSA tracks the number of youth placements in Foster Care Family Care, Foster Care Purchase of Care, Kinship Care, Pre-Adoption Services, and Treatment Foster Care. Also, the Office for Children, Youth, and Families (OCYF) tracks youth in out-of-home care placed by DHR/SSA, DHMH/MHA, DHMH/ADAA, DHMH/DDA, MSDE/LEA, and DJJ. The decennial census counts the number of children who live away from their families in group quarters. These data include the children in the welfare system, corrections, and mental health. Census data are available by county, city, and census tract.

Discussion

While the number of children who achieve permanent placements via adoption, reunification with parents or through stable guardianship foster care placements has increased steadily during the past few years, the number of children remaining in foster care placement is high. Government agencies, private entities, public/private partnership and religious organizations have documented numerous advantages of having children grow up in families who provide love, nurturing, security, stability and safety.

Among the programs employed to establish or maintain permanency for children are the Maryland Adoption Resource Exchange (MARE), the Interstate Compact on the Placement of Children (ICPC), the One Church One Child Program (OCOC), the Adoption Registry, the Subsidized Guardianship Project, Family to Family, and family preservation services.

The Percent of Children in Foster Care Who Enter Into a Permanent Care Status* in Maryland Fiscal Years 1996 to 1999



***Permanent care status as defined by: adoption, returned home (with legal responsibilty returned to the parents) or guardianship (where relatives or others have full guardianship in place of state). New method starting with FY99 partly explains increase from FY98 to FY99.**

In The Field

When families are in crisis, with the high risk of having children removed, the *Families Now* program of the Department of Human Resources (DHR) can help. The program creates an individualized, in-home, assistance schedule with the family involved. A social worker/associate team is available 24 hours a day, seven days a week for all family members and has access to flexible funds for basic purchases as needed, to maintain the child safely in their home. For more information, contact DHR at 1-800-332-6347.

Homeless Adults and Children

Indicator

Rate of homeless adults and children served by programs funded by the Department of Human Resources.

Definition

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

Significance

Families cannot achieve economic self-sufficiency without stable housing conditions.

Baseline Data

RATE OF HOMELESS ADULTS AND CHILDREN SERVED
Rate of Adults and Children Receiving Homeless Services

Rate per	Fiscal Year							
100,000	1991	1992	1993	1994	1995	1996	1997	1998
Maryland	894	1,023	1,033	916	1,025	829	834	791

Data Sources

DHR/CSA Office of Transitional Services collects data from all shelter programs in Maryland. Data are reported by the following age groups: 0-17, 18-30, 30-60, 61+.

Considerations

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

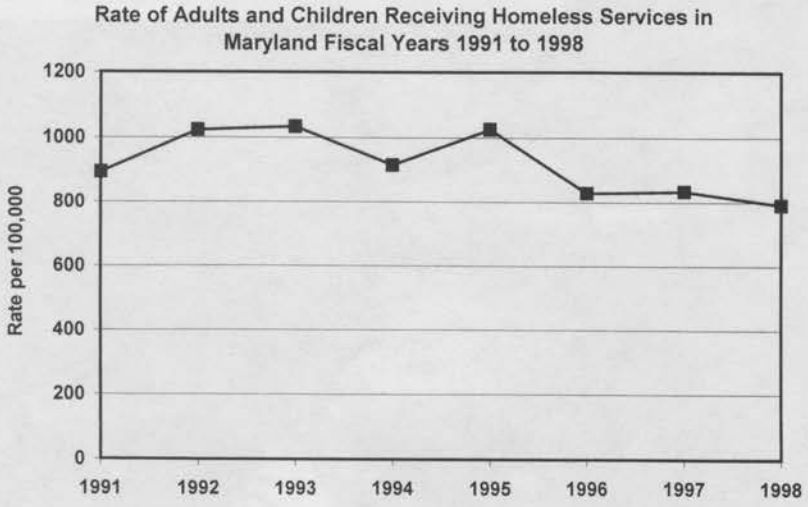
Related Measures

Data are also reported that distinguish between percentage of persons served as a member of a family (40%) and those served as a single individual (60%).

Discussion

The effort to track the number of homeless citizens during any period of time is at best imprecise. Counting is hampered due to a variety of factors including duplicate counts, inaccurate record keeping, the lack of a consensus on a uniform methodology to tabulate people served, and the inability to count people who remain out of available facilities by choice.

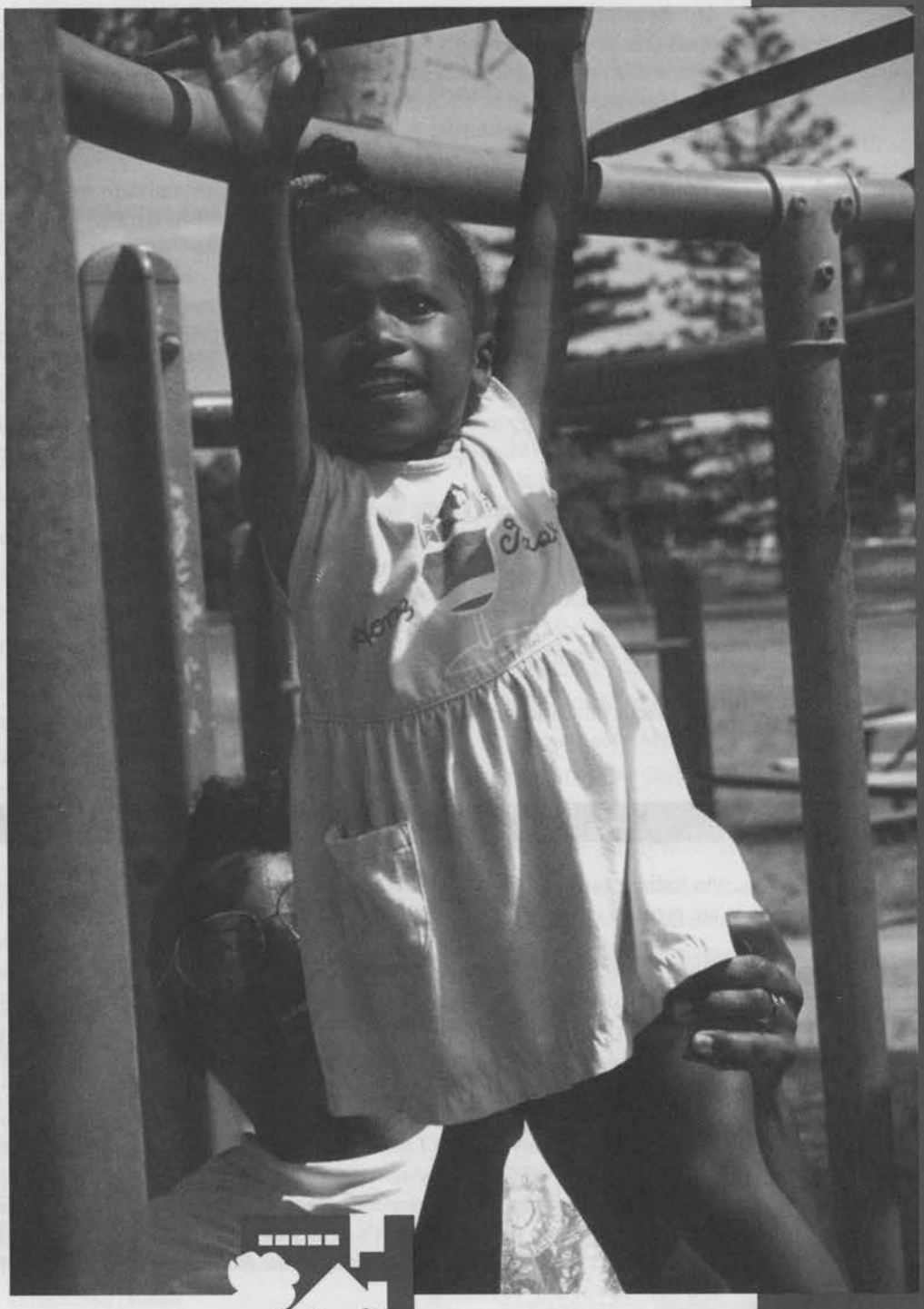
This indicator focused on people served in all shelter programs across the State. The graph supplied reflects a sizable decrease in the total number of homeless served between 1995 and 1998, with the most substantial decline between 1995 and 1996. The number served per 100,000 Maryland residents on record since 1987. A variety of factors probably contribute to the low number served including a period of unprecedented (and sustained) economic growth, relatively mild winters, near record employment, and home ownership that has reached its highest level ever.



In The Field

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. *The Homeless Women's Crisis Shelter Program* is run at a community-based level where the community's needs are best known. For further details contact DHR at 1-800-332-6347.

Communities Which Support Family Life



Communities Which 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

In The Field

As indicators for this result are determined by each community, the following programs are positive parenting programs that involve many collaborative partners.

Families First, in Queen Anne's County, is a network of services based upon the principles developed for Maryland's twenty-six Family Support Centers. Families First enhances young children's health through parenting, child development, and adult education. Contact the Queen Anne's County Local Management Board at 410-758-6677.

Through the Allegany County Local Management Board, families are able to enroll in two programs called *STEP* - Systematic Training for Effective Parenting and Next STEP. This voluntary learning series teaches a wide range of parenting and self-assurance classes to further a parent's ability to raise their children in a positive environment. For more information contact the Allegany Office for Children, Youth, and Families at 301-777-5691.

Glossary & 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 is all acronyms, abbreviations, or shortened names used within this book:

ADAA - Alcohol and Drug Abuse Administration

AMF/CIS - Automated Master File/Client Information System

ASPE - Assistant Secretary for Planning and Evaluation

CFRC - Child Fatality Review Commission

CHIP - Maryland Children's Health Insurance Program

CPS - Child Protective Services

CPS - Current Population Survey

CSA - Community Services Administration

CWLA - Child Welfare League of America

DDA - Developmental Disabilities Association

DHMH - Department of Health and Mental Hygiene

DHR - Department of Human Resources

DJJ - Department of Juvenile Justice

HSCRC - Health Services Cost Review Commission

ICAPPPs - Interagency Committees on Adolescent Pregnancy Prevention and Parenting

LBW - Low Birth Weight

LEA - Local Education Agency

LMB - Local Management Board

MARS - Modified Age, Sex and Race

MAS - Maryland Adolescent Survey

MSDE - Maryland State Department of Education

MSPAP - Maryland School Performance Assessment Program

NIS - National Immunization Survey

OCYF - Office for Children, Youth, and Families

OIDP - Office of Injury and Disability Prevention

OTS - Office of Transitional Services

SED - Serious Emotional Disturbances

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. If you wish to receive more detailed or additional information please access their Internet websites. The website addresses are as follows:

Federal Interagency Forum on Child and Family Statistics
http://www.childstats.gov

The United States 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

Department of Health and Mental Hygiene (DHMH)
http://www.dhmh.state.md.us

DHMH Community and Public Health
http://www.dhmh.state.md.us/cpha/

DHMH Alcohol and Drug Abuse Administration
http://www.dhmh.state.md.us/adaa/

Department of Human Resources (DHR) http://www.dhr.state.md.us

DHR, Social Services Administration, Child Protective Service
http://www.dhr.state.md.us/cps/

DHR, Social Services Administration, Child Protective Service Statistics (Need Adobe Acrobat Reader) http://www.dhr.state.md.us/cps/stats.pdf

DHR, Maryland Child Support Enforcement Program,
http://www.dhr.sailorsite.net/csea/index.htm

DHR, Community Services Administration,
http://www.dhr.sailorsite.net/csa/csa.htm

DHR, Office of Transitional Services,
http://www.dhr.sailorsite.net/trans-serv.htm

Department of Juvenile Justice (DJJ) http://www.djj.state.md.us

Maryland State Department of Education (MSDE) http://msde.state.md.us

MSDE, Maryland Public School Statistics 1998-1999
http://www.msde.state.md.us/factsndata/MDSchoolStats1998-1999.html

Maryland Public School Statistics 1999-2000
http://www.msde.state.md.us/factsndata/MDSchoolStats1999-2000.html

Annie E. Casey Foundation's Kids Count, http://www.kidscount.org/

To get up-to-date information about Maryland's results and indicators, the Governor's Office for Children, Youth, and Families (OCYF) has a helpful and user-friendly web site at **http://www.ocyf.state.md.us.** Complete access to the results and indictors can be found there.

READER'S SURVEY

As the first publication of Maryland's Results for Child Well-Being, your feedback or comments would be welcome and would help to make the next publication even better. Please feel free to fill out this form, and photcopy it to be faxed back to 410-333-5248, or e-mail a response to colleen@mail.ocyf.state.md.us.

☐ I found the book helpful and the data accurate:

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_____

☐ I found the information in the book useful, but I would add :

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_____

☐ I found the book needed to focus more on:

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☐ I found the following unhelpful or unclear:

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☐ Other comments:

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