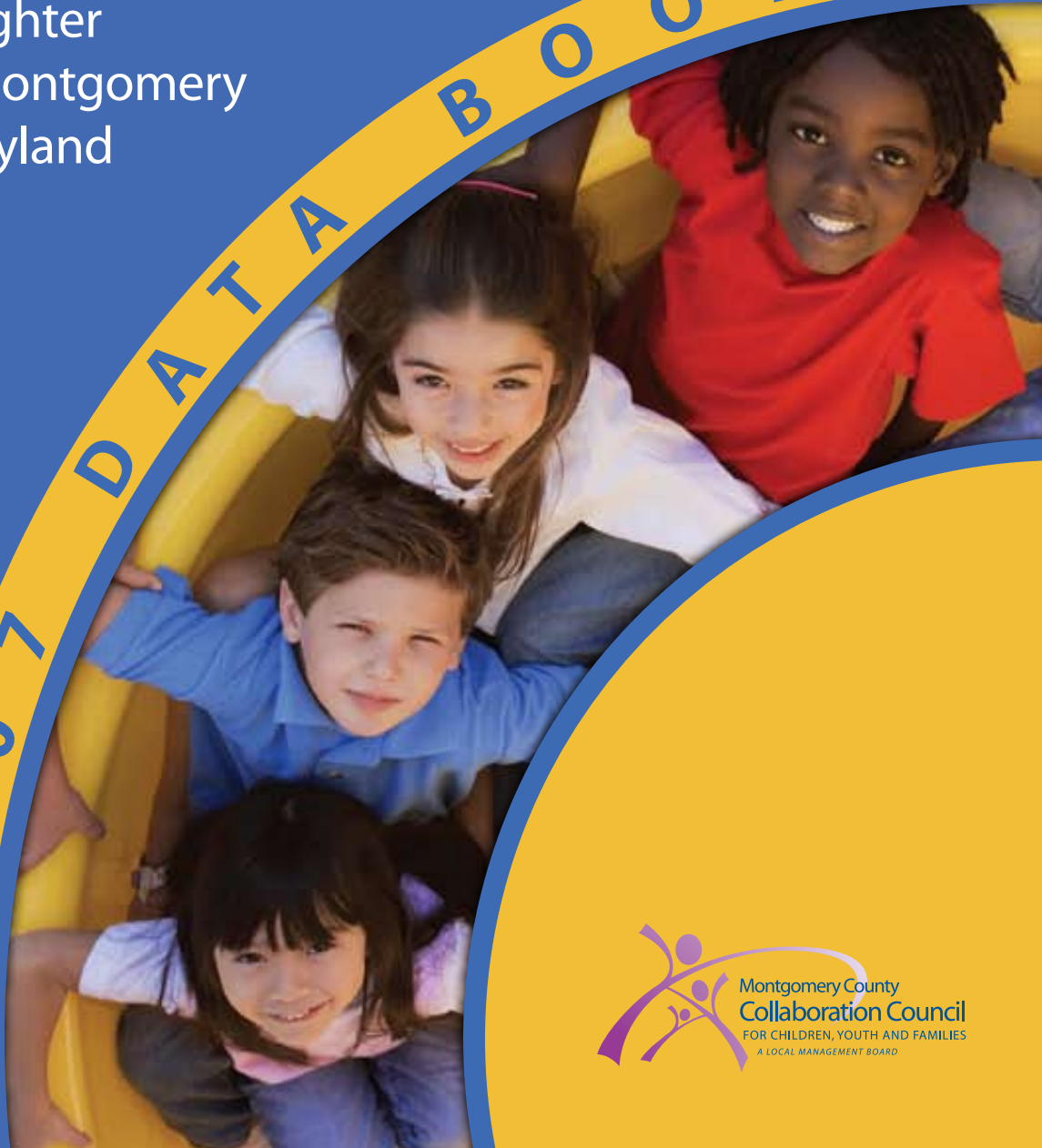


The Children's Agenda

Building Brighter
Futures in Montgomery
County, Maryland

2007 DATA BOOK



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A Message from the Board Chair and Executive Director of the Montgomery County Collaboration Council

Dear Friends, Neighbors and Colleagues:

Are our children and families doing better here in Montgomery County than they were three years ago? In order to answer that question, the Collaboration Council and its partners have updated the 2004 data book using key indicators of child well-being to measure county-level progress in achieving the goals outlined in *The Children's Agenda*. Driving the Collaboration Council's and its partners' efforts to improve child well-being is our *FY2007 to FY2012 Five-Year Community Strategic Plan, Planning Brighter Futures for Children, Youth and Families*. Together these two publications serve as a tool to plan, coordinate, fund and monitor services and systems for our children and families, based on clear and measurable indicators.

What we know. We know that the experiences a child has throughout his or her developmental stages have a deep and profound impact on the success that child has later in life. While our children and families live in one of the wealthiest counties in Maryland, there is another side of Montgomery County. With one of the highest median incomes in the United States, Montgomery County also has among the highest percentage of poverty statistics for all age groups. Of our school-age children, 7.9 percent live in poverty—nearly 15,000 children. We know that these children are more likely to have difficulty in school, to engage in risky behaviors, and, as adults, to earn less and be unemployed.

What the indicator data tell us. Our indicator data presented in this data book provide a snapshot of how our children and families are doing. Overall there is good news to report, though with some areas of concern. Sixty-eight percent



A Message from the Board Chair and Executive Director

of our five-year-olds are entering kindergarten ready to learn, but over 3,500 of our children are still not prepared. Students are reaching Maryland proficiency standards in both reading and mathematics across all ages and subgroups. Despite an overall increase in academic performance, there is still a substantial achievement gap between our Hispanic and African American students, and our Asian and white students. While births to adolescents fell between 1995 and 2005, the adolescent birth rate among Hispanics was more than twice the rate for African American teens and four times that for white teens. And despite a steady decrease in the intake rate of youth referred to the Maryland Department of Juvenile Services (DJS), the African American rate in FY 2006 was five times higher than the rate for white youth.

What we want for our children, youth and families. We want all of our children to be safe, healthy, successful in school, prepared for life and supported by a caring family and neighborhood. We encourage the collective will and action of our private and public partners across the county and the state to collaboratively develop policies and programs that fulfill this vision, as outlined in *The Children's Agenda*. Together, we must continue to monitor trends and track progress over time, in order to address these issues effectively and efficiently, so that every child has the same opportunity to participate in building that brighter future we want for all of our children.

Very truly yours,



Carol W. Garvey, MD, MPH
Chair



Kathy Lally
Executive Director

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The mission of the Montgomery County Collaboration Council is to improve the well-being of children, youth and families in Montgomery County through collaborative partnerships.



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About the Collaboration Council

Our Vision

The Montgomery County Collaboration Council envisions a caring community with stable families, where children are healthy, safe, ready to learn, successful in school and prepared for life.

Our Mission

To improve the well-being of children, youth and families in Montgomery County through collaborative partnerships.

Our Authority

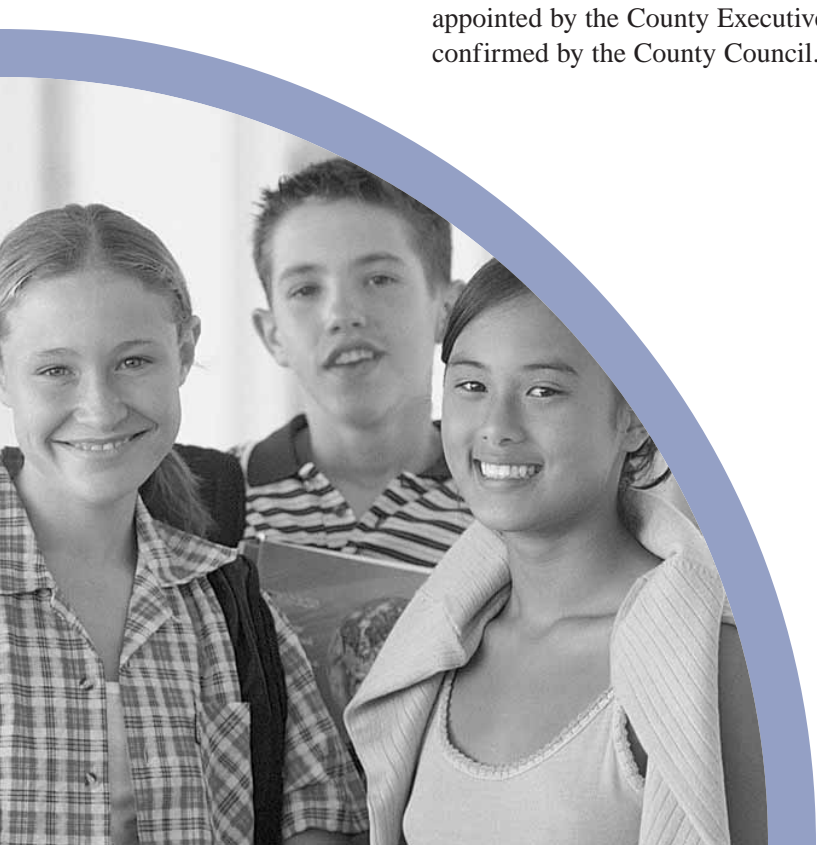
As a Local Management Board, the Montgomery County Collaboration Council is codified permanently into State law and is also designated by local Resolution 16-76 as the Local Management Board in Montgomery County, MD. The Board of Directors is appointed by the County Executive and confirmed by the County Council.

Our Leadership

The Collaboration Council's 21 board members represent public agencies, families, elected officials, businesses and community advocates. This governance and policy-making body is supported by five committees: Executive, Child Well-being, Legislative, Fiscal and Membership. At the heart of the Collaboration Council's work are the Child Well-being Committee and its three workgroups that focus on these priority areas: Early Childhood, Youth Development, and Children With Intensive Needs. Board members, service providers, parents and community advocates serve on these committees and workgroups.

Our Work

Using *The Children's Agenda* as its blueprint, the Collaboration Council plans, coordinates, funds and monitors specific interagency services to improve child well-being in Montgomery County. As a Local Management Board, the Collaboration Council has a role at the systems and program levels to engage its public and private partners, parents and advocates to identify needs and gaps in services and to facilitate problem-solving to respond to these needs and gaps. Through the development and implementation of a strategic plan that focuses the collective will and resources into policies and programs, the Collaboration Council works to ensure that Montgomery County fulfills the vision found in *The Children's Agenda*.



The Children's Agenda—Guiding Our Work

In 1998, with tremendous community support and political will, the Collaboration Council developed *The Children's Agenda* to help its partners and the community to effectively and efficiently work together on a common mission with shared goals for children. Serving as a blueprint of what Montgomery County wants for all of its children and families, this agenda assists its partners in nurturing a community where children are safe, healthy, successful in school, prepared for life, and supported by a caring family and community. *The Children's Agenda* identified the following agreed-upon community outcomes to be achieved through collaborative partnerships:

Healthy Children



Adults and children who feel well, physically and mentally, are more able to work, play and learn. With sufficient health care resources that are accessible and affordable, children and families can be healthier.

Young Children Ready for School



The experiences and relationships that occur in the first years of children's lives have a lasting impact on their present and future development, as well as on their readiness to learn.

Success for Every Student



High expectations for academic achievement for all students, combined with skilled teachers, sound curriculum, adequate instructional materials, and family involvement, are essential for student learning.

Young People Prepared for the Workplace



School success includes preparation for life after high school. Partnerships between schools, businesses, higher education institutions, social services agencies and after school programs can ensure that teens transition to young adulthood successfully.

Young People Making Smart Choices



Adolescence is a time of experimentation and testing of limits to prepare for mature decision making as adults. It is critical that we listen to our youth, hear their fears and concerns, and provide the support and skills they need to make smart choices.

Stable and Economically Secure Families



A home environment with nurturing adults who love, care for and protect their children is a cornerstone of healthy child development. Children with special challenges—physical, emotional or developmental—have a substantially better likelihood of achieving their potential if raised in their family homes, or in their home communities, rather than in distant residential facilities.

Children Safe in Their Home, School and Community



In safe environments children thrive, learn, dream and explore. However, if children live in unsafe environments and it is left unaddressed, it will create community issues that will only serve to undermine the system's ability to offer its children every opportunity for success.

Communities That Support Family Life



Resources and services create a community of people committed to the well-being of its children and families. An array of services should offer prevention for all, early intervention at the first sign of problems and intensive intervention for those children for whom prior efforts have not been enough.

Introduction

What does the Montgomery County community want for its children and families? In 1998 the Collaboration Council started to answer that question. With enormous community input and support, it created *The Children's Agenda* describing Montgomery County's vision for its children and families, and identifying the following seven outcomes for building brighter futures:

- Stable and Economically Secure Families
- Healthy Children
- Children Safe in Their Home, School and Community
- Young Children Ready for School
- Success for Every Student
- Young People Making Smart Choices
- Young People Prepared for the Workplace

An eighth outcome was added in 2004:

- Communities that Support Family Life

How will the community measure its success in achieving these outcomes? In 2000, the first community report was produced in partnership with the Department of Health and Human Services: *The Children's Agenda: Boldly Fitting the Pieces Together: The Data Piece*. These periodic progress reports, including the 2004 and 2007 data book, measure current progress and establish baselines for future achievements. *The Children's Agenda 2007 Data Book:*

¹ Results Based Accountability is promoted by Mark Friedman and his Fiscal Policy Studies Institute of Santa Fe, California. Further information is contained on Friedman's Results Based Accountability website: www.resultsaccountability.com.

Building Brighter Futures is a tool to strategically focus our collective will on making data-driven decisions that strive to achieve the vision outlined in *The Children's Agenda*.

Results Based Accountability: A Framework for Success

Results Based Accountability (RBA)¹ is a common-sense framework that the community of stakeholders can use to improve the lives of its children. It looks first at the conditions of well-being a community wants to achieve—*The Children's Agenda* outcomes—and then identifies the means to get there. It involves taking account of how you are doing and measuring success over time—this 2007 data book. With this assessment, a community can move to action by answering the question: what will it take to “turn the curve” in the direction of making things better?—outlined in our five-year strategic plan, *Planning Brighter Futures*.



Key Indicators: A Collection of Measures

Outcomes are defined as the results or the conditions of well-being for the entire population of children. Progress toward achieving each of these outcomes is measured by one or more quantifiable indicators. Indicators are the measures of community-level progress toward achieving the community-level outcomes.



The key indicators are a collection of measures that together convey the current reality of child and family well-being in Montgomery County. The best indicators for each outcome are those in which multiple segments of the community have a part to play and provide the most direct evidence of the result being measured. If a direct measure is not available, a proxy measure may be used if it has proven to be highly correlated with the outcome. By monitoring these indicators over time, the community can effectively target limited resources to focus on evolving needs.

The key indicators presented here are a collection of measures that convey the status of child and family well-being. They are a manageable set of indicators, based on theoretical research, and chosen as the “best set” of indicators available. Those included here are neither exhaustive nor conclusive and remain flexible to the changing needs of the key stakeholders. Key indicators do more than monitor trends of child well-being; they are a necessary part of the accountability framework.

To establish a manageable and logically complete list of key indicators, the following criteria were applied, in the following order:

1. Indicators that match those mandated by our funding sources and are compatible with those important to child-serving systems.
2. Indicators that are important to the community and tied to significant investment of resources.
3. Indicators for which data are available, reliable and valid across sub-groups in the population, at various geographic levels and over time.
4. Indicators that are grounded in research, supported by strong scientific evidence and serve as good predictors of the outcome.

This data book contains a collection of 29 measures. To measure progress over time, these measures are consistent with those presented in our first data book with the following exceptions:

- **Absentee Rate:** A recommendation made by our partners to refer more accurately to the percentage of students who are absent for more than 20 days during the school year as absentee rate instead of truancy rate. Truancy, or habitually truant, is more correctly defined as 20 percent (not days) of unexcused (not both excused and unexcused) absences. This number is not available as a time series or by race and ethnicity.
- **Post-secondary Expectations:** This is no longer collected in a senior exit survey by Montgomery County Public Schools.
- **High School Program Completion:** High school attainment is no longer measured as the percentage of public high school graduates who complete a rigorous course of study based on such indicators as grades, GPA and SAT scores. This indicator is replaced with high school program completion defined as the percentage of public high school graduates meeting the requirements required for admission to the

University System of Maryland or completion of an approved Career and Technology Education program. See page 34 for further information.

A new indicator was added this year. Student mobility is included in this data book in response to the need for additional measures of the outcome, “Communities that Support Family Life” and addressing issues of affordable housing and student achievement. See page 70 for this new indicator.

Guide to the Key Indicators

Population and Family Characteristics. To provide a context for understanding the key indicators that follow, the demographics of Montgomery County’s children and families are included in this data book. It is important to consider population growth and change reflected in the numbers of children, racial, ethnic and linguistic diversity, composition of families, and levels of income and poverty to provide a context within which children and families in Montgomery County live.

Five-Year Community Strategic Plan Highlights. Through a community-wide strategic planning process, the Collaboration Council and its partners developed *Planning Brighter Futures for Children, Youth and Families: A Five-Year Community*

Strategic Plan for Montgomery County, Maryland. This strategic plan drives the Collaboration Council’s collaborative efforts to improve child well-being through the collective will and action of our private and public

partners across the county and the state. Highlighted strategies have been selected to demonstrate what is being done at the county and community level to help move the child well-being indicators in the positive direction.

Key Indicators. Thirty key indicators of child well-being are presented in the following pages, organized by the eight outcomes of *The Children’s Agenda*. Data in this report include the most recently available information gathered from public agencies. When possible, county comparisons are made to the state and the nation. Changes over time are also shown, when available.

Each indicator page includes the following sections:

- **Definition:** an explanation of how the measure is calculated and any important cautions; most indicators are presented as a rate per population.
- **Rationale:** a description of why the indicator is important and how it relates to the outcome it measures.
- **Findings:** a discussion of the trends nationally, statewide and in Montgomery County, including information for various subgroups or geographic areas.
- **Data Source(s):** information on the source(s) for data presented in the findings and the accompanying graph(s).
- **Reference(s):** additional resource(s) for information about the key indicator and a reference for the rationale.

Using Rates. A rate is calculated as the number of occurrences of a particular event per population at risk. The number of events is adjusted for the size of the source population in which they occurred; the larger the population size, the larger the number of cases one would expect to have. Calculating rates allows interpretation of whether or not the problem itself is increasing over time or whether it is simply a fact of the increase in population size. So, most indicators presented



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in the following pages are given as a rate to more appropriately make comparisons over time and across different jurisdictions given differences in population size.

While a rate is a measure of the magnitude of an event, numbers are a direct measure of an indicator. Numbers are useful when determining how many children to serve or the amount of resources to allocate. (Numbers for the most recent year are included on the final indicator table: *Key Indicators at a Glance*).

A rate may be calculated per 100 population, referred to as a percentage. Or a rate may be calculated per another multiplier (per 1,000 or per 100,000) when the number of occurrences is relatively low compared to the population size.

It is important to note that rates based on a small number of events are affected by random variation and are relatively unstable. Comparisons across years or between areas are difficult to interpret when rates are unstable. To stabilize the rates, groups of data are used to increase the size of the numerator and denominator. For example, the rate of asthma hospitalizations is based upon a moving three-year average; three years of data are combined and years overlap.

Time Periods for Data Reporting.

The data are reported for the time period used by the data source.

Different sources may use different time periods.

Some state agencies such as the Maryland Department of Health and Mental Hygiene

(DHMH) report data for a calendar year (January to December). Other state agencies such as the Maryland Department of Juvenile Services (DJS) report their data on a fiscal year (July to June). School data are reported for a school year; the year noted in a graph refers to the end year (2007 for school year 2006-07).

Race and Ethnicity. Race and ethnicity also vary by data source. Racial classifications have varied over time and across agencies. The federal Office of Management and Budget (OMB) has standards for data collection on specific race and ethnicity categories. The *Minimum Standards for the Classification of Federal Data* designates race categories as: white; black or African American; American Indian or Alaska Native; Asian; and Native Hawaiian or other Pacific Islander. But data are not necessarily reported in this manner locally or statewide. For example, the Maryland State Department of Education (MSDE) collects data as “African American”, but DJS and DHMH use the designation “black.”

“Latino or Hispanic origin” is a data collection category of ethnicity, not to be confused with racial classifications. Persons of Hispanic origin may be of any race. When surveys use the federal classifications, individuals are asked to select both a race category and to select whether they are Hispanic or non-Hispanic. However, data from state and local agencies may not ask respondents to report both race and Hispanic origin. As a result, some of the data reported in this publication disaggregates race by ethnicity, others do not. For example, DHMH does not disaggregate race by Hispanic origin—persons of Hispanic origin are included in the data for each race group and the data for Hispanics include all persons of Hispanic origin of any race. On the other hand, MSDE disaggregates race by Hispanic origin—persons of Hispanic origin are not included in the data for each race group and the data for Hispanics include all persons of Hispanic origin of any race. When possible,



this publication disaggregates race by Hispanic origin; for example, white, non-Hispanic.

Using This Data Book



The Collaboration Council believes that decisions about planning, coordinating, funding and monitoring services and systems for our children and families must be based on clear and measurable information.

This data book is a planning and advocacy tool created to help those who serve children, youth and families here in Montgomery County, Maryland. Public and private agencies, community leaders and elected officials can use these data on indicators of child well-being to examine broad trends and track progress over time in order to adjust policy and resources. Individuals and organizations can use this data to develop a strategic plan, establish a case statement for grant proposals and to advocate.

Organizational Strategic Planning

The Collaboration Council wants public and private child-serving organizations to use the indicator data in this data book as a foundation for identifying community needs, strategies and resources specific to their area of interest; and in turn, build momentum toward moving the identified child well-being indicators in a positive direction.

Look at the data under *The Children's Agenda* outcome that your organization is working to impact and use the statistical information and the accompanying rationale

to help focus your work and identify strategies. What from your organization's experience can help explain why things are moving in a particular direction? Finding the story behind what the data indicates will call attention to areas that need further exploration. Ask yourself: "Why does the data look this way?" and "What are the forces at work?" Reasons behind why a trend is not moving in the right direction will likely reveal a key strategy: what could work to make things better. Then, ask the important question, "What can your organization do to move things in the right direction?" Strategies are built from your organization's perspective on the issues and the unique role you can play in making a difference.

For example, an organization with a mission to promote positive youth development through career and workforce programs might examine indicators from the outcome area of *Young People Prepared for the Workplace*. Taking account of trends and disparities, the organization can make their case for particular strategies that they have seen work with various groups to encourage them to stay in school and participate in college rigorous or career and technology curricula.

Case Statements for Funding and Grant Proposals

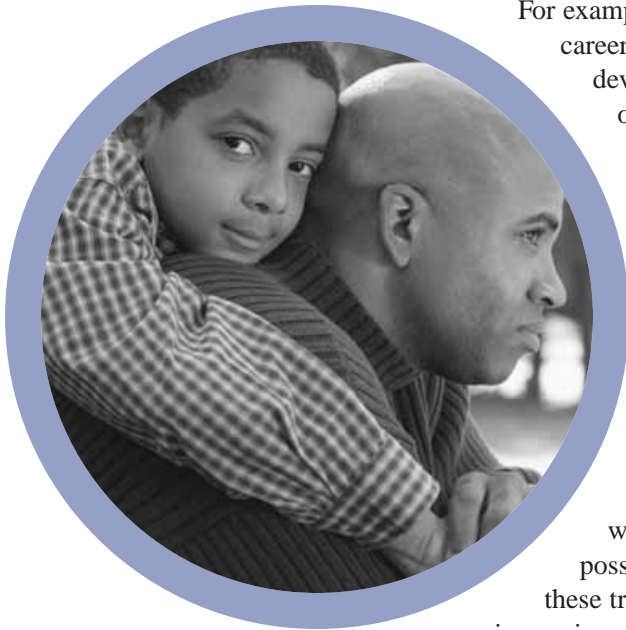
Many proposals for funding require the inclusion of a needs assessment and case statements as a justification for why a proposed project is necessary. Generally, this section consists of data describing the population. Indicator data, data on measures of child well-being, provides a picture beyond basic demographic information. A strong proposal makes the case for projects that will have a significant impact. A case statement documents how a project may contribute to change for the people it serves.

The Collaboration Council encourages service providers to use the data in this data book when making the case for funding. Including data in a proposal provides a

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clearer sense of what is needed in the county and how your organization's project will address these needs.

Use data on key indicators of well-being to provide a big picture perspective for what you are proposing to do. Highlight trends over time, describe comparisons with state or national rates, or disaggregate data by special groups to tell the story about why your program is needed. Demonstrate that the strategy you are proposing will meet the causes behind current trends. Describing some of the reasons behind these trends serve as natural pointers to the project you are proposing. Make the connection between the countywide needs and the needs of the client population you will be serving.



For example, this same career workforce development organization when writing a grant proposal will start off by describing the trends seen over the last five years around drop outs and high school attainment. They will explain some possible reasons why these trends are not improving or why some groups are not successful. They will discuss how, from their years of experience, they have seen their strategy work successfully with their participants to stay in school and be prepared for the workplace.

Advocacy Efforts

This data book can also be used as an advocacy tool. By focusing attention on specific indicator data, public and private agencies, community leaders and policymakers can identify emerging issues and trends impacting the well-being of our children and families. Advocates can then frame key messages for discussions with elected officials and community stakeholders about what resources are needed at the federal, state and local level to improve child well-being here in Montgomery County and throughout the state.

This data book is intended to facilitate information sharing among those who are doing local indicator-related work and to provide background information for those who are new to this rapidly evolving area of interest. By focusing attention specifically on community-based indicator systems, this publication may also increase awareness of current data resources and inform discussions of strategies for improving the availability, quality and applicability of local indicator data.

Population and Family Characteristics

Basic Demographics: New Montgomery Reflected in New Residents

With an estimated population of 956,000 in FY 2007, Montgomery County continues to be the most populous jurisdiction in Maryland. In 2006, the county was ranked 44th among 3,141 counties in the entire

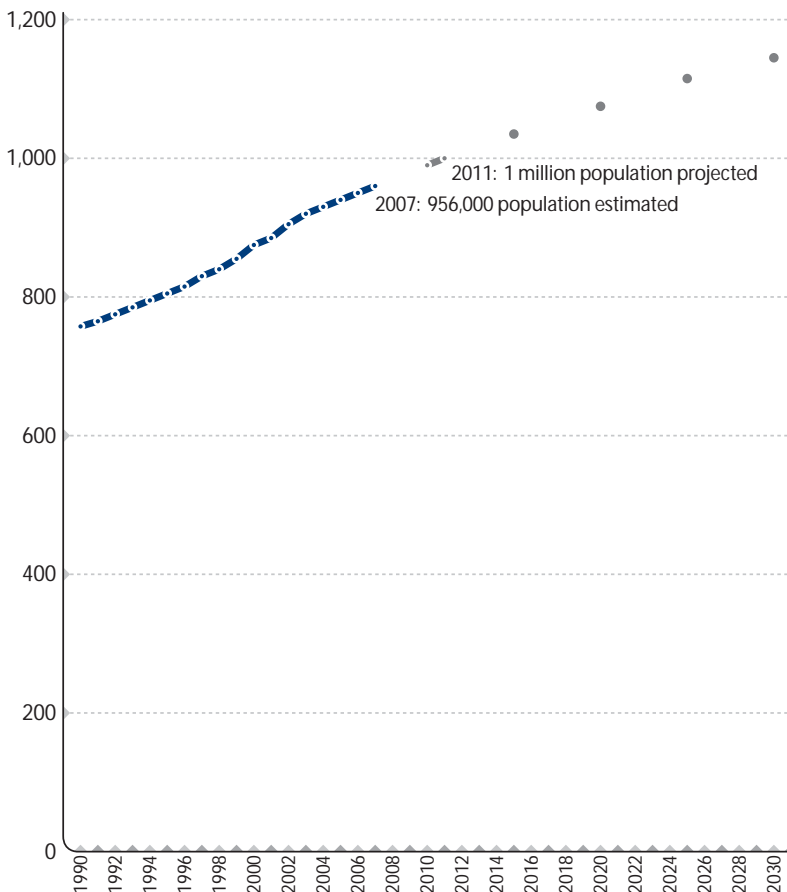
United States, according to the Census Bureau. Despite a slowing in the rate of increase, the population will continue to grow and is projected to reach one million by 2011.

One in four persons is under age 18 in Montgomery County—more than 230,000 children. The population of youth is projected to grow by 4.2 percent by 2010. The number of births in Montgomery County has been climbing—over 13,000 births annually since 2000 and a record number of 13,807 births in 2006. In addition, between 2000 and 2005, 181,000 people moved into Montgomery County. These new residents were typically young married couples with children. With around 138,000 students, public school enrollment in Montgomery County is the largest in the state.

More telling than overall population growth is the change in the composition of Montgomery County's population. The county's population growth is due to both an historically high level of births and a high level of migration from other states and outside the United States. For both of these reasons, Montgomery County continues to grow more diverse, culturally and socio-economically.

Demographic data presented here are from the United States Census Bureau Population Estimates and 2006 American Community Survey; and the Montgomery County Planning Department, particularly the Census Update Survey 2005 ("Emerging Demographic Trends: Montgomery County" Presentation by Research and Technology Center, Montgomery County Planning Department, October 2007 and "A Demographic Profile of the Youth Population 2006" by Pamela Zorich and Lisa Madigan Tate, Research and Technology Center, Montgomery County Planning Department, October 2007). Data on births are from the Maryland Vital Statistics Administration.

Since 2000, Montgomery County added an average of 13,000 people annually and the population continues to grow, 1990 to 2030
population in thousands



Sources: U.S. Census Bureau and Montgomery County Department of Park and Planning, Research and Technology Center

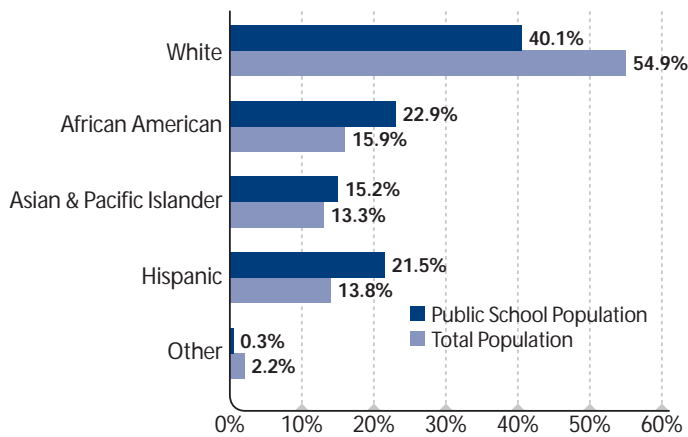
Population and Family Characteristics

A greater percentage of births in Montgomery County are to minority women (typically defined as persons other than white, non-Hispanic). In 1990, 34 percent of all births were to minority women; in 2003, the percentage was 54 percent; in 2006, the percentage was 61 percent.

The faces behind much of the demographic changes are Montgomery County's new residents. International migration is second

only to births as a component of Montgomery County's population growth. Over 80,000 people born outside the United States moved to Montgomery County between 2000 and 2006. Forty percent of Maryland's foreign-born population lives in Montgomery County. In 2006, the foreign-born population made up close to one-third (30 percent) of the county's population, 273,000 people. The foreign-born population living in Montgomery County comes predominately from Asia and the Americas. The top three countries of origin with more than 10,000 populations each are El Salvador, China and India.

In contrast with the county's population on a whole, there is no majority population among the 137,745 students enrolled in Montgomery County Public Schools, 2006 and 2007-2008 school year

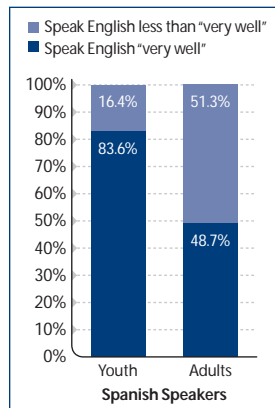
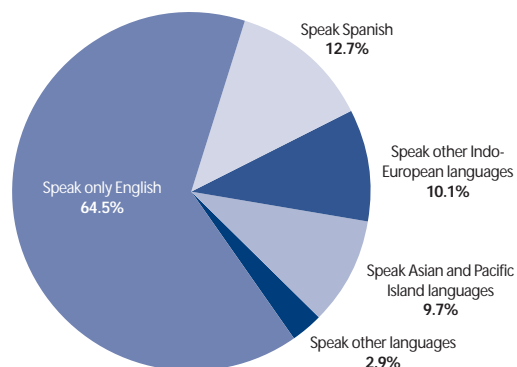


Race categories included here are non-Hispanic. Hispanic origin may be any race.
Sources: Montgomery County Public Schools and U.S. Census Bureau

Foreign-born children made up only 10 percent of the total child population in 2006. Three-fourths of children born to foreign-born parents were born in the United States. In fact, 47 percent of students who are enrolled in Montgomery County Public School's English for Speakers of Other Languages (ESOL) were born in the United States.

One-third of Montgomery County's population speaks a language other than English. The annual enrollment in the ESOL program has tripled since 1990 to 16,048 students in the 2007-2008 school year. The most commonly spoken foreign language among adults and youth is Spanish. In Montgomery County's public schools, students come from more than 160 countries and speak more than 130 languages. Young foreign-language speakers are more likely to speak English "very well" compared to adults, 81 percent of youth compared to 56 percent of adults. But nearly 11,000 children ages 5 to 17 years old are estimated to live in linguistically isolated households—households where all members 14 years old and over have some difficulty speaking English. Of these 25,000 households, a nearly equal percentage spoke Spanish (36.9 percent) or an Asian and Pacific Island language (33.7 percent).

In Montgomery County, the most common language spoken other than English is Spanish. Spanish-speaking youth are more likely to be proficient in English than Spanish-speaking adults, 2006
percentage of population 5 years and older



Source: U.S. Census Bureau

The growing minority population (typically described as persons other than white, non-Hispanic) currently comprises more than 40

percent of the total population, with Hispanics as the fastest growing minority population. This increased diversity is evidenced in that no racial or ethnic group comprises a majority of the students in Montgomery County’s public schools.

Families

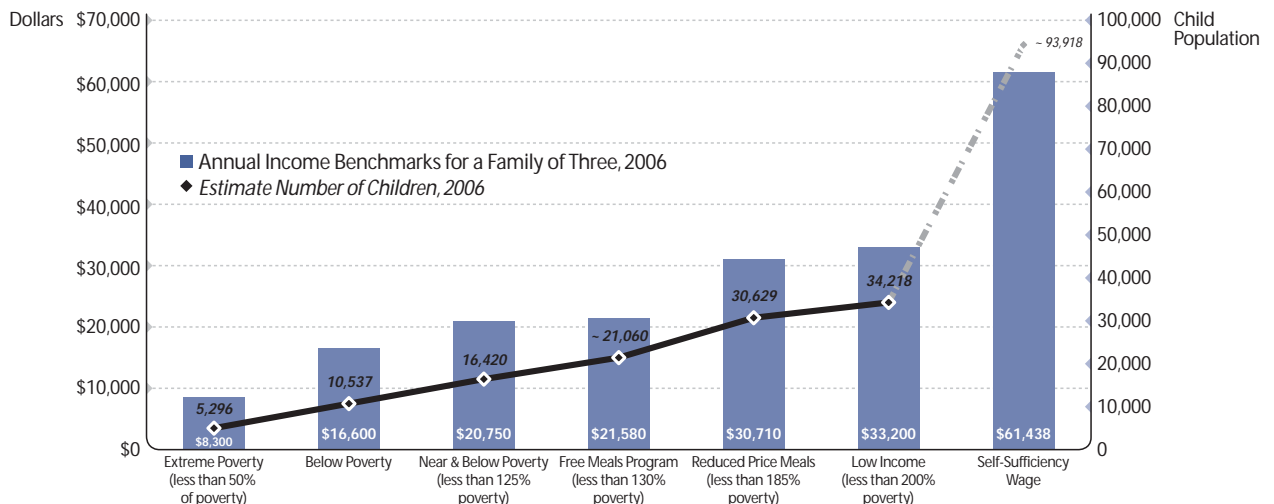
There are over 120,000 households with children in Montgomery County; almost 40 percent of all households. Three out of every four families with children were married-couple families. In 2006, about 174,000 children lived in married-couple families and 40,000 in single-parent families. African American children are more likely to live in single-parent families than Hispanic, Asian or white, non-Hispanic children. In 2006, 27.2 percent of all births were to unmarried women (3,757); 43.1 percent of all African American births and 52.8 percent of all Latino births were to unmarried women.

An estimated 69 percent of children (approximately 150,000 children) in Montgomery County in 2006 lived in households where both parents worked. In

2000, 51 percent of Hispanic children in two-parent families had both parents in the work force compared to 74 percent of African American children and 65 percent of white, non-Hispanic children. Sixteen percent of Hispanic children lived in a family with neither parent working compared to 9 percent of African American children and 2.6 percent of white, non-Hispanic children.

Importance of Family Structure for Indicators of Child Well-being: A child’s family composition influences the opportunities and resources available and impacts the child’s well-being overall. The Federal Interagency Forum on Child and Family Statistics stated: “On average, the presence of two married parents is associated with more favorable outcomes for children both through, and independent of, added income. Children who live in a household with only one parent are substantially more likely to have family incomes below the poverty line, and to have more difficulty in their lives than are children who live in a household with two married parents (biological, step, or adoptive).”²

In 2006, there were over 34,000 children living in low income families—families that would be making less than \$33,200 a year based on 2006 benchmarks. The self-sufficiency wage is \$61,438 a year.



Sources: U.S. Census Bureau and The Community Action Board of Montgomery County

² Federal Interagency Forum on Child and Family Statistics. *America’s Children: Key National Indicators of Well-Being, 2003*. Washington, DC: U.S. Government Printing Office, 2003.

Population and Family Characteristics

Income

Along with its expanding racial and ethnic diversity, Montgomery County is also increasingly economically diverse. Montgomery County had an estimated 2006 median household income of \$87,624; a median income 81 percent higher than the nation and 35 percent higher than Maryland. The result of this historic affluence is that costs for housing, child care and transportation are much higher in Montgomery County than elsewhere in the state. So despite the county's overall prosperity, there are a substantial number of people in Montgomery County who cannot afford the high standard of living and face daunting challenges to provide for their families. This challenge is becoming more difficult every year with taxable income shifting away from high wage earners as earners at the lowest income level increase.

Great differences exist among various minority groups with respect to median household income and income growth. Incomes for non-Hispanic white and Asian households, already among the county's highest, have grown at a faster rate this decade than incomes for households headed by African Americans or Hispanics, whose incomes have dropped.

Of the 25 counties nationally with the highest median incomes, Montgomery County has among the highest percentage poverty statistics for all ages (6.5 percent), for children under 18 years old (8.0 percent) and for school-age children 5 to 17 years old (7.9 percent)³. But the number of people in poverty, as defined by the federal poverty level guidelines used to determine financial eligibility for certain federal programs, is a misleading measure of the number of people in need.

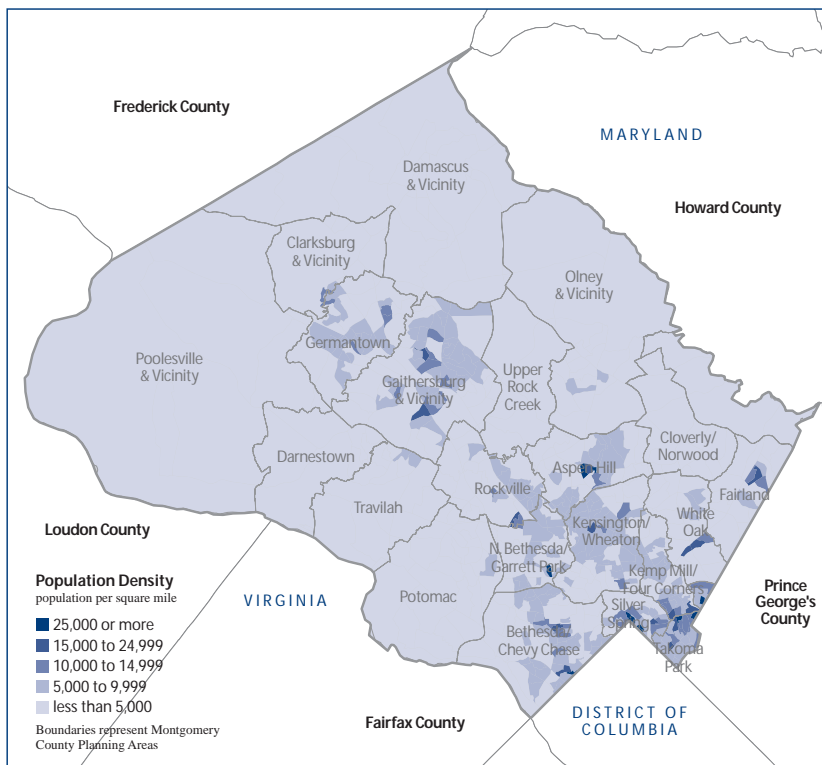
The number of children receiving Free and Reduced Price Meals (FARMS) is often used as a proximal indicator of low-income because income qualifications are based on 130 to 185 percent of poverty. More than a third of the elementary schools (35 percent) and middle schools (39 percent) in Montgomery County have over 50 percent of their enrolled students receiving FARMS either now or in the past.

In Montgomery County, the federal poverty level is only 27 percent of the Self-Sufficiency Standard, a calculation of the income needed for a family to meet its basic needs (food, shelter, child care, work-related expenses and taxes).⁴ For a family of three in 2006, the federal poverty level is \$16,090; the Self-Sufficiency Standard is \$61,438.

³ These percentages are based on 2005 United States Census Bureau Small Area Income and Poverty Estimates (SAIPE). These percentages are slightly different than estimates based on the United States Census Bureau American Community Survey.

⁴ *The Montgomery County 2006 Self-Sufficiency Standard*. By the Community Action Board of Montgomery County. December 2006.

Montgomery County is an urban-suburban county with high density in jurisdictions downcounty and along the I-270 corridor, 2000



Source: U.S. Census Bureau

Population and Family Characteristics

To meet this standard of living a family would need to make an hourly wage of \$29.09—a disheartening fact when the minimum wage in Maryland is only \$6.51 per hour.

As a competitive marketplace, Montgomery County is facing a growing challenge with the lack of affordable housing as limited land to build on drives prices higher. A low-income family (designated as living at 200 percent of the federal poverty level) making less than \$33,200 would only be able to afford \$830 a month for housing (affordable housing is often designated as 30 percent of annual income)—a two-bedroom unit at the area’s Fair Market Rent (FMR) was \$1,225 a month in 2006. FMRs are gross estimates of rent and utilities calculated annually by the U.S. Department of Housing and Urban Development for determining payment standards for housing vouchers. As home prices continue to rise, even a family making

the median income cannot afford to purchase a median-priced single-family home.

Importance of Poverty Measures for Indicators of Child Well-being: Children in low-income families have greater obstacles to overcome. These children are more likely to face certain circumstances and live in conditions that can endanger their well-being. The Federal Interagency Forum on Child and Family Statistics stated that: “Compared with children living in families above the poverty line, children living below the poverty line are more likely to have difficulty in school, to become teen parents, and, as adults, to earn less and be unemployed more frequently.”

But poverty not only affects the individual but also the community as a whole. Poverty exists even in wealthy areas and impacts everyone living there, even if the person is not poor himself.

Population growth between 2003 and 2005 by planning area			
Planning Area	Population Growth Percent Change 2003 to 2005	2005 Total Population	2005 Child Population as Percentage of Total Population
Aspen Hill	2.9%	62,865	23.5%
Bethesda/Chevy Chase	0.8%	92,600	24.0%
Clarksburg & Vicinity	125.3%	6,500	29.6%
Cloverly/Norwood	5.6%	19,815	27.2%
Colesville/White Oak	-0.6%	35,215	25.6%
Damascus & Vicinity	4.9%	33,120	28.9%
Darnestown	4.0%	13,760	32.1%
Fairland	3.3%	41,470	29.4%
Gaithersburg & Vicinity	0.5%	130,500	26.0%
Germantown	-2.2%	79,580	28.9%
Kemp Mill/Four Corners	-0.4%	35,605	23.8%
Kensington/Wheaton	-1.2%	78,065	21.3%
N. Bethesda/Garrett Park	5.3%	41,845	21.3%
Olney & Vicinity	-1.6%	38,615	29.7%
Poolesville & Vicinity	1.4%	9,220	28.2%
Potomac	3.0%	48,430	28.5%
Rockville	2.5%	53,710	22.7%
Silver Spring	0.8%	35,860	20.3%
Takoma Park	- 5.4%	29,665	28.3%
Travilah	7.1%	30,335	31.5%
Upper Rock Creek	16.8%	14,225	33.0%
TOTAL POPULATION	1.8%	931,000	25.9%

Source: Montgomery County Planning Department, Research and Technology Center

2007-2008 Public School Enrollment	
All Students	137,745
Pre-Kindergarten	2,432
Kindergarten	9,524
Grades 1 to 5	46,908
Grades 6 to 8	28,529
Grades 9 to 12	41,499
Special Education (15 hours or more service per week)	8,853
Students receiving free & reduced price meals (FARMS)	35,580 (25.8%)
English for speakers of other languages (ESOL)	16,048 (11.7%)

Source: Montgomery County Public Schools



Infant Mortality

Definition: The infant mortality rate is the number of deaths before the age of one year per 1,000 live births.

Rationale: The infant mortality rate is an important measure of the overall health of a community. It has many contributing factors: socioeconomic status, maternal health status, access to prenatal care and utilization of health care resources.

Low birth weight is the most important factor associated with infant mortality and much of it is preventable through early and comprehensive prenatal care as well as preventive care and management of health problems prior to pregnancy. The leading causes of deaths during the first year of life are disorders related to short gestation and low birth weight, and birth defects. These deaths are most likely to occur during the infant's first four weeks of life. After the first month, sudden infant death syndrome (SIDS) is the most common cause of deaths among infants up to 12 months of age. SIDS deaths have been decreasing in recent years as a result of interventions aimed at encouraging parents to place their infants on their backs while sleeping but continue to affect African American infants disproportionately.

Findings: Even with some yearly fluctuation due to the small number of infant deaths in Montgomery County, the infant mortality rate has remained relatively in line with the rest of the country, 7.0 in 2006. The infant mortality rate in the United States has declined since the early 1990s but has remained relatively unchanged in the last several years, at 6.9 deaths per 1,000 live births in 2005.

Despite the overall improvement in the infant mortality rate, racial and ethnic disparities

continue nationwide. In Montgomery County, the African American infant mortality rate has been consistently higher than the rate for white county residents, ranging from two to four times the white rate. In 2006, the rate among African Americans in Montgomery County was nearly four times the rate for whites: 16.7 deaths per 1,000 live births to African American women compared to 4.5 deaths per 1,000 live births to white women.

While the federal target for all racial and ethnic groups by 2010 is to reduce infant mortality to 4.5 deaths per 1,000 live births, Montgomery County has set a target of 4.0 deaths per 1,000 live births for all infants by 2010.

Although the statewide rate in Maryland has declined, the rate of improvement was less than both the county and the national rates and remains at nearly 8.0 in 2006. The infant mortality rate in Maryland has historically been higher than the national rate due to a greater proportion of births in Maryland to African American women, who have a higher rate of infant mortality than women of other races.

Data Sources: *Maryland Vital Statistics Annual Report*, 1995 through 2006, Vital Statistics Administration, Maryland Department of Health and Mental Hygiene; and *Deaths, National Vital Statistics Reports*, 1995 through 2005, National Center for Health Statistics, Centers for Disease Control and Prevention (United States). USDHHS, Healthy People 2010.

References:

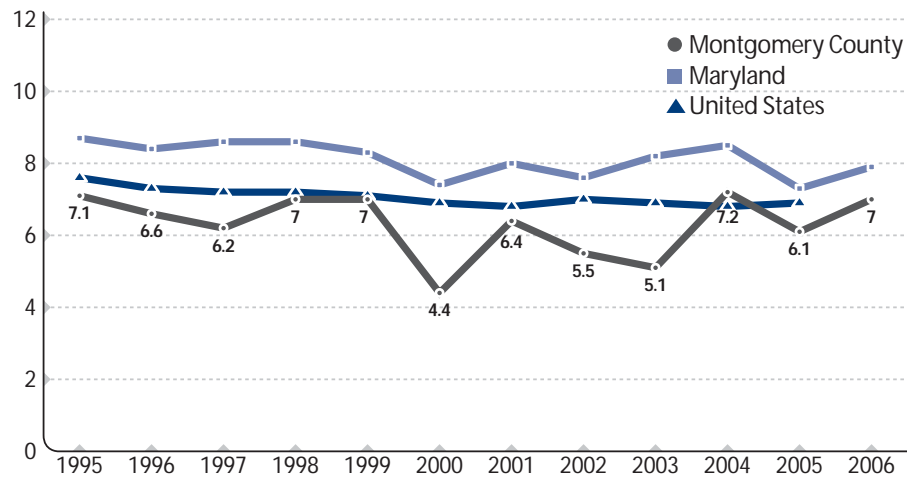
National Center for Health Statistics. "Infant mortality." *Healthy People 2000 Statistical Notes*, 1 (2). By J.C. Kleinman and J.L. Kiely. Hyattsville, MD: NCHS, 1991.



Infant Mortality

The infant mortality rate has remained relatively constant for Montgomery County and the state of Maryland, 1995 to 2006

infant deaths per 1,000 live births



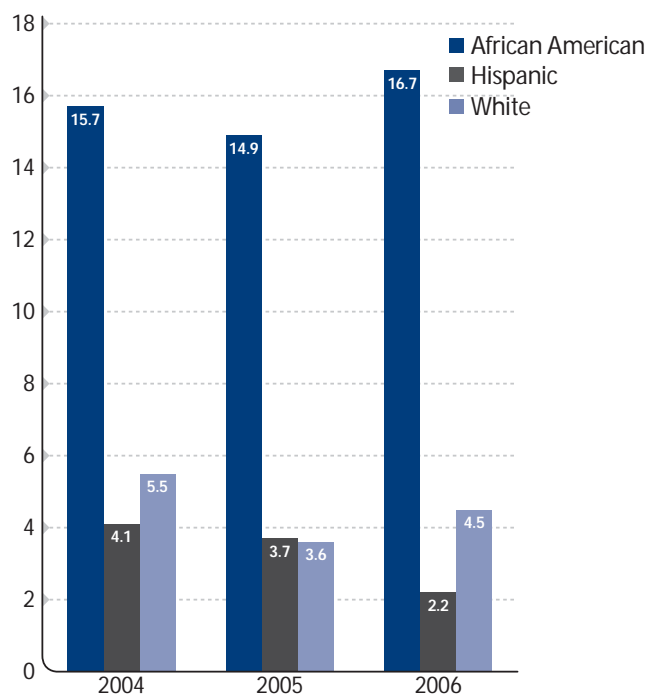
U.S. figure for 2006 is not yet available.

Variation in rates for Montgomery County results from small numbers and should be interpreted with caution.

Sources: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration and U.S. Department of Health and Human Services, National Vital Statistics Reports

The infant mortality rate of African Americans remains much higher than the rate for infants born to Hispanic or white women in Montgomery County, 2004 to 2006

infant deaths per 1,000 live births



Data for persons of Hispanic origin are included in the data for each race group according to the mother's reported race. Hispanic origin includes all persons of Hispanic origin of any race.

Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration



OUTCOME

Healthy Children

Low Birth Weight

Definition: The percentage of babies born weighing less than 2,500 grams (5.5 pounds).

Rationale: Low birth weight infants include both those born preterm and those who are born at full term but are too small. Low birth weight infants are at greater risk of death and long-term disabilities.

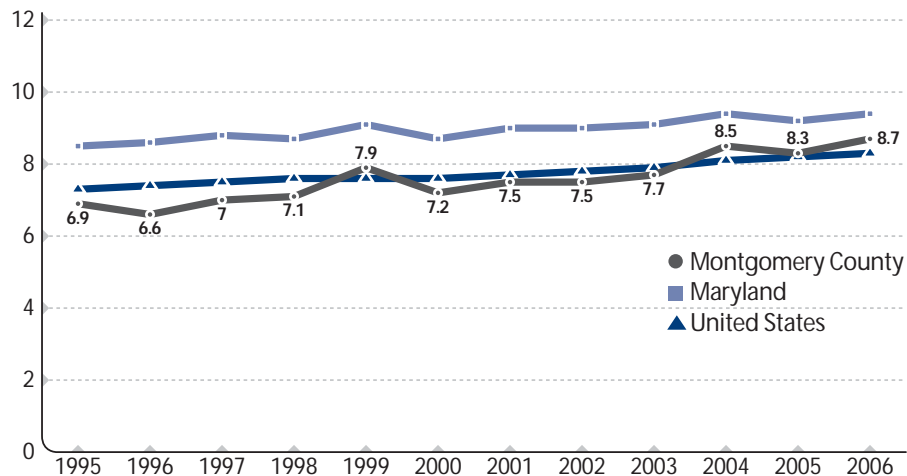
Findings: The percentage of low birth weight infants has been on the rise at all levels—national, state and county. In Montgomery County, the percentage of low birth weight infants has risen to 8.7 in 2006 and has remained above the national average since 2004. The Maryland percentage was even higher, at 9.4 percent. This may be due to the higher proportion of African Americans in Maryland, who have higher

rates of low-weight births. Low birth weights occur more frequently among African American women in Montgomery County as well. In 2006 the percentage of low birth-weight African American babies in Montgomery County was 12.7 percent, while for Hispanics it was 7.0 and for white women it was 7.6 percent; and for Asian or Pacific Island it was 8.4 percent.

Preliminary data for the United States for 2006 is the highest percentage of low birth weight infants reported since 1968, a rate of 8.3 percent. While the steady increase in low birth weight infants has been strongly influenced by the recent increase in multiple births, low birth weight among single births has also risen.

Percentage of babies born with low birth weight has been gradually increasing in Montgomery County, Maryland and the United States, 1995 to 2006

births weighing less than 2,500 grams as a percentage of all births

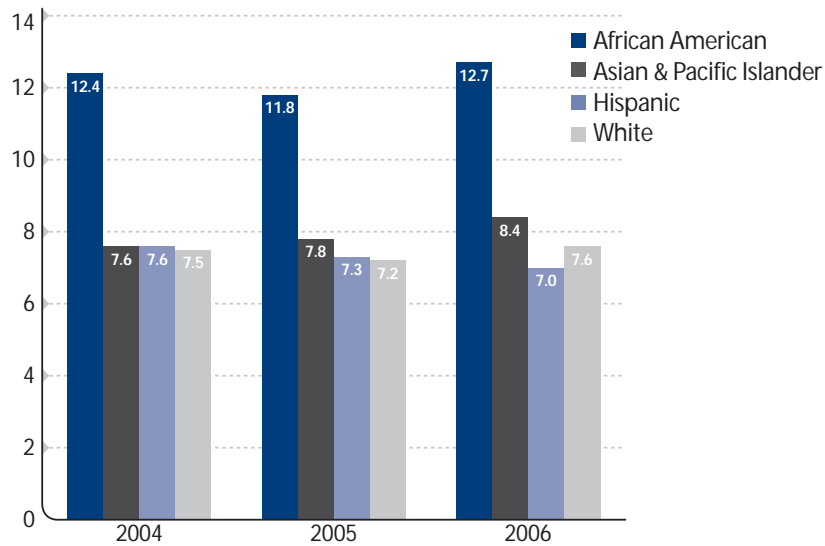


Sources: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration and U.S. Department of Health and Human Services, National Vital Statistics Reports



Low Birth Weight

The percentage of low weight births to African American women continues to be higher compared to other groups in Montgomery County, 2004 to 2006
 babies weighing less than 2,500 grams as a percentage of all births



Data for persons of Hispanic origin are included in the data for each race group according to the mother's reported race. Hispanic origin includes all persons of Hispanic origin of any race.
 Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration

Data Sources: *Maryland Vital Statistics Annual Report*, 1995 through 2006, Vital Statistics Administration, Maryland Department of Health and Mental Hygiene (Montgomery County and Maryland); and *Births, National Vital Statistic Reports*, 1995 through 2006, National Center for Health Statistics, Centers for Disease Control and Prevention (United States).

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 Hack, M., N.K. Klein, H.G. Taylor. "Long-term developmental outcomes of low birth weight infants," *The Future of Children: Low Birth Weight*. Vol. 5(1):19-34. Los Altos, CA: Center for the Future of Children, 1995.



Child Injury

Definition: The child injury rate is the number of injuries per 1,000 children age birth to 19 years old that require inpatient hospitalization. Injuries are often classified as unintentional (accidents of various types) and intentional (homicide and suicide).

Rationale: The leading cause of death among children after the first year of life is injuries, with motor vehicle crashes the most common cause. Even those injuries that do not result in death can result in significant disability and substantial emotional and financial strain on the families.

Many injuries are preventable with appropriate care and supervision. While living in impoverished communities places children at greater risk of injury, childhood injury is more likely to occur because of:

- alcohol and substance use by parents and other adults
- firearms left unsecured in the home
- improper or neglected use of restraints in motor vehicles
- children left unsupervised around water, dangerous substances and unsafe areas.

Findings: During the past decade, the childhood injury rate, as measured by hospitalizations in Maryland, has declined only slightly for both the county and statewide. These rates decreased in Maryland from 5.4 per 1,000 children in 1995 to 4.9 in 2005 and in Montgomery County from 2.6 in 1995 to 2.1 in 2005. The number of Montgomery County children admitted to other area hospitals for injuries is unknown.

The child injury rate due to accidents was lower in Montgomery County (1.6 per 1,000)

in 2005 than in Maryland (4.1 per 1,000). The injury rate due to homicide attempts was also lower at 0.1 compared to 0.4; however, the injury rate due to attempted suicide was about the same at 0.3 per 1,000 children.

There were over 9 million childhood injuries in 2005 in the United States. Each year, one out of every four children in the United States sustains an injury serious enough to require medical attention. Maryland hospital discharge data for 2005 recorded 412 hospitalizations for Montgomery County children for unintentional injuries. An additional 114 hospitalizations were due to suicide attempts and 22 were due to homicide attempts.

Data Sources: *Hospital Inpatient Discharge Data Set*, Maryland Health Services Cost Review Commission (Montgomery County and Maryland); and Data from *Maryland's Results for Child Well-Being 2007*, Maryland Governor's Office for Children accessed online at www.goc.state.md.us.

References:

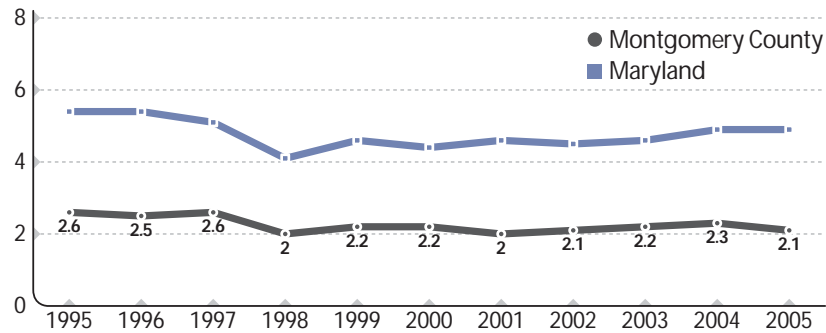
- Deal, Lisa W., Deanna S. Gomby, Lorraine Zippiroli, and Richard E. Behrman. "Unintentional Injuries in Childhood: Analysis and Recommendations," *The Future of Children: Unintentional Injuries in Childhood*. Vol. 10(1):4-22. Los Altos, CA: Center for the Future of Children, 2000.
- Safe Kids Worldwide. *Facts About Children At Higher Risk For Accidental Injuries*. Washington, DC: Safe Kids Worldwide, 2004.



Child Injury

The rate of hospitalizations for injuries (both unintentional and intentional) in Montgomery County has remained lower than the rate of hospitalizations statewide, 1995 to 2005

hospitalizations per 1,000 children ages 0 to 19 years old



Source: Maryland Health Services Cost Review Commission, Discharge Data Sets from Governor's Office for Children, *Maryland's Results for Child Well-Being 2007*.

Five-Year Community Strategic Plan Highlight

Youth Development Strategy: Increase the Number and Availability of School and Community-Based Collaborative Sites and Services to Address Social, Economic, Health, and Emotional Issues of Children, Youth and Their Families.

Through collaborative sites, families can access an array of health-related education and services. Current local examples of collaborative services that relate specifically to healthy children include school-based health centers, high school wellness centers, minority health initiatives, Linkages to Learning, and home visiting.



Child Deaths

Definition: The child death rate is the number of deaths among children ages 1 to 14 years old per 100,000 children in that age group.

Rationale: The child death rate is an important measure of child well-being, not only as an indicator of illness but also child safety. Death rates among children decrease after the first year of life. Deaths that occur after infancy are, in many cases, preventable. While some child deaths are a result of birth defects or illness, most are due to injuries. The child death rate should be of great concern to the community, as the causes of these deaths point to areas of opportunity for public education and prevention programs.

Findings: Annual child death rates in Montgomery County vary substantially because of the small number of child deaths each year. Data for Montgomery County

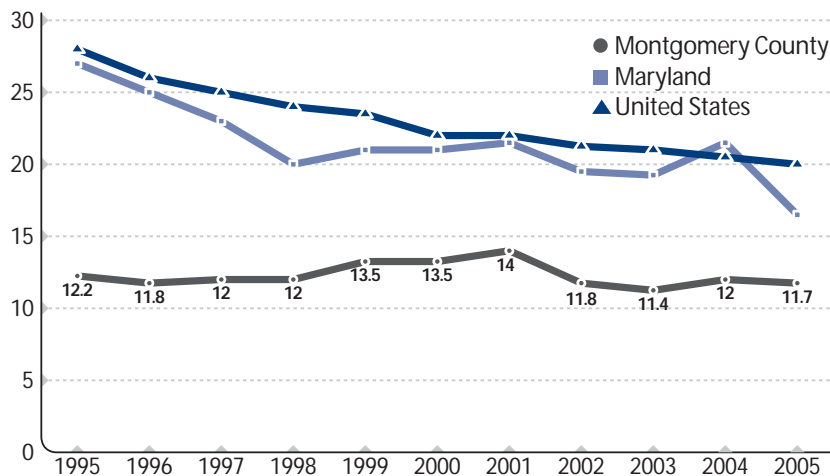
presented here are based on three-year moving averages. The child death rate in Montgomery County for the three year period from 2004-2006 was 11.7 per 100,000 children ages 1 to 14 years old (20 deaths). While the county's child death rate is lower than the state or national rate, county rates have shown a less dramatic decrease over time.

The leading cause of death for children of all ages in the United States is injuries, with motor vehicle crashes the most common cause. Death rates for children ages 1 to 4 years old are usually higher than for those ages 5 to 14 years old.

Deaths of children 10 to 19 years old are discussed in more detail under the outcome Children Safe in Their Home, School and Community, in the Juvenile Violent Deaths section.

The child death rate in Montgomery County remains lower than the rate for both Maryland and the United States, 1995 to 2005

deaths per 100,000 children ages 1 to 14 years old



Due to small numbers of child deaths, data for Montgomery County based on three-year moving averages. Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration and U.S. Department of Health and Human Services, National Vital Statistics Reports

Data Sources: *Maryland Vital Statistics Annual Report*, 1995 through 2006, Vital Statistics Administration, Maryland Department of Health and Mental Hygiene (Montgomery County and Maryland); and *Deaths, National Vital Statistic Reports*, 1995 through 2005, National Center for Health Statistics, Centers for Disease Control and Prevention (United States).

Reference: Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being, 2003*. Washington, DC: U.S. Government Printing Office, 2003.



Asthma Hospitalization

Definition: The asthma hospitalization rate is the rate of children hospitalized for asthma per 10,000 children ages birth to nine years old.

Rationale: Asthma is a chronic inflammatory lung disease. Asthma is one of the most common chronic illnesses in childhood and a leading cause of school absenteeism. Asthma hospitalization rates indicate a lack of access to quality preventive care and the lack of asthma management skills among providers, patients and families, and increased exposure to environmental allergens and irritants. Many hospitalizations are preventable with proper asthma management.

Findings: Data presented for Montgomery County is based on three-year moving averages due to the small number of incidents and hospitalizations. In the three year period from 2004-2006, the hospitalization rate for asthma for children

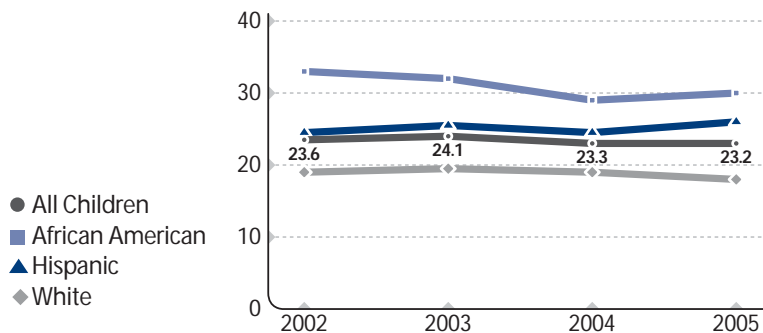
in Montgomery County was 23.2 per 10,000 children ages birth to nine years old. This rate has held constant in the last few years. The asthma hospitalization rate for African American children remains high at 29.9 per 100,000. This rate is nearly twice the rate for white children (17.8 per 100,000) in the three year period from 2004-2006.

According to the 2005 National Health Interview Survey, the number of children in the United States with asthma has been increasing. Nationally, an estimated 12.7 percent of children under age 18 years old have been diagnosed with asthma. Applying national prevalence rates, an estimated 178,000 children in Maryland and 30,000 in Montgomery County would be expected to be diagnosed with asthma.

Data Sources: *Hospital Inpatient Discharge Data Set*, Maryland Health Services Cost Review Commission (Montgomery County) analyzed by the Montgomery County Department of Health and Human Services.

The rate of hospitalization for asthma is highest among African American children in Montgomery County, 2002 to 2005

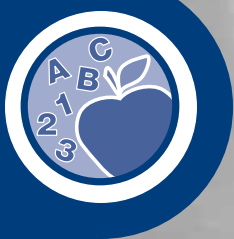
rate per 10,000 children ages 0 to 9 years



Due to small numbers of asthma hospitalizations, data is based on three-year moving averages. Data for persons of Hispanic origin are included in the data for each race group. Hispanic origin includes all persons of Hispanic origin of any race. Source: Maryland Health Services Cost Review Commission, Inpatient Data Sets from Montgomery County Department of Health and Human Services.

References:

- National Center for Health Statistics. *Summary Health Statistics for U.S. Children: National Health Interview Survey, 2002*. By A.N. Dey, J.S. Schiller, and D.A. Tai. Vital Health Stat 10(221). Hyattsville, MD: NCHS, 2004.
- Maryland Department of Health and Mental Hygiene. *Healthy Maryland Project 2010 Health Improvement Plan*. Baltimore, MD: DHMH, 2001.



OUTCOME

Young Children Ready for School

Kindergarten Readiness

Definition: Kindergarten readiness is the percentage of kindergarten students who have been assessed as “fully ready” on the Work Sampling System Kindergarten Assessment, mandated by the Maryland State Department of Education. Full readiness is determined by consistent demonstration of skills, behaviors and abilities that are needed to meet kindergarten expectations successfully. The evaluation documents readiness in seven domains: social and personal development, language and literacy, mathematical thinking, scientific thinking, social studies, the arts, physical development and health. As a comprehensive measure with various domains, “full readiness” acknowledges that early school success is not limited to academic knowledge but includes a child’s physical well-being and social-emotional development.

Rationale: Kindergarten readiness assessments provide a good indication of early school success. Research also shows that young children’s early learning progress

sets the foundation for success later in school. The disparities measured at school entry often persist throughout the school years and are still present at school completion. How prepared a child is for school depends on a number of factors including parental involvement, access and quality of early learning opportunities, child health and family stability. Readiness for kindergarten also becomes a measure of how well families and the community are able to support early childhood development.

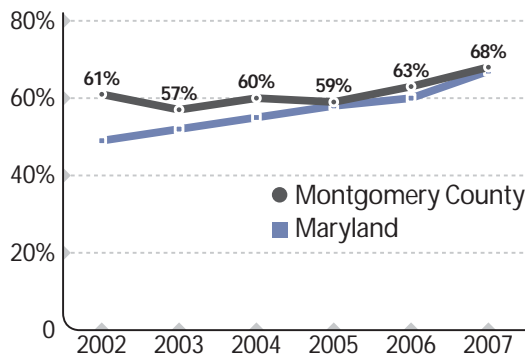
Findings: Montgomery County saw overall improvement in the percent of students assessed as ready for kindergarten; up from 63 percent in 2006 to 68 percent for the 2006-2007 school year. In Maryland, the percentage of students assessed as fully prepared was similar, with an increase from 60 to 67 percent.

Data indicate that students enrolled in any type of early care and education program before kindergarten are better prepared. This is particularly important for low-income children. In Montgomery County, 71 percent of all students in some type of formal care (child care, Head Start, nursery school or pre-kindergarten) prior to kindergarten were ready compared to 55 percent in informal care (at home with parents or relatives). A Maryland study found that students enrolled in more than one type of experience were even more prepared.

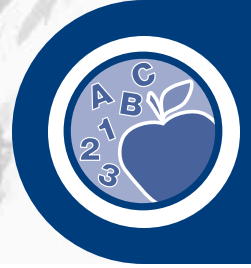
Hispanic children and children with limited English proficiency are not as ready for kindergarten compared to other children— 53 percent of Hispanics and 50 percent with limited English proficiency were fully

The proportion of kindergarten students in Montgomery County fully prepared for kindergarten has been steadily increasing, 2001-2002 to 2006-2007 school years

percentage of all kindergarten students assessed as “fully ready,” composite score



Source: Work Sampling System, Maryland State Department of Education



Kindergarten Readiness

prepared in Montgomery County. This rate has increased since the first assessment conducted in 2002 among Hispanic children when only 46 percent of Hispanics were fully prepared, but it has not increased for children with limited English proficiency. In 2003, Centro Familia, on behalf of the Department of Health and Human Services, developed a report with the Task Force on Quality Child Care for Immigrant Communities. They found that immigrant families are less likely to use formal child care arrangements because of a strong history of dependence on informal care. Though the care these children receive is nurturing and warm, such children are less likely to be assessed as fully ready for kindergarten.

Data Sources: *Children Entering School Ready to Learn: School Readiness Information for School Year 2001-02 through 2006-07.* Maryland State Department of Education.

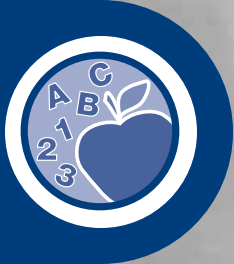
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- Maryland State Department of Education. *Relationship of Prior Early Care Experiences on School Readiness Skills.* Baltimore, MD: MSDE, 2004.
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Five-Year Community Strategic Plan Highlight

Early Childhood Strategy: Increase the Availability of Home-Visiting Services.

Through regular in-home support to families and their very young children, home-visiting services foster school readiness by enhancing parent knowledge about child development, building parenting skills, strengthening attachments between parent and child, and promoting appropriate care and activities. Home-visiting services also link the family to other needed resources (health care, employment training, etc.) to help ensure the family's overall well-being and ability to give their children the best possible start in life. Research has shown that home-visiting services that begin in infancy have a positive and long-lasting impact on a child's physical, cognitive, social and emotional development.

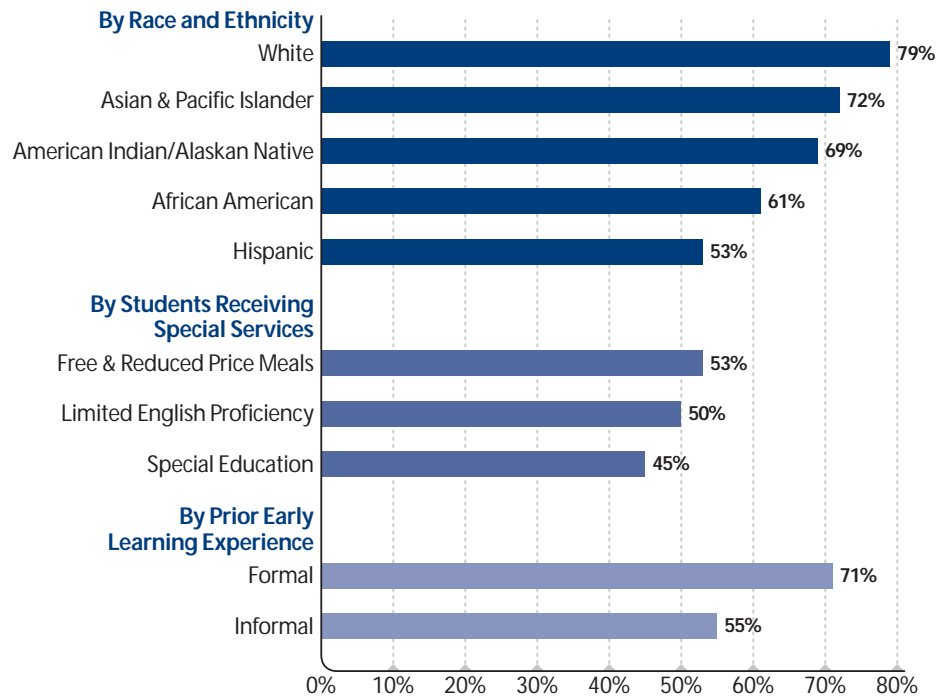


OUTCOME

Young Children Ready for School

Kindergarten Readiness

Even as the percentage of students fully prepared increased for most groups since 2003, some still fall below 70 percent for being fully ready for kindergarten, 2006-2007 school year
percentage of all kindergarten students assessed as “fully ready,” composite score



Race categories included here are non-Hispanic. Hispanic origin may be any race.
Source: Work Sampling System, Maryland State Department of Education



Academic Performance in Reading and Mathematics

Definition: Academic proficiency is measured by the percentage of all students scoring proficient or above on the Maryland School Assessment (MSA). The MSA is a test of reading, math, and science achievement. The MSAs are taken in grades 3 through 8 and after completing high school English 2 for reading and in grades 3 through 8 and after completing Algebra classes for mathematics. The High School Assessment (HSA), a later indicator, serves as the MSA for English and Algebra. The MSA in Science is currently being given in grades 5 and 8. First given in the 2002-2003 school year, the MSA was originally administered in grades 3, 5, 8 and 9. Students with severe disabilities participate in the Alternate MSA (Alt-MSA). Performance-level scores from both the MSA and the Alt-MSA are aggregated to measure adequate yearly progress (AYP) toward 100 percent achievement of all students by the year 2014.

Rationale: The federal *No Child Left Behind Act of 2001* established a set of national requirements for school accountability for academic achievement. In Maryland, implementation of these requirements is established through the Maryland State Department of Education's (MSDE) accountability system. Measuring whether or not students are meeting standards helps examine the quality of students' learning environments. The MSA provides evidence of how well students learned the reading and mathematics objectives in Maryland's curriculum standards. MSDE describes reading-proficient students as students who "can read grade appropriate text and demonstrate the ability to comprehend literature and informational passages." Mathematics-proficient students "demonstrate an understanding of fundamental grade level skills and concepts and can generally solve entry-level problems in mathematics."

Five-Year Community Strategic Plan Highlight

Youth Development Strategy: Increase Youth Attachment and Connectedness With School.

School engagement by youth can be built through fair and consistent discipline, trust among all members of the school community, high expectations from the parents and school staff, effective curriculum and teaching strategies, and students feeling close to at least one supportive adult. Strengthened bonds with school lead to student success via educational motivation, classroom engagement, better attendance and academic achievement. Youth need to feel that adults and peers care about and actively support their well-being. Parents and community stakeholders have a collaborative role with school personnel to create a positive school climate that recognizes and builds upon its cultural and economic diversities to ensure that youth are connected to school resulting in graduation and increased employability. A coordinated approach of policies and services will increase school connectedness among students and their school community.



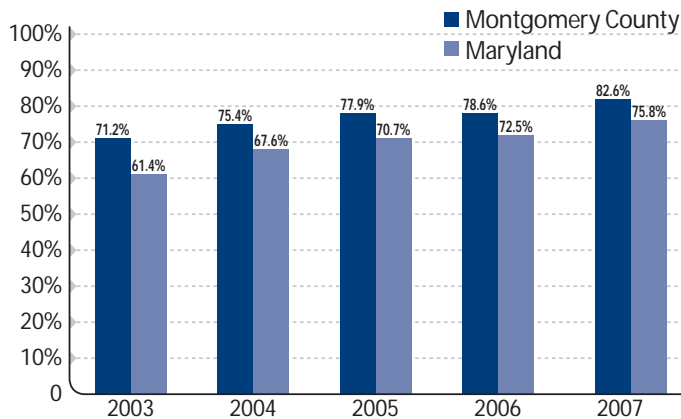
OUTCOME

Success for Every Student

Academic Performance in Reading and Mathematics

The proportion of students scoring proficient or above on the Maryland School Assessment in reading continues to increase, 2002-2003 to 2006-2007 school years

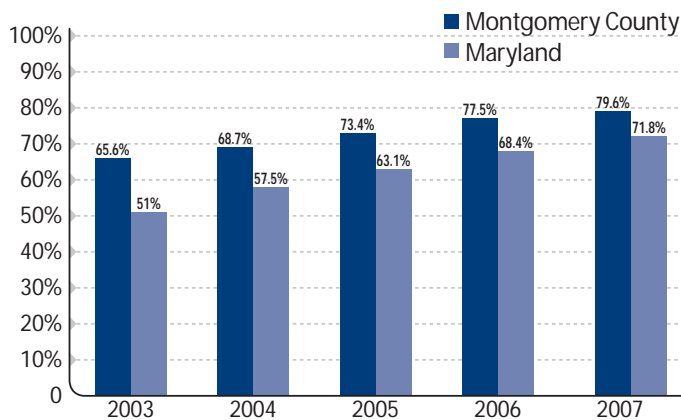
percentage of all students scoring proficient or above



Source: Maryland School Assessment, Maryland State Department of Education

The proportion of students scoring proficient or above on the Maryland School Assessment in mathematics has made great strides since the test was first administered in 2003, 2002-2003 to 2006-2007 school years

percentage of all students scoring proficient or above



Source: Maryland School Assessment, Maryland State Department of Education

Academic achievement frames a child's future and increases opportunities for success in the labor market. School success also enhances a student's positive self-image and protects youth from engaging in problem behaviors. Factors correlated with academic achievement include:

- parental involvement
- socioeconomic status of families and neighborhoods
- nutrition quality
- physical and mental health
- exposure to violence.

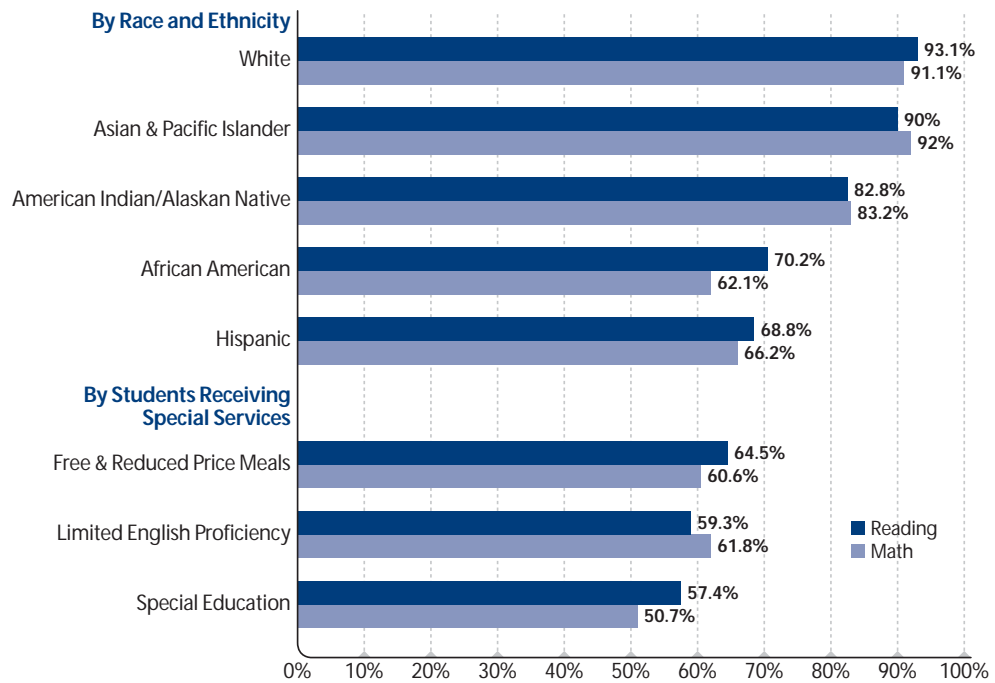
Findings: Montgomery County saw an increase in reading and mathematics proficiency from 2003, with 82.6 percent of all students proficient in reading and 79.6 percent in mathematics in the 2006-2007 school year compared to 71.2 and 65.6 percent, respectively. Improvement over the last four years was evident in all grades. The most significant was the performance by third grade students in reading (a 27 percent increase) and by fifth grade students in mathematics (a 24 percent increase) supporting the impact of local initiatives around early learning.

In the assessment of yearly progress for Montgomery County, nearly all subgroups (race, ethnicity and students receiving special services) met the 2007 objectives for reading and math. Only students with limited English proficiency did not meet the objectives in middle school mathematics (target of 50 percent proficient) and high school English (target of 52.2 percent proficient). Despite gains in achievement for all subgroups, the achievement gap still exists between



Academic Performance in Reading and Mathematics

Fewer African American and Hispanic students scored proficient or above in both the Maryland School Assessment in reading and mathematics, 2006-2007 school year
 percentage of all students scoring proficient or above



Race categories included here are non-Hispanic. Hispanic origin may be of any race.
 Source: Maryland School Assessment, Maryland State Department of Education

African American and Hispanic students when compared to white, non-Hispanic students. Students receiving Free and Reduced Price Meals (FARMS) and students with limited English proficiency still score lower than their peers.

Across Maryland, reading and mathematics proficiency has improved since the assessments were first given in 2003. In the 2002-2003 school year, 61 percent of all students in Maryland scored “proficient” in reading, and 51 percent in mathematics. In the 2006-2007 school year, the percentage increased to 75.8 percent in reading and 71.8 percent in mathematics.

Data Source: 2007 Maryland Report Card, Maryland State Department of Education. Data accessed online at www.mdreportcard.org.

Reference: Montgomery County Public Schools. *Results of the 2004 Administration of the Maryland School Assessment in Grades 3, 5, 8, and 10.* By Joe Stevenson and Theresa Alban, Office of Shared Accountability. Rockville, MD: MCPS, 2004.

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OUTCOME

Success for Every Student

School Attendance, Absenteeism and Truancy

Definition: The attendance rate is the percent of students in school for at least half the average school day during the school year. The percent average daily attendance is calculated by dividing the aggregate number of students in attendance by the aggregate number of students enrolled for the September to June school year. The average daily attendance for a given year is based on the aggregate number of enrolled students who are present in school each day of the September to June school year. The absentee rate is the percentage of students who are absent for more than 20 days during the school year. Excused and unexcused absences are both counted as absences.

Rationale: Children who are absent from school are placed at a disadvantage for school success because they miss the instructional content and may fail tests and other graded work. These students are at a greater risk of dropping out of school. Truancy, in particular, is also a strong predictor of delinquent behaviors, crime and substance abuse. Children who are truant frequently are more likely as adults to have poorer health, lower paying jobs and be involved in violent behaviors.

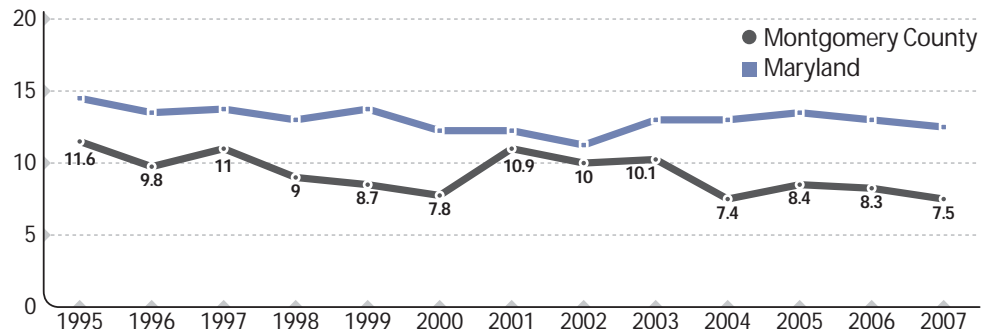
Absenteeism is often an indication of problems in a child's life involving the family, school or community. Risk factors that increase the likelihood of a student to be absent include:

- lack of parental supervision
- domestic violence
- substance abuse
- poverty
- unsafe school climate
- inadequate child care and transportation
- differing cultural attitudes toward education.

Findings: The attendance rate in Maryland and Montgomery County has remained relatively constant for the last 10 years. The attendance rate for the 2006-2007 school year in Montgomery County was over 95 percent for all students. In Maryland, the attendance rate was over 92 percent.

The absentee rate has been gradually decreasing. In Montgomery County, the absentee rate has been below 10 percent since 2003-2004, falling to a rate of 7.5 percent in 2006-2007. The rate in Maryland was as high as 14.7 percent in 1994-1995, decreasing by 15 percent to 12.4 in 2006-2007.

The absentee rate fell below 10 percent for Montgomery County since 2004, 1994-1995 to 2006-2007 school years
the percentage of students who are absent more than 20 days during the school year

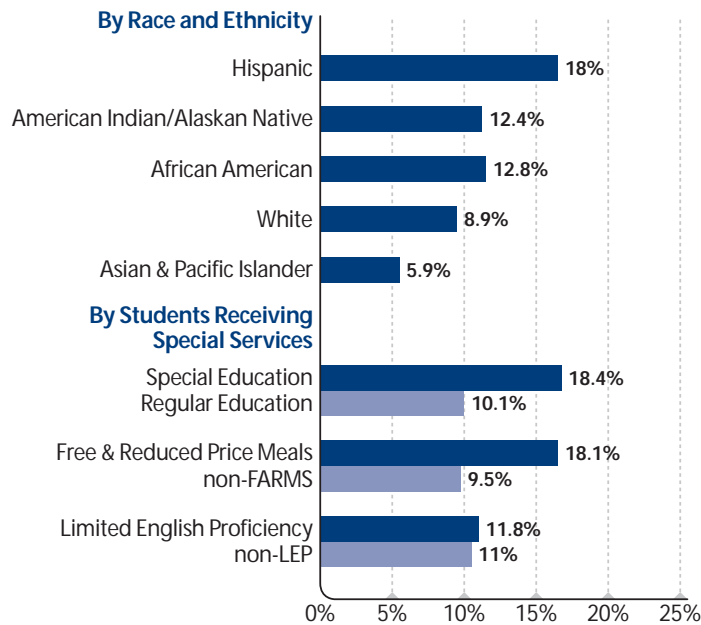


Source: Maryland State Department of Education



School Attendance, Absenteeism and Truancy

Absentee rates among high school students are highest among Hispanics, special education students and students receiving Free & Reduced Meals, 2006-2007 school year
 the percentage of students who are absent more than 20 days during the school year



Race categories included here are non-Hispanic. Hispanic origin may be any race.
 Source: Maryland State Department of Education

Among high school students in Montgomery County, a greater proportion of Hispanic students and students receiving free and reduced price meals (FARMS) are absent when compared with other students; 18.0 and 18.1 percent respectively. The rate for special education students is even higher at 18.4 percent.

A student was considered habitually truant if he or she were unlawfully absent for 20 percent or more days. The truancy rate was 0.91 percent in 2006-2007 school year in Montgomery County, up from 0.75 in 2005-2006. The rate was 2.21 percent in 2006-2007 for the state overall.

Data Source: 2007 Maryland Report Card, Maryland State Department of Education. Data accessed online at www.mdreportcard.org; and *Habitual Truants Maryland Public Schools 2006-2007*, Maryland State Department of Education.

References:

U.S. Department of Education. "Student Truancy," *ERIC Digest*. Number 125. By Jay DeKalb. Washington, DC: U.S. Government Printing Office, 1999.

U.S. Department of Justice. "Truancy Reduction: Keeping Students in School," *Office of Juvenile Justice and Delinquency Prevention*. By Myriam L. Baker, Jane Nady Sigmon, and M. Elain Nugent. Washington, DC: U.S. Government Printing Office, 2001.



OUTCOME

Success for Every Student

High School Academic Achievement

Definition: High school academic achievement can be measured by the percentage of students who earned a passing score on the High School Assessments (HSAs). The HSAs are tests in four core subjects: English, government, algebra/data analysis and biology.

Rationale: Like the Maryland School Assessments in reading and mathematics, the HSAs demonstrate how well students learned the content outlined in Maryland’s curriculum standards. The HSAs are referred to as “end-of-course” tests because students take each test as they complete the appropriate courses. Students who entered ninth grade for the first time in the fall of 2005 are the first cohort of students who must pass the four high school assessments or earn a minimum score on each with a total combined score of 1602 across the four tests in order to earn their Maryland diploma. The HSAs replace the Maryland Functional Tests—which were developed to measure

basic skills and functional knowledge—with a more rigorous test that focuses on measuring learning as the result of specific instructional curricula established to meet the high expectations of colleges and employers.

Achievement is negatively affected by a number of factors including:

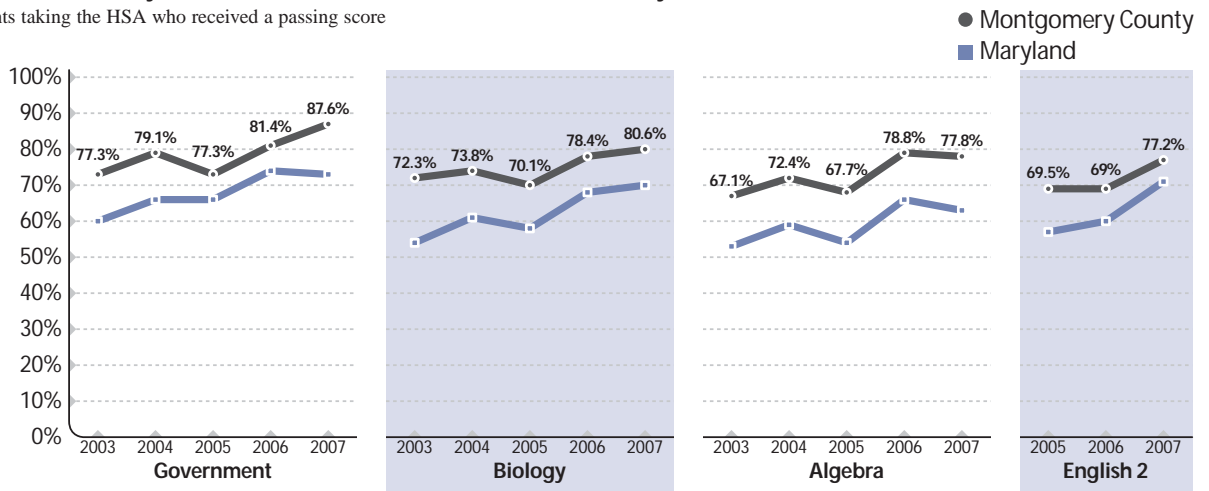
- poverty
- family and school instability
- low educational attainment of parents
- low expectations by school or home
- lack of positive family and community support.

A report by the 1997 National Task Force on Minority High Achievement found that collectively these factors have a major impact on the underrepresentation of minorities among top students.

Findings: The 2006 Algebra/Data Analysis High School Assessment tests serve as the best predictor of how Maryland students are

A greater proportion of Montgomery County’s students pass any one of the HSA tests when compared to the rate for all Maryland students, 2002-2003 to 2006-2007 school years

the percentage of students taking the HSA who received a passing score



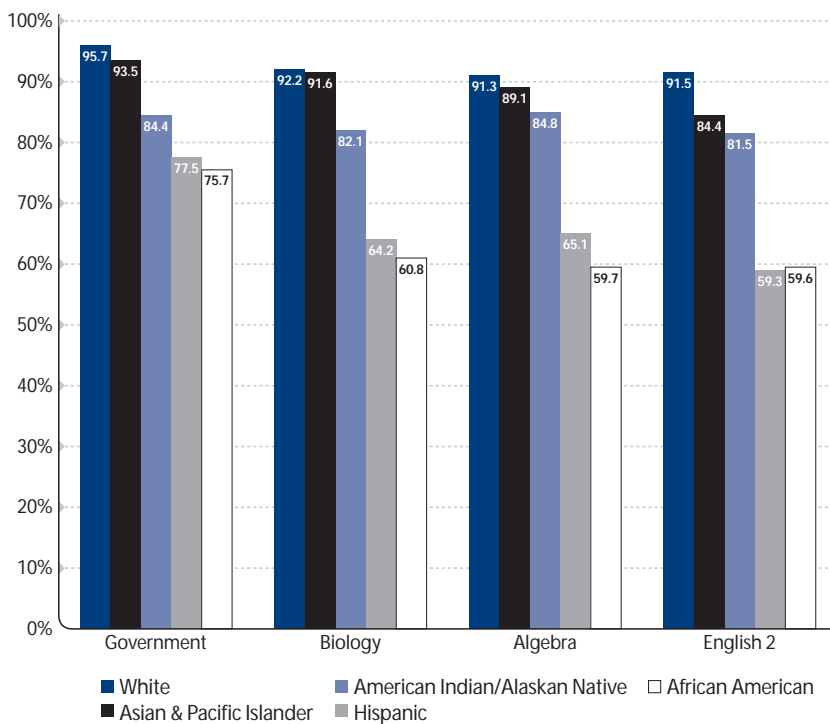
Note: Previous to the 2004-2005 school year the English test was for English 1.
Source: High School Assessments, Maryland State Department of Education



High School Academic Achievement

An achievement gap exists on the HSA tests between African American and Hispanic students in Montgomery County compared to white, non-Hispanic and Asian students, 2006-2007 school year

the percentage of students taking the HSA who received a passing score



Race categories included here are non-Hispanic. Hispanic origin may be of any race.
 Source: High School Assessments, Maryland State Department of Education

doing on the HSAs overall since most students take algebra in ninth grade. Approximately 45,000 students in Maryland passed the algebra exam the first time, roughly 82 percent of the students estimated to graduate in 2009. Later test takers and students who retook the exam in 2007 increased the cumulative number of this cohort to 51,000.

Among the 2009 cohort in Montgomery County who have taken the HSAs in a particular subject, 87 percent passed algebra, 90 percent passed biology, 84 percent passed English and 92 percent passed government.

In a given year, the percentage of test takers passing the HSAs has increased both in Montgomery County and statewide.

A higher percentage of students in Montgomery County earned passing scores on each of the HSAs compared to the passing rates statewide, ranging from 77.2 percent on the English 2 test to 87.6 percent on the government test. Scores on each test have increased since 2003, with an average increase for all four tests of around 3 percentage points a year. In algebra, passing test takers went from 67.1 percent in 2003 to 77.8 percent in 2007; and in government, percent passing was up minimally from 77.3 percent to 77.8 percent.

While all subgroups made gains on all tests since 2003, a gap in achievement still exists between African American and Hispanic students compared to white, non-Hispanic and Asian students. For example, the percentage of Montgomery County students passing English and algebra is 32 percentage points lower for African American students than the percentage of white students passing during the 2006-2007 school year.

Data Source: 2007 Maryland Report Card, Maryland State Department of Education. Data accessed online at www.mdreportcard.org.

Reference:

College Board. "Sources of Academic Differences," *National Task Force on Minority High Achievement*. Accessed online at <http://www.collegeboard.com/about/association/academic/taskforce/taskforce.html>, 2004.

Maryland State Department of Education. *Maryland State Department of Education Analysis of 2007 High School Assessment Results*. August 28, 2007.



Graduation

Definition: The graduation rate is the percentage of students who received a Maryland high school diploma during the reported school year. It is calculated by dividing the number of high school graduates by the number who would have been expected to graduate.

Rationale: The federal *No Child Left Behind Act of 2001* established a set of national requirements for academic achievement. Schools are evaluated based on students' performance on standardized tests. In addition to the test scores, the Maryland State Department of Education also includes the high school graduation rate in its measure of adequate yearly progress. High school graduation rates have, therefore, become an important measure of the school system's performance.

A high school diploma has always been an important predictor of young people's future success, particularly their earning power. On average, people with high school and higher educational degrees tend to have much higher incomes than people who do not. The U.S. Census Bureau found that in 2006, 84 percent of adults 25 years or older reported they had completed high school. The average income of someone who did not graduate from high school was \$18,641. A high school graduate makes almost 50 percent more, \$26,123.

Findings: Montgomery County's graduation rate has remained relatively constant over the last 10 years and continues to be higher than the statewide percentage of 85 percent. For the 2006-2007 school year, 90 percent of the local cohort entering grade 9 in 2003 received a Maryland high school diploma in 2007.

The graduation rate in Maryland overall has been steadily increasing in the last decade. Maryland has set a performance standard for a graduation rate at 90 percent by the end of school year 2013-2014. Maryland expects to achieve that target, as it has currently met its annual measurable objective of 83.24 percent for the 2006-2007 school year with 85 percent graduating. All high schools in Montgomery County met the annual yearly progress measurable objective of 83.24, but five high schools had a graduation rate below 90 percent.

An achievement gap exists among students graduating from high school. Minority youth, with the exception of Asian students, graduate at a lower rate than white, non-Hispanic youth. In Montgomery County, 96 percent of Asian students and 94 percent of white students graduated in 2007. Only 87 percent of African American students, 85 percent of American Indian students, and 80 percent of Hispanic students graduated.

While the graduation rate varied little for most students between 2004 and 2007, an increased percentage of students with limited English proficiency graduated in 2007; 97 percent in 2007 compared to 86 percent in 2004.

Data Source: 2007 Maryland Report Card, Maryland State Department of Education. Data accessed online at www.mdreportcard.org.

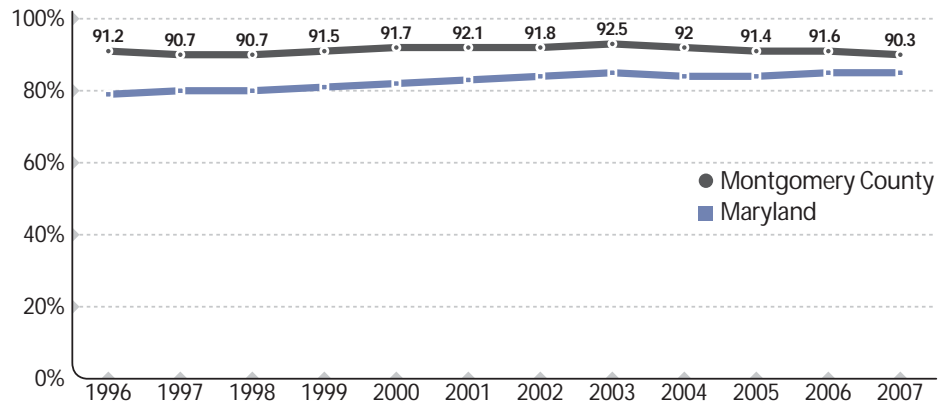
Reference:

U.S. Census Bureau. *Educational Attainment in the United States: 2003*. By Nicole Stoops. Current Population Reports P20-550. Washington, DC: U.S. Government Printing Office, 2004.



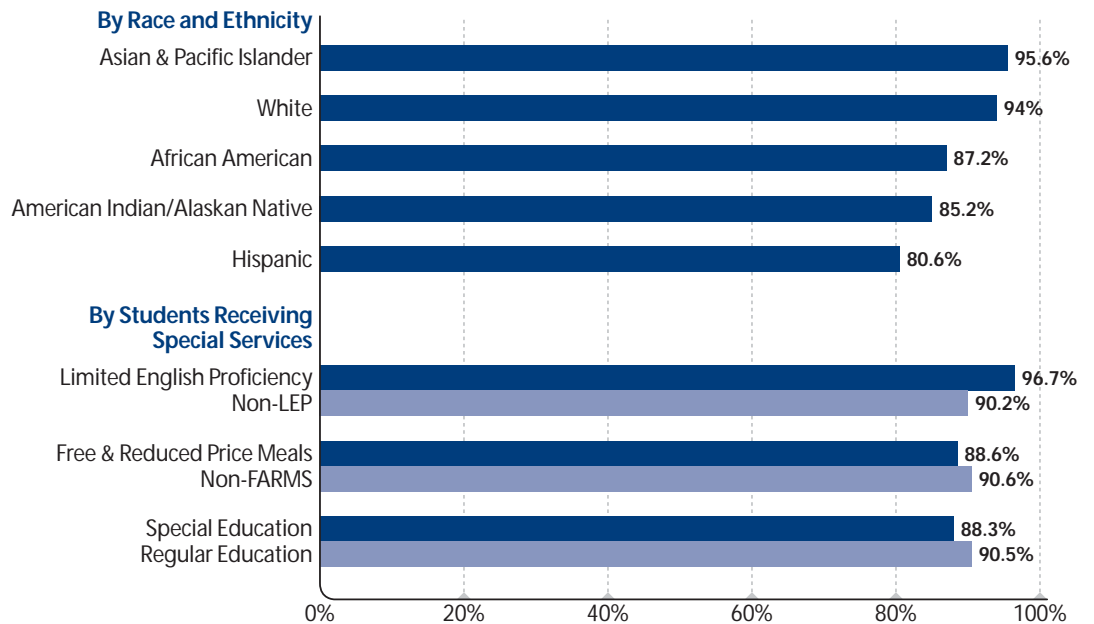
Graduation

The graduation rate in Montgomery County has remained relatively constant and above the annual measurable objective of 80.99 percent, 1995-1996 to 2006-2007 school years
 the percentage of students who received a Maryland high school diploma for the reported school year



Source: Maryland State Department of Education

Asian and white, non-Hispanic students are more likely to graduate from high school when compared to their African American and Hispanic peers, 2006-2007 school year
 the percentage of students who received a Maryland high school diploma for the reported school year



Race categories included here are non-Hispanic. Hispanic origin may be any race.
 Source: Maryland State Department of Education



Dropouts

Definition: The dropout rate is calculated as the percentage of students in grades 9 through 12 who leave school before graduation and who are not known to enroll in another school during the current school year.

Rationale: The dropout rate provides a measure of the proportion of youth who are at greater risk of unemployment, face fewer opportunities for high paying employment, and are more likely to become involved in problem behaviors. A high school degree is necessary for post-secondary education and most jobs. Therefore, the economic consequences to youth who do not complete school are significant. Students who drop out and have no attachment to school may become involved in delinquent activities and are more likely to have children as teenagers.

As with other indicators related to students' success in school, the supports children receive from their families and communities strongly influence their decision to stay in school. Factors that affect whether a student remains or drops out of school include:

- Parental involvement and parent's own educational attainment help to motivate a student to stay in school.
- The quality of school climate, both in terms of support for students and overall safety, can also influence a student's decision.
- Youth who live in high-income neighborhoods are surrounded by achieving peers who stay in school.
- Youth who feel connected to the school community are more likely to complete school.
- Young girls who become mothers while in school and who lack necessary economic and social supports are more likely to drop out than other girls.

Findings: In Montgomery County, the percentage of high school students who leave school before graduation had always been much lower than state levels. In the 1999-2000 school year, only 1.7 percent of county students dropped out of school. Montgomery County has been seeing a slight rise in this small percentage to a dropout rate of 2.7 in 2007, still below the standard of 3 percent. A greater proportion of African American and Hispanic students dropped out of school compared to other students, 3.6 and 5.3 percent respectively in 2006-2007. Students with limited English proficiency actually had the lowest dropout rate among all other student groups, 0.5 percent.

There has been a downward trend in the dropout rate nationally. Maryland's dropout rate is among the lowest when looking at national data for grades 10 to 12. In Maryland, the dropout rate has been steadily improving. The rate began to drop below 4 percent in the 1999-2000 school year. In 2007, 3.5 percent of students in grades 9 to 12 had dropped out of school, closer to the state's standard of 3 percent or less.

Data Source: 2007 Maryland Report Card, Maryland State Department of Education. Data accessed online at www.mdreportcard.org.

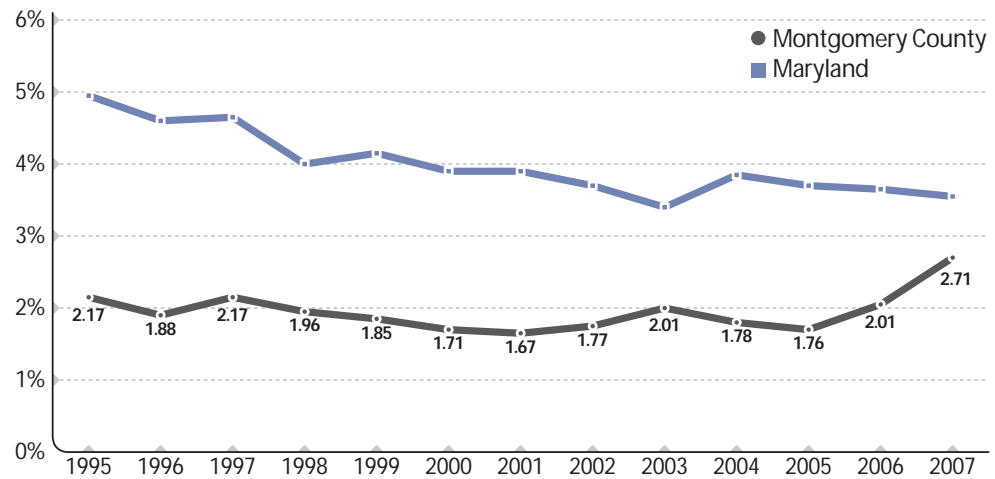
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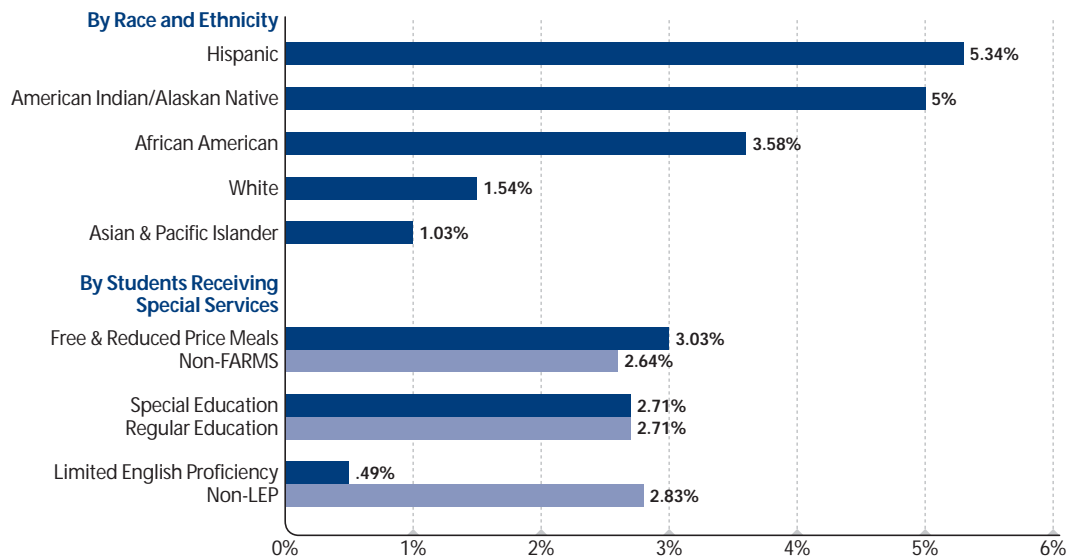
Dropouts

The dropout rate in Montgomery County has remained below the state satisfactory standard of 3.0 percent, 1994-1995 to 2006-2007 school years
 percentage of students in grades 9 through 12 who leave school before graduation and are not known to enroll in another school



Source: Maryland State Department of Education

The dropout rate in Montgomery County is much greater for Hispanics when compared with other groups for the 2006-2007 school year
 percentage of students in grades 9 through 12 who leave school before graduation and are not known to enroll in another school



Race categories included here are non-Hispanic. Hispanic origin may be any race.
 Source: Maryland State Department of Education



High School Program Completion

Definition: High school program completion is defined as the percentage of public high school graduates meeting the requirements for admission to the University System of Maryland or completing an approved Career and Technology Education (CTE) program.

In the 2004 data book, high school attainment was defined as the percentage of public high school graduates who completed a rigorous course of study based on such indicators as grades, Grade Point Average and SAT scores. Montgomery County Public Schools (MCPS) determined that this classification model was no longer necessary because more clearly defined high school targets and measures for monitoring students' academic progress are in place. These include SAT participation and performance, algebra and geometry program completion, and high school final exams.

Rationale: Education beyond high school increases a young person's employment opportunities and chances at economic security. But success in a work environment or in post-secondary education requires more than just a high school diploma. In particular, students require proper preparation to handle the challenges of work and post-secondary education. The societal effects of poor preparation in high school are many. Economically disadvantaged students are disproportionately unprepared for college or the working world.

To encourage success, many schools are aligning college admission requirements with their high school curriculum to help prepare students for university admission and a range of employment opportunities outside of college. The U.S. Department of Education

has shown that rigorous coursework better equips high school graduates for higher education, succeeding at training for work or the military, or resuming education at a later date. Career technical education, in particular, straddles the education and workforce development systems by teaching students the technical skills needed to succeed in the workforce while engaging students in school so that they are able to attain the necessary academic skills too.

Findings: Since 2003, the percentage of graduates who met more than the minimum graduation requirements has remained fairly constant for both Maryland and Montgomery County. In the 2006-2007 school year, 72.4 percent of high school graduates in Montgomery County had completed the standards for admission to the University System of Maryland; this included students who also completed a CTE program. Across Maryland, the proportion was 68.9 percent. A smaller proportion of graduates in Montgomery County completed only a CTE program compared to Maryland; 5.3 percent compared to 12.7 percent.

While no high schools achieved 100 percent of graduates completing the standards for admission to the University System of Maryland, one school had 90.2 percent of its graduates in this category and 12 schools were over the countywide rate.

A smaller proportion of African American and Hispanic graduates in Montgomery County completed the requirements for admission to the University System of Maryland; 55.1 and 52.5 percent respectively in 2007. These youth are more likely to have completed a CTE program compared to white or Asian

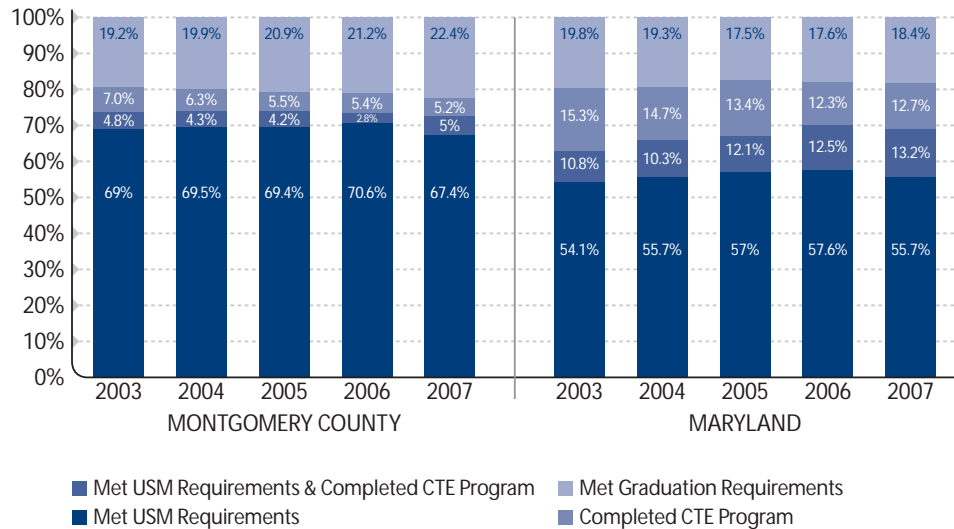


Young People Prepared for the Workplace

High School Program Completion

The percentage of graduates meeting more than the minimum graduation requirements has remained rather consistent for both Maryland and Montgomery County, 2002-2003 to 2006-2007 school years

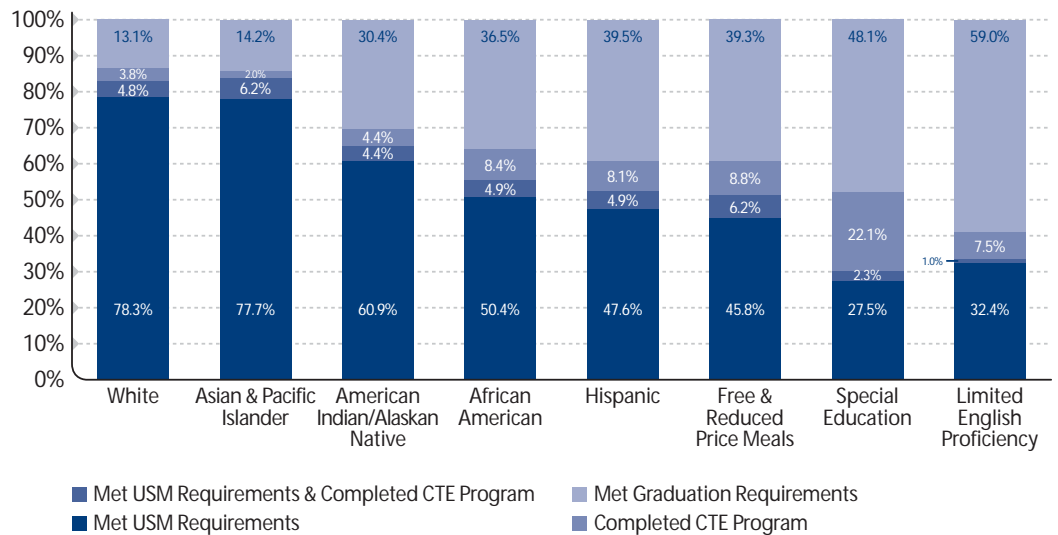
the percentage of graduates meeting specific high school program completion requirements



Source: Maryland State Department of Education

Graduates with limited English proficiency and special education students in Montgomery County were less likely to have met the requirements for admission to the University System of Maryland, 2006-2007 school year

the percentage of graduates meeting specific high school program completion requirements



Race categories included here are non-Hispanic. Hispanic origin may be any race.
Source: Maryland State Department of Education



OUTCOME

Young People Prepared for the Workplace

High School Program Completion

graduates, 13 percent compared to 8 percent. The difference in attainment levels exists because of historically low enrollment in rigorous instructional programs by minority groups. But MCPS has noted a continuing trend toward increased participation, as evidenced by increased enrollment in honors and advanced placement courses. The 2006-2007 enrollment in these courses among African American students was 50.7 percent which was an 18.2 percentage point increase from the 2000-2001 school year levels of 35.4 percent.

Data Sources: 2007 Maryland Report Card, Maryland State Department of Education. Data accessed online at www.mdreportcard.org.

Reference:

The Bridge Project. *Claiming Common Ground*. By Patrick M. Callan et al. The Institute for Educational Leadership, The National Center for Public Policy and Higher Education, and The Stanford Institute for Higher Education Research. Washington, DC: 2006.

Five-Year Community Strategic Plan Highlight

Youth Development Strategy: Increase the Availability of After-School and Out-Of-School Time Activities.

High quality after-school and out-of-school activities that use a positive youth development philosophy promote social, emotional, intellectual and physical growth. Youth should be able to choose from an array of activities including academic support, recreation and leisure, sports and fitness, fine and performing arts, leadership development, service learning, and career/job awareness. Out-of-school time activities can effectively balance and complement the learning that takes place during the school day by providing real world experiences; mastery by doing and opportunities to develop invaluable 21st century skills beyond the core content areas.

Collaboration is critical to increase the number of programs and their capacity to serve more youth, especially in vulnerable neighborhoods and with youth not experiencing academic success. Having all stakeholders working together to build a local after-school system where common issues of funding and sustainability, high quality staff and services, and space and transportation are resolved will support having all youth fully prepared for life and future education and training beyond high school graduation.



Suspensions

Definition: Suspension rate is the percent of public school students who are suspended during the school year for at least one day. The availability of alternatives to suspension will affect rates of suspension. Suspensions may be a more frequent response to serious misbehaviors in schools with fewer options, such as “in-school” suspensions, after-school detention, or conflict resolution.

Rationale: Schools are committed to providing a safe learning environment. The rate of suspensions is a proximal indicator of the prevalence of serious student misbehaviors. Students may be suspended for a range of problem behaviors including violence, insubordination, substance use, or habitual truancy.

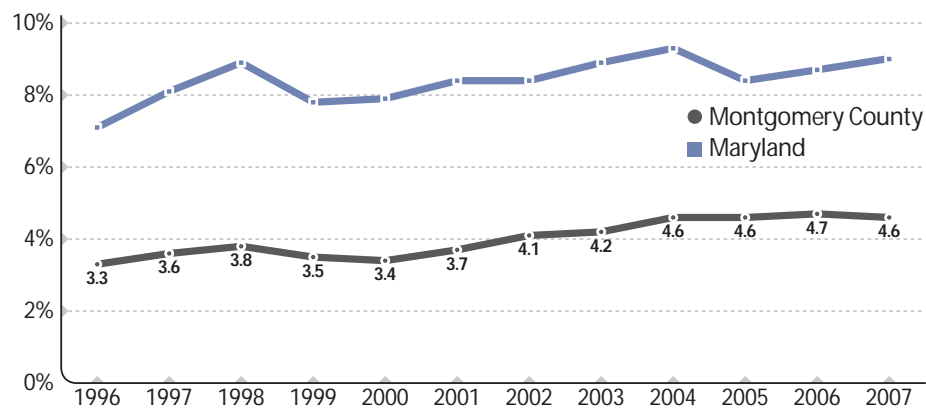
Students who misbehave in school may not have access to certain protective factors such as strong family involvement and a positive school climate to offer them nurturance and a sense of inclusiveness and community. Students who are more likely to face

suspensions engage in violent behaviors, are ambivalent about academics, and have low or no attachment to school.

School discipline in the form of suspensions is indicative of the school administration’s response to problem behaviors. Different factors influence a school’s decision to suspend students for a particular offense including standards for certain behaviors, a particular student’s record and the availability of alternative programs. Schools want to keep children in the classroom by encouraging attendance and participation. Montgomery County Public Schools’ efforts to reduce suspensions include Positive Behavioral Interventions and Supports (PBIS) and character education and life skills curriculum that teach the consequences of conflict, exercising self-discipline and developing self-management skills.

Findings: The suspension rate among students in Maryland and in Montgomery County has been gradually increasing for

The percentage of students suspended has been increasing slightly among students in both Montgomery County and statewide, 1995-1996 to 2006-2007 school years percentage of all students



Source: Maryland State Department of Education



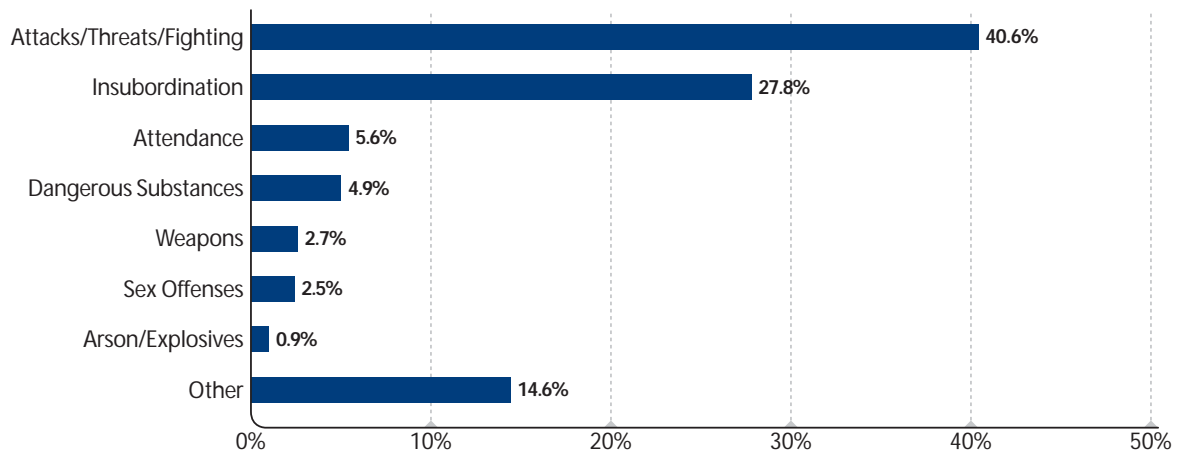
OUTCOME

Young People Making Smart Choices

Suspensions

In Montgomery County, most students were suspended for attacks, threats or fighting; of these, fighting and physical attacks against another student were the most frequent offenses, 2006-2007 school year

percentage of all students suspended



Source: Maryland State Department of Education

over a decade. The Maryland rate increased from 7.1 percent in 1996 to 9.0 percent in the 2006-2007 school year. In Montgomery County, the rate was 4.6 percent in 2007; and has been above 4 percent since the 2001-2002 school year.

Of the students suspended in Montgomery County during the 2006-2007 school year, most were suspended for attacks, threats or fighting, 40.6 percent of all suspensions. Most of these offenses involved a fight or a physical attack on another student. Insubordination accounted for 27.8 percent of all suspensions; these included general insubordination, disrespect and classroom disruptions. In 2006-2007 school year, there was an increase in the number of suspensions for cutting class and truancy.

Data Source: *Suspensions, Expulsions, and Health Related Exclusion Maryland Public Schools, 2006-2007*, Maryland State Department of Education.

References:

- Montgomery County Public Schools. *2007 Annual Report on Our Call to Action*.
- University of Oregon. "School Violence Prevention," *ERIC Digest 94*. By Dean Walker, Eugene. Oregon: University of Oregon, March 1995.



Substance Use

Definition: Substance use is measured as the percentage of students who reported the use of some type of alcohol, tobacco or illegal drug in the last 30 days. Every two years, Maryland’s 6th, 8th, 10th, and 12th graders are surveyed, using a multi-stage, stratified cluster, county-based sampling procedure, for the *Maryland Adolescent Survey*. It is possible that some students may underreport or over report their use of illicit drugs, even though the survey is anonymous. Students who dropped out of school or who were absent on the day of the survey are omitted from the samples. It is important to note that school dropouts and absenteeism tend to be related to a higher risk of drug use.

Administration of the *Maryland Adolescent Survey* (MAS) did not take place in 2006, as the Maryland State Department of Education and Maryland Department of Health and Mental Hygiene consider how best to utilize the three legally mandated youth surveys (MAS, Youth Tobacco Survey and Youth Risk Behavior Survey). Rather the MAS was administered in December 2007 with results anticipated in summer 2008.

Rationale: Alcohol, tobacco and other drug use by adolescents is of great concern to a community. The choices youth make to start using alcohol and other drugs will have long lasting consequences. The earlier youth begin using alcohol, cigarettes and/or marijuana, the more likely they are to use other illegal drugs and to experience a range of problems associated with their use. Substance abuse leads to negative health outcomes and possibly death. Substance use among adolescents is also linked to increased involvement in other problem behaviors. Youth who seriously abuse alcohol and other drugs have poor academic achievement, high dropout rates, are more likely to engage in criminal behavior and experience problems in the workplace.

Adolescents who face a number of individual, family and community risk factors are more likely to begin using drugs and alcohol. These include youth who:

- exhibit aggressive behavior
- lack self-control
- have poor social skills
- experience academic failures

Five-Year Community Strategic Plan Highlight

Youth Development Strategy: Increase Access to Adolescent Reproductive Health Information And Services For Teens And Their Families.

Local research has echoed national findings: the keys to sound adolescent reproductive health consist of teens receiving accurate information along with positive parent communication about reproductive health, participating in supervised activities and having an optimistic vision of their future. Collaborative practices among reproductive health services providers and youth-serving agencies can increase adolescents’ access to information and services and improve parent-youth communication. Quality out-of-school time programs can help build self-esteem and decision-making skills that support our young people in making choices that positively impact their future.



OUTCOME

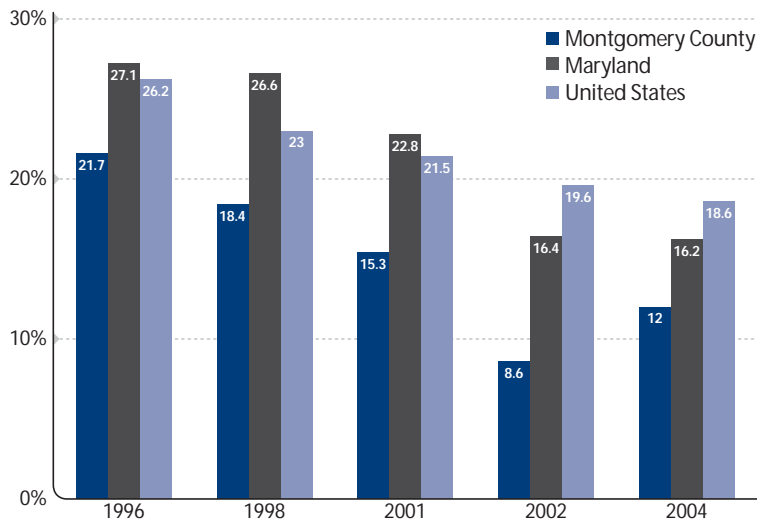
Young People Making Smart Choices



Substance Use

The percentage of 8th grade students using any form of alcohol in the last 30 days has been decreasing; most dramatically in Montgomery County, 1996, 1998, 2001, 2002 and 2004

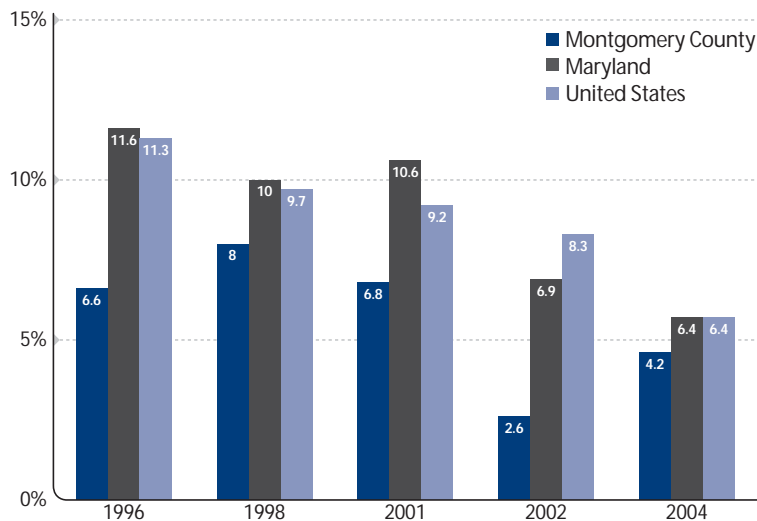
percentage of 8th grade students reporting substance use in last 30 days



Sources: Maryland Adolescent Survey, Maryland State Department of Education and Monitoring the Future, Substance Abuse and Mental Health Data Archive

The percentage of 8th grade students using marijuana in the last 30 days has fallen below five percent among students in Montgomery County, 1996, 1998, 2001, 2002 and 2004

percentage of 8th grade students reporting substance use in last 30 days



Sources: Maryland Adolescent Survey, Maryland State Department of Education and Monitoring the Future, Substance Abuse and Mental Health Data Archive

- associate with drug-abusing peers
- have suffered physical or sexual abuse or neglect
- lack attachment to nurturing adults.

The long-term consequences of cigarette smoking among youth are more than just health-related. Early use of tobacco increases the likelihood of using other substances such as alcohol. Alcohol is the most commonly used substance during adolescence. The most serious abuse of alcohol is binge drinking, having five or more servings on the same occasion, which can lead to death, motor vehicle crashes and injuries.

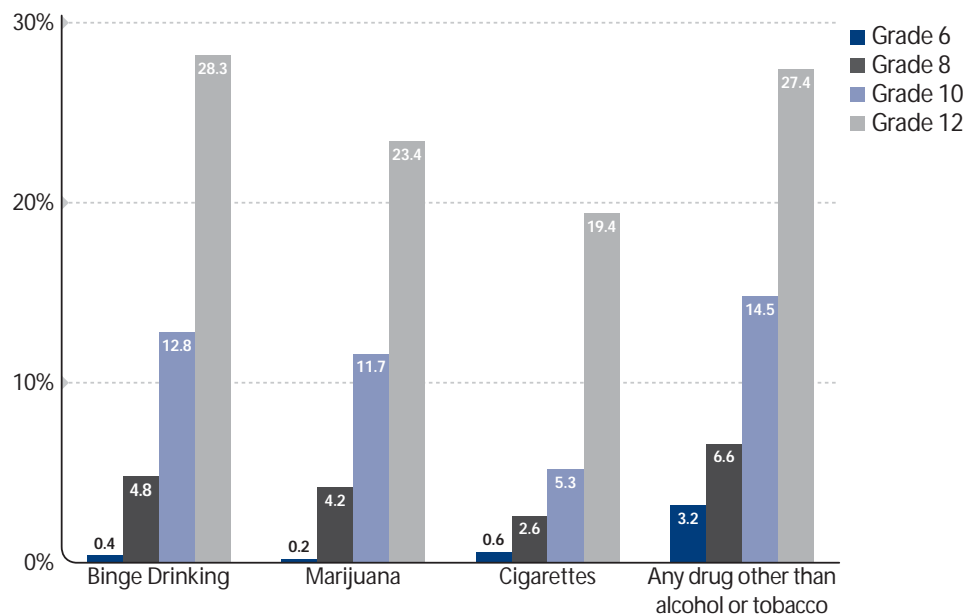
Findings: *The 2004 Maryland Adolescent Survey* confirmed in Montgomery County and Maryland a continuing downward trend seen nationally in substance use among youth. Alcohol remains the most widely used of the substances surveyed. Among 8th grade students in 2004, 12 percent of Montgomery County students reported using alcohol in the last 30 days. In Maryland, the percentage was 16.2 percent, 18.6 percent nationwide. Many Maryland young people report fairly heavy alcohol consumption, especially high school seniors and 10th graders. In Montgomery County more than a quarter of seniors (28.3 percent) and 12.8 percent of the 10th grade respondents say they engaged in binge drinking at least one time in the last 30 days.

Marijuana ranks as the second most used substance. In 2004, 4.2 percent of Montgomery County's 8th grade students reported using marijuana. The percentage was nearly three times higher among 10th grade students—11.7 percent—when compared to 8th grade use. Statewide, 6.4 percent of 8th graders reported using marijuana.



Substance Use

Not surprisingly, reported substance use increases among students in later grades; more than a quarter of 12th grade students used some type of illegal drug or engaged in binge drinking, 2004
 percentage of students reporting substance use in last 30 days



Source: Maryland Adolescent Survey, Maryland State Department of Education

The continued decrease in the use of cigarettes occurred among students in all grades from 2002 to 2004 except for 6th grade students (0.2 percent reported use in 2002 compared to 0.6 percent in 2004 for Montgomery County). Sixth graders in Montgomery County reporting the use of drugs other than alcohol or tobacco increased from 2.9 percent in 2002 to 3.2 percent in 2004. Substance use by 6th grade students is important to monitor, particularly when gauging the need for prevention programs in early grades. The use of marijuana among students in 12th grade changed very little and the reported instances of binge drinking increased from 25.3 percent in 2002 to 28.3 percent in 2004.

Data Source: 1996, 1998, 2001, 2002 and 2004 Maryland Adolescent Surveys. Maryland State Department of Education.

References:

Montgomery County Public Schools. 2002 *Maryland Adolescent Survey: Summary of Results for the Montgomery County Public Schools*. By Julie Wade, David J. Bernstein, PhD and Cynthia Loeb, Office of Shared Accountability. Rockville, MD: MCPS, 2004.

National Institute on Drug Abuse. *Preventing Drug Use among Children and Adolescents*. Second Edition. By Elizabeth B. Robertson, PhD, Susan L. David, MPH, and Suman A. Rao, PhD. Washington, DC: U.S. Government Printing Office, 2003.



OUTCOME

Young People Making Smart Choices

Births to Adolescents

Definition: The adolescent birth rate is the number of live births per 1,000 women ages 15 to 19 years old.

Rationale: Adolescent childbearing brings negative consequences for the health and well-being of both mother and child. Babies born to teen mothers are often at a higher risk of being born prematurely, at low birth weight, or at risk of dying before the age of one. These children are more likely to have less access to opportunities for success later in life because teen mothers tend to have low educational attainment and limited economic resources.

The adolescent birth rate is a strong indicator of responsible sexual behavior and access to affordable contraception. Teen births are lowest among youth who understand the importance of pregnancy prevention and

practice abstinence or effective contraceptive use. Responsible sexual behavior greatly impacts adolescents' opportunities for their future. Greater educational and employment opportunities are linked to lower teenage pregnancy and birth rates.

Youth are more likely to delay sexual activity if they have:

- strong emotional attachments to their parents
- parents who make their views regarding sexual behavior known
- greater supervision.

Adolescents are more likely to be sexually active and engage in unsafe sexual behaviors if they:

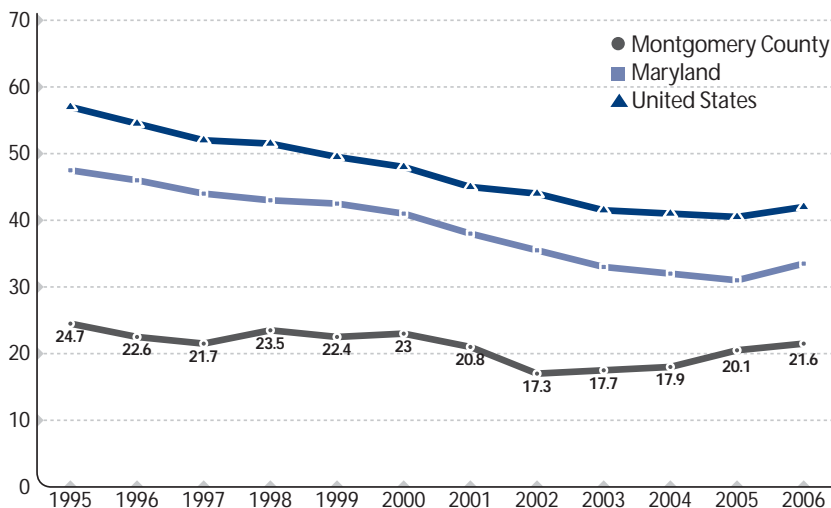
- use alcohol or drugs
- participate in other delinquent behaviors or
- associate with peers who are involved in risk-taking activities.

Findings: After more than a decade of falling adolescent birth rates, an increase was seen in 2006 both locally and nationally. The birth rate among women ages 15 to 19 years old in Montgomery County was 21.6 births per 1,000 women in 2006, less than the Maryland rate of 33.6. In 2006 in Montgomery County, there were 9 births to women under age 15, 214 to women ages 15 to 17 years old and 421 to women ages 18 to 19 years old. Adolescent births among females 18 to 19 years old (42.1 per 1,000 women) are 4 times higher than rates among females 15 to 17 years old (11.1 per 1,000 women).

In Montgomery County, the adolescent birth rate in 2006 among Hispanic women was 71.2 births per 1,000 women, more than twice the rate for African American women (28.6 births per 1,000 women) and more than three times the rate for white women (22.5 births per

The adolescent birth rate has been on the decline in Montgomery County, Maryland and the United States, 1995 to 2006

live births per 1,000 women ages 15 to 19 years old



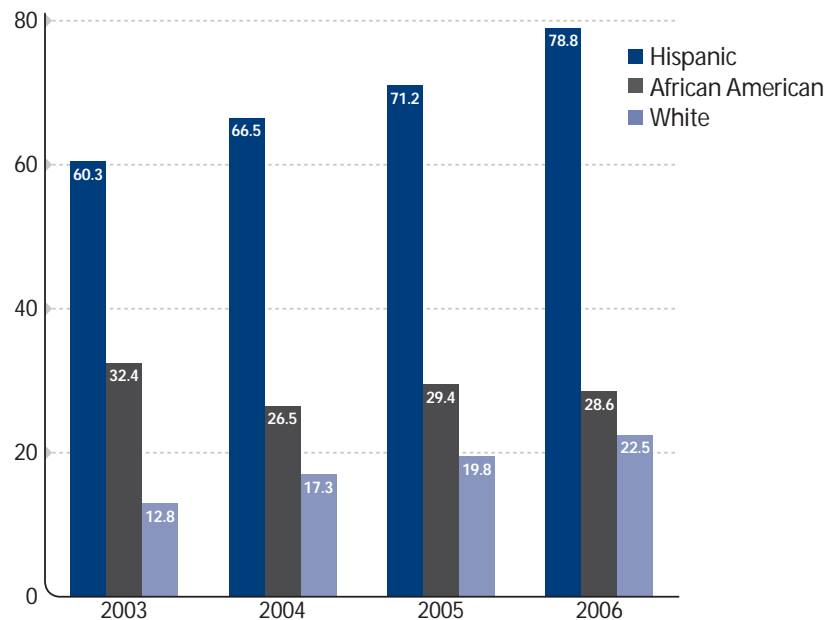
Sources: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration and U.S. Department of Health and Human Services, National Vital Statistics Reports



Births to Adolescents

The adolescent birth rate for Hispanic youth is considerably higher than the rate for other youth in Montgomery County, 2003 to 2006

live births per 1,000 women ages 15 to 19 years old



Data for persons of Hispanic origin are included in the data for each race group according to the mother's reported race. Hispanic origin includes all persons of Hispanic origin of any race. Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration and U.S. Department of Health and Human Services, National Vital Statistics Reports

1,000 women). This gap continues to widen as births to Hispanic women ages 18 to 19 years old increase; over 30 percent in the past decade. Births to African American adolescents have declined in the past 10 years.

The national birth rate rose from 40.5 births per 1,000 women ages 15 to 19 years old in 2005 to 41.9 births per 1,000 in 2006. This increase follows on a 14-year nationwide trend in which the rate fell by 34 percent since its peak in 1991 (61.8 percent). The decline in the 1990s was particularly encouraging because all population groups have shared in lowering birth rates. This latest increase reported a 5 percent increase among African American teens and a 2 percent increase for Hispanic teens. The United States still has the highest teen birth rate of any industrialized country.

Data Sources: *Maryland Vital Statistics Annual Report*, 1995 through 2006, Vital Statistics Administration, Maryland Department of Health and Mental Hygiene (Montgomery County and Maryland); and *Births, National Vital Statistic Reports*, 1995 through 2006, National Center for Health Statistics, Centers for Disease Control and Prevention (United States).

References:

- Dillard, Katie. *Factsheet on Adolescent Sexual Behavior: II. Socio-psychological Factors*. Washington, DC: Advocates for Youth, 2002.
- Darroch J.E. and Singh S. *Why Is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity and Contraceptive Use*, Occasional Report, New York: The Alan Guttmacher Institute, 1999.



Sexually Transmitted Disease

Definition: Sexually transmitted disease (STD) prevalence among adolescents is measured as the number of reported cases of chlamydia, gonorrhea and syphilis per 100,000 population ages 10 to 19 years old.

Rationale: In the United States, adolescents are at higher risk for acquiring sexually transmitted diseases than adults. Some reasons for this disparity are that youth are more likely to have multiple sexual partners rather than a single, long-term relationship and they are more likely to face barriers to quality STD prevention, diagnosis and treatment services. The rate of sexually transmitted diseases among adolescents indicates the involvement of youth in risky sexual behaviors that put the health of youth in danger. For example, women with chlamydia may develop pelvic inflammatory disease, an infection that can cause infertility. Gonorrhea may cause infertility, arthritis, or other problems if untreated. Untreated syphilis may damage the nervous system, heart, brain or other organs, and in some cases, cause death.

Teenagers' decisions about abstaining or participating in sex, and protecting themselves and others from sexually transmitted diseases and pregnancy are influenced by parents, peers, the media, access to education and services. The following contribute to the likelihood of risky sexual behavior:

- Poor communication with parents about sex and safe sex practices discourages responsible behavior.
- Peer group attitudes about sex influence the attitudes and behaviors of teenagers.
- Youth who drink alcohol may be more likely than persons who abstain to participate in risky sexual activities, such as unprotected sex or multiple sexual partners.

- Communities with insufficient opportunities for youth and limited access to health services are also associated with higher sexual risk-taking youth.

Findings: In Montgomery County in 2006, the chlamydia incidence rate was 557.2 per 100,000 and the gonorrhea rate was 65 per 100,000 in 2006. While Montgomery County's adolescent STD infection rates appear substantially lower than the state and national rates, some of the difference may be a result of underreporting of cases and insufficient volume of screenings. Only 2 percent of Montgomery County adolescents were screened in 2006, compared with 5 percent for the state as a whole.

In Maryland, the chlamydia rate has been gradually increasing among the population ages 10 to 19 years old, with a 2006 rate of 1,085 cases per 100,000 adolescents. The rate for reported gonorrhea cases among adolescents has been steadily decreasing in Maryland, to 287.1 cases per 100,000 in 2006.

Chlamydia is among the most prevalent of all STDs in the United States and the number of reported cases has been increasing during the last 10 years. Gonorrhea rates had been decreasing in recent years, but 2005 showed a slight increase among youth ages 15 to 19 years old. In 2005, youth ages 15 to 19 years old in the United States had a reported chlamydia rate of 1,621 per 100,000 and a reported gonorrhea rate of 438.2 per 100,000. STDs remain most prevalent among those ages 15 to 24 years old.

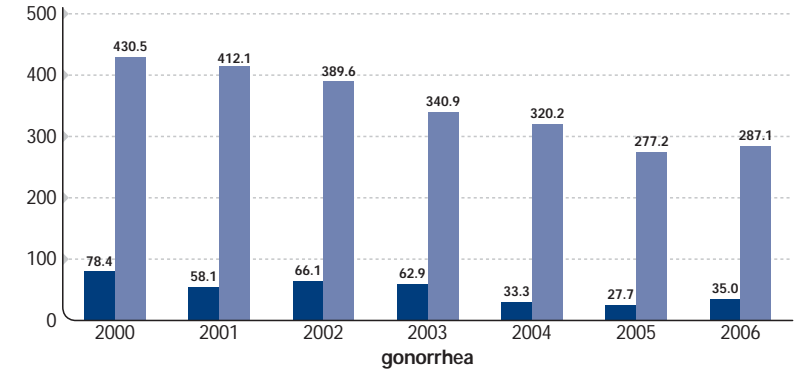
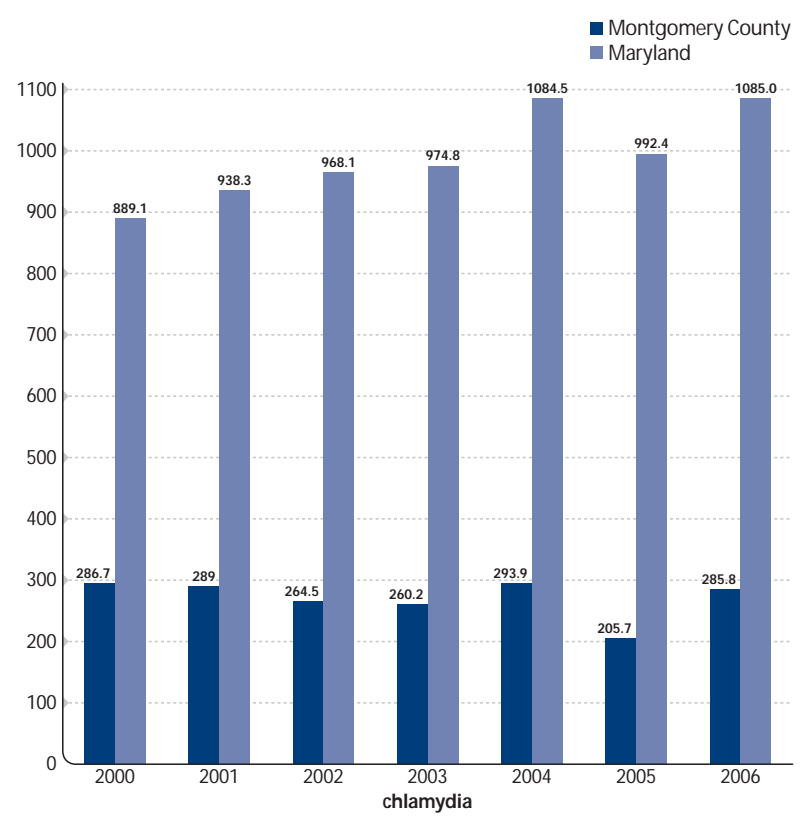
Data Sources: Maryland Department of Health and Mental Hygiene, Sexually Transmitted Diseases Division, data received



Sexually Transmitted Disease

The rate of chlamydia and gonorrhea cases among population ages 10 to 19 years in Montgomery County is significantly lower than the rate statewide, 2000 to 2006

number of reported cases per 100,000 population ages 10 to 19 years old



Source: Division of Sexually Transmitted Diseases, Maryland Department of Health and Mental Hygiene

by special request (Maryland and Montgomery County); and *Sexually Transmitted Disease Surveillance 2005*, Division of STD Prevention, United States Department of Health and Human Services (United States).

References:

Centers for Disease Control. "Chlamydia," "Gonorrhea" and "Syphilis," *Health Communication: Fact Sheets*. Accessed online at www.cdc.gov/std/healthcomm/fact_sheets.htm on November 6, 2004.

Alford, Sue. *Adolescents—At Risk for Sexually Transmitted Infections*. Washington, DC: Advocates for Youth, 2003.

Clark, Shelia. "Parents, Peers, and Pressures: Identifying the Influences on Responsible Sexual Decision-Making," *Adolescent Health*. Practice Update. Vol. 2. No. 2. Washington, DC: National Association of Social Workers, 2001.



Stable and Economically Secure Families

Unemployment

Definition: The unemployment rate is calculated as the annual average percentage of residents in the labor force who are unemployed. People are considered to be in the labor force if they are currently working or do not have a job but are actively seeking employment.

Rationale: Parental employment is the key to a family's economic security. While employment does not ensure financial well-being, economic security is more likely to be achieved with employment. Children in families with inadequate economic resources have limited access to the opportunities they need to succeed. A family's income is strongly associated with child health and academic achievement. Unemployment increases stress for all members of the family, including children. Children living in a household with economic stress may feel helpless and depressed.

Unemployment occurs because of a limited number of jobs or when there is a disconnect between available jobs and the skills of the worker. Individuals face a number of barriers to stable, well-paid employment including: lack of education; lack of job-related skills and experience; low wage, part-time, temporary or seasonal work; lack of affordable child care; work shifts that make child care arrangements difficult; and transportation availability and cost.

It is important to note that employment is not always enough for families to overcome poverty or to achieve minimum economic security. In Montgomery County, where the yearly income needed for a family of three to be self-sufficient is \$61,438, a low-income family making minimum wage still struggles to meet its basic needs, defined as food, housing, health and child care. (See section on *Population and Family Characteristics* for more information on income.)

Findings: In 2006, the unemployment rate in Montgomery County averaged 2.9; the rate in Maryland was 3.9. The unemployment rate in Montgomery County has always been low and gradual changes somewhat mirror national highs and lows. The unemployment rate reached a high of 3.5 in 2002. The county rate has historically been lower than the rate statewide.

The unemployment rate in the United States decreased during the 1990s to a rate of 4.0 in 2000. In the period between 2000 and 2003 the rate climbed back up to 6.0 before coming back down. In 2006, the annual average unemployment rate was 4.6. The unemployment rate of parents in 2006 was 3.8 and the percentage of parents with a job was 77.9 percent.

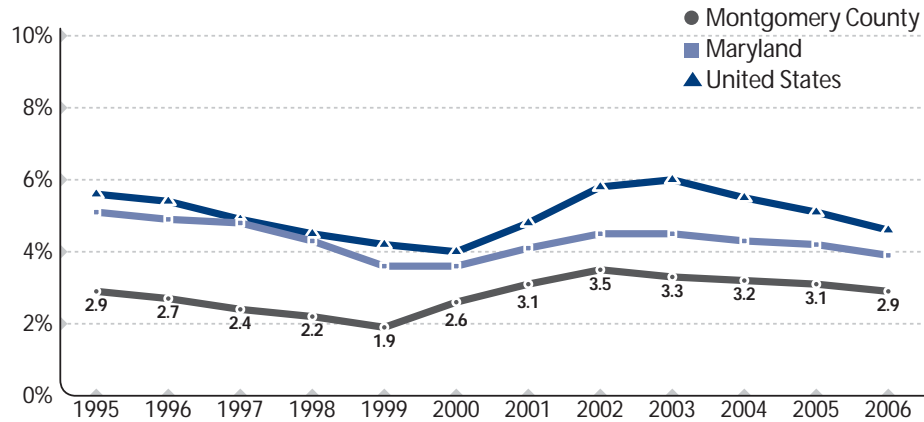
Stable and Economically Secure Families



Unemployment

The unemployment rate in Montgomery County is nearly half the unemployment rate statewide and the United States, 1995 to 2006

annual average percentage of residents in the labor force who are unemployed



Montgomery County and Maryland Rates reflects revised population controls and model reestimation for 2002-2006.
 Source: Maryland Department of Labor, Licensing and Regulation and Bureau of Labor Statistics, United States Department of Labor

Data Sources: *Employment, Unemployment and Unemployment Rate by Place of Residence*, Maryland Department of Labor, Licensing and Regulation (Montgomery County and Maryland); and *Employment Situation, 1995 through 2006 and Employment Characteristics of Families in 2006*, Bureau of Labor Statistics, United States Department of Labor (United States).

Reference:

Brooks-Gunn, Jeanne and Greg J. Duncan. "The Effects of Poverty on Children," *Future of Children: Children and Poverty*. Vol. 7(2):55-71. Los Altos, CA: Center for the Future of Children, 1997.



Stable and Economically Secure Families

Homelessness

Definition: The rate of homelessness is the number of homeless persons per 10,000 people. The measure is based on a one-day count of all people found on the streets, in emergency shelters, and in transitional and permanent supportive housing. People who are permanently housed in supportive housing are not “literally” homeless but would quickly become homeless if their supportive housing was no longer available.

Rationale: Without a permanent place to live, a family’s overall stability is threatened. Homelessness affects a child’s physical and mental health and educational development. Homeless children have inadequate access to health care, have poor nutrition and often live in unhealthy and unsafe conditions. Children exposed to the trauma of not having a permanent home are also likely to experience emotional stress. Homeless children often have their education interrupted and do not attend school.

The rate of homelessness is a sign of the degree of a community’s economic vulnerabilities. Homelessness may be the result of an individual not having the income to afford housing or it may be the result of a community not having a sufficient affordable housing supply. But homelessness is also a sign of the degree of the access and effectiveness of services for individuals who face substance abuse, mental illness and physical disabilities. In these cases, homelessness happens when an individual does not have the necessary supports in place to maintain enough stability to retain housing.

Findings: In Montgomery County, the rate of homelessness was 18.4 per 10,000 population in 2007; a 13 percent increase from a rate of 16.3 per 10,000 in 2004, when there were 1,500 homeless persons. In Montgomery County, nearly half of all homeless are people in families. In a one-day count in 2007, 10 percent of the homeless population in the Washington, DC metropolitan region was reported to be in Montgomery County—1,715 people (this number includes persons in supportive housing).

In the 2007 regional survey, there were 16,458 homeless and permanently housed persons in the Washington, DC metropolitan area. The truly homeless population increased by 5.9 percent since 2004. Of this population, 20 percent reported having a chronic substance abuse problem, 10 percent reported a mental illness and 10 percent reported a dual diagnosis.

Estimates of annual homelessness figures in the United States are around one percent of the total population and may represent as much as 10 percent of all poor people in this country. There is little evidence that the size of the homeless population has changed dramatically over the past 10 years.

Data Sources: *Homeless Enumeration for the Washington Metropolitan Region*, 2001 through 2007, Metropolitan Washington Council of Governments (Montgomery County); and *Population Estimates 2001 through 2006*, U.S. Census Bureau (total population).

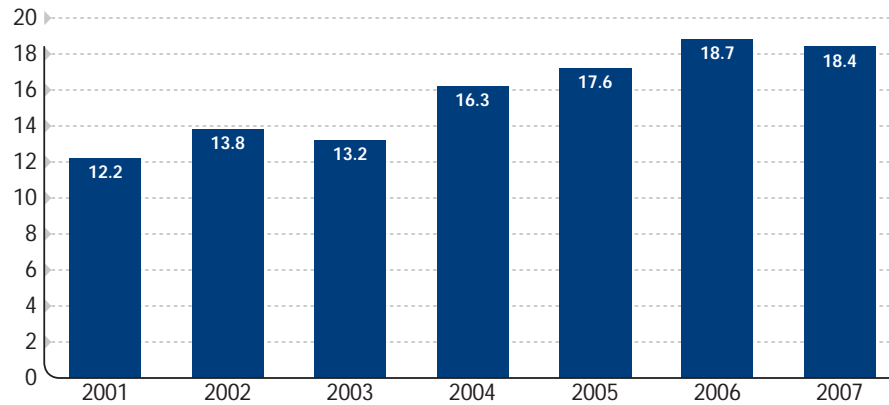
Stable and Economically Secure Families



Homelessness

The homeless rate for the total population has been gradually increasing in Montgomery County, 2001 to 2007

homeless population per 10,000 population



Sources: Homeless Services Planning and Coordination Committee, Metropolitan Washington Council of Governments and U.S. Census Bureau

References:

Burt, Martha R. *What Will It Take To End Homelessness?* Washington, D.C.: Urban Institute, 2001.

Montgomery County Coalition for the Homeless. *Homelessness in Montgomery County: Beginning to End.* Rockville, MD: 2002.

Five-Year Community Strategic Plan Highlight

Children with Intensive Needs Strategy: Increase the Use and Funding of the Wraparound Model to Provide Effective Service Delivery in the Home and Community.

The wraparound approach gives the family the option of preventing more restrictive and expensive out of home placements for their youth. National research supports the practice that youth attain more positive outcomes when treated in their home and community settings. In this interagency, collaborative service approach, a care coordinator is responsible for working with a Child and Family Team to wrap a family in coordinated and highly individualized services and supports that are outlined in their Plan of Care and its budget. Flexible funding enables the purchase of nontraditional but essential services so that parents are able to access the right mix of services and resources for the best possible outcomes. Using a variety of funding sources, the eligibility criteria for wraparound can expand so that not only are children with the most severe emotional needs served but children who have a combination of risk factors including runaways, gang contact or involvement, substance abuse issues, significant behavioral problems in school such as suspensions/expulsions, chronic truancy, poor or lack of attendance, academic failure are eligible for earlier interventions.



Stable and Economically Secure Families

Out-of-Home Placements

Definition: The out-of-home placement rate is the number of children entering out-of-home placements per 1,000 children. Data on out-of-home placements were collected for children in the following types of placements and data sources:

- paid foster care and kinship care (Department of Human Resources, DHR)
- secure detention and commitment placements (Department of Juvenile Services, DJS)
- institutional, Regional Institute For Children and Adolescents (RICA) and community placements (Mental Hygiene Administration, MHA)
- intensive care facilities and long-term residential (Alcohol and Drug Abuse Administration, ADAA)
- institutional, purchases-of-care, community residential, and individual family care (Developmental Disabilities Administration, DDA) and

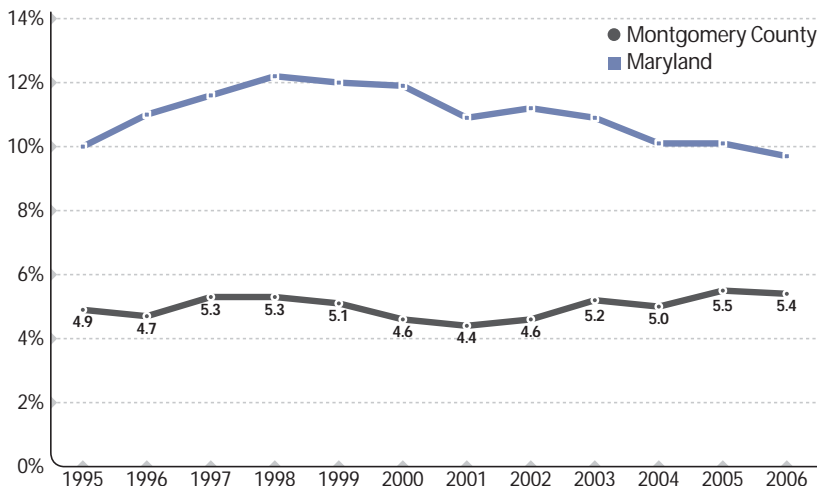
- non-public residential treatment centers and schools and public placements (Maryland State Department of Education, MSDE).

Data may include recidivism among some children and duplication across agencies (though the duplication is a very small number, mostly between DJS and DHR, and is a consistent measure across time).

Rationale: Out-of-home placements are meant to occur only after a reasonable effort has been made to prevent a child’s separation from his or her family. Children are in these placements for a number of reasons: serious emotional or behavioral problems, antisocial behaviors, substance abuse, delinquency, severe depression, suicidal, or abuse and neglect. A history of family violence and family instability also puts youth at greater risk to be placed outside the home.

Having peaked in 1998 across the state of Maryland, the out-of-home placement rate has remained relatively stable, for Montgomery County, FY1995 to FY2006

number of children entering out-of-home placements per 1,000 children



Source: Maryland Governor’s Office for Children

An out-of-home placement may be a necessary choice for a child in need. Sometimes an out-of-home placement is required when community services to support children and families are not available to the degree and scope needed. But regardless of whether it is necessary, an out-of-home placement is still disruptive and stressful. The long-term impact of disruptions caused by out-of-home placements may result in poor academic performance, emotional and behavioral problems, or juvenile delinquency, and lack of attachment to family, school, and community.

Alternative treatment services, such as programs that promote family strength and stability, enhance parental functioning, protect children and youth, and resolve crises and problems early on, help to prevent unnecessary



Out-of-Home Placements

out-of-home placements by keeping the family together and stable. The out-of-home placement rate is an important indicator of stable and economically secure families.

Findings: In Montgomery County, the rate of out-of-home placements was 5.4 per 1,000 children under 18 years old in FY 2006. The rate for Montgomery County has been relatively stable during the last 10 years, with only a slight increase in the average annual percent change of 2 percent. While 1,271 children entered an out-of-home placement in FY 2006, on any given day there was an average of 804 children in an out-of-home placement in Montgomery County. Nearly two-thirds of these placements were in foster or kinship care (DHR) because of abuse or neglect and one-fourth were in detention and residential placements (DJS) because of juvenile offenses. The remainder of placements were institutional or community placements for mental health (MHA) or MSDE education and residential placements.

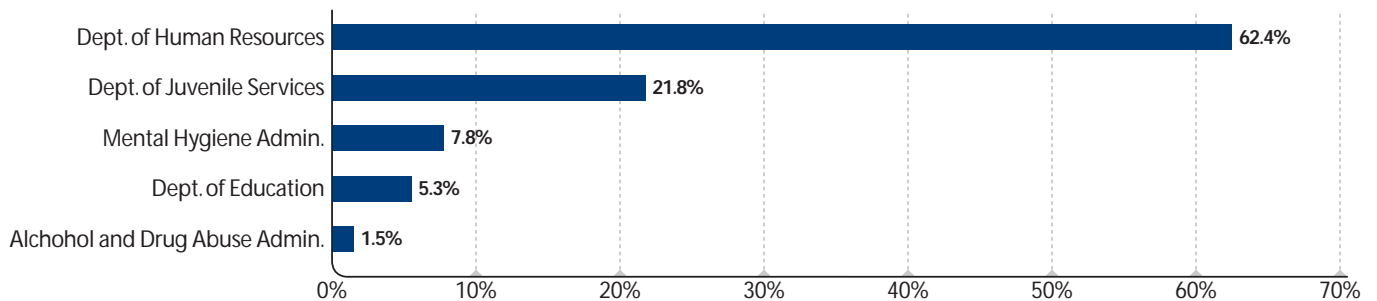
The number of children served in out-of-home placements in Maryland rose steadily during the 1990s and has recently leveled out and even declined slightly since FY 2000 by an average of 2 percent a year. The rate of entry into out-of-home placements across the state was considerably higher than in Montgomery County, at 9.7 per 1,000 children under 18 years old in FY 2006: 25,715 children.

Data Sources: *State of Maryland Report on Out-Of-Home Placements and Family Preservation: Fiscal Years 1993 through 2003*, The Governor’s Office for Children, Youth and Families; and *State of Maryland Report on Out-Of-Home Placements and Family Preservation: Fiscal Years 1997 through 2006*, The Governor’s Office for Children.

Reference: Coalition to Protect Maryland’s Children. *Proposed Actions to Reduce Maryland’s Reliance on Out-Of-Home Placements for Children in the Child Welfare System.*

Nearly two thirds of all out-of-home placements in Montgomery County are in foster or kinship care (DHR) and a quarter are in detention and commitment placements (DJS), FY2006

percentage of the average number of children in out-of-home placements on any given day



Source: Maryland Governor’s Office for Children



Stable and Economically Secure Families

Permanent Placements

Definition: Permanent placements are measured as the percentage of children who leave foster care for a more permanent living arrangement within a specified period of time in an out-of-home placement. Permanent care may be 1) reunification, the return of a child to home with legal responsibility returned to the parents, within 12 months; or 2) adoption within 24 months.

In the 2004 data book, permanent placements were measured as the percentage of children in an out-of-home placement who leave for a more permanent living arrangement, specific to child protective services. The reason for this change is to reflect more appropriately the importance of reuniting children with families as quickly as possible and not merely the percent of children who find permanency.

Rationale: Permanence means that a child is given a chance at having a safe, stable and secure attachment to a caring adult. Children require a consistent relationship with a caring adult in order to grow, learn and succeed. In the case of children already in the welfare system, a permanent home is crucial to overcome the stress and trauma of abuse. Permanence is a fundamental requirement for the healthy development of a child.

Child Welfare Services' primary goal is to keep children safe. They also seek to achieve a permanent home for the children they serve, either through reunification with their families, adoption or other legal guardianship. Reunification is the preferred permanency option when appropriate. In those cases where the child would no longer be safe in his/her own home, adoption is the

ideal legal option because it provides greater permanence. A permanency plan developed by Child Welfare Services considers the child's ability to be safe and healthy in the home of the child's parent; the attachment to parents and siblings; the attachment to and length of time with current caregiver; and the potential emotional, developmental and educational harm to the child if removed from the current placement.

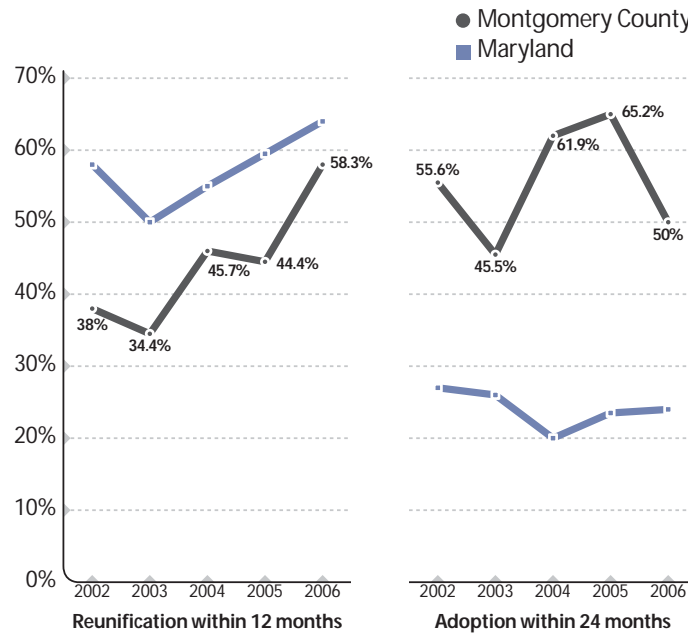
Children are at risk for "growing up" in foster care unless plans either to reunite the children with their birth families or to work toward adoption are in place with specific tasks and timelines to be accomplished by the family and Child Welfare Services. The Federal Adoption and Safe Families Act (ASFA), enacted in 1997, stipulates that this permanency planning and placement process must not extend beyond 15 months and provides the ability to bypass family reunification efforts for children in extraordinarily high risk situations (for example: chronic abuse, torture, abandonment or the death of a sibling because of parental abuse).

Findings: In Montgomery County, the permanency rate for adoption is twice as high as the rate statewide. In FY 2006, 50 percent of children were adopted within 24 months. Of those children reunified with their families, 58.3 percent were reunified within 12 months. In FY 2006, the permanency rate statewide was 63.7 percent among those children reunified and 24.2 percent of those adopted. There has been a steady increase since FY 2003 for timely reunification; while the permanency rate to adoption has held constant.



Permanent Placements

About half of Montgomery County's foster care children leave for a permanent living arrangement in a timely manner, FY2002 to FY2006
percentage of children in out-of-home placements who leave for a more permanent living arrangement within a specified period of time



Sources: Social Services Administration, Maryland Department of Human Resources

A key finding of a national report on *Child Welfare Outcomes* was that, in most states, the vast majority of children who exit foster care are discharged to a permanent home (i.e., through reunification, adoption, or guardianship). In FY 2003, on average, 85.9 percent of children exiting foster care were moving to a permanent placement nationwide. Of those children reunified with their families, 69.5 percent were reunified within 12 months of entry into foster care. The federal target is 76.2 percent. The target for adoption within 24 months of entry is 32 percent. In FY 2003, 27 percent of children were adopted within 24 months of entry into foster care.

Data Sources: Social Services Administration, Maryland Department of Human Resources, data received by special request (Maryland); and *Child Welfare Outcomes 2003*, Administration for Children and Families, U.S. Department of Health and Human Services (United States).

Reference:
Lutz, Lorrie L., MPP. "Achieving Permanence for Children in the Child Welfare System: Pioneering Possibilities: Amidst Daunting Challenges," *Permanency Planning Today*, Fall 2003.



OUTCOME

Children Safe in Their Home, School and Community

Child Abuse and Neglect

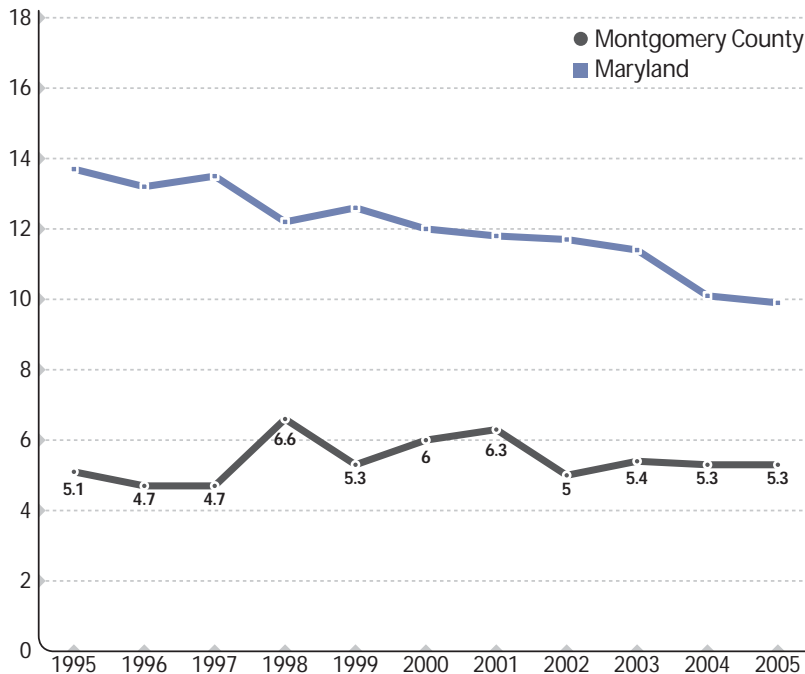
Definition: The rate of child abuse and neglect is the number of indicated or unsubstantiated child abuse and neglect investigations per 1,000 children under age 18 years old. An investigation is ruled as indicated when credible evidence cannot be satisfactorily refuted. An investigation is considered unsubstantiated when abuse or neglect is neither ruled as indicated nor ruled out due to insufficient evidence supporting or denying maltreatment. This indicator is only a proxy for the occurrence of child abuse and neglect. Local child abuse and neglect investigations are reported to the Social Services Administration of the Maryland

Department of Human Resources. The true extent of child maltreatment is unknown and probably undercounted because many incidents of abuse or neglect are not admitted or reported.

Rationale: Incidents of child abuse and neglect reveal the inability of a community to protect and care for its children. Children who are maltreated may not be safe in their homes or the community. Preventing child abuse, nurturing and caring for children who are victims, and providing emotional support for all families are responsibilities of the community.

The rate of indicated or unsubstantiated child abuse and neglect investigations in Montgomery County is half the rate statewide, FY1995 to FY2005

rate of indicated or unsubstantiated child abuse and neglect investigations per 1,000 children under age 18 years old



Sources: Social Services Administration, Maryland Department of Human Resources and U.S. Census Bureau

Children who suffer maltreatment experience adverse affects on their physical, cognitive, emotional and social development. In some cases, abuse or neglect may have fatal consequences. As they get older, children who have been abused and neglected are more likely to experience emotional, sexual, and somatic problems; to perform poorly in school, to commit crimes against persons or to abuse alcohol or drugs.

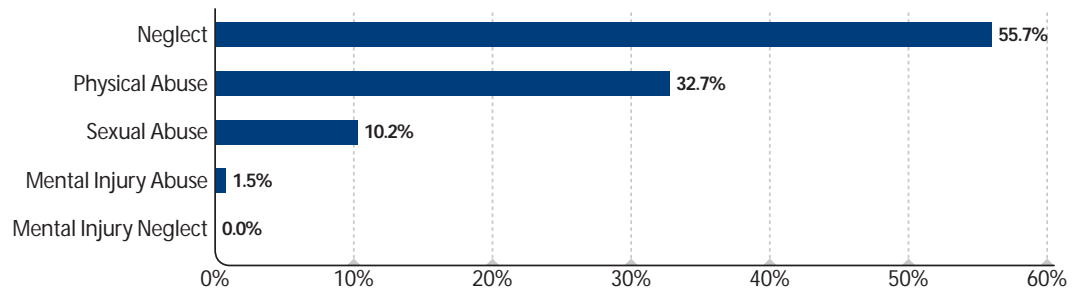
Although the characteristics of the caregiver and the family's socioeconomic situation do influence the likelihood of maltreatment, child abuse and neglect occurs in families of all income brackets and household types. Parents are more likely to abuse or neglect their children when they are under great stress; experience aggression, anxiety or depression; lack proper parenting skills; have problems with substance abuse; or are victims or perpetrators of domestic violence.

Children Safe in Their Home, School and Community



Child Abuse and Neglect

More than half of all child abuse and neglect investigations, neither refuted nor ruled out, were cases of neglect, FY2005
percentage of all indicated or unsubstantiated child abuse and neglect investigations



Source: Social Services Administration, Maryland Department of Human Resources

Findings: The rate of indicated or unsubstantiated child abuse and neglect investigations in Montgomery County is half the rate statewide; 5.3 per 1,000 children in FY 2005. In FY 2005, the rate in Maryland was 9.9 per 1,000 children. The rate has decreased during the past 10 years. In FY 1994, the rate was as high as 17.3 per 1,000 children.

Among all child abuse and neglect investigations in Montgomery County in FY 2005, 41 percent were neither refuted nor ruled out. Half of all these were cases of neglect, one-third were the result of physical abuse and 10 percent were cases of sexual abuse.

Nationally, an estimated 899,000 children were determined to be victims of child abuse or neglect in 2004. The rate of reported victimization per 1,000 children has dropped from 13.4 children in 1990 to 12.1 children in 2005. Of these children, 62.8 percent were

victims of neglect, 16.6 percent were physically abused, 9.3 percent were sexually abused and 7.1 percent were emotionally maltreated. An estimated 1,460 children died from abuse or neglect in 2005.

Data Sources: Social Services Administration, Maryland Department of Human Resources, data received by special request (Maryland and Montgomery County); and *2000 Census, Population Estimates 2001 through 2005*, U.S. Census Bureau (population under age 18 years old); and *Child Maltreatment 2005*, Administration for Children and Families, U.S. Department of Health and Human Services (United States).

Reference: English, Diana J. "The Extent and Consequences of Child Maltreatment," *The Future of Children: Protecting Children from Abuse and Neglect*. Vol. 8(1):39-53. Los Altos, CA: Center for the Future of Children, 1998.



Juvenile Violent Deaths

Definition: The juvenile violent death rate is the number of deaths caused by violence per 100,000 youth ages 10 to 19 years old. Violent deaths include unintentional injury (accidents) and intentional injury (homicides and suicides).

Rationale: The rate of violent deaths to children, particularly among older children, is a clear sign of the relative danger of a child's environment and the support of the community. Nationally, violence is the leading cause of deaths to youth ages 10 to 19 years old.

Safety is clearly a central issue in the reduction of violent deaths. It is important to note that the rate of juvenile violent deaths is also an indicator of risk-taking behaviors that put youth in danger. Three out of every four such deaths among adolescents are the result of motor vehicle crashes. Many fatal crashes among young drivers are the result of their inexperience, reluctance to use seatbelts, alcohol intoxication and distractions because of other teenagers in the car.

After motor vehicle crashes, the second leading cause of death to youth ages 10 to 19 years old are gun-related accidents and homicides. Youth homicide levels associated with guns make the greatest impact on youth homicide rates overall. Because the violent death rate includes suicides, this indicator also serves as a measure of teenage mental health.

Findings: There were 14 violent deaths to children ages 10 to 17 years old in Montgomery County in 2006: 6 of these deaths were caused by accidents, 3 were homicides, and 5 were suicides. Due to the

small numbers of violent child deaths in Montgomery County, rates are calculated based on a three-year moving average, which reduces some of the variation due to these small numbers. While the death rate has declined across the state of Maryland, the rate appears to be on the rise in Montgomery County. The average rate between 2004-2006 was 17.1 per 100,000 youth ages 10 to 19 years old, up from 12.6 between 1999-2000.

The rate of violent deaths in Maryland has stayed relatively constant since its dramatic decline in the 1990s. The Maryland rate is one and half times higher than the rate in Montgomery County. Since 1995, the juvenile violent death rate decreased by more than one-third, to 24.8 per 100,000 youth ages 10 to 19 years old in 2005 and 27 in 2006.

While not directly comparable with rates reported in Maryland among those ages 10 to 19 years old, the violent death rate for adolescents ages 15 to 19 years old in the United States has declined to 50 per 100,000 in 2004. Motor vehicle injuries continue to be the leading cause of death among adolescents; 6,231 deaths to adolescents ages 10 to 19 years old in the United States in 2004.

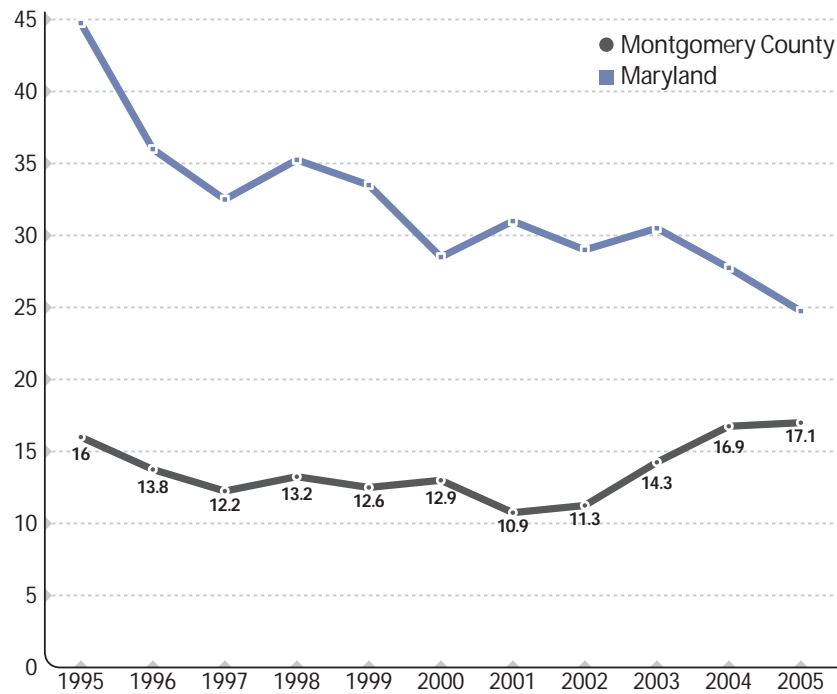
Data Sources: *Maryland Vital Statistics Annual Report*, 1995 through 2005, Vital Statistics Administration, Maryland Department of Health and Mental Hygiene (Montgomery County and Maryland); and *Deaths, National Vital Statistic Reports*, 1995 through 2004, National Center for Health Statistics, Centers for Disease Control and Prevention (United States).

Children Safe in Their Home, School and Community



Juvenile Violent Deaths

The rate of violent deaths among juveniles ages 10 to 19 years continues to be lower in Montgomery County than for Maryland overall, 1995 to 2005
 rate of violent deaths by accidents, homicide and suicide per 100,000 juveniles ages 10 to 19 years old



Due to small numbers of violent deaths, data for Montgomery County based on three-year moving averages. Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration

References:

Deal, Lisa W., Deanna S. Gomby, Lorraine Zippiroli and Richard E. Behrman. "Unintentional Injuries in Childhood: Analysis and Recommendations," *The Future of Children: Unintentional Injuries in Childhood*. Vol. 10(1):4-22. Los Altos, CA: Center for the Future of Children, 2000.

Reich, Kathleen, Patti L. Culross, and Richard E. Behrman. "Children, Youth, and Gun Violence: Analysis and Recommendations," *The Future of Children: Children, Youth, and Gun Violence*. Vol. 12(2):5-23. Los Altos, CA: Center for the Future of Children, 2002.



Children Safe in Their Home, School and Community

Child Victimization

Definition: The child victimization rate is the number of reported crimes with a child as a victim per 1,000 juveniles ages 10 to 17 years old. (Ten to 17 year age range is used because a greater number of victims are in this age group; calculating rates on entire child population would be misleading.) All of the data were exported from Criminal Justice Information System (CJIS), which is the record management system used by the Montgomery County Police Department. All figures are based on the event report regardless of disposition; therefore, these figures may differ from the Uniform Crime Report (a national standard reporting procedure).

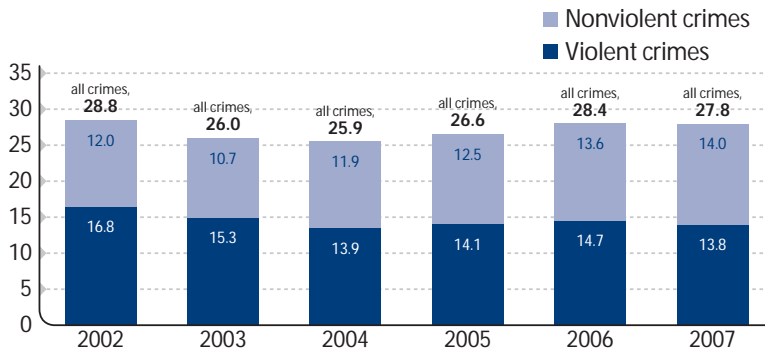
Rationale: Being a victim of crime is more prevalent among adolescents when compared to adults, and the link between victimization and various problem outcomes tends to be more significant among adolescent victims than adult victims. A national survey of adolescents found a clear relationship among

youth who were victims of crime with juvenile delinquency and mental health disorders, such as posttraumatic stress disorder, depression, anxiety and substance abuse. For example, victimization by sexual assault or physical assault is associated with increased substance abuse or delinquent acts among both boys and girls. Victimization as a result of a violent crime, in particular, increases the likelihood that adolescents will abuse drugs or become adult perpetrators of felony assaults or domestic violence. An adolescent who experiences violence has a much harder time making a successful transition to adulthood.

Findings: Twenty-eight youth out of every 1,000, for a total of over 2,500 adolescents, were victims of crime in Montgomery County during FY 2007. This rate of child victimization has been stable during the last six years. More than half of reported crimes with child victims were violent, a rate of 13.8 per 1,000 youth ages 10 to 17 years old in FY 2007. Most of the crimes involving child victims ages 12 to 17 years old were assault and battery cases. Most crimes against children 10 years old or younger were sexual assault and child abuse crimes.

Violent crimes with child victims has been around 14 per 1,000 juveniles; making up more than half of all reported crimes with child victims in Montgomery County, FY 2002 to FY 2007

number of reported crimes with child victims per 1,000 population ages 10 to 17 years old



Information will differ from the Montgomery County Uniform Crime Report (UCR). Sources: Montgomery County Police Department and U.S. Census Bureau

In the United States, adolescents continue to experience overall violence at rates higher than rates for adults. Due to a difference in reporting of rates by different age groups, comparable national rates to the child victimization rates for Montgomery County are not available. In 2005, the reported national rate of youth ages 12 to 15 years old who were victims of crime was 45.3 per 1,000 and the rate of youth ages 16 to 19 years old was 45.8 per 1,000.

Children Safe in Their Home, School and Community



Child Victimization

Data Sources: Special request to Montgomery County Police Department, Juvenile Justice Information System (JJIS) and *Juvenile Victims FY 02-FY 04 Summary Report*, Family Crimes Division, Montgomery County Police Department analysis of CJIS (Montgomery County); *Population Estimates 2002 through 2006*, U.S. Census Bureau (population ages 10 to 17 years old); and Criminal Victimization 2001 through 2005, U.S. Bureau of Justice Statistics (United States).

References:

- U.S. Department of Justice. *Youth Victimization: Prevalence and Implications*. By Dean G. Kilpatrick, Benjamin E. Saunders and Daniel W. Smith. Washington, DC: U.S. Government Printing Office, 2003.
- U.S. Department of Justice. "Short- and Long-term Consequences of Adolescent Victimization," *Youth Violence Research Bulletin*. Office of Juvenile Justice and Delinquency Prevention. Washington, DC: U.S. Government Printing Office, 2002.

Five-Year Community Strategic Plan Highlight

New Disproportionate Minority Contact Initiative Strategy: Reduce Disproportionate Minority Contact (DMC) in the Juvenile Justice System by Ensuring that Youth Receive Equal and Fair Outcomes, Regardless of Race or Ethnicity.

Solutions to the reduction of DMC focus both on juvenile justice system reforms and increasing supports and services to youth and their families along the several decision points from police contact through court hearings. The mix of solutions need to address the locally determined causes which can include different rates of offending; indirect effects of economic status, education and family structure; differing access to positive youth development promotion and intervention and inappropriate decision-making processes. Local actions include increasing objective decision-making tools, parent/youth engagement and prevention and wraparound services. DMC is also a challenge in child welfare, mental health and education systems.



Children Safe in Their Home, School and Community

Juvenile Offenses

Definition: Juvenile offense rates are calculated as the number of offenses per 100,000 youth ages 10 to 17 years old. Offenses are counted as the number of juvenile violations due to a delinquent act (also including alcohol or tobacco status violations) that resulted in an arrest, a citation, or an event closed by exception and then referred to Family Crimes Division for disposition. Violent offenses include homicide, rape, robbery and aggravated assault. Serious, nonviolent offenses include burglary, larceny and auto theft. These numbers reflect reported events and are not necessarily equivalent to the individual number of youth offending; some youth may have multiple incidents in the same year. Information reported here may differ from data in the Uniform Crime Report (a national standard reporting procedure).

Rationale: A high juvenile offense rate indicates problems in a community, both now and in the future. Juveniles who are involved in criminal behavior increase their own risk of injury or death. Violent juvenile crime particularly impacts child safety, as juvenile violence is typically violence committed upon the offender's own classmates, neighbors and peers. Involvement of youth in nonviolent, but serious crimes exposes youth to a dangerous lifestyle, increasing the likelihood of later engagement in violent crimes. Youth who continue criminal behavior may not develop into emotionally stable and productive individuals—which could negatively impact the long-term safety, well-being and stability of the whole community.

The risk factors for juvenile crimes have been identified to exist within the individual, family, school and community. In 1999, Montgomery County developed a

comprehensive strategic plan for preventing delinquency, intervening in early delinquent behavior and responding to serious, violent and chronic juvenile offenders. Five priority risk factors for adolescent problem behaviors were identified:

- family management problems and family conflict
- early academic failure beginning in elementary school
- early initiation of problem behaviors
- early and persistent disruptive and delinquent behavior
- extreme economic deprivation.

Findings: Less than 5 percent of all juvenile offenses in Montgomery County are violent crimes. Data reported by the Montgomery County Police Department show that the number of juvenile violent offenses in Montgomery County has fluctuated between 133 and 236 arrests between FY 2002 and FY 2007. In FY 2007 the rate was 183.5 per 100,000 youth ages 10 to 17 years old. Almost two-thirds of violent offenses committed by juveniles in FY 2007 were robberies (thefts committed by using force).

Nonviolent but serious crimes make up a third of all juvenile offenses. In FY 2007, the rate of nonviolent serious offenses was 1,108.7 per 100,000 youth ages 10 to 17 years old. The nonviolent serious offense rate has remained relatively constant between FY 2002 and FY 2007. Most nonviolent serious offenses were thefts; thefts also include shoplifting offenses. The remaining offenses were less serious and most often involved substance use and abuse, or substance commerce.

According to the Federal Bureau of Investigation, juveniles accounted for 16 percent of all arrests and 16 percent of all

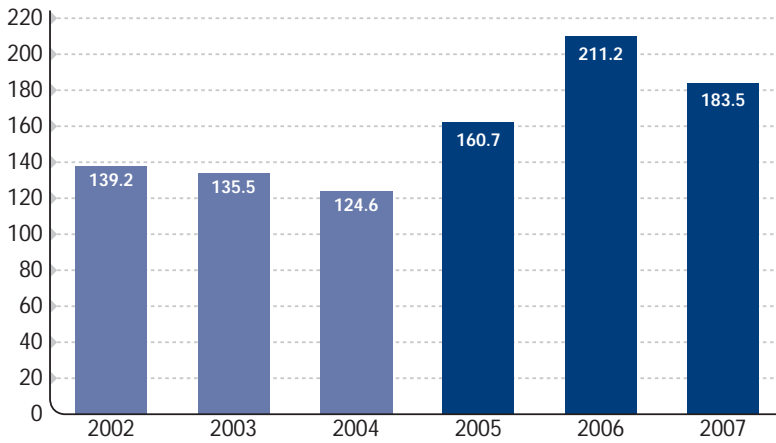
Children Safe in Their Home, School and Community



Juvenile Offenses

The rate of violent offenses among juveniles in Montgomery County has been around 200 per 100,000 youth the last two fiscal years, FY 2002 to FY 2007

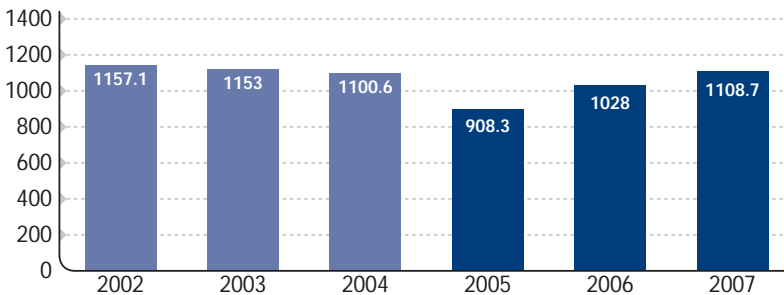
number of violent offenses (i.e., homicide, rape, robbery, aggravated assault) per 100,000 youth ages 10 to 17 years old



FY2002 through FY2004 from Family Crimes Division Database. FY2005 through FY2007 from JJIS. Information will differ from the Uniform Crime Report (UCR). Sources: Montgomery County Police Department and U.S. Census Bureau

The rate of nonviolent, serious offenses among juveniles in Montgomery County has remained relatively constant, FY 2002 to FY2007

number of nonviolent, serious offenses per 100,000 youth ages 10 to 17 years old



FY2002 through FY2004 from Family Crimes Division Database. FY2005 through FY2007 from JJIS. Information will differ from the Uniform Crime Report (UCR). Sources: Montgomery County Police Department and U.S. Census Bureau

violent crime arrests nationally in 2004. The substantial growth in juvenile violent crime arrests that began in the late 1980s peaked in 1994. In 2004, for the tenth consecutive year, the rate of juvenile arrests for violent offenses declined. According to the Uniform Crime Report, there were 269 arrests for violent offenses per 100,000 youth between 10 and 17 years old nationally in 2004. Between 1980 and 2004, the juvenile arrest rate for property crimes (serious, nonviolent crimes plus arson) dropped 48 percent; the greatest decline over the last decade. In 2004, the rate was 1,395 per 100,000 youth between 10 and 17 years old. According to the *Uniform Crime Report* for Maryland, there were 491 juvenile arrests for violent offenses and 1,758 juvenile arrests for serious, nonviolent crimes per 100,000 population ages 10 to 17 years old in 2005.

Data Sources: Montgomery County Police Department, data received by special request (Montgomery County); *Population Estimates 2001 through 2007*, U.S. Census Bureau (population 10 to 17 years old); *Maryland State Police Uniform Crime Report*, data from *Maryland's Results for Child Well-Being 2007*, Maryland Governor's Office for Children accessed online at www.goc.state.md.us (Maryland); and *Juvenile Arrests 2004, Juvenile Justice Bulletin*, Office of Juvenile Justice and Delinquency Prevention (United States).

References:
 Montgomery County Comprehensive Planning Team. *The Montgomery County Comprehensive Strategy for Serious, Violent and Chronic Juvenile Offenders*. July 1999.
 U.S. Department of Health and Human Services. *Youth Violence: A Report of the Surgeon General*. Washington, DC: U.S. Government Printing Office, 2001.



Children Safe in Their Home, School and Community

Department of Juvenile Services' Intakes

Definition: The intake rate of youth referred to the Maryland Department of Juvenile Services (DJS) is the number of cases per 100,000 youth ages 10 to 17 years old. DJS intake is the process of reviewing a complaint against a youth and determining whether the juvenile court has jurisdiction and then whether judicial action is in the best interest of the public or the youth. During intake, case managers provide services to youth and their family.

Rationale: Most cases that are sent to the Department of Juvenile Services involve repeat offenders and felony offenders. Juveniles who are first time misdemeanor or liquor law offenders and who admit to committing the offense can be referred to a variety of community diversion programs within the Montgomery County Police Department rather than be sent to DJS. Therefore, the intake rate is an indication of the seriousness of juvenile offenses and the number of intakes that are deemed appropriate for the services of the DJS.

At intake, DJS makes a decision whether the case can be resolved by arranging for restitution or an apology. If the case is not resolved, DJS could make a determination of informal disposition, such as a 90-day informal supervision, referrals to treatment, counseling or other programs. Or, when appropriate, DJS may authorize a formal petition that could lead to court adjudication where, if the juvenile was determined involved and delinquent, the court will determine if the juvenile will be placed on supervised probation in the community or committed to a residential facility or placement in a special program.

The strategy of the juvenile service system is to see the family and community, supported by core public and private institutions, as responsible for meeting the needs of at-risk youth. The community's response to delinquent offenders is a system of graduated sanctions and a continuum of treatment alternatives that include immediate intervention, intermediate sanctions, and community-based secure and non-secure placement sanctions. The intake and disposition rates are important indicators of the level of involvement of youth along that continuum.

Findings: Montgomery County saw a decrease in the intake rate of youth referred to the Maryland Department of Juvenile Services from 62.4 per 100,000 youth ages 10 to 17 years old in FY 1996 to 38.4 per 100,000 population in FY 2006. The intake rate has been on a steady decrease since FY 1996. In Maryland, the rate declined by 25 percent from 107 per 100,000 youth ages 10 to 17 years old in FY 1996 to 81.8 per 100,000 population in FY 2006.

Overrepresentation of minority youth in the juvenile justice system exists throughout the United States, particularly among African Americans. It is important to note that data only reveal disproportionate representation; they do not provide direct evidence of racial bias nor do they offer any explanation of the many factors that contribute to overrepresentation locally. Data for FY 2006 among cases in Montgomery County show the intake rate much higher among African Americans; 103.9 per 100,000 youth ages 10 to 17 years old compared to the rate for white youth at 18.7 per 100,000 population. This disparity is even greater than what was seen

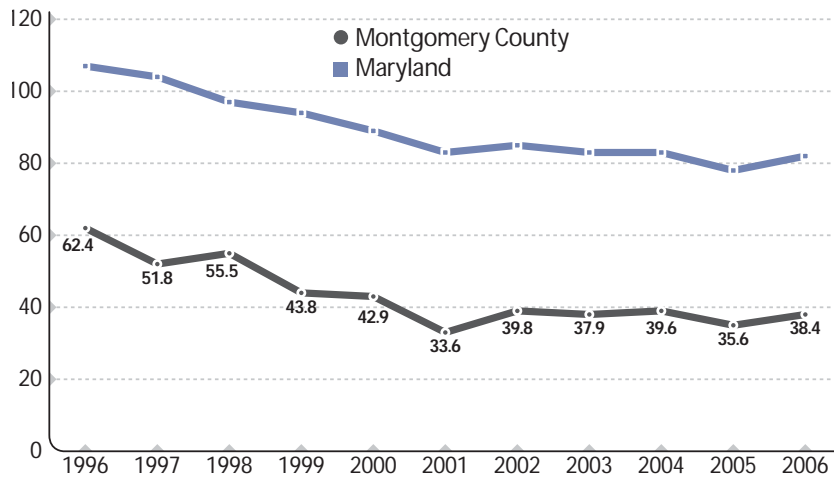
Children Safe in Their Home, School and Community



Department of Juvenile Services' Intakes

The intake rate of youth referred to Department of Juvenile Services has decreased since 1996 in both Maryland and Montgomery County, 1996 to 2006

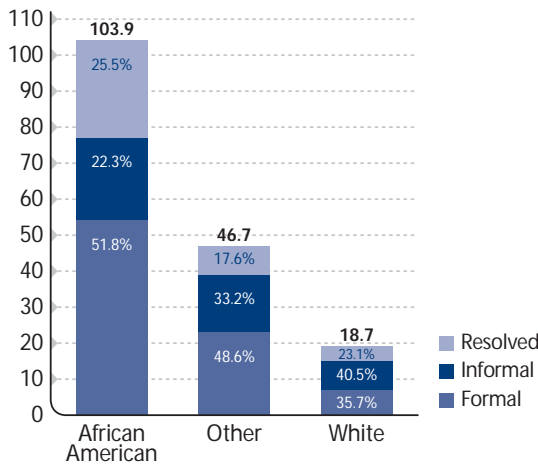
intakes per 100,000 youth ages 10 to 17 years old



Sources: Maryland Department of Juvenile Services and U.S. Census Bureau

Of all DJS intake cases in Montgomery County, the intake rate is much greater for African Americans, FY 2006

intake per 100,000 youth ages 10 to 17 years old and percentage by disposition of cases



Data on Hispanic origin is not reported. DJS currently disaggregates race in the following categories: white, black and other.

Sources: Maryland Department of Juvenile Services and U.S. Census Bureau

in FY 2003 when the intake rate among African Americans was 91.7 per 100,000 population compared to 22.5 per 100,000 population for white youth.

Data Sources: *Annual Statistical Report*, FY 1996 through FY 2006, Office Research and Planning Unit, Maryland Department of Juvenile Services; and *Population Estimates 2001 through 2006*, U.S. Census Bureau (population 10 to 17 years old).

References:

- Maryland Department of Juvenile Justice. *Three Year Plan: 2003-2005*. Baltimore, MD: 2002.
- U.S. Department of Justice. *Disproportionate Minority Confinement 2002 Update*. By Heidi M. Hsia, PhD, George S. Bridges, PhD and Rosalie McHale. Office of Juvenile Justice and Delinquency Prevention. Washington, DC: U.S. Government Printing Office, 2004.



Prenatal Care

Definition: Good prenatal care is often measured by the percentage of births to women receiving prenatal care initiated in the first trimester. It focuses on assessment of maternal risks, monitoring of fetal development, treatment for medical conditions and health education.

Rationale: Early prenatal care improves the health and well-being of both mother and child. Prenatal care can reduce illnesses and death by recognizing and treating the medical and behavioral factors that may contribute to negative outcomes. Prenatal care is more likely to be effective if women begin receiving care early in pregnancy. Women who receive care too late in their pregnancies, or not at all, increase their risk of complications and the likelihood of low birth weight infants and infant mortality.

Prenatal care is an important measure of health-service utilization, particularly among low-income and adolescent mothers who tend to have less prenatal care. The lack of access to health care and the inadequate health insurance coverage are barriers to prenatal care. The percentage of women receiving early prenatal care shows the healthy functioning of the health care delivery system for pregnant women.

Findings: Unfortunately, in Montgomery County the percentage of births to women receiving prenatal care initiated in the first trimester has decreased from 91.3 in 2000 to 81 in 2006. In Maryland, the percentage of births to women receiving prenatal care decreased from 86.4 in 2000 to 80.4 in 2006.

The reasons behind this decrease are unclear. One possible explanation statewide may be the reduction in access for women on

Medicaid to private obstetricians along with the departure of major insurers from the Medicaid, managed-care market. Poor access to family planning services, because of either cost or lack of geographically available services, may also affect prenatal care utilization. Women who intend to get pregnant are more likely to enroll for prenatal care.

In 2006, fewer Montgomery County African American and Hispanic women received first trimester prenatal care compared to white women; only 67.8 percent among Hispanics, 74.5 among African Americans and 81.7 among white women.

Prenatal care utilization across the United States continues to slowly but steadily improve; 83.9 percent of women began prenatal care in the first trimester of pregnancy in 2005 compared with 81.3 percent in 1995 and 68 percent in 1970. The goal of *Healthy People 2010*, the United States' prevention agenda, is to have 90 percent of all births be to women who received prenatal care in the first trimester.

Data Sources: *Maryland Vital Statistics Annual Report*, 1995 through 2006, Vital Statistics Administration, Maryland Department of Health and Mental Hygiene (Maryland and Montgomery County); and *Births, National Vital Statistic Reports*, 1995 through 2005, National Center for Health Statistics, Centers for Disease Control and Prevention (United States).

Reference:

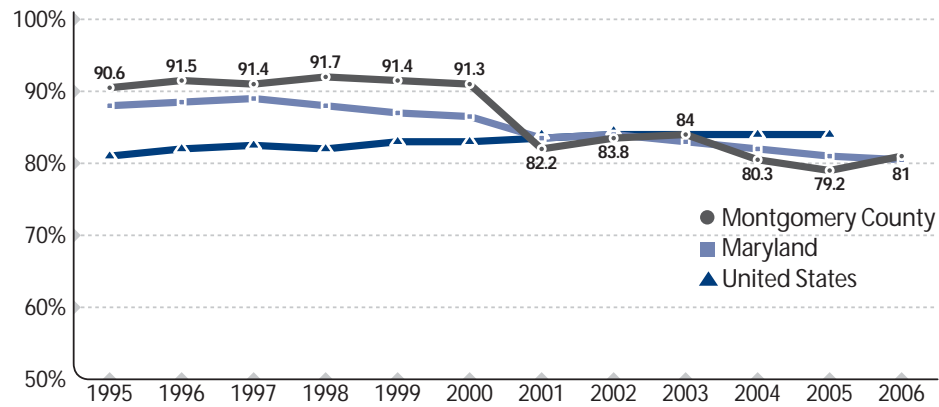
United States Department of Health and Human Services. *Trends in the Well-being of America's Children and Youth 2003*. Washington, DC: U.S. Government Printing Office, 2003.



Prenatal Care

The percentage of women receiving first trimester prenatal care continues to decline in Montgomery County and statewide, 1995 to 2006

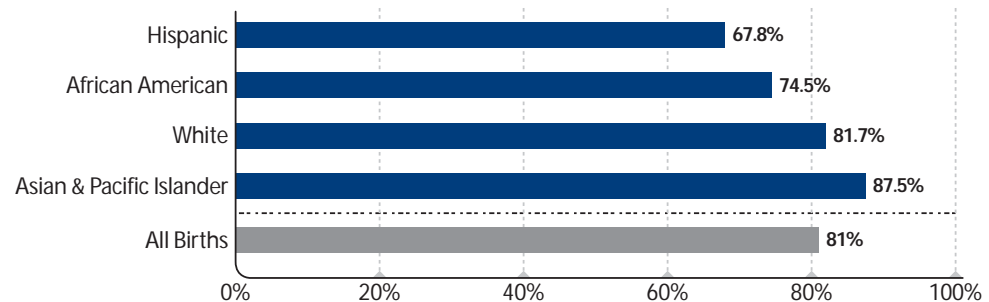
percent of births to women receiving prenatal care initiated in the first trimester



U.S. figure for 2006 is not yet available.
 Sources: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration and U.S. Department of Health and Human Services, National Vital Statistics Reports

Fewer African American and Hispanic women received first trimester prenatal care compared to white women in Montgomery County, 2006

percent of births to women receiving prenatal care initiated in the first trimester



Data for persons of Hispanic origin are included in the data for each race group according to the mother's reported race. Hispanic origin includes persons of Hispanic origin of any race.
 Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration

Five-Year Community Strategic Plan Highlight

Early Childhood Strategy: Increase Accessible, Affordable, Quality Child Care.

High quality child care must be made available throughout the county with accessibility to quality child care being a priority for low-income children. Well-trained staff, a safe environment, and developmentally appropriate learning materials and activities are all criteria for identifying high-quality child-care programs. However, low wages for child care providers and reliance on parent fees for program operations, including staff professional development, limit the number of accredited providers and programs throughout the county, specifically in lower income communities. Therefore, public and private support beyond parent fees is essential to provide low cost staff training, program consultation, and scholarships for advanced degree coursework for child care staff.



Child Care Supply

Definition: The child care supply is measured by the number of regulated child care slots per 100 children under age 15 years old that are estimated to need child care. Child care capacity is reported for group child care centers and licensed family child care providers. The number of children estimated to need care is based on available data on children from the U.S. Census Bureau. Those children believed to be in need of child care are those children ages birth to 14 years old minus the proportion of those with unemployed parents or children from two parent families with one parent not working.

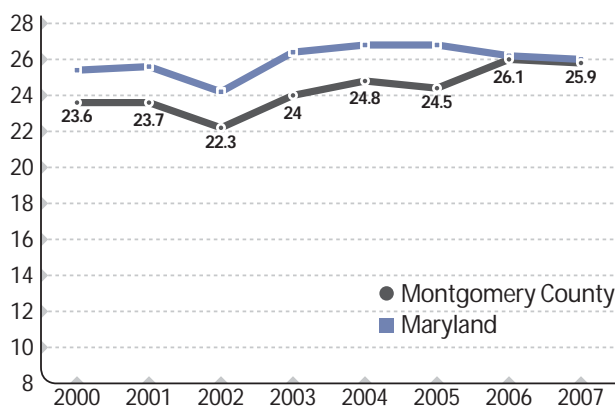
Rationale: Quality child care strengthens children, families and the whole community. Children need quality child care to promote their educational, physical and emotional development. Quality child care provides a safe, stable and nurturing environment and helps prepare children for school. It is also a preventive service that supports families in

reducing social, emotional or health problems that affect both children and parents. Child care providers may assist parents in child-rearing and help mediate family stress. With more parents in the workforce, high quality child care is an essential element of family life.

Findings: Nationally, an increasing number of children are in some type of non-parental care because more women are in the labor force and more children live in single-parent families. In Montgomery County, it is estimated that in 2006, 69 percent of children had all parents working, compared with 67 percent nationally (children who live with two parents have both parents in the labor force and children living with one parent have their mother or father in the labor force). In Maryland, the percentage was closer to 74 percent. According to a national survey of American families in 2005, 60 percent of children under age six years old and 40 percent of children in kindergarten through 8th grade were in some type of non-parental child care.

The child care supply has increased gradually in Montgomery County, 2000 to 2007

number of regulated group and family-centered child care slots per 100 children ages birth to 14 estimated in need*



*Need is estimated based on the population of children ages birth to 14 minus the proportion of those children with unemployed parents and from two parent families with one parent not working.

Sources: Maryland Child Care Resource Network and U.S. Census Bureau

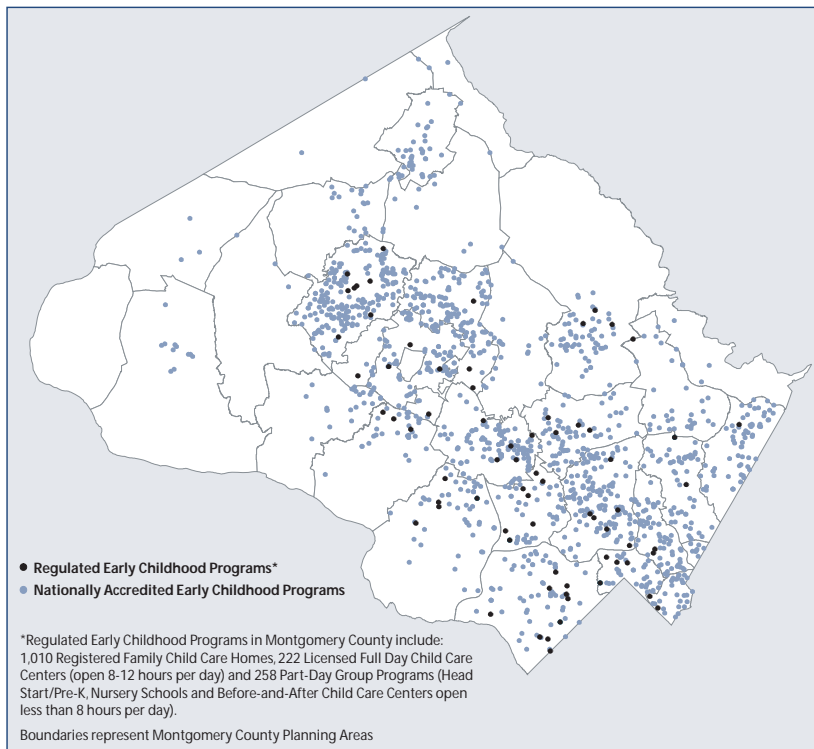
According to a snapshot of the capacity of regulated group child care and family care in 2007, there were 25.9 licensed child care slots per 100 children under 15 years old in Montgomery County. Overall, this ratio has been gradually increasing in Montgomery County. Statewide, the ratio in 2007 was similar at 26 slots per 100 children, but represents little growth in the number of slots since 2000. Maryland has experienced a gradual decline in the number of family child care providers as the number of center-based programs has steadily grown.

Based on a comparison of annual data from follow-up calls of families using LOCATE



Child Care Supply

Regulated early childhood programs in Montgomery County are concentrated in more densely populated areas of the county, 2006



Source: LOCATE: Child Care, Maryland Committee for Children

Child Care services, over the past 3 years the percent of families reporting that they cannot find child care because there are no vacancies has steadily decreased. While the availability of care has improved over this time period, the cost of care has been steadily rising. A family's access to quality child care is limited more by cost than availability. Not only are the costs of care increasing in all settings, but the increased capacity for care has occurred in center-based programs where costs are typically higher than in home-based family child care programs which are typically lower cost. In fact families most often cite the high cost of care as the primary

reason they have not found child care at the time of the follow up call. Despite the increased overall capacity, families cannot access quality programs due to the lack of financial support for families and for providers to cover the cost of quality care. As the second largest household expense, even with child care subsidies, the cost of quality child care is out of reach for many families.

Data Sources: *Child Care Demographics*, 2000 through 2007, Maryland Committee for Children (child care capacity); *2000 Census*, 2002 through 2006 *American Community Survey*, U.S. Census Bureau (estimates of child population in need); and *National Household Education Survey 2005*, National Center for Education Statistics, U.S. Department of Education.

References:

- The Enterprise Foundation. *Understanding Child Care Supply and Demand in the Community*. By Elizabeth C. Smith. Columbia, MD: The Enterprise Foundation, Inc. 2004.
- Maryland Committee for Children. *2004 Trends in Child Care*. Baltimore, MD: Maryland Committee for Children, 2004.
- National Center for Education Statistics. *Before- and After-School Care, Programs, and Activities of Children in Kindergarten Through Eighth Grade: 2001*. By Brian Kleiner, Mary Jo Nolin and Chris Chapman. Washington, DC: U.S. Government Printing Office, 2004.
- National Resource Center for Family Centered Practice. "The Role of Child Care in Strengthening and Supporting Vulnerable Families," *The Prevention Report*. By Bruce Hershfield. Iowa City, IA: University of Iowa, 1995.



OUTCOME

Communities that Support Family Life

Affordable Housing Supply

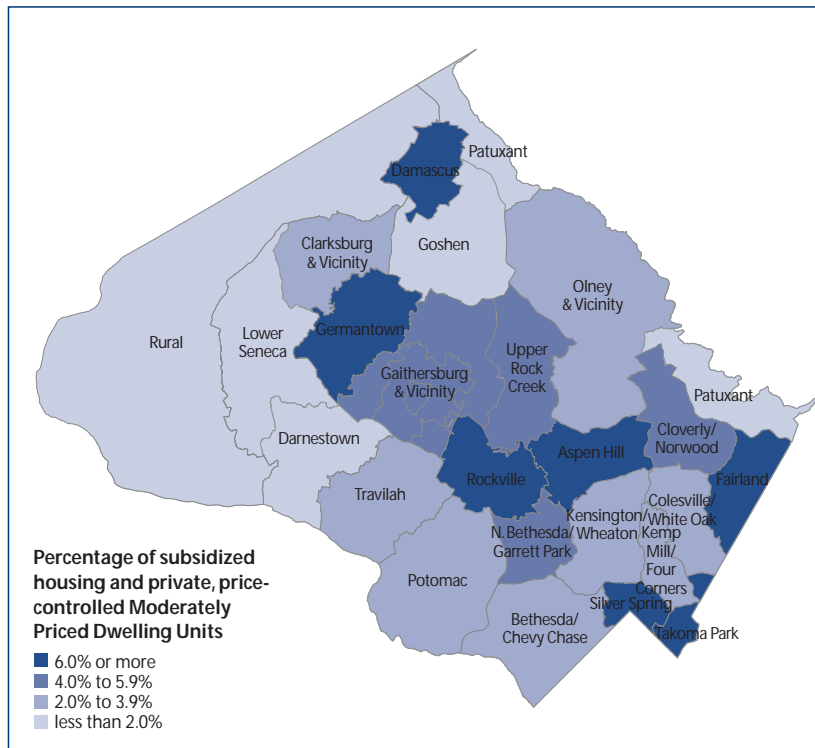
Definition: The affordable housing supply is the percentage of all housing that is subsidized housing and private, price-controlled Moderately Priced Dwelling Units (MPDUs). The affordable housing supply includes subsidized and lower-end market rate housing and MPDUs, produced or owned by the private sector, public sector and nonprofit organizations. This housing is considered affordable to households who have incomes at or below 80 percent of the county median.

Rationale: The availability of affordable housing is important for the stability of families and the well-being of children. Safe

and affordable housing encourages self-sufficiency, as parents do not have to sacrifice other basic needs to provide shelter for their families. Families who live in safe communities and close to job opportunities, good schools and basic services, are better able to raise children in a positive environment.

Secure and stable housing has a positive effect on school performance, social behaviors and child health. A better quality home environment, with less mobility and reduced family stress, encourages school success and high school completion. Strong communities are built around stable homes. Children living in stable homes are less likely to engage in problem behaviors and have greater access to opportunities.

The density of affordable housing in Montgomery County is higher in the more recently developed areas of the corridor and suburban communities, 1999



Findings: Because a more recent inventory of housing was not available at the time of this publication, these findings do not reflect changes in the affordable housing supply since 2000. (It is anticipated that a new inventory will be released in the spring of 2008.) In 2000, it was noted that Montgomery County was an expensive place to live and households at or below the median income had comparatively limited housing choices. In Montgomery County, increasing demands for housing, diminishing land supply and increasing construction costs are causing an acute shortage of housing for low and moderate income families who live or work in the county and for those with special needs.

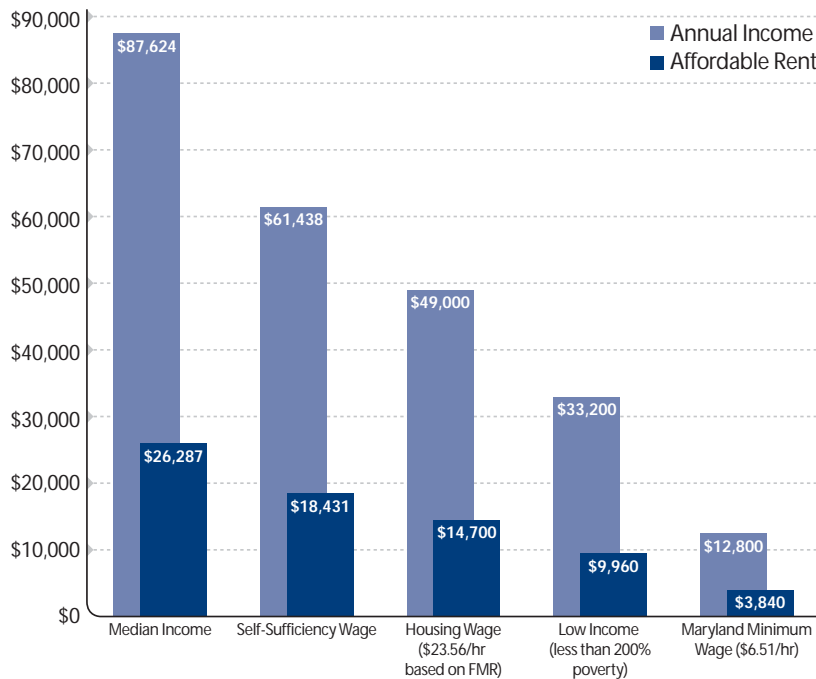
Undoubtedly, that situation has not improved significantly since 2000. In fact, the Fair Market Rents (FMR are gross estimates of rent and utilities calculated annually by the U.S. Department of Housing and Urban

Sources: Montgomery County Department of Park and Planning, Research and Technology Center; Montgomery County Department of Housing and Community Development; and Housing Opportunities Commission of Montgomery County



Affordable Housing Supply

The Housing Wage in Montgomery County for 2006 is \$23.56—the hourly wage needed to afford the Fair Market Rent for a two bedroom apartment. This wage is four times the Maryland minimum wage of \$6.51.



Affordable rent is calculated as 30 percent of annual income.
 Sources: U.S. Census Bureau; The Community Action Board of Montgomery County; and U.S. Department of Housing and Urban Development

Development for determining the payment standards for housing vouchers) increased by 45 percent for a two-bedroom apartment since 2000. The Housing Wage for 2006 in Montgomery County is currently \$23.56 per hour. This is the amount a full-time worker must earn to afford a two-bedroom unit at the area's Fair Market Rent (\$1,225 a month in 2006). This is 3.8 times the minimum wage in Maryland (\$6.15 per hour).

The supply of affordable housing in Montgomery County decreased from 6.0 percent, at the time of the first inventory in 1994, to 4.9 percent in 2000. During that period, the distribution of below market rate housing across the county became more comparatively balanced across planning areas, important to fulfilling county policy of access throughout the entire county. There were no longer planning areas where more than 10 percent of the housing was below market and planning areas with previously lower percentages increased.

Even with these changes, the 2000 report found that Montgomery County did not appear to have enough affordable housing to meet demand and the distribution did not offer the same opportunity for low and moderate income households to live in each planning area.

Data Sources: *Inventory of Affordable Housing in Montgomery County: Current Status Future Trends, 2000*, The Research and Technology Center, Montgomery County Planning Department.

Reference:
 Bipartisan Millennial Housing Commission. *Meeting Our Nation's Housing Challenges*. Washington, DC: U.S. Government Printing Office, 2002.



Communities that Support Family Life

Student Mobility

Definition: The student mobility rate is the percentage of students entering and leaving school during the school year. The total mobility percentage is calculated by dividing the sum of entrants and withdrawals by the average daily student population. Entrants are the number of students entering (transferring in or re-entering) school during the school year after the first day of school. Withdrawals are the number of students withdrawing (transfers and terminations) for any reason during the school year after the first day of school.

Rationale: Student mobility represents a form of disengagement from school influenced by both social and academic factors. The most frequent reason for student mobility is related to the family moving residences. The U.S. Census Bureau reported that the majority of reasons people move include finding employment or job relocation, joining family and friends, escaping high crime rates or poor schools, becoming homeless, leaving substandard or unaffordable housing or poor domestic relationships.

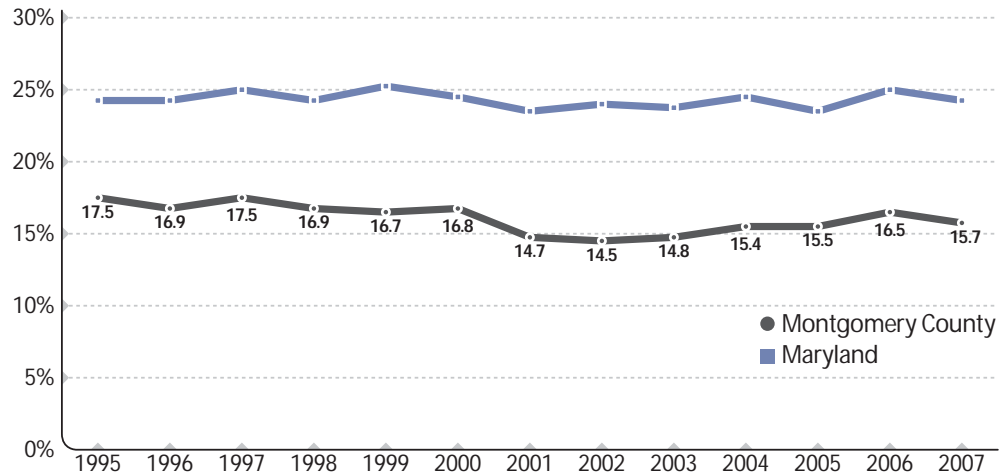
Students may change schools for other reasons. A student might be asked to transfer because of a problematic situation at their school, such as lack of a specific education program or overcrowding, or student-related factors such as behavior problems or absenteeism.

Schools and districts with high rates of student mobility are more likely to occur in communities with a high density of affordable housing and a large number of rental housing units. These areas are typically more urban and among minority communities.

Mobility during the school year puts students at a greater risk for:

- lower achievement levels
- psychological and behavioral problems
- youth violence
- difficulty developing peer relationships and meeting social expectations
- dropping out of school.

The school mobility rate has remained stable in much of Maryland but Montgomery County has seen a slight decline, 1994-1995 to 2006-2007 school years

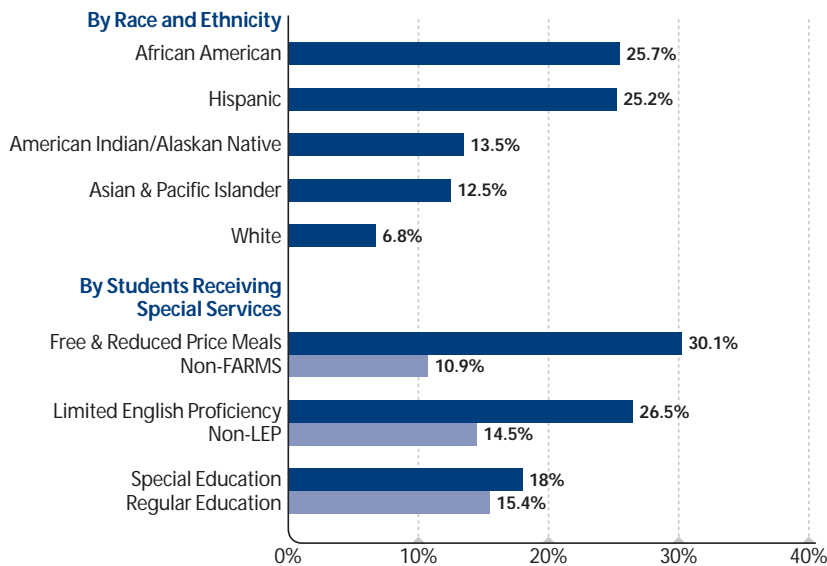


Source: Maryland State Department of Education



Student Mobility

The school mobility rate is much higher among African American and Hispanic students, as well as students receiving FARMS or with Limited English Proficiency in Montgomery County, 2006-2007 school year
percentage of students entering and leaving school during the school year



Race categories included here are non-Hispanic. Hispanic origin may be of any race.
Source: Maryland State Department of Education

Student mobility impacts more than just those students on the move. It also affects the overall school climate and the success of their non-mobile peers due to the disruption caused by frequent student turnover.

Findings: In Montgomery County, the student mobility rate was 15.7 percent in the 2006-2007 school year. The mobility rate was highest among elementary school students; 17 percent compared to middle school at 13.8 percent and high school at 15 percent. In 14 elementary schools there was a turnover of more than one third of the student population. In some schools that meant that there were 100 new students entering the school during the school year. These schools also have the highest rates of Free and

Reduced Price Meals (FARMS) participation and are located in the county's highest need communities both upcounty and downcounty.

African American and Hispanic students are more likely to be mobile compared with white and Asian students. In Montgomery County, the mobility rate among African American students in the 2006-2007 school year was 25.7 percent and 25.2 percent among Hispanic students. Students receiving Free and Reduced Price Meals had a mobility rate of 30.1 percent and students with limited English proficiency had a rate of 26.5 percent.

In Maryland, the student mobility rate has consistently been around 25 percent looking back over the last 10 years. In the 2006-2007 school year, 24.2 percent of all Maryland students moved from one school to another after the first day of school.

Nationally, the U.S. Census Bureau estimated that in 2006, 15 percent of the United States school-age population moved in the previous year—roughly 8 million children.

Data Source: 2007 Maryland Report Card, Maryland State Department of Education. Data accessed online at www.mdreportcard.org.

References:

- Hartman, C., "High Classroom Turnover: How Children Get Left Behind." By Dianne M. Piche, W.L. Taylor, and R.A. Reed (Eds.). *Rights at Risk: Equality in an Age of Terrorism*, pp.227-244, Citizen's Commission on Civil Rights, 2002.
- Rumberger, Russell W. "The causes and consequences of student mobility", *The Journal of Negro Education*. Winter 2003.

2007 Data Book

Key Indicators At A Glance

MONTGOMERY COUNTY, MD		PAST		PRESENT	
INDICATOR	RATE	YEAR	NUMBER	RATE	YEAR
Healthy Children					
Infant mortality rate (per 1,000 live births)	4.4	2000	98	7.0	2006 (C)
Percent low birth weight (less than 2,500 grams)	7.5%	2000	1,205	8.7%	2006 (C)
Child injury rate (per 1,000 population 0-19 yrs)	2.2	2000	548	2.1	2005 (C)
Child death rate (per 100,000 children 1-14 yrs)	13.5	1999-2001	22	11.7	2004-06 (C3)
Asthma hospitalization rate (per 10,000 children 0-9 yrs)	23.3	1999-2001	—	23.2	2004-06 (C3)
Young Children Ready for School					
Percentage of all kindergarten students “fully ready”	61%	2001-02	5,317	68%	2006-07 (S)
Success for Every Student					
Percentage of students scoring proficient or above in reading	71.2%	2002-03	57,751	82.6%	2006-07 (S)
Percentage of students scoring proficient or above in mathematics	65.6%	2002-03	55,609	79.6%	2006-07 (S)
Percentage of students present for at least half the average school day	95.7%	1999-2000	**	95.9%	2006-07 (S)
Absentee rate (percent absent more than 20 days)	7.8%	1999-2000	9,337	7.5%	2006-07 (S)
Percentage of students receiving a passing score on Algebra HSA	71.5%	2001-02	10,346	77.8%	2006-07 (S)
Percentage of students receiving a passing score on Biology HSA	72.2%	2001-02	8,116	80.6%	2006-07 (S)
Percentage of students receiving a passing score on Government HSA	72.2%	2001-02	9,680	87.6%	2006-07 (S)
Percentage of students receiving a passing score on English 2 HSA	69.5%	2004-05	8,468	77.2%	2006-07 (S)
Young People Prepared for the Workplace					
Graduation rate (percent who received a Maryland high school diploma)	91.66%	1999-2000	10,037	90.37%	2006-07 (S)
Dropout rate (percentage of students in grades 9 through 12)	1.71%	1999-2000	1,342	2.71%	2006-07 (S)
Percentage of graduates who met entrance requirements for Univ. System of MD	69.0%	2002-03	6,860	67.4%	2006-07 (S)
Percentage of graduates who completed an approved CTE program	7.0%	2002-03	527	5.2%	2006-07 (S)
Percentage of graduates who completed both Univ of MD requirements and CTE program	4.8%	2002-03	511	5.0%	2006-07 (S)
Young People Making Smart Choices					
Students suspended as a percentage of all students	3.4%	1999-2000	6,147	4.6%	2006-07 (S)
Percentage of all 8th graders who used alcohol in the last 30 days	18.4%	1998	—	12.0%	2004 (C)
Percentage of all 8th graders who used marijuana in the last 30 days	8.0%	1998	—	4.5%	2004 (C)
Percentage of all 12th graders binge drinking in the last 30 days	31.3%	1998	—	28.3%	2004 (C)
Adolescent birth rate (per 1,000 women ages 15 to 19 yrs)	23	2000	635	21.6	2006 (C)
Adolescent chlamydia case rate (per 100,000 population ages 10 to 19 yrs)	286.7	2000	368	285.8	2006 (C)
Adolescent gonorrhea case rate (per 100,000 population ages 10 to 19 yrs)	78.4	2000	45	35	2006 (C)
Stable and Economically Secure Families					
Out-of-home placement rate (per 1,000 children under 18 yrs)	4.6	2000	1,271	5.4	2006 (F)
Percentage of children in out-of-home placements who are reunited within 12 months	38.0%	2002	70	58.3%	2006 (F)
Percentage of children in out-of-home placements who are adopted within 24 months	55.6%	2002	7	50.0%	2006 (F)
Homelessness rate (per 10,000 population)	12.2	2001	1,715	18.4	2007 (C)
Unemployment rate (annual average percentage of residents in the labor force)	2.6%	2000	14,937	2.9%	2006 (C)
Children Safe in Their Home, School and Community					
Child abuse and neglect rate (per 1,000 children under 18 yrs)	6.02	2000	1,238	5.3	2005 (F)
Juvenile violent death rate (per 100,000 population ages 10 to 19 yrs)	12.9	2000	19	17.1	2004-06 (C3)
Child victimization rate (per 1,000 population ages 10 to 17 yrs)	28.8	2002	2,911	27.8	2007 (F)
Juvenile violent offense rate (per 100,000 population ages 10 to 17 yrs)	160.7	2005	192	183.5	2007 (F)
Juvenile serious non-violent offense rate (per 100,000 population ages 10 to 17 yrs)	908.3	2005	1,160	1108.7	2007 (F)
DJS intake rate (per 100,000 population ages 10 to 17 yrs)	42.9	2000	4,177	38.4	2006 (F)
Communities that Support Family Life					
Prenatal care (percentage of all births)	91.3%	2000	11,184	81.0%	2006 (C)
Child care supply (per 100 children under age 15 yrs in need)	23.6	2000	33,087	25.9	2007 (C)
Affordable housing supply (percentage of all housing)	6%	1994	15,641	4.9%	2000 (C)
Student mobility rate (percentage entering & leaving school during the school year)	16.8%	1999-2000	**	15.7%	2006-07 (S)

— Data not available. ** Numbers are not appropriate due to methodology for rate calculation.
 C: Calendar Year; C3: Calendar Year, 3-yr moving average; S: School Year (September-June); F: Fiscal Year (July 1 - June 30)

Appendix

Resource Websites

Population and Family Demographics

Montgomery County Planning Department,
Research and Technology Center
mcparkandplanning.org/research/index.shtm

Demographic Data Center
[mcparkandplanning.org/research/
data_library/demographic_data_center/
Demographics_Data_Center.shtm](http://mcparkandplanning.org/research/data_library/demographic_data_center/Demographics_Data_Center.shtm)

U.S. Census Bureau
factfinder.census.gov

Healthy Children

Montgomery County Department of Health
and Human Services
www.montgomerycountymd.gov/hhs

Maryland Department of Health and Mental
Hygiene, Vital Statistics Administration
www.vsa.state.md.us

Vital Statistics Reports
www.vsa.state.md.us/html/reports.html

Maryland Department of Health and
Mental Hygiene, Health Services
Cost Review Commission
www.hscrc.state.md.us

U.S. Department of Health and Human
Services, National Vital Statistics System
www.cdc.gov/nchs/nvss.htm

Birth Data
www.cdc.gov/nchs/births.htm

Mortality Data
www.cdc.gov/nchs/deaths.htm

Young Children Ready for School

Montgomery County Public Schools,
Department of Shared Accountability
[www.mcps.k12.md.us/departments/
sharedaccountability](http://www.mcps.k12.md.us/departments/sharedaccountability)

Montgomery County Department of
Health and Human Services,
Early Childhood Services
[www.montgomerycountymd.gov/
earlychildhoodservices](http://www.montgomerycountymd.gov/earlychildhoodservices)

Maryland State Department of Education
www.marylandpublicschools.org/msde

School Readiness Information
[www.marylandpublicschools.org/MSDE/
newsroom/publications](http://www.marylandpublicschools.org/MSDE/newsroom/publications)

Success for Every Student

Montgomery County Public Schools,
Department of Shared Accountability
[www.mcps.k12.md.us/departments/
sharedaccountability](http://www.mcps.k12.md.us/departments/sharedaccountability)

Maryland State Department of Education

Maryland Report Card
www.msp.msde.state.md.us

Young People Prepared for the Workplace

See Success for Every Student

Young People Making Smart Choices

Maryland State Department of Education

Maryland Adolescent Survey

www.marylandpublicschools.org/MSDE/newsroom/special_reports/adolescent_survey

Accountability Reports

www.marylandpublicschools.org/MSDE/divisions/planningresultstest/prim_pubs.htm

Substance Abuse and Mental Health Data Archive

www.icpsr.umich.edu/SAMHDA

Monitoring the Future

www.monitoringthefuture.org

Maryland Department of Health and Mental Hygiene, Division of Sexually Transmitted Diseases

edcp.org/html/stds.html

U.S. Centers for Disease Control, Division of Sexually Transmitted Diseases

www.cdc.gov/std

Stable and Economically Secure Families

Maryland Department of Labor, Licensing and Regulation, Local Area Unemployment Statistics

www.dllr.state.md.us/lmi/laus/lausmain.htm

U.S. Department of Labor, Bureau of Labor Statistics

www.bls.gov

Montgomery County Department of Health and Human Services, Child Welfare Services

www.montgomerycountymd.gov/content/hhs/childwelfare/index.asp

Maryland Department of Human Resources, Social Services Administration

www.dhr.state.md.us/ssa/index.htm

U.S. Department of Health and Human Services, Administration for Children and Families

www.acf.dhhs.gov

Metropolitan Washington Council of Governments

www.mwcog.org

Homeless Enumeration

www.mwcog.org/store/item.asp?PUBLICATION_ID=189

Maryland Governor's Office for Children

www.goc.state.md.us

Children Safe in Their Home, School and Community

Montgomery County Police Department

www.montgomerycountymd.gov/police

Maryland Department of Juvenile Services

www.djs.state.md.us

Annual Statistical Report

www.djs.state.md.us/publications.html

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention

ojjdp.ncjrs.org

U.S. Department of Justice, Bureau of Justice Statistics

www.ojp.usdoj.gov/bjs

Communities that Support Family Life

Maryland Committee for Children

mdchildcare.org/mdcfc/mcc.html

Child Care Demographics

mdchildcare.org/mdcfc/data/data.html

Montgomery County Planning Department, Research and Technology Center

Housing Data in Montgomery County

mcparkandplanning.org/research/data_library/real_estate_development/housing/index.shtm

Note: Some sites may be a resource for more than one outcome but are listed here as they first appear.



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