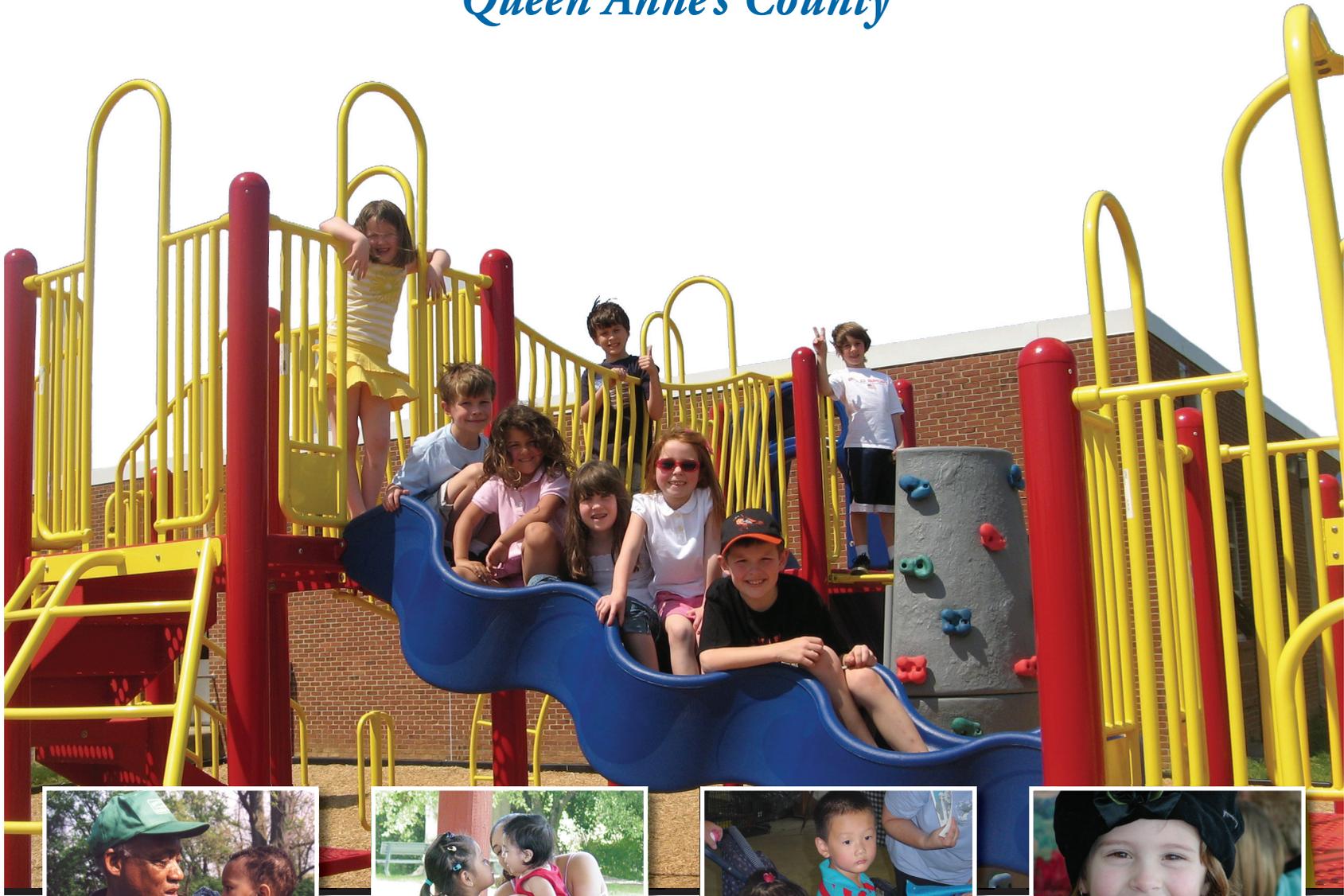


RESULTS MATTER

*A quality of life assessment of children and families in
Queen Anne's County*



Commissioned by:

The Queen Anne's County Community Partnerships for Children and Families and the Needs Assessment/Strategic Planning Committee





FROM OUR BOARD OF COUNTY COMMISSIONERS



Dear Citizens of Queen Anne's County:

Children are the future of this County and it is vital that we help Queen Anne's children and families thrive. There are numerous factors required to provide support to a child. They include parents and guardians, extended family, friends, the community, faith-based organizations, schools, parks, state and county agencies. We would like to thank everyone involved in our communities who struggle each day to make life better for another person. It is important that we keep positive momentum in support of children and families.

One of the best ways that we can support the work of so many who dedicate a lot of time and effort to our families is to promote what works. Additionally, we should support efforts and push for outcomes that are relative to the unique and specific strengths and needs of our County and the communities within it. The information contained in Results Matter should help make that happen.

Results Matters contains both challenging and encouraging news for Queen Anne's County children and families. Since 1997 when the County's Local Management Board also known as the Queen Anne's County Community Partnerships for Children and Families was created, there have been four comprehensive needs assessments. As a result of community ideas in response to trends in indicators, a number of vibrant community initiatives were created and continue today as effective resources. Hopefully, the content of this appraisal will contribute to an even better quality of life for all children and families in Queen Anne's County.

We would like to thank all the members of the Local Management Board for their hard work to make sure that we provide strong, accurate and supportive information in order to support those many hard working families, individuals and organizations who are working to make Queen Anne's County stronger through our families.

Sincerely,

The Board of County Commissioners for Queen Anne's County

Handwritten signature of Eric S. Wargots.

Eric S. Wargots, M.D. - *Commission President*

Handwritten signature of Courtney M. Billups.

Courtney M. Billups - *District 1*

Handwritten signature of Gene M. Ransom, III.

Gene M. Ransom, III - *District 3*

Handwritten signature of Paul L. Gunther.

Paul L. Gunther - *District 2*

Handwritten signature of Carol R. Fordonski.

Carol R. Fordonski - *District 4*



FROM OUR PRESIDENT

Dear Citizens of Queen Anne's County:

It is with great excitement that we share our report with the Communities of Queen Anne's County entitled Results Matter. The title of this report is very appropriate because the ultimate goal of the Queen Anne's County Community Partnerships for Children and Families (Partnership) is to make life better for the children and families of this great County that is demonstrated through marked improvements in results. The continuous improvement of an environment that is safe, healthy, and stable for children and families of Queen Anne's County is the result that matters.

Local Management Boards are required by the State of Maryland to monitor results of individual programs that we fund along with global results across the jurisdiction. The Board and staff take this directive personally. Underlying this report is a model known as Results Based Accountability (RBA). RBA is a disciplined way of thinking and taking actions which we have adopted in order to improve the lives of children, families and the community as a whole. Within this document the RBA format is presented to describe the top three priority result areas selected by the Board for further attention and action. Children Enter School Ready to Learn, Children Successful in School, and Communities that Support Family Life were the three results selected by the Board in which to put the majority of our efforts and resources.

Queen Anne's County is a great county with many resources. The strongest of those resources are the caring and hardworking people who live and work here on behalf of children. There is no doubt that if given all the resources they need, all of our children and families would prosper. While we don't have all the resources we have a great model and a strong plan to support our helpers and make a great difference for our families. We have already had a positive effect on the community and are well on the way to compounding our successes.

Results Matter is the product of a lot of time and hard work by the Board, Staff, Consultants and others in the Community. I would like to thank all of the current and past members of the Board who have spent so much time and effort on this document. This report is just one of the numerous examples of how the Queen Anne's County Community Partnerships for Children and Families works to support the community to improve results for children and families.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Paul Stearns".

W. Paul Stearns
Board President

Queen Anne's County Commissioners

Eric S. Wargotz, M.D., *Commission President*
Courtney M. Billups, *District 1*
Paul L. Gunther, *District 2*
Gene M. Ransom III, *District 3*
Carol R. Fordonski, *District 4*

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Community Member

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Community Member

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Patricia Scott[#]
Community Member

Marian Sinclair*
Mid Shore Mental Health Systems

Emily Smith
Student, Community Member
Year Appointed 2005
Term Expires 2008

Dan Southern
Minister, Community Member

Roseann Squire
Community Member

Geri Thompson
The Judy Center Partnership

Mary Walker
Community Member

Denise Whiteley
Supervisor, Dept. of Juvenile Services

** Denotes public members who are on the board by
the virtue of the professional position that they hold
[#] Denotes members of the needs assessment/strategic
planning committee.*

*Dorothy Carpenter, Guido DeLuca, and Terri Paddy
were also on the committee but are no longer members
of the board.*

Community Partnerships for Children Staff

Cindi Bauer
Office Manager/LCC Specialist

Jacki Carter
Character Counts! Coordinator

Michael Clark[#]
Director

Mary Ann Gleason[#]
Family Network Specialist

Jennifer T. Stansbury
Fiscal Specialist



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Section 2: EXECUTIVE SUMMARY

Where are we now?

The Maryland Governor's Office for Children requires that a comprehensive needs assessment be done by local jurisdictions as a tool for identifying areas of critical need and thereby focusing local funding requests. Queen Anne's County Community Partnerships for Children and Families, the Local Management Board, began this needs assessment in October of 2006 and completed it in May of 2007. The assessment consisted of an examination of the 25 indicators corresponding to Maryland's eight result areas and provided by the Governor's Office for Children, responses from the Six Pillar Inventory completed by 1400 youth and adults in Queen Anne's County from 2003 through 2007, and responses from the Resources and Assets Survey completed by 3500 middle and high school students in Queen Anne's County during October 2006.

This assessment contains both challenging and encouraging news for Queen Anne's County children and families. Since 1997 when the county's Local Management Board was created, there have been four comprehensive needs assessments. As a result of community ideas in response to trends in indicators, a number of vibrant community initiatives were created and continue today as effective resources. These include the Partnering for Youth After School Program, Character Counts!, Chesapeake Helps! (formerly QAC Helps!), and the Judy Center Partnerships. Hopefully, the content of this assessment will contribute to a greater blending of resources and a better quality of life for all children and families in Queen Anne's County.

History

A total of seven assessment meetings with community representatives (the assessment and strategic planning team) occurred from October to March to process both hard and soft data results and to prioritize findings, determine service gaps, and map local assets. On November 18, 2006 the Local Management Board hosted a strategic planning session based on identified trends in indicators corresponding to the eight result areas. From this meeting, the group selected three priority result areas of; *Children Entering School Ready to Learn; Children Successful in School; and Communities That Support Family Life*, as its focus for assessment and strategic planning.

Results Matter Overview

Section 3 of Results Matter provides an introduction and background to this document. In this section, the rationale behind the assessment is provided along with an explanation of the background for the creation of the "Eight Maryland Result Areas" and the Community Partnerships for Children and Families.

An assessment is not complete without an initial examination of county characteristics including population distribution, landmarks, and economic factors. This description is provided in the county profile located in Section 4 and highlights unique challenges associated with the migration of citizens in and out of Queen Anne's County.

RESULTS MATTER
 Section 2 – **Executive Summary**

RESULT AREA	INDICATORS	SERVICE GAPS	STRENGTHS/ASSETS
Children Entering School Ready to Learn	Kindergarten Readiness – Poor subgroup performance	Need for continued support of young families	Early Childhood System Team, Healthy Families, Family Support Program, Judy Center Partnerships, Head Start, Pre-K Public School, Private Child Care Providers
Children Successful in School	Academic Achievement Testing – Poor subgroup performance Juvenile Non-Violent Arrests – Significant upward trend	Need for continued support of after school programming Limited mental health support for youth	Public School Support, Partnering For Youth After School Program, CASASTART, Mid Shore Mental Health Systems, Private Mental Health Providers (no public mental health in QA’s County)
Communities That Support Family Life	Limited knowledge of existing resources In the “Student Resources and Assets Survey,” teens reported low level of “community values youth” High rates of substance use among preteens and teens Improved personal character trends	Need for continued resource awareness venues Need for continued character building and youth development opportunities	Chesapeake Helps!, Community Resource Directories printed by Chesapeake Publishing and the Local Management Board, Character Counts! Coaches, Youth Developmental Asset Building Assets in Action Team, and Teen Assets Team

Section 5 of this assessment provides a thorough discussion of the suggested strategies to reach the three priority result areas. The above table summarizes the assessment results for those three areas as well as indicators, service gaps, and strengths/assets determined by the assessment/strategic planning team as significant for children and families in Queen Anne’s County

In addition to the desired result areas and selected significant indicators, Results Matter features five-year trends for most indicators corresponding to the remaining five result areas: Babies Born Healthy, Healthy Children, Children Completing School, Stable and Economically Independent Families, and Children Safe in Their Families and Communities. The indicators are listed along with notable challenging and encouraging trends in Appendix A. This tab also includes a complete listing of indicators for the three priority result areas referred to previously and is designed to provide the data necessary for organizations to mobilize resources for strengthening the quality of life in Queen Anne’s County.

Section 6 includes indicators and strategies specific to creating an early childhood system of care in Queen Anne’s County. A team of early childhood professionals, parents, and community leaders worked together from November of 2006 through July of 2007 and hosted an early childhood symposium at Chesapeake College on May 23, 2007 driven by the following mission: “Every child in Queen Anne’s County will begin life healthy and will begin school ready to learn.” Details of the plans to realize this purpose are provided in Appendix D.

In Appendix B, a simple resource directory is provided. It includes an alphabetical list of resources and general phone numbers. As resources are growing and/or are in transition in Queen Anne’s County, this section is not designed to be a complete list, but a starting point for referencing major county services. It is recommended that readers contact Chesapeake Helps!, a local information and referral source for a complete listing of services. Chesapeake Helps! may be accessed by calling 1-866-722-HLPS (4577) or via the web at www.chesapeakehelps.org. In addition, readers should note that the Queen Anne’s County Department of Social Services completed a “Services Array” study in August, 2007.

Individual citizens or organizations with a desire to dig a little deeper or to monitor new data are invited to explore the websites provided in Appendix C. These websites correspond to the sources used for gathering data for this assessment. Indicator data are being provided by public agencies in a more timely manner than in the past since computer automation is now the norm, rather than the exception. At the time of printing this document, the websites were intact.

Section 3: BACKGROUND



Section 3 reviews the history of Local Management Boards as designated by the State of Maryland to increase the responsiveness of local community efforts in meeting citizen needs. It illustrates the work of the Local Management Board in Queen Anne's County, called the Community Partnerships for Children and Families, and shows how the process of local needs assessment is a prerequisite to receiving program funding. Finally, the section shows how the "Results Based Accountability" (RBA) model structures community action to meet its goals.

As part of a Systems Reform Initiative (SRI) under the authority of the Governor's Office for Children (GOC), the Maryland General Assembly created the designation of Local Management Boards or LMBs, in 1990. This SRI was an effort to create more efficiency and responsiveness of public agencies serving children and families in Maryland. Specific funding resources were shifted from state departments serving children to local counties with the goal to "ensure the implementation of a local interagency service delivery system for children, youth, and families."

As an interagency entity composed of public and private members, each LMB was awarded long-term funds and encouraged to organize independently of state government structure. In Queen Anne's County, the "Community Partnerships for Children and Families," a quasi-governmental organization, was established in 1997 with the approval of the Queen Anne's County Commissioners and the support of local public agencies having family and child preservation interests. Board composition of LMBs was required by GOC to include public agency directors such as the Health Officer and School Superintendent, along with consumer members such as parents and/or youth.

Staff and board members of the Community Partnerships for Children and Families work hard to identify needs, effective programs, and funding sources to support programs. Today, the Local Management Board in Queen Anne's County disperses approximately \$1,000,000 in county, state, federal, and private funds annually to priority projects such as after school programs, character development, minority achievement, family preservation, early childhood learning, substance abuse prevention, behavioral support for school age youth, and community mobilization.

In recent years, GOC has given the Local Management Boards across the State of Maryland the opportunity to competitively apply for supplemental funding “to implement a full continuum of integrated services to children and families throughout the jurisdiction.” This funding opportunity is coincidentally titled the “Community Partnership Agreement” or CPA. While GOC staggered these opportunities in former years and awarded a minimal number of LMBs, a new CPA round of funding is now available for every jurisdiction based on the level of prior grant awards. In advance of requesting and receiving this funding, LMBs are required to complete a comprehensive needs assessment. Needs assessments must be formatted using indicators connected to the eight Maryland Result Areas. Most states in the nation are now using identical or similar result areas or goals to guide services for children and families. In Maryland, the following Result Areas were declared in 1995 and are universally used in every jurisdiction in the state.

MARYLAND CHILD AND FAMILY RESULT AREAS:

- Babies Born Healthy**
- Healthy Children**
- Children Entering School Ready to Learn**
- Children Successful in School**
- Children Completing School**
- Stable and Economically Independent Families**
- Children Safe in Their Families and Communities**
- Communities That Support Family Life**

Queen Anne’s County commissioned five needs assessments in advance of this current document. In 1995, an estimated 300 county citizens participated in the assessment and planning project called FABRIC or “*Families Acting to Build Responsive Integrated Communities.*” While the assessment leaders did not have the benefit of easily available family and child quality of life indicators, they did have the benefit of widespread community opinion. Surveys, citizen interviews, and teen focus groups were used to gather ideas in response to concerns voiced by county residents. The top solutions to children and family issues in the county included, resource awareness, child care options, transportation, and values education. In 1998, an assessment of the five Eastern Shore Counties of Caroline, Dorchester, Kent, Queen Anne’s, and Talbot was conducted and revealed a similarity of challenges faced by rural counties.

After the Columbine School shootings in April of 1999, the Local Management Board took the lead in launching a “Response to Violence” strategic planning process involving town meetings at school sites throughout the county. From this process, citizens asked for character development and resource awareness. It was from this effort, that Character Counts! and QAC Helps! (the information phone line at Chesapeake College) were both created.

In 2002 and 2004, the Local Management Board again conducted and released comprehensive needs assessment documents highlighting the strengths and challenges of living in Queen Anne’s County corresponding to each of the eight Maryland Result Areas. For this

assessment, comparisons across three years and with State of Maryland averages were featured to help ascertain trends in indicators. Multiple strategies for every Result Area were presented and included solutions posed by public agencies in addition to those posed by citizens during community meetings.

In 2007, the Governor’s Office for Children urged Local Management Boards in each jurisdiction to renew their needs assessments and planning documents using the “Results Based Accountability” or RBA model of assessment and planning created by Mark Friedman. Mr. Friedman worked for Maryland’s Department of Human Resources for 19 years, six of which were as the Chief Financial Officer. While in state service, Mr. Friedman noticed many ways that funds and programs could be better accounted for and believed assessment and planning methods could be more efficiently streamlined toward a bottom line of “less talk and more action.” He created the Results Based Accountability approach from his experiences and beliefs and successfully applied this model to public agencies, private non-profit groups, as well as for profit corporations across the United States and in other countries such as Ireland. Mr. Friedman provides the following question and answer format to explain RBA in very simple terms:

What is RBA?

RBA is a disciplined way of thinking and taking action that communities can use to improve the lives of children, families and the community as a whole. RBA can also be used by agencies to improve the performance of their programs. RBA can be adapted to fit the unique needs and circumstances of different communities and programs.

How does it work?

RBA starts with ends and works backwards, step by step, to means. For communities, the ends are conditions of well-being for children, families and the community as a whole. For example, residents with good jobs, children ready for school, or a safe and clean neighborhood. Even more specific conditions such as public spaces without graffiti, or a place where neighbors know each other can be considered desirable. For programs, ends could be how consumers are better off when the program works the way it should. For example, what percentage of people who participate in the job training program actually get and keep good paying jobs?

How can it help?

Many people have been frustrated by past efforts that were all talk and no action. RBA is a process that gets you and your partners from talk to action quickly. It uses plain language and common sense methods that everyone can understand. The most basic version of RBA (the “Turn the Curve” exercise) can be done in less than an hour, and produces ideas that can be acted on immediately. RBA is an inclusive process where diversity is an asset and everyone in the community can contribute. Like all good processes, RBA is hard work. But it is work that you control and that makes a real difference in peoples’ lives.

Why are data important?

When you are trying to fix a leaking roof, you really don't need data. You can see if the roof is leaking or not. But community conditions and the way programs work are much more complicated. If we rely on just stories and anecdotes, we really don't know if things are getting better or worse. By using common sense measures, we can be honest with ourselves about whether or not we're making progress. If we work hard and the numbers don't change, then something more or different is needed. We rarely have all the data we need at the beginning. But we can start with the best of what we have and get better. And it doesn't always have to be gathered by the experts. You can use simple, common sense methods, like community surveys with just a few questions, or a count of vacant houses each month, or even a show of hands at a monthly meeting about knowledge of crime victims to provide bases for making plans.

For more information about Results Based Accountability, please consult one or more of the following websites: www.resultsaccountability.com; www.raguide.org; or www.trafford.com.

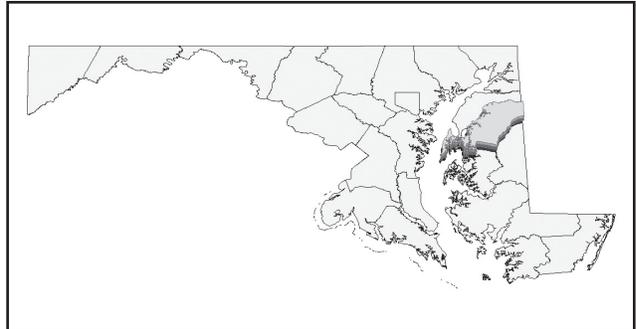
How RBA affects our community?

The Community Partnerships for Children and Families is now using the RBA framework as the facilitating guide for selecting and monitoring services and programs. Within this document (*Results Matter*), the RBA format is presented to describe the top three priority Result Areas selected by Queen Anne's County for further attention and action. Those three priority areas selected from the eight areas identified by the State of Marland for focus are:

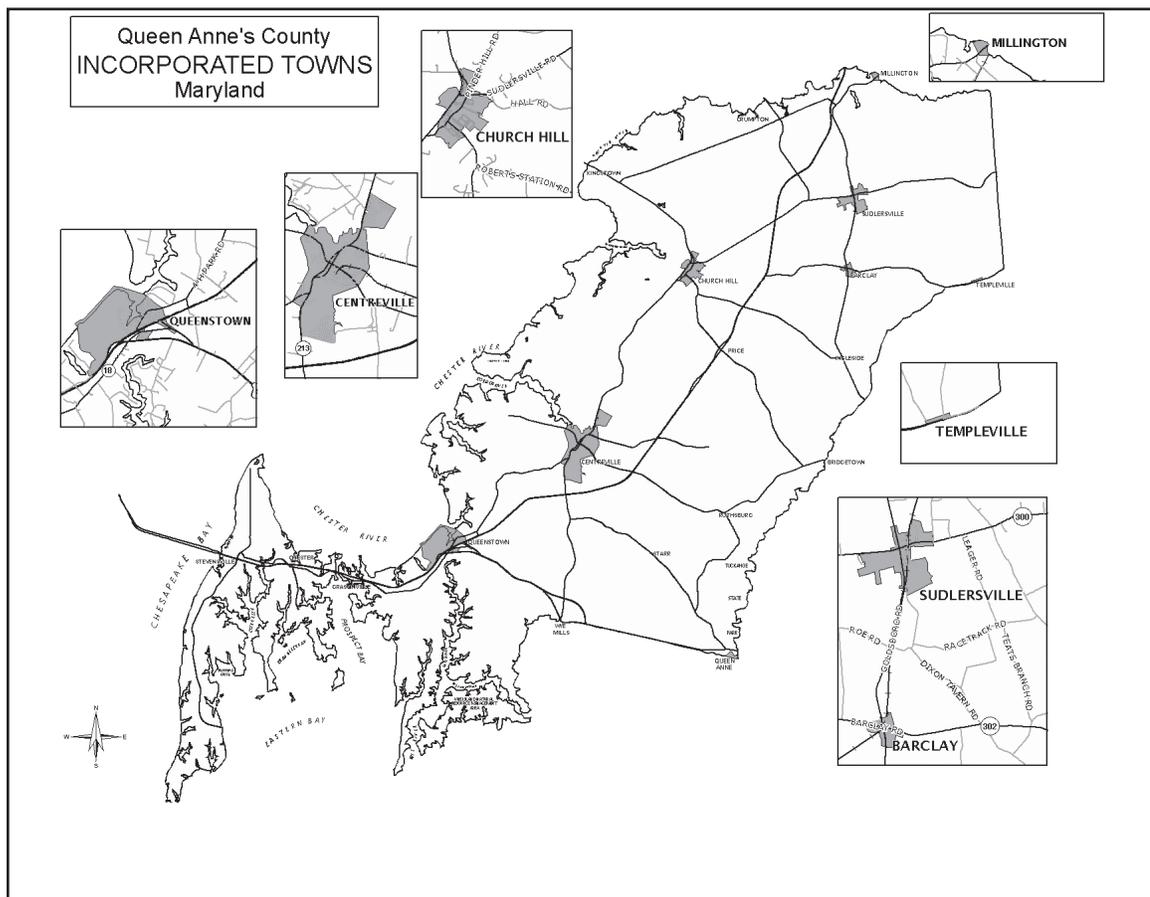
- Children Entering School Ready to Learn
- Children Successful in School
- Communities That Support Family Life

Section 4: QUEEN ANNE'S COUNTY PROFILE

The Queen Anne's County Community Partnerships for Children and Families is one of Maryland's 24 Local Management Boards (LMB). LMBs have a duty to improve outcomes for children families. In order to meet that charge it is critical that LMBs have a clear and thorough understanding of jurisdiction they represent. Understanding the demographics and other related aspects of the jurisdiction allows for informed decisions and services that are tailored to the County's unique aspects. This section makes that possible.



A rural community located on the Eastern Shore of Maryland, Queen Anne's County hosts 40,563 people on 372 square miles of land area according to the 2000 US Census. Of the nine Eastern Shore of Maryland Counties, Queen Anne's County is expected to continue experiencing the greatest consistent population growth based on the past increase of nearly 60% from 1980 to 2000. A significant challenge facing the Queen Anne's County community

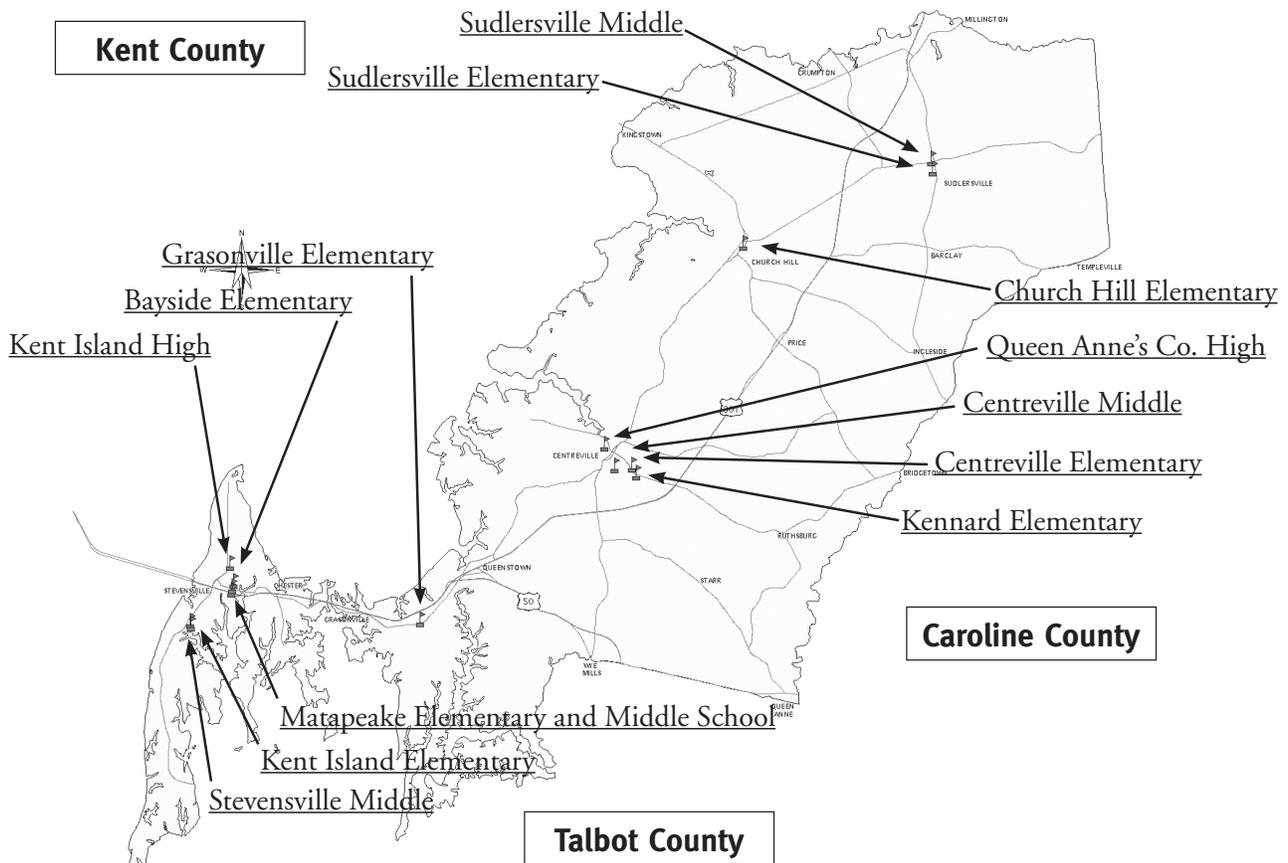


is contending with limited services and outdated infrastructure common to rural areas while simultaneously experiencing a significant migration of citizens into the county. The county does not house a hospital, full-time public transportation, movie theaters, shopping malls, or organizations such as a youth center, YMCA, or Boys’ and Girls’ Clubs. County residents have access to two State Parks, nine county parks, four golf courses, nine public boat ramps, numerous commercial marinas, and wildlife refuges and environmental centers.

The county is bordered by the Chesapeake Bay to the west, and is land-locked to the north by Kent County, to the south by Talbot County, and to the east by Caroline County. There are eight incorporated towns including the county seat of Centreville and at least twice the number of unincorporated towns.

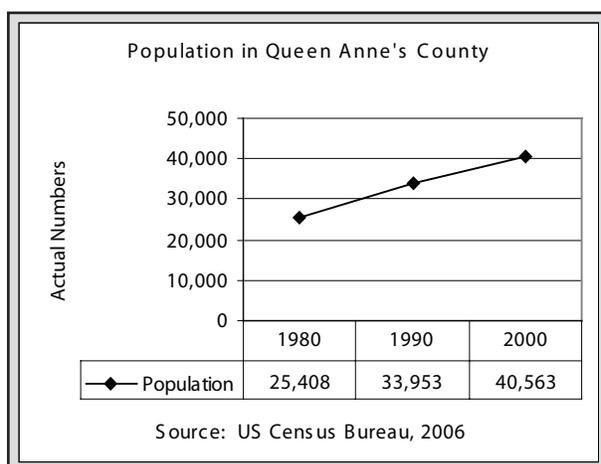
A single public school system educates 7,780 students in the county (2006-2007 school year) and consists of eight elementary, four middle and two high schools. The county is geographically distributed from a northern region (towns of Sudlersville and Church Hill) and a southern region encompassing Kent Island and Grasonville. The northern region of Queen Anne’s County is predominately a rural farming community with limited access to services and two Title I elementary schools (Sudlersville and Church Hill). Title I schools are those schools serving a greater number of children eligible for free and reduced meals. On the opposite southern end, Grasonville and Kent Island are more densely populated and home

QUEEN ANNE’S COUNTY PUBLIC SCHOOLS



to a 60% out-of-county commuter rate facilitated by the Chesapeake Bay Bridge linking the island to the metropolitan areas of Baltimore and Washington, D.C. One Title I elementary school, Grasonville Elementary, is located within this area of the county.

Population figures demonstrate a decreasing minority population from 17% in 1980 to 11% in 2000. African American resident distribution in 2000 is nearly half of the 1980 percentage. The percentage of

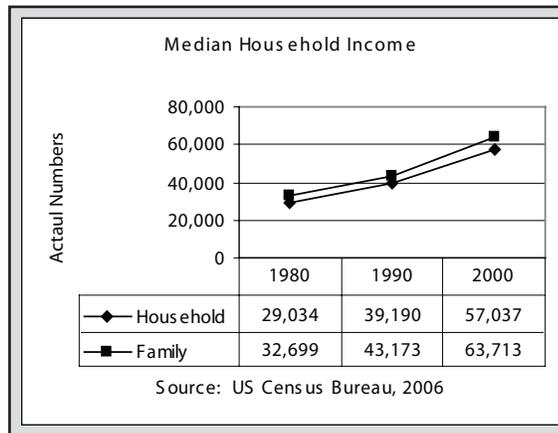


CATEGORY	1980		1990		2000	
	#	%	#	%	#	%
Population	25,408	100%	33,953	100%	40,563	100%
Male	12,483	49.1%	16,789	49.4%	20,195	49.8%
Female	12,925	50.9%	17,164	50.6%	20,368	50.2%
ETHNICITY						
Caucasian	21,084	83.0%	29,723	87.6%	36,120	89.0%
African American	4,324	17.0%	3,800	11.2%	3,560	8.8%
Hispanic/Latino	n/a	n/a	291	0.8%	444	1.1%
Other Ethnicities	n/a	n/a	139	0.4%	505	1.2%
AGE						
0-4 Years Old	1,714	6.8%	2,463	7.3%	2,591	6.4%
5-18 Years Old	6,339	24.9%	6,308	18.6%	8,053	21.1%
19-64 Years Old	14,273	56.2%	6,692	61.3%	24,192	59.5%
65 and over	3,082	12.1%	20,811	12.8%	5,227	12.9%
HOUSEHOLDS TYPE AND SIZE						
Total	11,428	100%	12,489	100%	15,315	100%
Family Households	7,055	61.7%	9,731	78.0%	11,542	75.4%
Single Head of Household	1,127	9.9%	1,493	11.9%	2,012	13.1%
Grandparent Households	n/a	n/a	647	5.2%	717	4.7%
Non-Family Households	4,373	38.3%	2,758	22.0%	3,773	24.6%

Definitions: Householder—A person in whose name the home is owned, being bought or rented; Family Household—Householder and one or more people living in the same household, who are related to the householder by birth, marriage or adoption; Non-Family Household—A householder living alone or with non-relatives only.

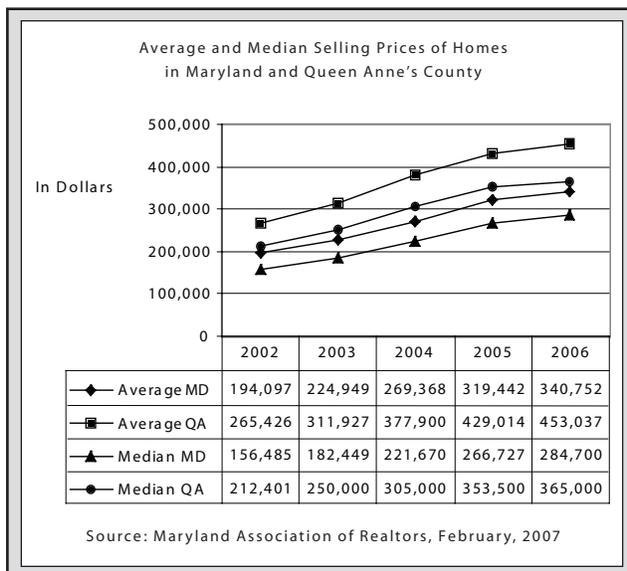
Source: US Census Bureau, Decennial Census, 1990 and 2000

children ages 18 and under has decreased by 4% since 1980, but the numbers have now exceeded 10,500. The age category showing the greatest increase is those residents between 19 and 64 years of age. Household composition has changed as well with over a 3% increase in single head of household families. The number of grandparent households has decreased slightly from 1990 to 2000. There has been nearly a 10% increase in the number of non-family households or people living alone or with non-relatives.



A recent commuter study conducted by the Queen Anne’s County Planning Office (2000) concluded that 16.2% of residents are employed in professional and technical occupations. The average earning potential of Queen Anne’s County citizens is close to that of citizens statewide. Household income was \$57,037 overall in the county, and \$26,683 for county African American households. (State of Maryland Department of Labor, Licensing and Regulation, 2005). The average rate of unemployment decreased from 3.3 in 2005 to 3.2 for the county in 2006. In 2003, the county unemployment rate was 14.5 for African Americans, 2.9 for Caucasians and 13.0 for combined minorities (most recent available by ethnicity).

Affordable housing has become a critical problem in Queen Anne’s County which primarily impacts African American citizens whose Median Household Income is \$26,683. The Average Year End Selling Price for a house in the county in 2006 was \$453,037, up by 114% from \$211,862 in 2000. Two years ago, after the subsidized housing waiting list reached 500 people, the Department of Housing and Community Services suspended additions to the list. They estimate today that at least 1700 affordable housing units need to be created in Queen Anne’s County to meet existing demand. Typically, slightly over half of the families in need of housing are African American. There are numerous accounts of increasing homelessness and three and four families living together in one household.

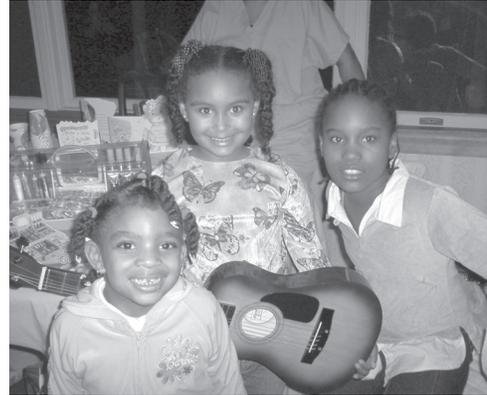


Queen Anne’s County is home to Chesapeake College and the University of Maryland’s Wye Institute Research Center. Over 836 acres of Queen Anne’s County land is industrially zoned including the Thompson Creek, Centreville, and Chesapeake Bay Business Parks. The five largest employers in the county are S.E.W. Friel, Chesapeake College, Paul Reed Smith, Reeb Millwork, and Harris Crab House. Even with increased manufacturing opportunities, 59.8% of the county’s residents commute out of Queen Anne’s County for work (MD Department of Business and Economic Development, 2000).

Section 5: PRIORITY RESULT AREAS SELECTED, THE DESIRED RESULTS, STRATEGIES AND RELATED PLANS

Part 1: How Results Based Accountability Works in Queen Anne's County to Report Goal Area Results

The Community Partnerships for Children and Families selected three priority Result Areas or goals for the next five years. These desired results were chosen in November of 2006 based on a review of the trend data in Queen Anne's County over the past five years.



When describing Results Based Accountability (RBA), Mark Friedman, the creator of RBA, asks the question, "Why is common language important?" He says:

"Whether it's English, Spanish or another language, we often use words and jargon in ways that no one really understands. Pilots could never fly airplanes that way. Community groups could never build playgrounds that way. We need to agree on how to use plain language so we can work together successfully. RBA asks groups to agree on what words they will use to describe a few basic ideas:

Results (or outcomes): What conditions do we want for children, families and the community as a whole?

Indicators and Trends: How could we measure these conditions? What do the data show about where we've been and where we're headed?

Story behind the indicators or trends: What are the forces at work or the causes leading to the trend data?

Partners with a role to play: Who can work together to improve conditions?

What works (or strategies): What works to improve these conditions?

Action Steps: What are the top 3 to 5 steps necessary to implement the strategies?"

1. What in Queen Anne's County is our desired RESULT? – Result areas are **goals** for children, families and the communities in which they live. Maryland has identified eight result areas affecting a child's health, well-being, and security. Each LMB in Maryland generally strives to meet all result areas while emphasizing select result areas based on local statistics or soft data including those from focus groups, surveys, town meetings, or interviews. The Queen Anne's County LMB has selected three priority goals. These are: **Children Enter School Ready To Learn, Children Successful in School, and Communities that Support Family Life.**

2. Who is our TARGET POPULATION? – A target population is usually the group or category of people the result is intended to address. In most cases, the groups are children

and families, but can be specific to age ranges or expanded to include extended family members depending on the result area.

3. What do the INDICATORS tell us? –

Although a Result Area may imply up to a dozen indicators, the RBA model suggests choosing 2-4 primary or “headline” indicators. Rather than an organization getting bogged down trying to measure multiple trends each year, it is recommended to track only those that are most closely linked to the Result Area and those that are easily accessible and reliable. Other data are



not lost, but can be referenced under the “story behind the baselines.” In this report, the remaining data are provided under the tabbed section, “Appendix A: Queen Anne’s County Data for All Eight Maryland Result Areas.” This allows organizations to easily scan and use other priority data suitable to their missions.

For the three priority Result Areas in this section of *Results Matter*, data that may demonstrate progress toward reaching each goal are presented in two ways. First, if information trends are moving in a negative direction, or they show poor outcomes compared to the state as a whole, then the data are identified as “**Challenging**.” Challenging data imply that efforts should be made to investigate the benefits of current services and create new or expanded services or relationships to meet needs. Data identified as “**Encouraging**” show movement in a positive direction or show better outcomes when compared to the State of Maryland. It is hoped that effective services linked to the encouraging data are continued or enhanced. Featured indicators identified as challenging or encouraging are not intended to be exhaustive, but are intended as a prompt toward reaching a better understanding about what programs may need to be created or strengthened and what programs may need to be continued. It is not unusual for funding agencies to direct resources in response to deficits rather than to programs that show promise or positive changes.

Statistics or data are presented according to Maryland’s suggested indicators for each Result Area with related data added as deemed necessary by the LMB. The Governor’s Office for Children (GOC) has suggested a list of indicators for the result areas, but each county is invited to customize their result area indicators. For the result area of Communities Which Support Family Life, GOC does not provide any local data but recommends that each jurisdiction select and monitor data of their choice. Again, the LMB chose locally relevant statistics. Every attempt was made to collect the most recent data. However, in some cases the data were incomplete or not available. In a few cases, locally generated data, as opposed to state generated data, were used. For some indicators it is common for State agencies to present the frequency of an incident using frequency per 1,000 cases or per 100,000 cases. Since Queen Anne’s County’s population was 40,563 for the year 2000, this rating system does not always reflect a true indicator. If actual numbers or percentages based on actual numbers were easily available, then this data form was presented.



4. What is the **STORY** behind the indicators?

– Members of the Local Management Board have met on numerous occasions since the fall of 2006 to consider the causes or forces at work related to the headline indicators. They consulted other indicators, surveys, focus group responses, interviews, or their own professional experience to help build the story. For the RBA framework, the story behind the indicator trends leads to a better understanding of what might work to “turn the trend curves” in the correct direction.

5. Who are the **Partners with a role to play in reaching the desired result?**

- First and foremost, partners should be the folks whom the result area will impact, unless the age groups are too young. Additionally, partners can be any organization, public or

private, profit or non-profit who may have a stake in the outcomes or who may be a resource.

6. What **STRATEGIES** work to “turn the curve” or make things better?

- There may be programs or services already in place in the county that are beginning to make a difference in the trends. If so, these would be listed in response to this question. Additionally, there may be research or evidence-based programs or models in other counties, states, or countries that are known to “turn the curve.” Perhaps effective strategies need to be explored. If so, then identifying effective programs can become a strategy as well. Representatives from the Local Management Board considered what strategies were needed and these are discussed in this section.

7. What is our ACTION PLAN for making things better? – For each Result Area, it is recommended to select no more than five action steps. Corresponding to these steps should be a one to five year timeline (1 year, 2 years, and 3-5 years), and an estimate of the cost of the action item. In the RBA model, stakeholders are strongly encouraged to declare “no cost or low cost” action steps. An example would be to share existing resources rather than buy space for a service. Recent trends in youth development programs demonstrate the value of building relationships and acknowledging existing community assets and resources, instead of assuming that more programs are needed.

The Results Based Accountability model of assessment and planning is fluid, that is, the action steps are designed to be addressed, checked off the list, then revised on a consistent basis. Toward this end, the Community Partnerships for Children and Families is committed to monitoring trends as well as new data, new stories, new partners, new strategies and then adjust the plan accordingly. This *Results Matter* document should truly be a working plan and not one that sits untouched in a file cabinet or electronic file folder. The next 19 pages feature the plans developed for the three Queen Anne’s County priority Result Areas.

Part 2: Desired Results for the Three Priority Areas and their Strategies/Action Plans

CHILDREN ENTERING SCHOOL READY TO LEARN

1. What is our desired RESULT?

One of the three priority results for Queen Anne’s County is *Children Entering School Ready to Learn*. This means that children enter kindergarten equipped with foundation skills such as language and social development appropriate to their age. Success in this area will be realized when all young children in Queen Anne’s County receive the physical, emotional, and learning support needed before entering kindergarten.

2. Who is our TARGET POPULATION?

For this desired result, the target populations are children pre-birth through age 5 and the family members and caregivers of young children. Caregivers can include guardians, extended family members, or childcare providers.

3. What do the INDICATORS tell us?

Several indicators were reviewed in connection with the desired result area of *Children Entering School Ready to Learn*. The Needs Assessment Team chose a current measure called the Work Sampling System (Meisels, S. J.), as the best or “headline” indicator of school readiness.

The Work Sampling System is administered to pre-school children across Maryland each year prior to entering kindergarten. Children provide responses to a series of questions in the categories of language and literacy, personal and social development, and mathematical thinking. For each of the categories, students can earn one of three ratings: Full Readiness (highest rating), Approaching Readiness (middle rating), or Developing Readiness (lowest rating). Full Readiness is the optimal rating. For Queen Anne’s County, it was important to look at subgroup performance for this key indicator.

In 2006, 480 pre-Kindergarten children completed the Work Sampling System. Looking at the percentage of students entering kindergarten who do not demonstrate full readiness,

**STUDENTS ENTERING KINDERGARTEN
DEMONSTRATING READINESS - DEFINITIONS**

Full Readiness: Students consistently demonstrate skills, behaviors, and abilities, which are needed to meet kindergarten expectations successfully.

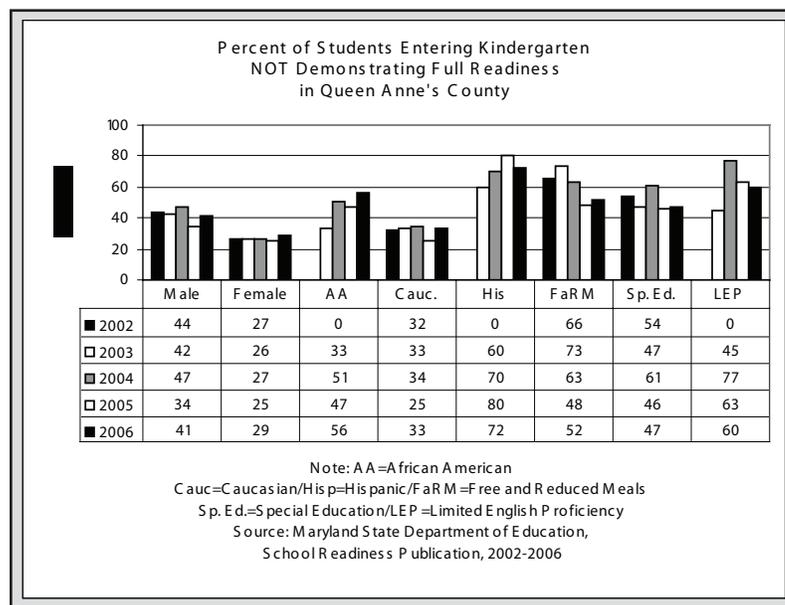
Approaching Readiness: Students inconsistently demonstrate skills, behaviors, and abilities, which are needed to meet kindergarten expectations successfully and require targeted instructional support in specific domains or specific performance indicators.

Developing Readiness: Students do not demonstrate skills, behaviors, and abilities, which are needed to meet kindergarten expectations successfully and require considerable instructional support in several domains or many performance indicators.

several subgroups emerge as needing additional support. When comparing genders, males perform at lower levels than females. Slightly more than half of African Americans and children participating in the Free and Reduced Meal program (low income) are performing below MD State Department of Education expectations. At least 60% of Limited English Proficient and 72% of children participating in the Free and Reduced Meal program need additional learning support at early ages. Females and Caucasians consistently show the highest ratings. At this time, trends are not heading in the right direction for males, African Americans, Hispanic, Special Education, and Limited English Proficient children – who demonstrate that they are NOT fully ready for kindergarten. The goal is to turn this trend in a downward direction yielding a result of a greater percentage of children ready to enter school.

4. What is the STORY behind the indicators?

Representatives from the Community Partnerships for Children and Families considered several reasons for the low ratings, especially among subgroups of children. While there



are those who question the validity of the Work Sampling System, results do appear to be consistent across subgroups and with other counties. Either way, in Queen Anne's County, young children and their families are priorities. This is reflected in the number of programs provided for early learning support such as Parents As Teachers, Healthy Families, Healthy Start, the Family Support Program, the Judy Center

Partnership Programs, and the Child Care Resource Center at Chesapeake College. Most services targeted to support younger children and their families are located in the central to the southern area of the county, leaving access and transportation as a major challenge for families living in the northern rural region of Queen Anne's County. As a result, an early learning system team was recently formed to address service gaps for young children and their families.

In 2005, among the county's 471 births, nearly 9% of women who were pregnant did not receive early prenatal care. Census data show that there are more children with single parents, more children who live with their grandparents, and nearly 21% of children living at 200% below the poverty level. Nearly 16% of adults over the age of 25 in the county do not have a high school diploma. Other economic influences include high unemployment rates among African Americans and Hispanic adults and a severe lack of affordable housing for low to mid income residents such as teachers, law enforcement personnel, hospitality industry workers,

and medical support staff. When these factors are considered, the existence of low ratings in the Work Sampling System are not unexpected.

OTHER KEY PARTNERS INCLUDE:

- | | |
|---|---|
| ✎ Judy Center Partnerships | ✎ Faith Centers |
| ✎ Board of Education | ✎ Family Support Programs |
| ✎ Character Counts! | ✎ Government – Local, State, Federal |
| ✎ Chesapeake Childcare Resource Center | ✎ Head Start! |
| ✎ Chesapeake Helps! | ✎ Department of Health Home Visiting |
| ✎ Childcare Center | ✎ Infants and Toddlers Programs |
| ✎ Department of Social Services | ✎ Parks and Recreation |
| ✎ Early Care and Learning | ✎ Pediatricians |
| ✎ Early Childhood System Team | ✎ Pre-Kindergarten and Kindergarten |
| ✎ Even Start | ✎ Project Right Steps |

5. Who are the PARTNERS with a role to play in reaching the desired result?

Parents, guardians, extended family members, and caregivers of young children ages pre-birth through age 5 are the primary partners who can help improve the indicators connected to the desired result of *Children Entering School Ready to Learn*.

All of the above partners have been involved in planning the strategies to turn the curve toward school readiness in Queen Anne’s County. Families have been involved in several ways to include participating in focus group meetings at the Family Support Center over the past few years, attending community meetings, providing letters of support, expressing desires to in-home interventionists who have documented comments, and serving on numerous planning teams and advisory panels. Representation of the partners has reflected the demographics of the community. Special efforts have been made to include parents from both African American and Hispanic backgrounds. To raise comfort levels among the group participants, parents act as group facilitators.

6. What STRATEGIES work to “turn the curve” or make things better?

Representatives from the Community Partnerships for Children and Families held a day-long planning session on November 18, 2006 to consider what strategies work to improve opportunities for the desired result of *Children Entering School Ready to Learn*. Numerous strategies were agreed upon including:

- Continue to study the differences in readiness ratings between the full group of children and sub-groups to determine where to focus earlier intervention efforts.
- Educate the community and professionals with sensitivity about the differences between groups in order to garner greater support for families who need help and to avoid subgroup performance being at risk of going unnoticed.

Section 5 – Priority Result Areas Selected, The Desired Results, Strategies and Related Plans

- Develop 100% buy-in by partners to make improving subgroup performance a priority, including political leadership.
- Achieve strong collaboration with partners. For example, enhance the link with the Department of Social Services to ensure early identification of low-income families with infants or toddlers.
- Educate families about available resources and assure that resource awareness is part of the screening for all information and referral services.
- Expand geographical target areas of the Judy Center Partnership Programs or replicate them in other parts of the county.
- Replicate the work of other successful jurisdictions.

7. What is our ACTION PLAN for making things better?

The following action steps have been suggested by citizens and were prioritized by the representatives from the Community Partnerships for Children and Families:

ACTION PLAN (TOP 3-5 STRATEGIES)	2007	2008	2009- 2011	BUDGET LEVEL* OR NO COST
1. Develop 100% buy-in from partners to make it a priority to improve this desired result, including political leadership, through education of the community and professionals about the differences between full group and sub-group performance.	✓	✓	✓	\$
2. Continue to study the differences in readiness ratings between the full group of children and sub-groups to determine where to focus early intervention efforts.	✓	✓		\$ or \$\$
3. Increase concentration on efforts directed toward high-risk sub groups (additional staffing, training, behavioral support).		✓	✓	\$\$\$ (\$400,000)
4. Expand geographical target areas of the Judy Center or replicate them in other parts of the County – with focus on other Title I Schools initially. Note: Title I Schools are those with higher percentages of low-income children.			✓	\$\$\$ \$300,000 (Look into Parent Information Resource Grant)
5. Enhance collaboration such as linking with the Department of Social Services and other organizations in order to identify low income families and assist them.	✓	✓	✓	\$

*Under \$10,000 = \$; \$11,000 - \$25,000 = \$\$; Above \$25,000 = \$\$\$.

One program that has shown positive benefits and responds to several of the suggested action steps is “Healthy Families.” The customers for Healthy Families are first-time parents eligible for Maryland Children’s Health Program (M-CHP) who are at risk for poor parenting

outcomes. For the past few years, the ethnicity of participants has averaged 30% African American, 20% Hispanic, and the remaining Caucasian. In 2006, the number of referrals to Healthy Families in Queen Anne’s County was 96 and the number of families served was 51.

Performance measures include quality of service, percentage of families enrolled before childbirth, percentage and number of families demonstrating good or excellent parenting skills, and percentage and number of families without a child abuse or neglect finding. Current measures in these areas show promising results with 100% of parents saying they are satisfied or very satisfied, 97% of parents demonstrating good or excellent parenting skills, and 100% of families without a child abuse or neglect finding.

CHILDREN SUCCESSFUL IN SCHOOL

1. What is our desired RESULT?

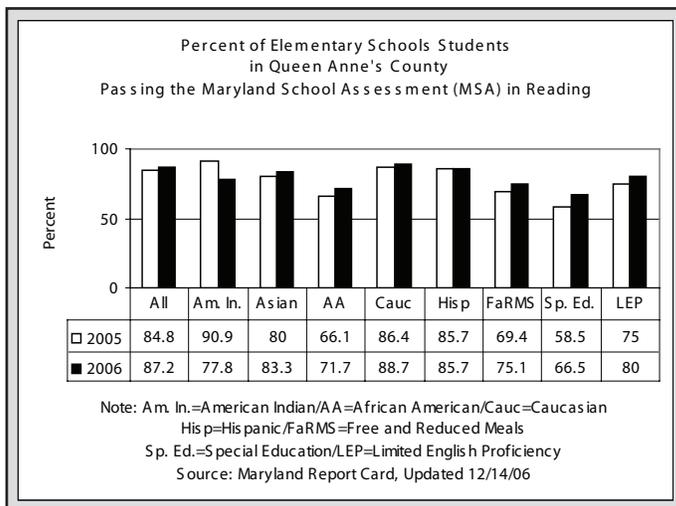
The second of the three priority desired results for Queen Anne’s County is *Children Successful in School*. It is a goal of the Community Partnerships for Children and Families that school-age children thrive in their public or private school settings by attending school regularly, achieving grade level academic performance, and improving their personal well-being by fully participating in school-based recreational, social, and cultural opportunities.

2. Who is our TARGET POPULATION?

For this desired result, the target population is school-age children. Family members of students may also be targeted for services and activities that benefit their children.

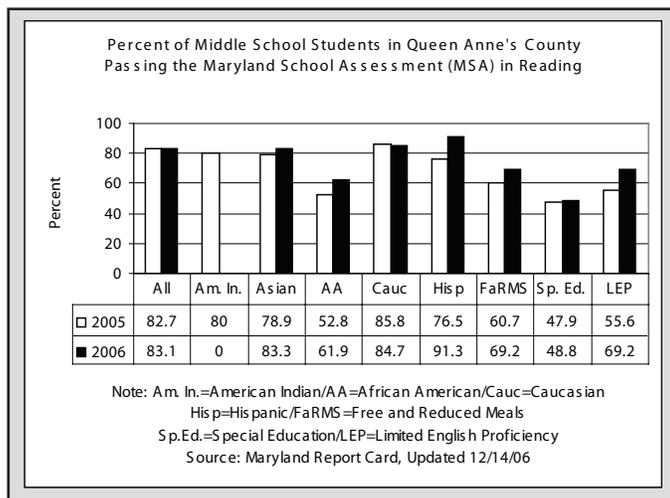
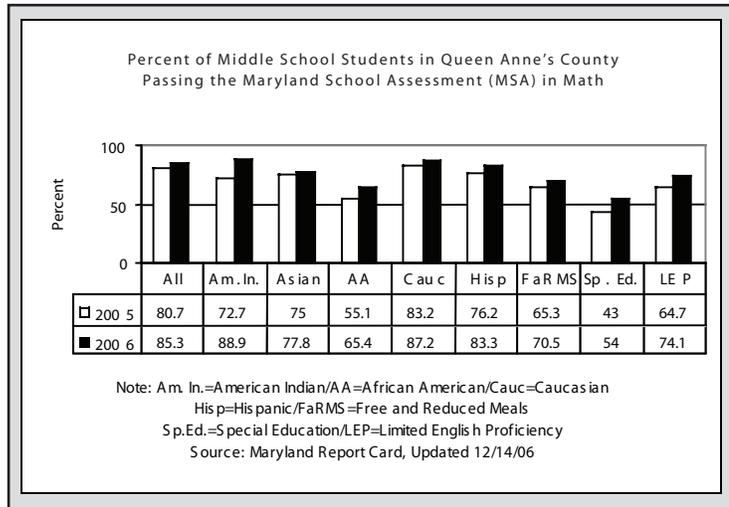
3. What do the INDICATORS tell us?

Indicators connected to academic achievement were selected as the best measure of school success among children. Educators look to performance in reading and math as key to assessing overall progress. There are two types of achievement tests administered to students in Maryland. Elementary and Middle School students are given the Maryland School Assessment (MSA) in Grades 3 through 8. Students earn a “passing” status score in either the “proficient” or “advanced” range, while those students who did not earn passing status score in the “basic” range. Among Elementary School students (Grades 3-5) in Queen Anne’s County, there have been increases in MSA Reading scores when comparing 2005 to 2006 results, except among the subgroup of American Indians whose scores dropped by 13% and among Hispanic students whose scores stayed the same. The percentage of students passing the Math MSA has increased across all groups when comparing 2005 to 2006. Subgroups



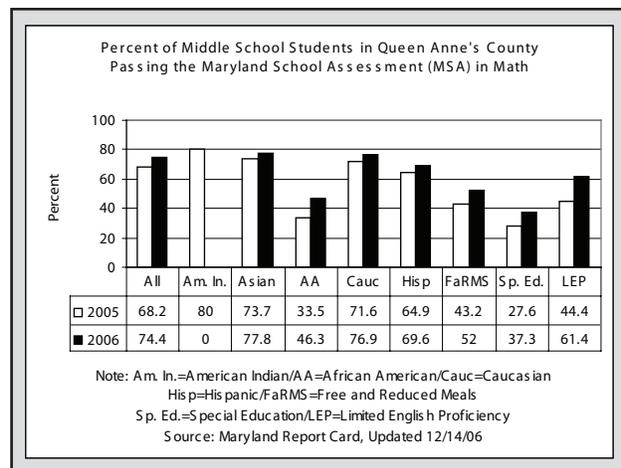
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of students falling significantly below the full group average of 87.2% passing in Reading include American Indians, African Americans, students participating in the Free and Reduced Meal (FARM) program, Special Education students, and Limited English Proficient (LEP) students. Subgroups of students falling below the full group average of 85.3% passing in Math include Asian (9% below), African American (25% below), FARM (17% below), Special Education (37% below), and Limited English Proficient (16% below).



Among Middle School students (Grades 6-8) in Queen Anne's County, there have been increases in MSA Reading scores when comparing 2005 to 2006 results, except among Caucasians whose scores dropped slightly by 1.1%. For 2006, 83.1% of all students passed the MSA in reading. Subgroups falling well below this full group average included African Americans, students participating in the Free and Reduced Meals (FARMS) program,

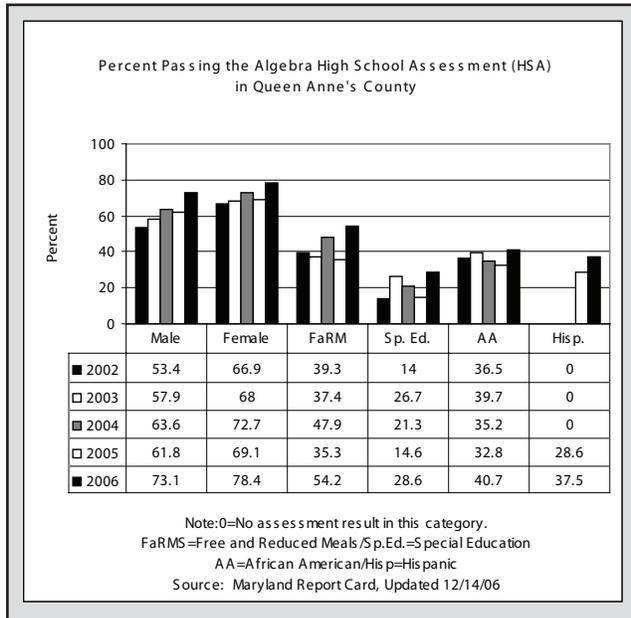
Special Education students, and students with Limited English Proficiency. Hispanic students were more likely than any other sub-group to pass the Reading MSA. The percentage of middle school students passing the Math MSA increased across all groups when comparing 2005 to 2006. However, slightly over 25% of all middle school students did not pass the Math MSA. Subgroups of students falling significantly below the full group average of 74.4% included African American, FARMS, Special Education, and Limited English Proficient.



At the high school level (Grades 9-12), students are tested for academic

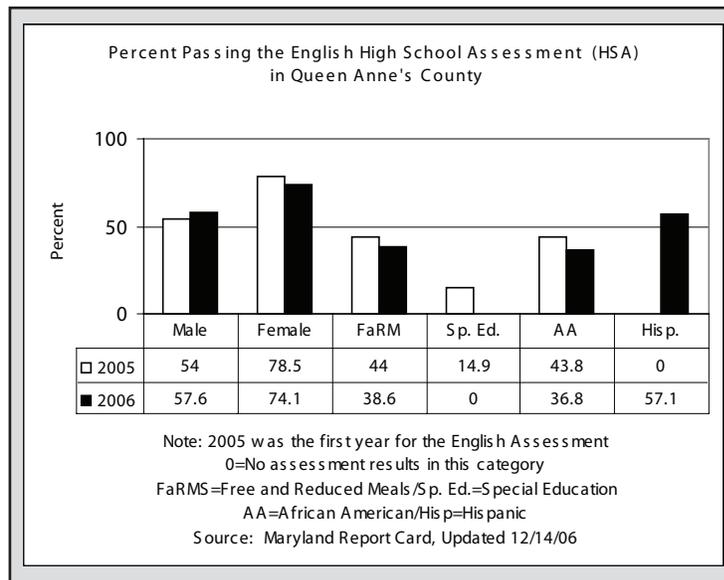
RESULTS MATTER

Section 5 – Priority Result Areas Selected, The Desired Results, Strategies and Related Plans



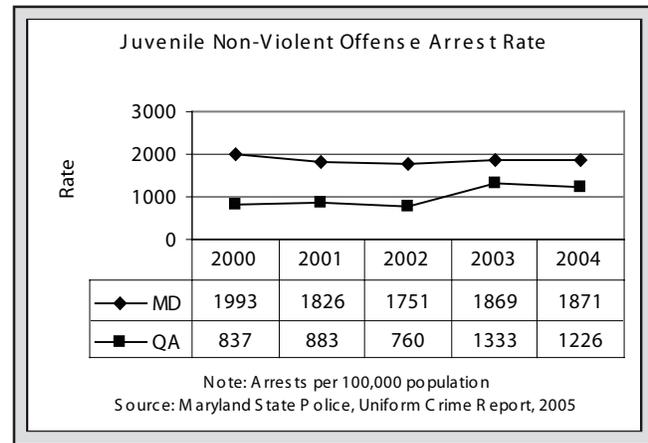
achievement using the High School Assessment (HSA) in English, Algebra, Government, and Biology. Beginning with the graduating class of 2009, all students in Maryland must pass each of the four HSA subject areas to graduate. For the purpose of featuring “headline” or primary indicators in this assessment, the subjects of English and Algebra were tracked over a five-year span. Generally, an increase in the percentage of students passing the Algebra HSA over the past five years is noted. HSA Algebra results show overall passing rates in 2006 of 73%-78% depending on gender. Six out of 10 minority students did not pass the

2006 Algebra HSA and 7 out of 10 Special Education students did not pass the 2006 Algebra HSA. Slightly more than half of FARMs students also did not pass. For the HSA English achievement test, two years of test results are available because this assessment was not formalized until 2005. The percentage of students passing the HSA English test improved among males when comparing 2005 to 2006, but did not improve among females and the subgroups of FARMs, and African American. Nearly half of males, nearly one quarter of females, and nearly two thirds of FARMs and African American students did not pass the HSA English in 2006.



Planning members identified another headline indicator that impacts school success as the number of juvenile non-violent offenders. In Queen Anne’s County, this number has jumped in recent years and corresponds to consistent observations by students, parents, and teachers that challenging behaviors in school settings have been on the rise. The number of suspensions could be a useful indicator, but is a subjective measure depending on the procedures and judgment of school officials. The same is true for disciplinary referrals. Juvenile violent arrests have shown a decreasing trend, but arrests for actions such as theft, substance possession, loitering, disorderly conduct, and destruction of property have been on the rise.

In Queen Anne’s County, the arrest rates per 100,000 population, show a marked increase between 2002 and 2003. This increase was maintained through 2004 revealing a trend in an upward direction from prior years. The forecasted trend demonstrates a potential for maintaining this higher level of non-violent arrest rates among juveniles.



4. What is the STORY behind the indicators?

The Board of Education reports that improvements in MSA elementary and middle school scores have occurred due to a variety of strategies incorporated in recent years. Elementary school teachers have received specialized training to address sub-group population performance. Individual Learning Plans (ILPs) are being used to assist students academically. Co-planning and co-teaching opportunities have been increased and will expand across school sites. At all grade levels, classroom teachers are using on-going assessment tools to help them make mid-course corrections when needed. Mentors, tutors, reading/math specialists, and the Partnering For Youth After School Program are resources for students who need additional support. At the high school level, Basic Reading courses have been implemented, a menu of reading interventions is available for students, algebra texts have been updated to match state level curriculum, math department chairpersons are analyzing data and re-teaching when necessary, and Carnegie Learning has been implemented at each high school. Carnegie Learning is a mathematics program as well as a supplemental intervention application for middle and high school students. It has been recognized as one of two math curricula scientifically proven to have significant, positive effects on student learning.



Challenges facing the public school system include funding reductions resulting in the loss of learning support specialists. Queen Anne’s County educators recognize that more training is needed to intervene with sub-group populations, but time and expense to implement training is difficult to access.

Academic performance is also impacted by behavior challenges in the school, home, and community setting. In a study conducted three years ago by the Local Management Board, nearly 80% of all complaints to school nurses were behavioral/mental health oriented. When a planning team studied suspension trends last year, they noted that the number of violence-related suspensions (attacks, threats, fighting) had increased among elementary school students in Queen Anne’s County by



17% between 2002 and 2005 (Maryland State Department of Education, 2005). Public school Behavior Specialists, who manage caseloads of children with serious behavioral challenges at the elementary and middle school level, project their combined capacity at 60 children annually. However, during the most recent school year, 89 children received intensive services from these Specialists. Sixty-eight (68) public school children participated in the Alternative School program last school year due to behavioral challenges (Queen Anne’s County Public Schools, 2006).

Connected to community and home behavior are the data for juvenile violent and non-violent crime. While violent crime is moving in a downward trend, the rates are still much higher than Maryland averages. Non-violent crime is on the increase and may be due to factors that include mental health challenges, lack of supervision, poor family management practices, and peer or community norms favorable to criminal behaviors.

5. Who are the PARTNERS with a role to play in reaching the desired result?

Students are the most important partners with a role to play in achieving the desired result area of *Children Successful In School*. Parents, guardians, extended family members, and caregivers of school age children are also key partners who can help improve the indicators connected to the desired result. The Harwood Institute states that just 38% of adults in a community have children in the public school system, leaving 62% of the community as potential partners to support students, their parents, and teachers. Other key partners include:

- Youth, Parents and Families
- Board of Education
- Business / Education Partnership
- Character Counts! Program
- Chesapeake College
- Department of Social Services
- Department of Health
- Juvenile Justice

- Maryland State Department of Education Curriculum and Instruction Staff
- Mid Shore Mental Health Systems
- Youth Developmental Asset Building

All of the above partners have been involved in planning the strategies to turn the curve toward school success in Queen Anne’s County. Students and parents have been involved by participating in showcase events and completing surveys at the end of each after school seasonal session. Each strategy currently in place in Queen Anne’s County includes advisory engagement with families and other key participants or partners.

6. What STRATEGIES work to “turn the curve” or make things better?

A number of strategies have taken a strong hold in Queen Anne’s County over the past several years. These include the Partnering For Youth After School program, Character Counts!, School Resource Officers, CASASTART Behavior Specialists, Cultural Relevancy Training, Job-embedded Staff Development, Minority Achievement Coordination, Dimensions of Learning Training, Community Ambassadors, Kurzweil Training, Reading Alignment Model, on-going assessments to modify instruction on a regular basis, Youth Developmental Asset Building, tutors, mentors, and Instructional Consultation Teams. However, two strategies are favored in the community for having both a wide reaching and focused impact. These are the Partnering for Youth After School Program and CASASTART.

The Partnering for Youth After School Program (PFY Program) is in its 12th year of existence this school year. Early private and public funding was raised and allocated for one middle school and then expanded to all three county middle schools. In 2007, the PFY Program served all 13 public school sites due to excellent outcomes and aggressive fund-raising strategies by the Sustainability Committee. However, many grants expired in the fall of 2007 and it is a struggle to find on-going funding.

A combination of academic, recreational, and youth development activities are offered during the after-school hours at each of the school sites five days per week. The PFY Program utilizes best practices for non-school hour programs based on the research of the Harvard Family Research Project and the Afterschool Alliance. For next year, the program will decrease to 4 days per week during two 13-week sessions across the school year. An estimated 300 middle school students in grade levels 6-8 will be served next school year if continuing funding is awarded for this program. At all sites, time is allotted for students to complete homework with help from certified teachers or instructional aides. Tutoring for reading and math on alternate days at the school sites supports academic learning as well. All activity types are offered in a menu format during program registration allowing students to select activities according to their interest area. Students are also referred to specific academic enrichment options if teachers, parents, or guidance counselors determine learning support is warranted. Every after-school site provides nutritious snacks and transportation. On days when school is closed due to prior scheduling (i.e. in-service days or holidays) or due to extreme inclement weather, the PFY Program is not held. Strict adherence to safety regulations and behavior codes is required by all participants and is communicated to their parents or guardians.

CASASTART (Center on Addiction and Substance Abuse-Striving Together to Achieve Rewarding Tomorrows) is an evidence-based case management program designed to mobilize various academic, social, and behavioral health resources for youth who are at-risk for entry into (or known to) the juvenile justice system (Columbia University, 2000). As a collaborative model, CASASTART is designed to address school performance, employability, life skills and social skills of referred youth through the blending of community resources to support these skill areas. CASASTART uses a multi-sector approach, relying upon community resources to reduce the recidivism rates of juveniles who have committed offenses and to prevent delinquency among students with serious behavior issues. A case manager coordinates services and resources for children who participate in the program and monitors their progress with family members and the referring individual(s). Best practices for CASASTART dictate a caseload of no more than 20 youth for full-time Case Managers. With three part-time Case Managers, the total number of youth served is not expected to exceed 50 in one year. Caseworkers coordinate the following services for CASASTART participants: 1) Utilization of community supports to build academic, social and life skills; 2) Anger management, individual/ family counseling, and coping strategies. CASASTART services will be provided at Centreville, Stevensville, and Sudlersville Middle Schools, if funded. The Board of Education also recently requested grant funds to expand this program to Kent Island High School and Matapeake Middle School.

7. What is our ACTION PLAN for making things better?

The following action steps have been suggested by citizens and were prioritized by the representatives from the Community Partnerships for Children and Families:

ACTION PLAN (TOP 3-5 STRATEGIES)	2007	2008	2009- 2011	BUDGET LEVEL* OR NO COST
1. Develop quarterly assessments and provide opportunities for teachers to review; use to modify student instruction.	✓	✓	✓	\$\$\$
2. Broaden the number of research-based interventions used in reading and math.	✓	✓	✓	\$\$\$
3. Increase the number of academically interesting after-school programs that target pre-teens/teens.	✓	✓		\$\$\$
4. Increase number of CASASTART case managers in middle and high schools.		✓	✓	\$\$\$
5. Provide more opportunities for communication, co-teaching and co-planning between general education teachers, intervention teachers and special education teachers.	✓	✓	✓	\$

*Under \$10,000 = \$; \$11,000 - \$25,000 = \$\$; Above \$25,000 = \$\$\$.

COMMUNITIES THAT SUPPORT FAMILY LIFE

1. What is our desired RESULT?

The third selected priority result area for Queen Anne’s County is *Communities That Support Family Life*. It is the vision of the Community Partnerships for Children and Families to strengthen Queen Anne’s County as a place where children and families thrive and are celebrated.

2. Who is our TARGET POPULATION?

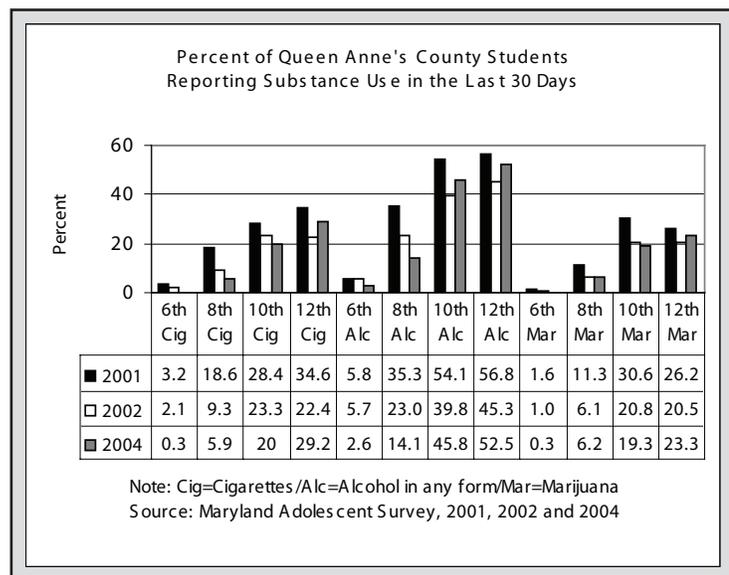
For this result, the target populations are children of all ages, young people who are in the transitional age between 18 and 21, families, and the general community.

3. What do the INDICATORS tell us?

Several data sets were reviewed in connection with the desired result area of *Communities That Support Family Life*. Citizens representing the Community Partnerships for Children and Families chose substance use, child abuse and neglect, and average home prices as “headline data” or the most important indicators of the extent to which the community supports family life. These are the indicators that will be tracked over the next 5-10 years to determine if current strategies and selected action steps are making any difference.

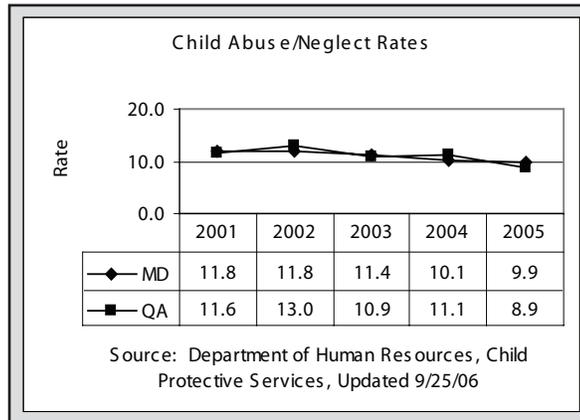
Substance Use: According to the Maryland Adolescent Survey (MAS), which is typically administered to public school students in Grades 6, 8, 10, and 12 every two years, substance use generally increases as students age. For this survey, students were asked a series of questions including what substances they used in the 30 days prior to the survey. Although students were questioned about more than two dozen substances, cigarettes, alcohol, and marijuana are considered the gateway drugs often leading to more frequent use of other very dangerous drugs. Use of alcohol is commonly highlighted because alcohol is responsible for more deaths nationally than any other drug.

Among Queen Anne’s County students, substance use for the three gateway drugs has generally increased as students age. For students in Grades 6 and 8, substance use has decreased when comparing 2001 to 2004. However, among students in Grades 10 and 12, the level of use reached a peak in 2001, decreased in 2002, then increased again in 2004. By 2004, nearly one third of 12th graders were smoking cigarettes, over half were drinking alcohol,



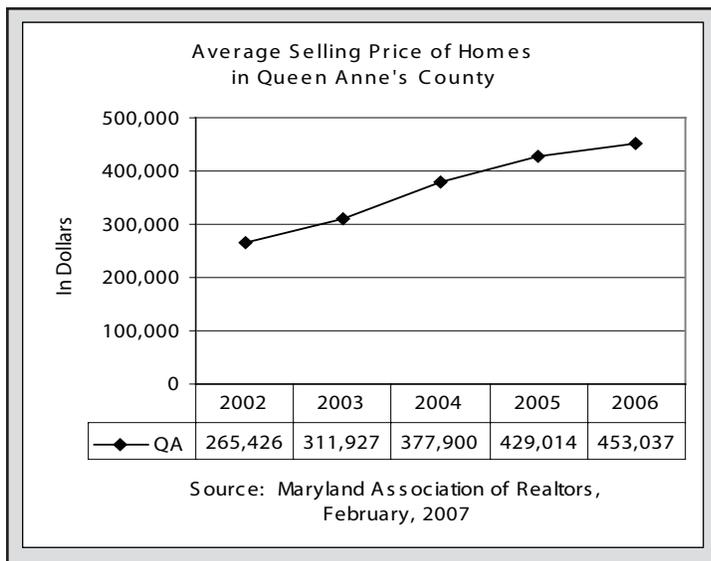
and nearly one fourth were smoking marijuana. When local percentages of use are compared to use for students averaged across the State of Maryland, Queen Anne’s County use for all gateway substances is consistently higher. Other substance use was also reviewed from the Maryland Adolescent Survey. It was disheartening to learn that slightly over 5% of students in Grade 12 reported using Heroin in the 30 days prior to the survey. This percentage (and marginally higher) also held true for LSD and Ecstasy use among 12th Graders.

Child Abuse and Neglect: The extent to which child abuse and neglect may occur in Queen Anne’s County is tracked using rates per 1,000 child abuse and neglect investigations conducted by the Department of Social Services across the State of Maryland. For Queen Anne’s County, the rates have generally decreased since 2002 from 13.0 to 8.9 in 2005. When compared to Maryland rates, the local rate was lower in 2005. The lower rates are encouraging, but a consistent downward trend is desired.



Housing Costs: The availability of affordable housing has been a five-year focus of numerous community groups and was a popular campaign theme in recent elections. One indicator of the severity of the problem is the marked rise in the “average selling prices” for homes in Queen Anne’s County. From 2002 to 2006, average home prices rose from \$265,426 to \$453,037 or an increase of nearly 71% over five years.

In early 2007, several citizen groups merged to discuss the definition of affordable housing and agreed that this not only included home purchases, but access to decent rental units throughout the county. This issue is especially critical for teachers, law enforcement officers, medical personnel who are increasingly challenged with finding housing near their workplaces. The elderly population is also affected. More and more people in the low to middle income



range are choosing to reside in Caroline or Dorchester Counties where housing prices are lower. However, land development in these jurisdictions is also driving up housing prices and this more affordable housing option is not expected to continue. Other challenges are associated with workers who do not live where they work. These include commuting costs and a loss of these individuals and their families as community resources.

A suggested measure is tracking awareness of existing resources and identification of gaps in resources for families and youth. Often in focus groups, both teens and adults will name lack of awareness of resources as a problem. A new information and referral database housed at Chesapeake College and called “Chesapeake Helps!” will include a software program to monitor frequency of calls for resource information and types of information requests. This software program is expected to yield an abundance of data to help the county better understand levels of resource awareness. Examples of resources include public agencies providing services such as the Sheriff’s Department, Recreation and Parks, Social Services, Housing and Community Development, the Department of Health, the Judy Center Partnerships and many others. There are those who suggest that the issue is not a lack of services, but a lack of awareness of the existing services. This may apply to resources for youth as well. In 2006, the Community Partnerships for Children and Families issued a teen resource directory packed with activities and services for teens, many of which are under-utilized.



4. What is the STORY behind the indicators?

The substance abuse data are troubling for Queen Anne’s County although some progress has been made in this area. Two risk factors are thought to be at the heart of the community domain for substance use: community norms favorable to drug use and poor sense of community. At community meetings and in survey responses, citizens complain that fear of litigation, fear of child abduction, and fear of retribution keep neighbors from communicating and working together to resolve community issues.

Queen Anne’s County population has grown at a rate of nearly 33% since 1990 (population of 33,953) when factoring in the population estimate of 45,078 for 2005 (MD Dept. of Planning). Significant increases in population over a short period of time are likely to lead to rapid shifts in neighborhood characteristics such as ages of residents, family structure, and economic features – and thus differences in community engagement. In Queen Anne’s County there are two very different lifestyles existing within a proximity of 342 square miles. The northern end of the county is largely composed of multi-generational farm families while the southern and more westerly end of the county consists primarily of suburban families whose adult members work in the metropolitan areas. These suburban lifestyle families are more likely to have migrated to the area within the last two decades.

Another contributing factor may be connected to perceptions about community support from young people. After three years of planning with a committed group of 30 adults and teens and with collaboration from the Queen Anne’s County Board of Education, the Search Institute’s Survey titled, “The Survey of Student Resources and Assets,” was administered to 3,498 middle and high school students in Queen Anne’s County in December, 2006. Results were forwarded by the Search Institute in February of 2007. This survey asked students about their ongoing relationships with caring adults, safe places and structured activities during non-

school hours, healthy start for a healthy future, marketable skills through effective education, opportunities to serve, and their perceptions of the 40 Developmental Assets in their lives. For the purposes of achieving the desired result of communities that support family life, some key findings should be taken into consideration and may help to explain the story behind the data:

- 30% of students were not involved in structured activities for 3 or more hours per week
- 28% to 35% of students felt afraid once in a while, sometimes, or always in school, in their neighborhood, or in their homes
- 48% would go to a counselor, social worker, or psychologist if they needed to talk to someone
- 30% believe they are given lots of chances to make their town a better place to live
- 48% of students believe that their neighbors care about them
- 29% believe the community values youth
- 30% believe that youth are seen as resources
- 32% believe they have adult role models to emulate
- 14% believe there are creative activities available for them
- 41% place a high level of value on caring for others
- 59% place a high level of value on responsibility
- 60% of students place a high level of value on integrity
- 62% place a high level of value on honesty

The results of this survey suggest several important factors to the assessment and planning team. First, students do not seem to be aware of existing resources and, as a result, are not accessing creative activities, volunteering, or getting involved in after-school opportunities at an expected level. Marketing existing resources to families should be a priority. Second, character development among students (and adults) needs attention. There have been significant improvements in personal character choices among students and adults as evidenced by the recently released Six Pillar Inventory results for Queen Anne's County, but more needs to be done. This inventory asks respondents to self-report their personal commitment to practicing the six character traits of Caring, Citizenship, Fairness, Respect, Responsibility,



and Trustworthiness. Character Counts! has conducted this survey three times over the past four years and the results are promising. The planning team believes that without the efforts of Character Counts!, the percentages of students who value character traits such as caring, honesty, integrity, and responsibility would be even lower. Third, a resounding number of youth do not believe they are valued by the community. This is a wake up call and is being addressed by the adult and teen members of the county's active Assets in Action Team, who practice the Search Institute's Youth Developmental Asset Building philosophy. Strategies that can incorporate youth as planning team members and as volunteers are key to turning the indicator trends in a positive direction and increasing the number of communities that support family life.

5. Who are the PARTNERS with a role to play in reaching the desired result?

First and foremost, the partners include parents, children, families, extended family members, and non-parents (who may be able to share their skills and time with neighborhood families). Other suggested resources, depending on the selected strategies, include:

- Arts Council
- Assets in Action Team
- Board of Education
- Businesses (Chamber of Commerce)
- Character Counts!
- Chesapeake College
- Civic organizations (community associations), sports organizations
- Department of Aging
- Department of Social Services
- Economic Development & Tourism
- Faith Community
- Government
- Department of Health
- Hospice
- Housing & Community Services
- Judy Center Partnership Programs
- Law Enforcement
- Libraries
- Parks and Recreation

All sectors of the community have been powerfully involved in the call for and implementation of the strategies of Chesapeake Helps! and Character Counts! as part of Youth Developmental Asset Building in Queen Anne's County. Children and teens have been especially active in the Character Counts! movement and have been involved in projects such as the "Laws of Life" essay contest, and the nomination of Character Coach of the Year.

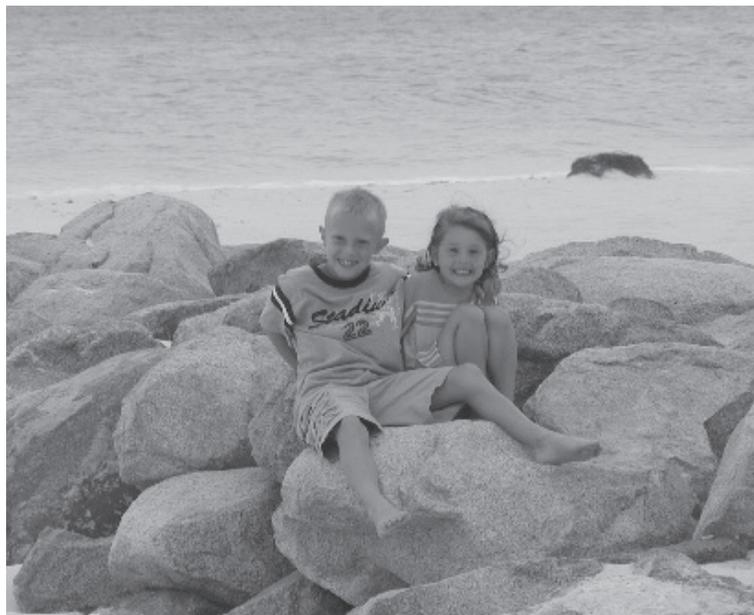
6. What STRATEGIES work to “turn the curve” or make things better?

There are numerous initiatives underway in Queen Anne’s County designed to lead to the desired result of *Communities That Support Family Life*. These include Chesapeake Helps!, Character Counts!, Healthy Families, Youth Developmental Asset Building, Partnering for Youth After School Program, collective support from civic groups and faith-based organizations, and several public agency interventions created to help communities. There have also been consistent suggestions in recent years by citizens for facilities such as the YMCA, youth centers, Boys and Girls Clubs, and recreation centers.

Two strategies have been prioritized by the Community Partnerships for Children and Families as viable responses to the challenging data in Queen Anne’s County. These are Chesapeake Helps! and Character Counts!

Chesapeake Helps! is a Single Point of Access (SPA) mechanism for Queen Anne’s County resources including information, referral and screening for possible connection to family navigation services. This service, based at Chesapeake College, offered 79 hours per week in the first year, and is staffed by Resource Specialists who will maintain a database of resource information for callers. It is expected that at least 120 families will be reached per year to access higher end services and at least 4,000 customers will obtain information on resources and community services through the help line and the website. The customers will primarily be families with special needs and the general population reflective of the demographic distribution of the community. Performance measures will include: 1) Percentage of calls answered within the allocated response time (80%); 2) Percentage of total callers who participate in a follow up sample survey (10%); 3) Percent of surveyed callers satisfied with SPA services (90%); and 4) Percentage of callers reporting that they understood information or the referral provided by phone counselor (90%).

Character Counts! primarily consists of character development lessons for students in elementary through high school to encourage the practice of the 6 Pillars of Character. Another aspect is character development trainings and presentations throughout the county involving business, education and community members, and heavy marketing of the Six Pillars of Character in the community. A coordinator runs the program and a part-time communications specialist assists with the social marketing campaign. Last year 109 volunteer coaches provided 4,632 pre-school and school-age



Section 5 – Priority Result Areas Selected, The Desired Results, Strategies and Related Plans

students with 15-minute weekly lessons throughout the school year. Another 3500 community members and 36 businesses received character development messages. Performance measures include: 1) Number of FY08 volunteer character coaches (111); 2) Percent of classes with volunteer Character Counts! coaches for Grades 1-6 (86%); and 3) Percent of the 6 Pillars of Character for which citizens self-report a statistically significant increase in the practice of trustworthiness, respect, responsibility, fairness, caring and citizenship (55%) .

7. What is our ACTION PLAN for making things better?

The following action steps have been suggested by citizens and were prioritized by the representatives from the Community Partnerships for Children and Families:

ACTION PLAN (TOP 3-5 STRATEGIES)	2007	2008	2009- 2011	BUDGET LEVEL* OR NO COST
1. Review existing Six Pillar Personal Inventory results and apply to expand local Character Counts! initiatives.	✓		✓	No Cost
2. Distribute community needs assessment results and strengthen knowledge of and utilization of resources through Chesapeake Helps!	✓	✓	✓	\$\$\$
3. Advocate for community issues to local and state government and among elected officials.	✓	✓	✓	No Cost or \$
4. Review what works regionally and nationally and then review applicability to the County.	✓	✓	✓	No Cost
5. Identify funding needs and gather resources.	✓	✓	✓	No Cost or \$

*Under \$10,000 = \$; \$11,000 - \$25,000 = \$\$; Above \$25,000 = \$\$\$

Grant funding was recently requested to maintain and/or expand initiatives to include Chesapeake Helps!, Character Counts!, Youth Developmental Asset Building, the Queen Anne's County Youth Summit, and the CommUNITY Planning Team, a group of citizens with a mission to increase academic achievement among minority students. All of these strategies are directly tied to the result area of Communities That Support Family Life.

Section 6: CONCLUSION

The data and strategies in this document will help guide the direction of the work on behalf of Queen Anne's County's children and families through the year 2011. This assessment provides a thorough discussion of the suggested strategies to reach the three priority result areas: Children Entering School Ready to Learn; Children Successful In School; and Communities That Support Family Life. The Community Partnerships for Children and Families has selected the Results Based Accountability Framework as the means that the Partnership will promote collaboration, establish strategies, make sure strategies are implemented, data are regularly collected and reported, and monitor if our desired results have been achieved.

A needs assessment is not only a picture of where we are now but a snapshot of where we have been and where we hope to be in the future. This document lays the groundwork for the Partnership and the community to develop effective targets that will have a positive influence on children and family services in Queen Anne's County for years to come.

The crucial next steps for the board and staff of the Community Partnerships for Children and Families are to continually review progress, build on successes, make modifications when warranted, and watch for changes in important trends. Services should be developed and sustained that are effective and reflect the unique needs, values, and preferences of Queen Anne's County citizens. Most importantly the Community Partnerships for Children and Families understands that: Results Matter.

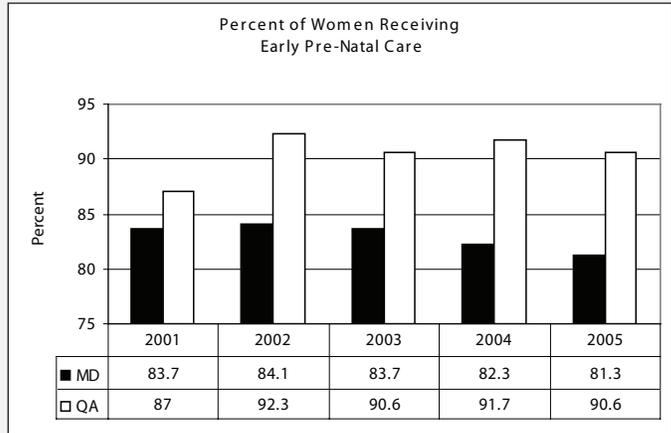
Appendix A: QUEEN ANNE'S COUNTY DATA FOR ALL EIGHT MARYLAND RESULT AREAS

Maryland has identified eight result areas affecting a child's health, well-being, and security. While Section 5 describes in detail the three goals determined to be a priority by the Community Partnerships for Children and Families in Queen Anne's County, this section gives an overview of all eight result areas and their corresponding data.

For Appendix A, trend data are shown for indicators corresponding to each of the eight Maryland Result Areas. Challenging or encouraging data comments are also featured in this section. **Challenging** data imply that efforts should be made to investigate the benefits of current services and create new or expanded services or relationships to meet needs. Data identified as **Encouraging** show movement in a positive direction or, when compared to the State of Maryland, show better outcomes. We hope that effective services linked to the encouraging data are continued or enhanced. Featured indicators identified as challenging or encouraging are not intended to be exhaustive, but are intended as a prompt toward reaching a better understanding about what services may need to be created or strengthened and what services may need to be continued.

RESULT AREA: BABIES BORN HEALTHY

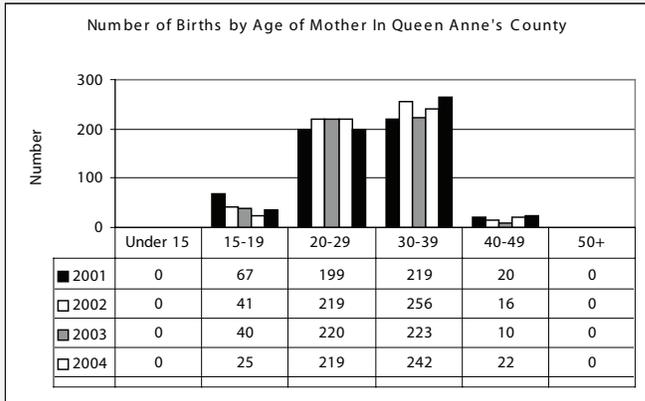
INDICATOR: EARLY PRENATAL CARE



Note: Early prenatal care is defined as receiving medical care in the first trimester of pregnancy.

Source: Maryland Department of Vital Statistics, Annual Reports, 2001–2005

INDICATOR: EARLY PRENATAL CARE



CHALLENGING AND ENCOURAGING INDICATORS

Challenging – The percentage of women receiving early prenatal care in QAC was nearly 1% lower in 2005 than 2004. At least 9.4% of women did not receive early prenatal care in 2005.

Encouraging – The percentage of women receiving early prenatal care is consistently higher in QAC than across MD as an average. Births to teen mothers is generally lower than in prior years.

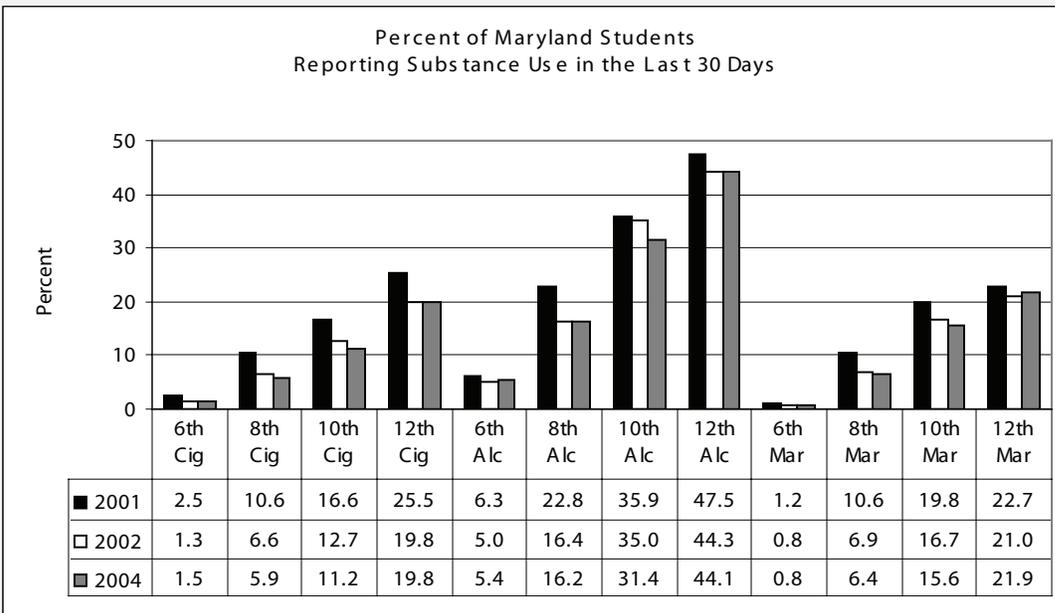
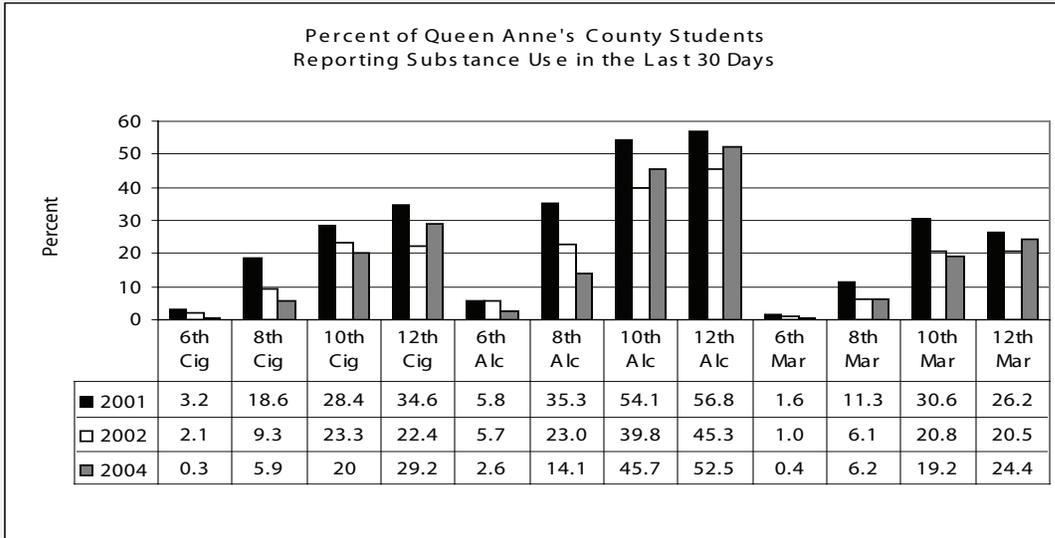
Source: Maryland Department of Vital Statistics, Annual Reports, 2001–2005

RESULT AREA: BABIES BORN HEALTHY—CONTINUED

INDICATOR: INFANT MORTALITY	INDICATOR: LOW BIRTH WEIGHT																																				
<div style="text-align: center;"> <p>Infant Mortality Percent</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>2001</th> <th>2002</th> <th>2003</th> <th>2004</th> <th>2005</th> </tr> </thead> <tbody> <tr> <td>—◆— MD</td> <td>8</td> <td>7.6</td> <td>8.1</td> <td>8.5</td> <td>7.3</td> </tr> <tr> <td>—■— QA</td> <td>7</td> <td>5.5</td> <td>4</td> <td>0</td> <td>9.6</td> </tr> </tbody> </table> </div> <p>Note: 0 = Less than 5 reported cases. The rate of babies per 1,000 live births who did not survive beyond one year.</p> <p>Source: Maryland Department of Vital Statistics, Annual Reports, 2001–2005</p>		2001	2002	2003	2004	2005	—◆— MD	8	7.6	8.1	8.5	7.3	—■— QA	7	5.5	4	0	9.6	<div style="text-align: center;"> <p>Low Birth Weight Percent</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>2001</th> <th>2002</th> <th>2003</th> <th>2004</th> <th>2005</th> </tr> </thead> <tbody> <tr> <td>—◆— MD</td> <td>9</td> <td>9</td> <td>9.1</td> <td>9.4</td> <td>9.2</td> </tr> <tr> <td>—■— QA</td> <td>5.5</td> <td>8.5</td> <td>5</td> <td>8.3</td> <td>8.1</td> </tr> </tbody> </table> </div> <p>Note: Percent of all births that have weighed less than 2500 grams.</p> <p>Source: Maryland Department of Vital Statistics, Annual Reports, 2001–2005</p>		2001	2002	2003	2004	2005	—◆— MD	9	9	9.1	9.4	9.2	—■— QA	5.5	8.5	5	8.3	8.1
	2001	2002	2003	2004	2005																																
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—■— QA	5.5	8.5	5	8.3	8.1																																
<p>CHALLENGING AND ENCOURAGING INDICATORS</p> <p>Challenging – The rate of babies per 1,000 births who did not survive beyond one year dropped steadily from 2001 to 2004, but then increased dramatically in 2005. The percent of low birth weight babies decreased from 2002 to 2004 and then increased significantly in 2005.</p> <p>Encouraging – Births to adolescents have shown a downward trend since 2000 and a marked decrease between 2003 and 2004.</p>	<div style="text-align: center;"> <p>Indicator: TEEN PREGNANCY</p> <p>Births To Adolescents</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>2000</th> <th>2001</th> <th>2002</th> <th>2003</th> <th>2004</th> </tr> </thead> <tbody> <tr> <td>—◆— MD</td> <td>41.2</td> <td>37.8</td> <td>35.4</td> <td>33.3</td> <td>32.3</td> </tr> <tr> <td>—■— QA</td> <td>36.5</td> <td>25</td> <td>31.5</td> <td>29</td> <td>17.3</td> </tr> </tbody> </table> </div> <p>Note: Rate of births per 1,000 for adolescents between the ages of 15–19.</p> <p>Source: Maryland Department of Vital Statistics, Annual Reports, 2001–2005</p>		2000	2001	2002	2003	2004	—◆— MD	41.2	37.8	35.4	33.3	32.3	—■— QA	36.5	25	31.5	29	17.3																		
	2000	2001	2002	2003	2004																																
—◆— MD	41.2	37.8	35.4	33.3	32.3																																
—■— QA	36.5	25	31.5	29	17.3																																

RESULT AREA: HEALTHY CHILDREN

INDICATOR: SUBSTANCE USE AMONG PRETEENS AND TEENS



Cig=Cigarettes; Alc = Any form of Alcohol; Mar = Marijuana

Source: Maryland State Department of Education; Maryland Adolescent Survey, 2001, 2002, 2004

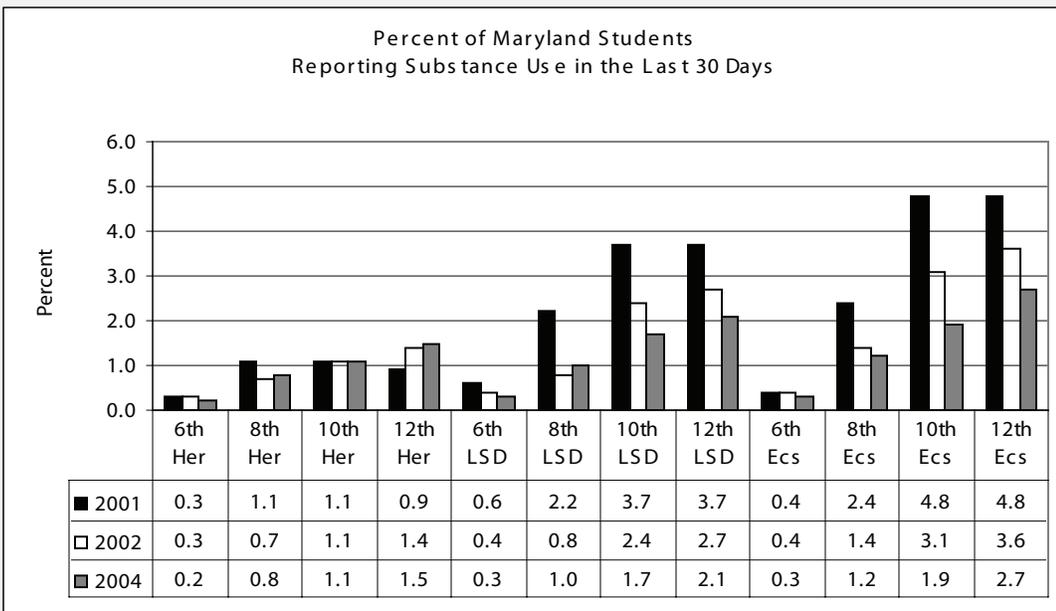
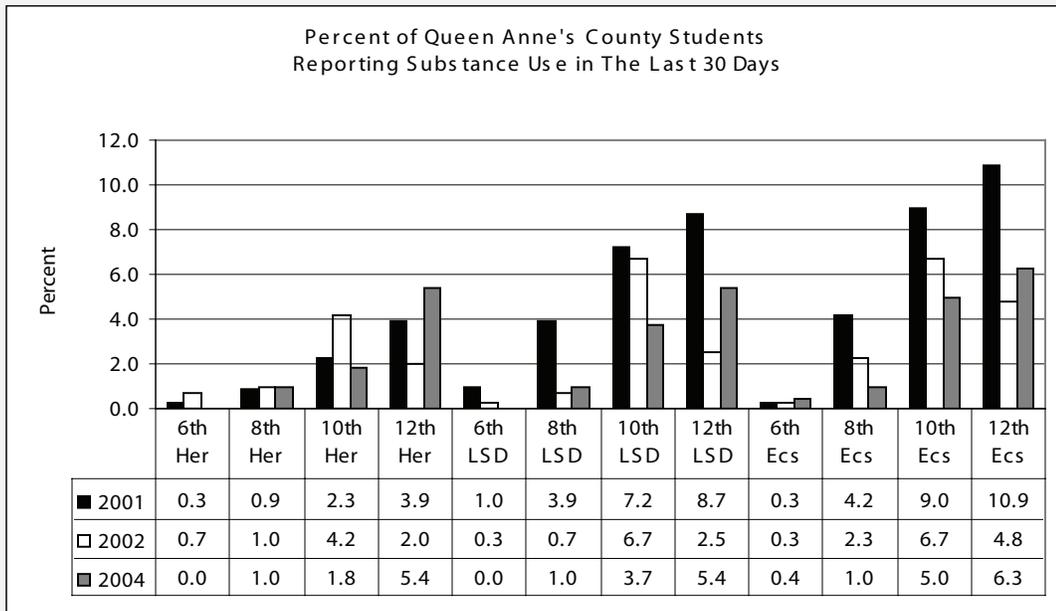
CHALLENGING AND ENCOURAGING INDICATORS

Challenging - The percentage of 30-day cigarette and alcohol use for Grades 10 and 12 is significantly higher in QAC than MD. The percentage of 30-day Marijuana rates among 8th graders increased slightly from 2002, while the percentage of 30-day cigarette, alcohol, and marijuana use have shown an increase from 2002.

Encouraging - For QAC, the percentage of 30-day cigarette and alcohol use among 6th and 8th graders decreased from 2001 along with marijuana use for 6th graders. Grade 6 cigarette and alcohol use has been lower than the MD rate since 2001.

RESULT AREA: HEALTHY CHILDREN—CONTINUED

INDICATOR: SUBSTANCE USE AMONG PRETEENS AND TEENS



Her=Heroin; Ecs=Ecstasy; Percent reporting use during the last 30 days

Source: Maryland State Department of Education; Maryland Adolescent Survey, 2001, 2002, 2004

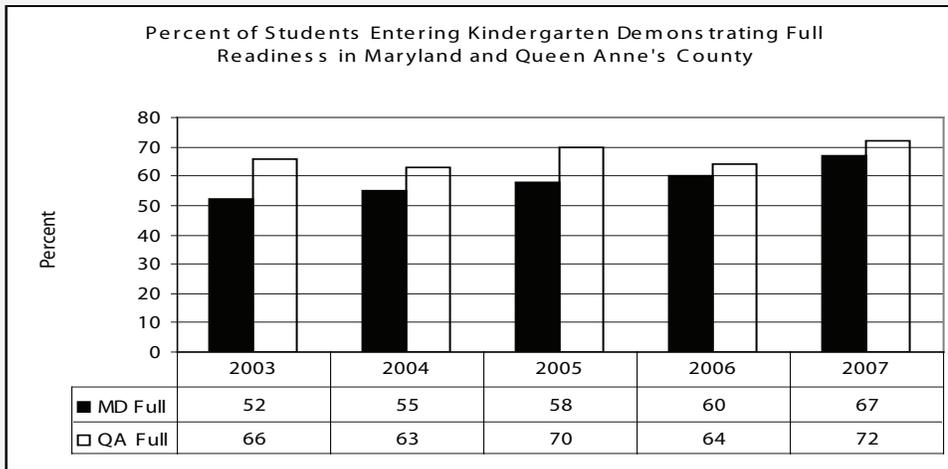
CHALLENGING AND ENCOURAGING INDICATORS

Challenging - The percentage of 30-day Heroin, LSD and Ecstasy use has shown an increase from 2002 among students in Grade 12. Generally, QAC use rates are higher than MD rates.

Encouraging - The percentage of 30-day Heroin, LSD, and Ecstasy use among 6th and 10th graders has shown a decrease since 2002.

RESULT AREA: CHILDREN ENTERING SCHOOL READY TO LEARN

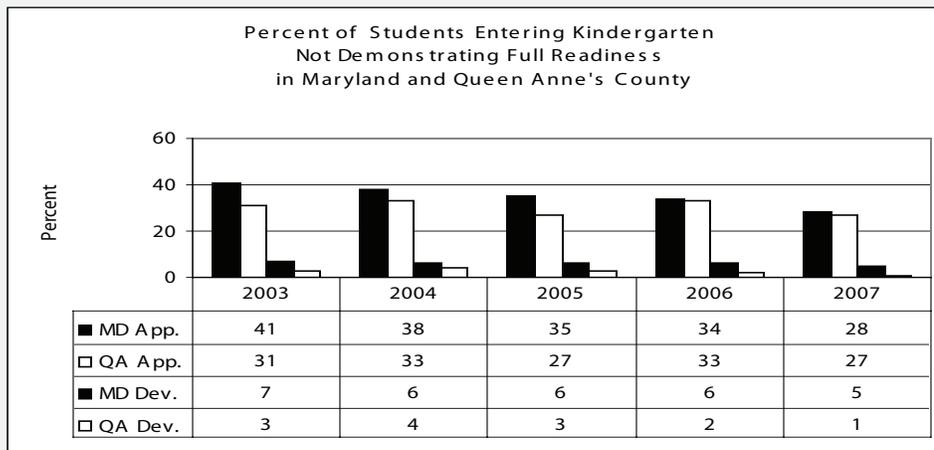
INDICATOR: KINDERGARTEN ASSESSMENT – FULL READINESS FOR SCHOOL IN STATE AND COUNTY



Full=Full Readiness: Students consistently demonstrate skills, behaviors and abilities, which are needed to meet kindergarten expectations successfully

Source: Maryland State Department of Education; Publications: School Readiness, 2001-2006

INDICATOR: KINDERGARTEN ASSESSMENT – NOT FULLY READY FOR SCHOOL



App=Approaching Readiness: Students inconsistently demonstrate skills, behaviors and abilities, which are needed to meet kindergarten expectations successfully and require targeted instructional support in specific domains or specific performance indicators. Dev=Developing Readiness: Students do not demonstrate skills, behaviors and abilities, which are needed to meet kindergarten expectations successfully and require considerable instructional support in several domains or many performance indicators.

Source: Maryland State Department of Education; Publications: School Readiness, 2001-2006

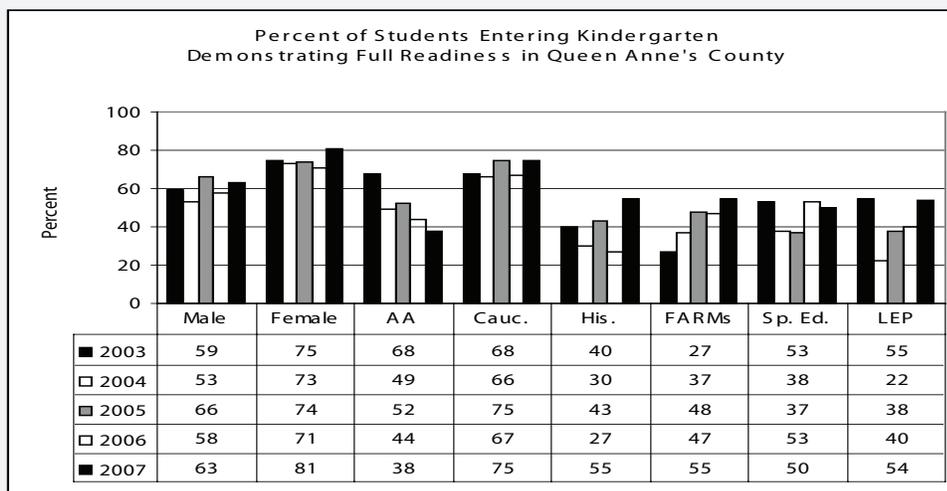
CHALLENGING AND ENCOURAGING INDICATORS

Challenging – The percent of MD African Americans, Hispanic, Free and Reduced Meal recipients, Special Education, and Limited English Proficient students who met the criteria for full readiness was significantly lower than Caucasian students from 2002 through 2006.

Encouraging – QAC students consistently performed at higher readiness ratings than Maryland students. For all groups, scores have improved since 2004.

RESULT AREA: CHILDREN ENTERING SCHOOL—CONTINUED

INDICATOR: KINDERGARTEN ASSESSMENT - FULL READINESS IN COUNTY BY SUB-GROUP

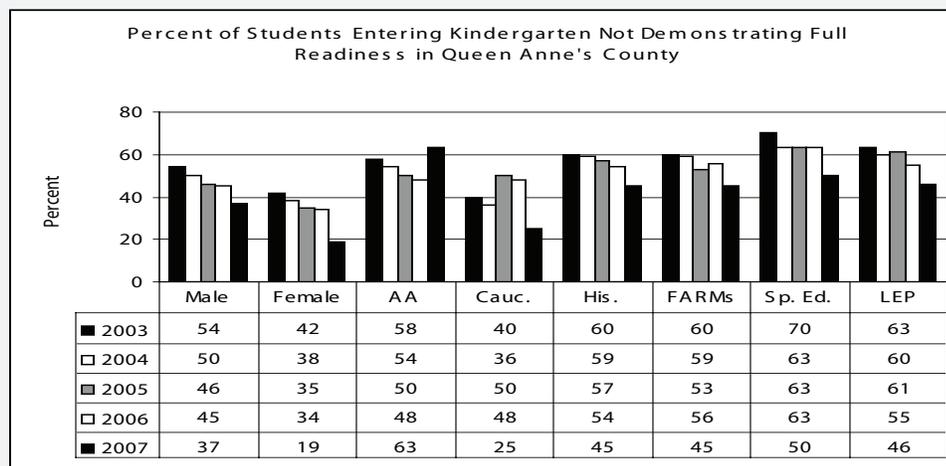


Note: Full Readiness: Students consistently demonstrate skills, behaviors and abilities, which are needed to meet kindergarten expectations successfully

AA=African American/Cauc.=Caucasian/His.=Hispanic; FARMs=Free and Reduced Meals/SP.Ed.=Special Education/ LEP=Limited English Proficiency; 0 in AA and His (only)=No data given, 0 in all other places=0%

Source: Maryland State Department of Education; Publications: School Readiness, 2001-2006

INDICATOR: KINDERGARTEN ASSESSMENT – NOT FULLY READY FOR SCHOOL



AA=African American/Cauc.=Caucasian/His.=Hispanic; FARMs=Free and Reduced Meals/SP Ed.=Special Education LEP=Limited English Proficiency

Source: Maryland State Department of Education; Publications: School Readiness, 2001-2006

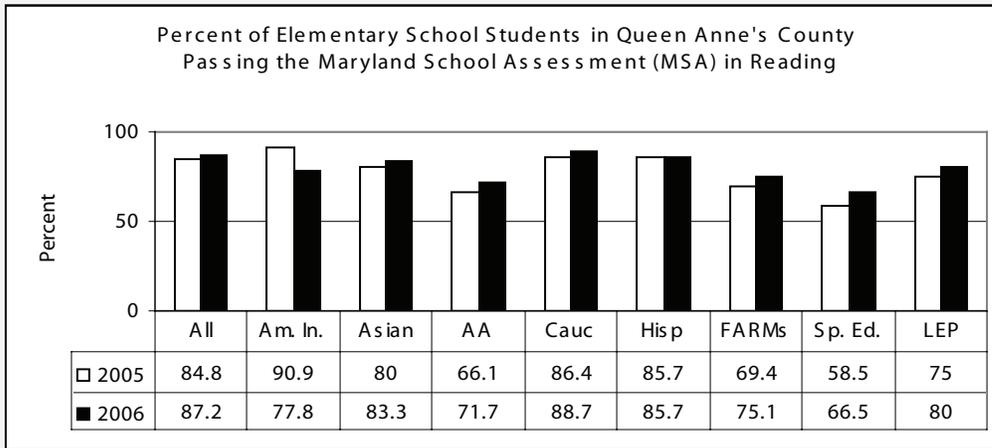
CHALLENGING AND ENCOURAGING INDICATORS

Challenging - The percent of QAC African Americans, Hispanic, Free and Reduced Meal recipients, Special Education, and Limited English Proficient students who met the criteria for full readiness was significantly lower than Caucasian students for from 2002 through 2006.

Encouraging – The percentage of Special Education and LEP students at full readiness has improved when comparing 2005 to 2006.

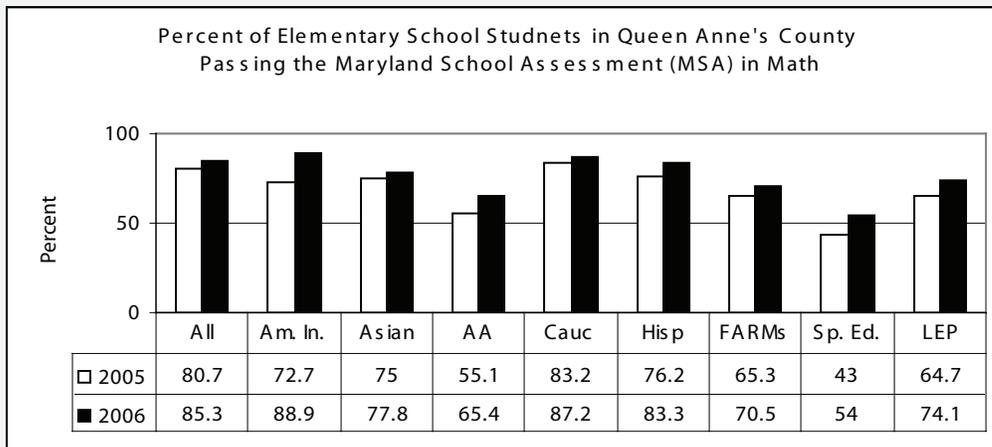
RESULT AREA: CHILDREN SUCCESSFUL IN SCHOOL

INDICATOR: ACADEMIC PERFORMANCE – MSA ELEMENTARY SCHOOL READING



Am. In.=American Indian; AA=African American; Cauc=Caucasian; Hisp=Hispanic;
 FaRMS=Free and Reduced Meals; Sp. Ed.=Special Education; LEP=Limited English Proficiency
Source: Maryland State Department of Education, Maryland Report Card, Updated 10/25/06

INDICATOR: ACADEMIC PERFORMANCE – MSA ELEMENTARY SCHOOL MATH



Am. In.=American Indian; AA=African American; Cauc=Caucasian; Hisp=Hispanic;
 FaRMS=Free and Reduced Meals; Sp. Ed.=Special Education; LEP=Limited English Proficiency
Source: Maryland State Department of Education, Maryland Report Card, Updated 10/25/06

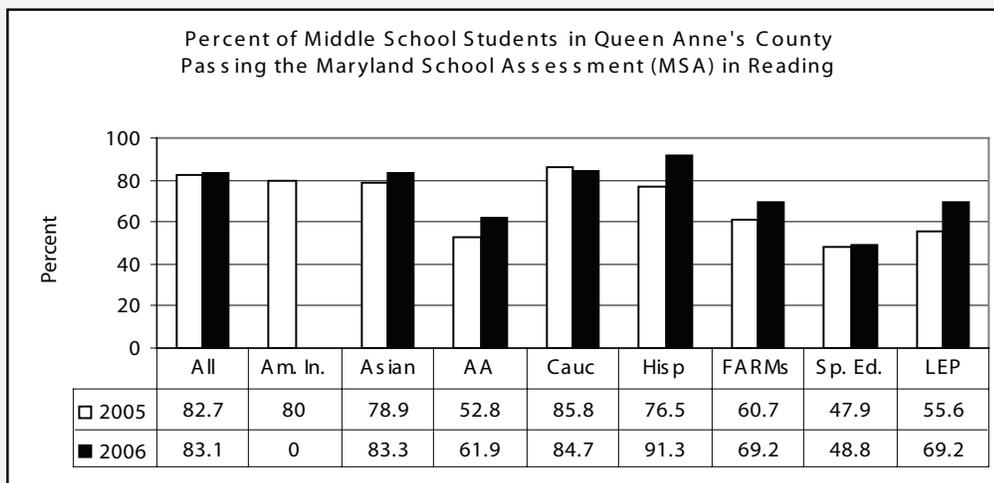
CHALLENGING AND ENCOURAGING INDICATORS

Challenging – MSA Reading and Math scores among African American and Special Education students tend to be significantly lower than the total student scores on average.

Encouraging – With the exception of MSA Reading scores within the sub-group of American Indian students, scores have improved for both MSA Reading and Math among elementary students.

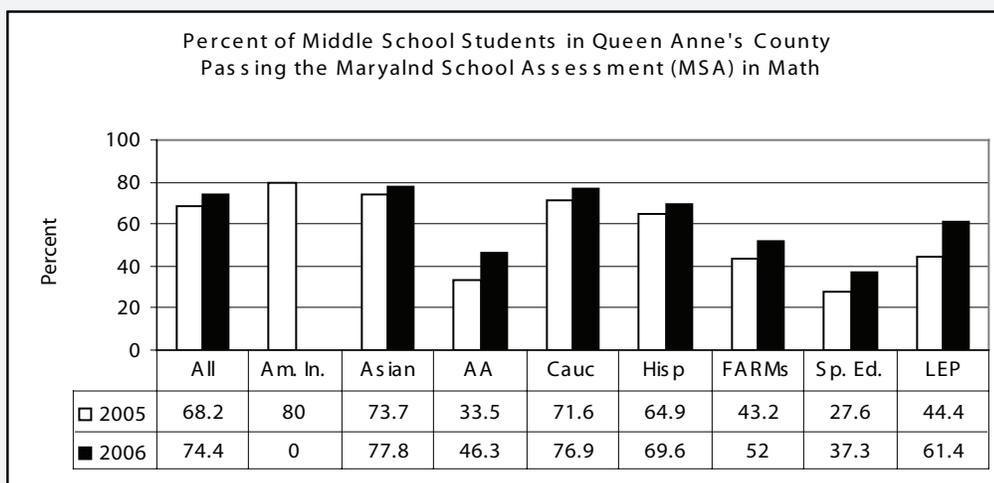
RESULT AREA: CHILDREN SUCCESSFUL IN SCHOOL—CONT.

INDICATOR: ACADEMIC PERFORMANCE – MSA MIDDLE SCHOOL READING



Am. In.=American Indian; AA=African American; Cauc=Caucasian; Hisp=Hispanic;
 FARMs=Free and Reduced Meals; Sp. Ed.=Special Education; LEP=Limited English Proficiency/ / 0=Insufficient Number of Cases
Source: Maryland State Department of Education, Maryland Report Card, Updated 10/25/06

INDICATOR: ACADEMIC PERFORMANCE – MSA MIDDLE SCHOOL MATH



Am. In.=American Indian; AA=African American; Cauc=Caucasian; Hisp=Hispanic;
 FARMs=Free and Reduced Meals; Sp. Ed.=Special Education; LEP=Limited English Proficiency/ / 0=Insufficient Number of Cases
Source: Maryland State Department of Education, Maryland Report Card, Updated 10/25/06

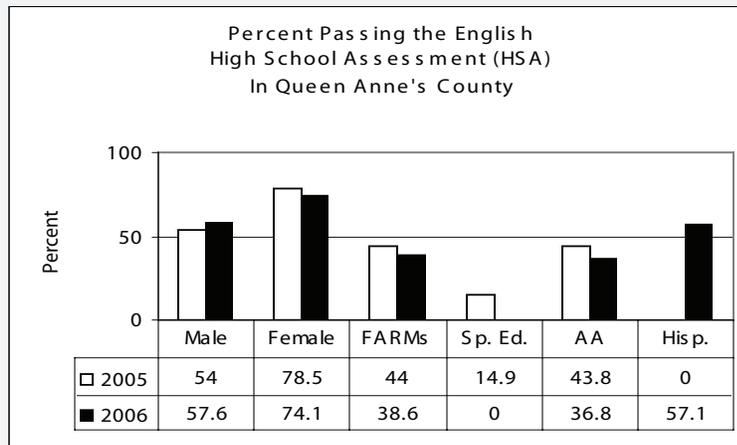
CHALLENGING AND ENCOURAGING INDICATORS

Challenging – MSA Reading and Math scores among African American, FARMs, Special Education, and Limited English Proficient middle school students tend to be significantly lower than the total student scores on average.

Encouraging – With the exception of MSA Reading scores within the sub-group of American Indian students (where the number of cases was insufficient), scores have improved for both MSA Reading and Math among middle school students when comparing 2005 to 2006.

RESULT AREA: CHILDREN SUCCESSFUL IN SCHOOL—CONT

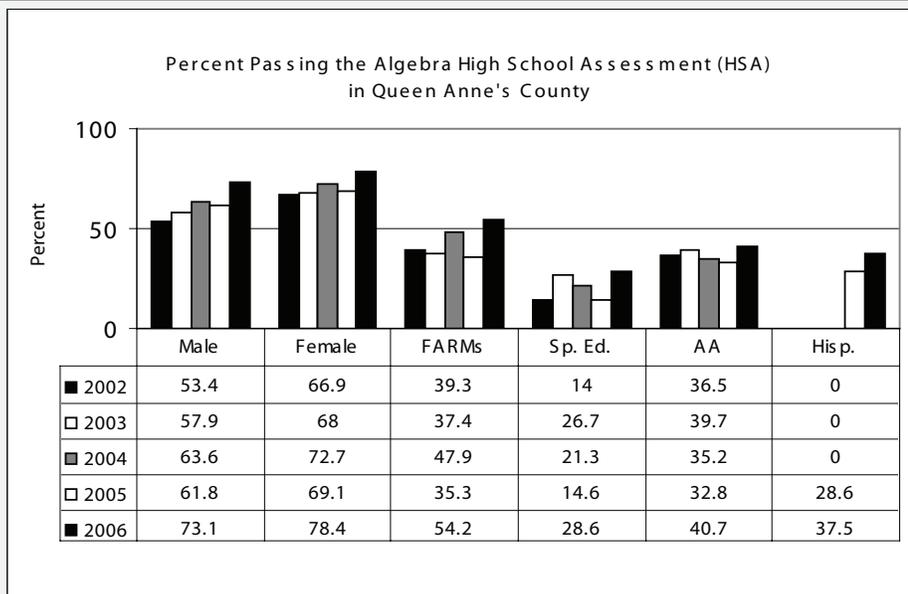
INDICATOR: ACADEMIC PERFORMANCE—HSA ENGLISH



0=No assessment results for this category
AA=African American; Hisp.=Hispanic; FARMs=Free and Reduced Meals; Sp. Ed.=Special Education

Source: Maryland State Department of Education: Maryland Report Card, Updated 10/25/06

INDICATOR: ACADEMIC PERFORMANCE—HSA ALGEBRA



Note: 2005 was the first year for the English Assessment; 0=No assessment results for this category
AA=African American; Hisp.=Hispanic; FARMs=Free and Reduced Meals; Sp. Ed.=Special Education

Source: Maryland State Department of Education: Maryland Report Card, Updated 10/25/06

CHALLENGING AND ENCOURAGING INDICATORS

Challenging – HSA English and Algebra scores among FARMs, Special Education, African American and Hispanic high school students tend to be significantly lower than the total student scores on average. With the exception of the male subgroup, the percent of students passing the English HSA has not improved.

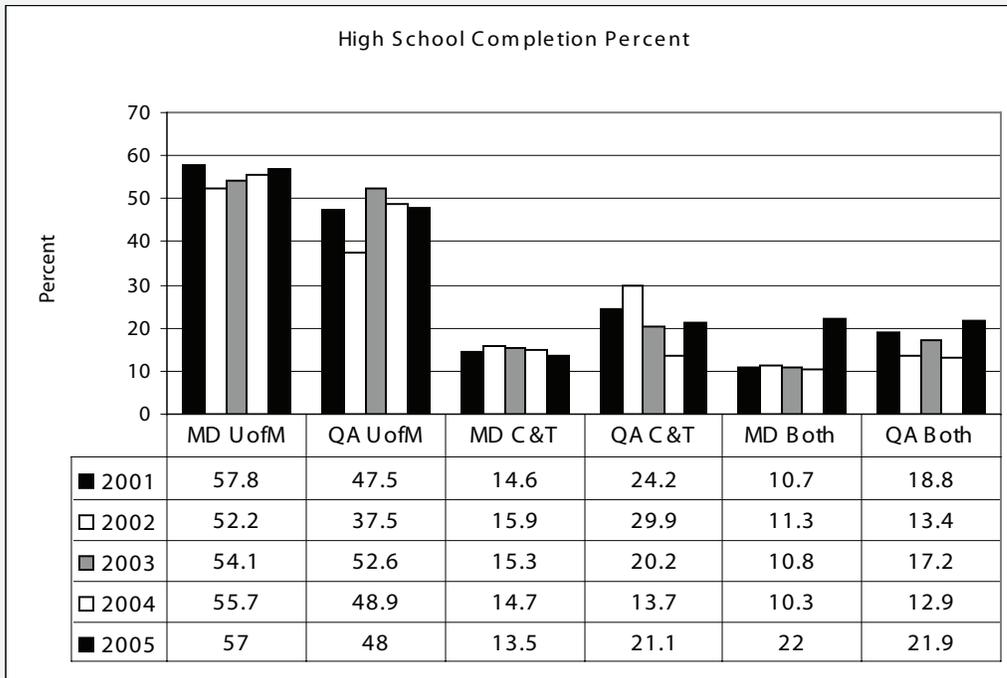
Encouraging – The percent of students passing the HSA Algebra test has improved significantly for all high school subgroups when comparing 2005 to 2006.

RESULT AREA: CHILDREN COMPLETING SCHOOL

INDICATOR: SCHOOL ABSENCE	INDICATOR: HIGH SCHOOL DROP OUT																																				
<p style="text-align: center;">Absence From School</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>2001</th> <th>2002</th> <th>2003</th> <th>2004</th> <th>2005</th> </tr> </thead> <tbody> <tr> <td>MD</td> <td>12.3</td> <td>11.3</td> <td>13.0</td> <td>13.1</td> <td>13.4</td> </tr> <tr> <td>QA</td> <td>13.7</td> <td>12.8</td> <td>12.7</td> <td>15</td> <td>15.5</td> </tr> </tbody> </table> <p style="text-align: center;">Percent of all students missing more than 20 days Source: Maryland State Department of Education; Maryland Report Card, updated 9/25/06</p>		2001	2002	2003	2004	2005	MD	12.3	11.3	13.0	13.1	13.4	QA	13.7	12.8	12.7	15	15.5	<p style="text-align: center;">Dropout Rate</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>2002</th> <th>2003</th> <th>2004</th> <th>2005</th> <th>2006</th> </tr> </thead> <tbody> <tr> <td>MD</td> <td>3.68</td> <td>3.39</td> <td>3.85</td> <td>3.68</td> <td>3.63</td> </tr> <tr> <td>QA</td> <td>3.1</td> <td>2.87</td> <td>2.66</td> <td>3.16</td> <td>3.27</td> </tr> </tbody> </table> <p style="text-align: center;">Percent of students in grades 9-12 dropping out of school before completion or graduation Source: Maryland Report Card, updated 10/25/2006</p>		2002	2003	2004	2005	2006	MD	3.68	3.39	3.85	3.68	3.63	QA	3.1	2.87	2.66	3.16	3.27
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<p style="text-align: center;">Percent of Persons with a High School Diploma</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>1990</th> <th>2000</th> </tr> </thead> <tbody> <tr> <td>MD</td> <td>78.4</td> <td>83.8</td> </tr> <tr> <td>QA</td> <td>76.8</td> <td>84.2</td> </tr> </tbody> </table> <p style="text-align: center;">Percent of persons age 25 or older that have a high school diploma or equivalent Source: US Census, American Fact Finder, 1990 and 2000</p>		1990	2000	MD	78.4	83.8	QA	76.8	84.2	<p>CHALLENGING AND ENCOURAGING INDICATORS</p> <p>Challenging – For 4 of 5 years studied, the percent of students missing more than 20 days of school was higher in QAC than for MD.</p> <p>Encouraging – Drop out rates in QAC have been consistently lower than the MD drop out rates. The percent of people ages 25 and older with a high school diploma or equivalent increased significantly from 1990 to 2000.</p>																											
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QA	76.8	84.2																																			

RESULT AREA: CHILDREN COMPLETING SCHOOL—CONT

INDICATOR: HIGH SCHOOL COMPLETION



Percent of graduates who complete various post-secondary education requirements to enter a University System of Maryland, Career and Technology Programs or Both

Source: Maryland Report Card, Updated 10/25/06

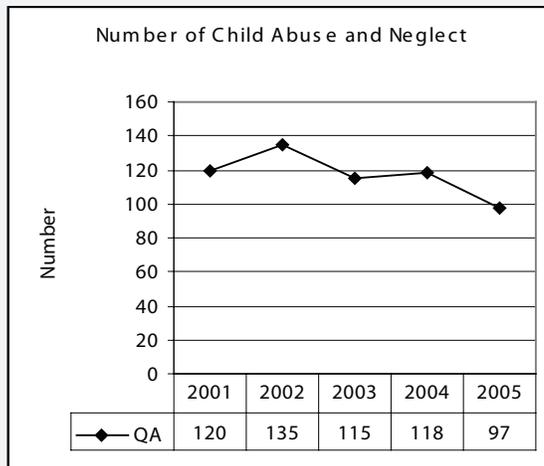
CHALLENGING AND ENCOURAGING INDICATORS

Challenging – The percent of QAC students who completed the University of Maryland post-secondary education requirements was consistently lower than the average percent of students across the state from 2001 to 2005.

Encouraging – QAC students were more likely than their MD counterparts to meet the post secondary education requirements for career and technology programs.

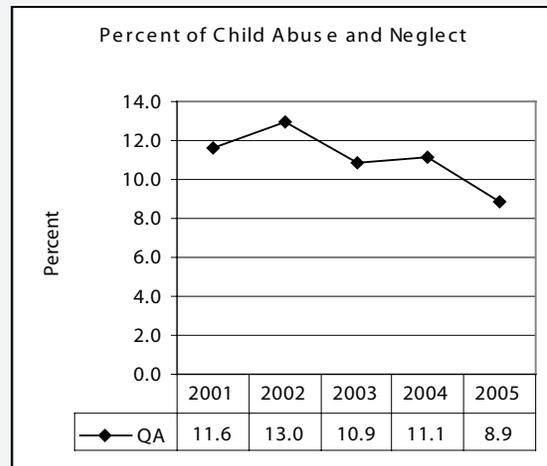
RESULT AREA: CHILDREN SAFE IN THEIR FAMILIES AND COMMUNITIES

INDICATOR: CHILD ABUSE AND NEGLECT



Note: Number of investigations in which there is credible evidence that abuse did occur

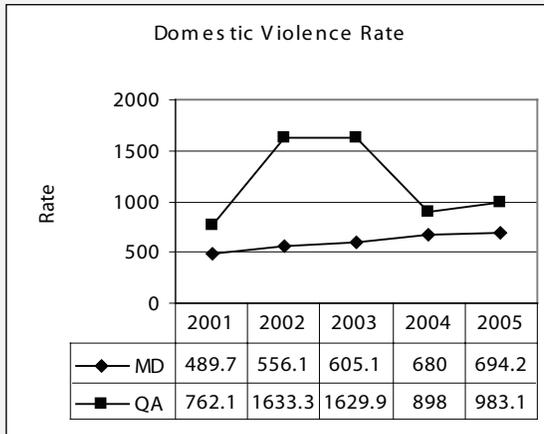
Source: Maryland Department of Human Resources, Child Protective Service Division, Updated 9/25/06



Note: Rate per 1,000 of child abuse/neglect investigations ruled "indicated" or "unsubstantiated"

Source: Maryland Department of Human Resources, Child Protective Service Division, Updated 9/25/06

INDICATOR: DOMESTIC VIOLENCE



Results for Queen Anne's County are combined with the mid-shore counties

Rates per 100,000 households receiving domestic violence services

Source: Department of Human Resources, Community Services Division, updated 9/25/06

CHALLENGING AND ENCOURAGING INDICATORS

Challenging – Domestic violence rates for the mid-shore dropped in 2004, but seemed to be on the rise in 2005. Mid-shore rates are higher than Maryland rates.

Encouraging – The percent of child abuse and neglect investigations is decreasing in QAC and was lower than the MD percent in 2001, 2003, and 2005.

RESULT AREA: CHILDREN SAFE IN THEIR FAMILIES AND COMMUNITIES—CONTINUED

INDICATOR: JUVENILE VIOLENT OFFENSES	INDICATOR: JUVENILE NON-VIOLENT OFFENSES																																				
<p>Juvenile Violent Offense Arrest Rate</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>2000</th> <th>2001</th> <th>2002</th> <th>2003</th> <th>2004</th> </tr> </thead> <tbody> <tr> <td>—◆— MD</td> <td>524</td> <td>515</td> <td>482</td> <td>499</td> <td>504</td> </tr> <tr> <td>—■— QA</td> <td>146</td> <td>181</td> <td>721</td> <td>590</td> <td>151</td> </tr> </tbody> </table>		2000	2001	2002	2003	2004	—◆— MD	524	515	482	499	504	—■— QA	146	181	721	590	151	<p>Juvenile Non-Violent Offense Arrest Rate</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>2000</th> <th>2001</th> <th>2002</th> <th>2003</th> <th>2004</th> </tr> </thead> <tbody> <tr> <td>—◆— MD</td> <td>1993</td> <td>1826</td> <td>1751</td> <td>1869</td> <td>1871</td> </tr> <tr> <td>—■— QA</td> <td>837</td> <td>883</td> <td>760</td> <td>1333</td> <td>1226</td> </tr> </tbody> </table>		2000	2001	2002	2003	2004	—◆— MD	1993	1826	1751	1869	1871	—■— QA	837	883	760	1333	1226
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CHALLENGING AND ENCOURAGING INDICATORS

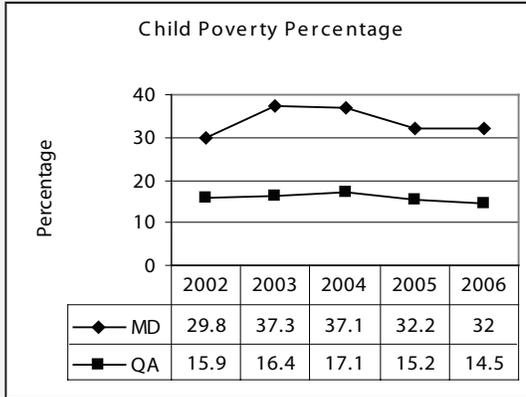
Challenging – For two of the last three years, the juvenile violent offense arrest rate has been higher in QAC than for MD. Non-violent arrest rates have been on the increase during 2003 and 2004.

Encouraging - Queen Anne’s Child Deaths due to accident, homicide or suicide were “0” for at least the 3 most recent years reported, 2002-2004.

There was a steep decline in the juvenile violent offense arrest rate in QAC when comparing 2003 to 2004.

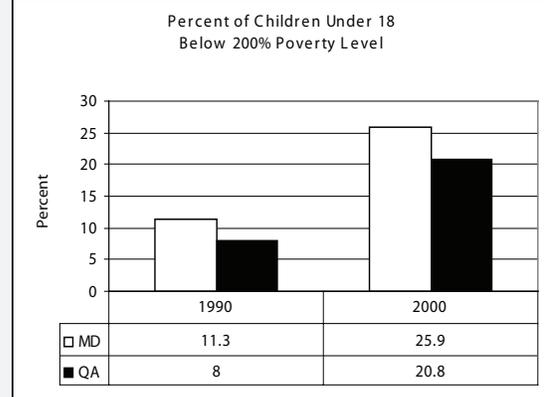
RESULT AREA: STABLE AND ECONOMICALLY INDEPENDENT FAMILIES

INDICATOR: CHILD POVERTY



Percentage of related children under 18 whose family income fall below the US poverty threshold

Source: US Census Bureau



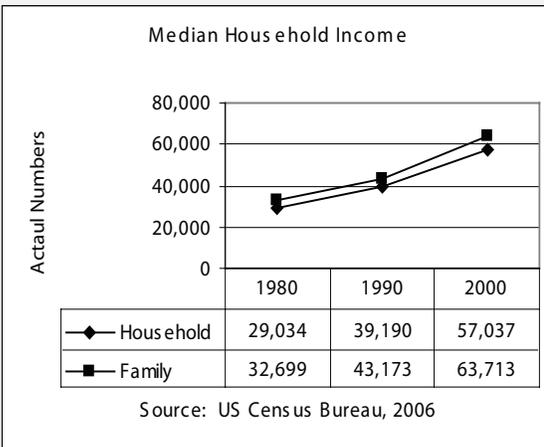
Source: Annie E. Casey Foundation, Kids Count On-Line Census Data, last updated 8/17/05

CHALLENGING AND ENCOURAGING INDICATORS

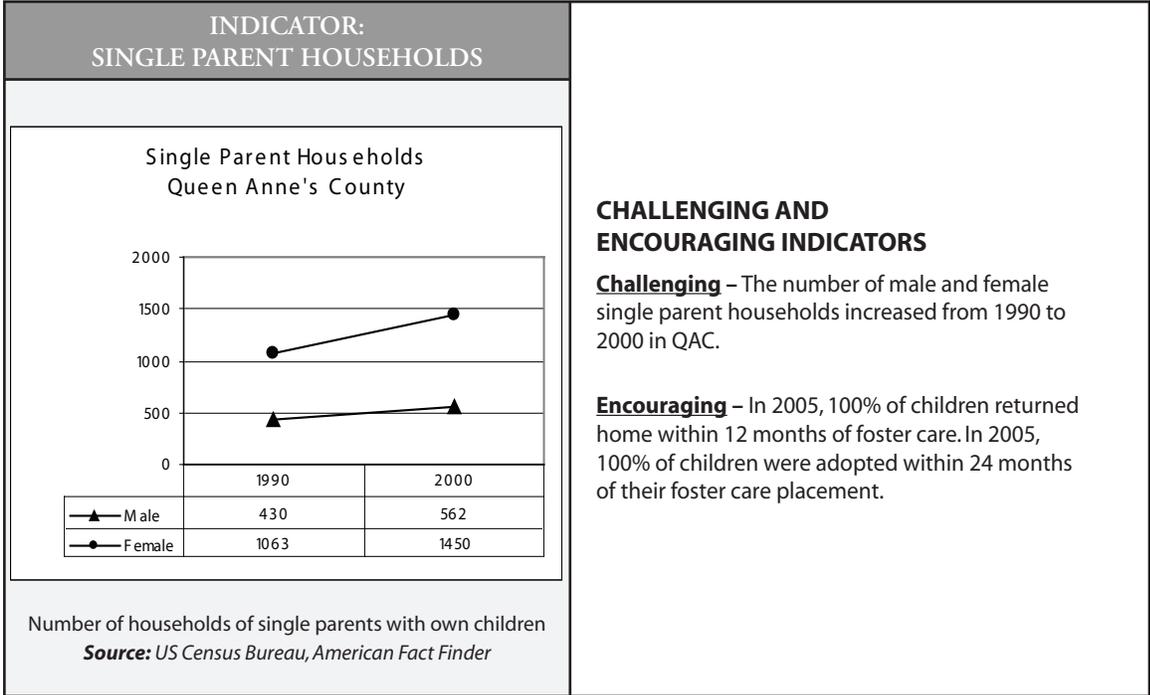
Challenging – The percent of children under 18 living below 200% of the poverty level increased dramatically from 1990 to 2000 in QAC. Note: Below 200% of poverty” includes all those described as “in poverty” under the official federal definition, plus some people who have income above poverty but less than 2 times their poverty threshold.

Encouraging – The percentage of children living in poverty in QAC has decreased in the past two years and is half of the MD percent. The median household and family income has nearly doubled in QAC since 1980.

INDICATOR: HOUSEHOLD AND FAMILY INCOME



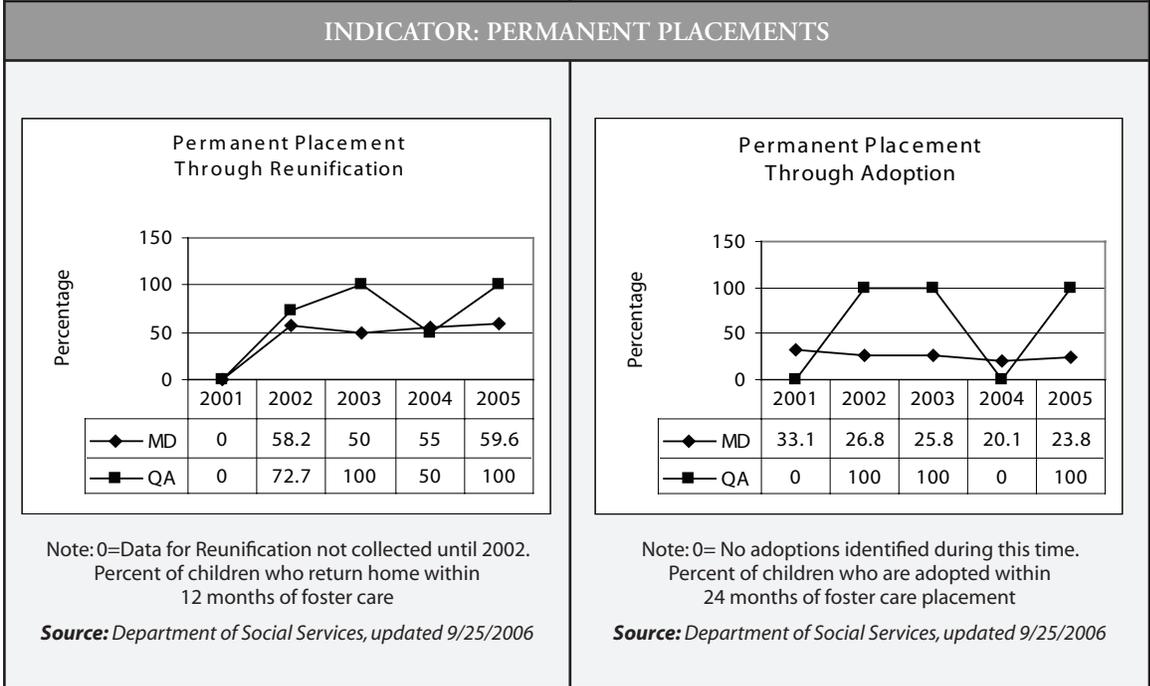
RESULT AREA: STABLE AND ECONOMICALLY INDEPENDENT FAMILIES—CONTINUED



CHALLENGING AND ENCOURAGING INDICATORS

Challenging – The number of male and female single parent households increased from 1990 to 2000 in QAC.

Encouraging – In 2005, 100% of children returned home within 12 months of foster care. In 2005, 100% of children were adopted within 24 months of their foster care placement.



RESULT AREA: STABLE AND ECONOMICALLY INDEPENDENT FAMILIES—CONTINUED

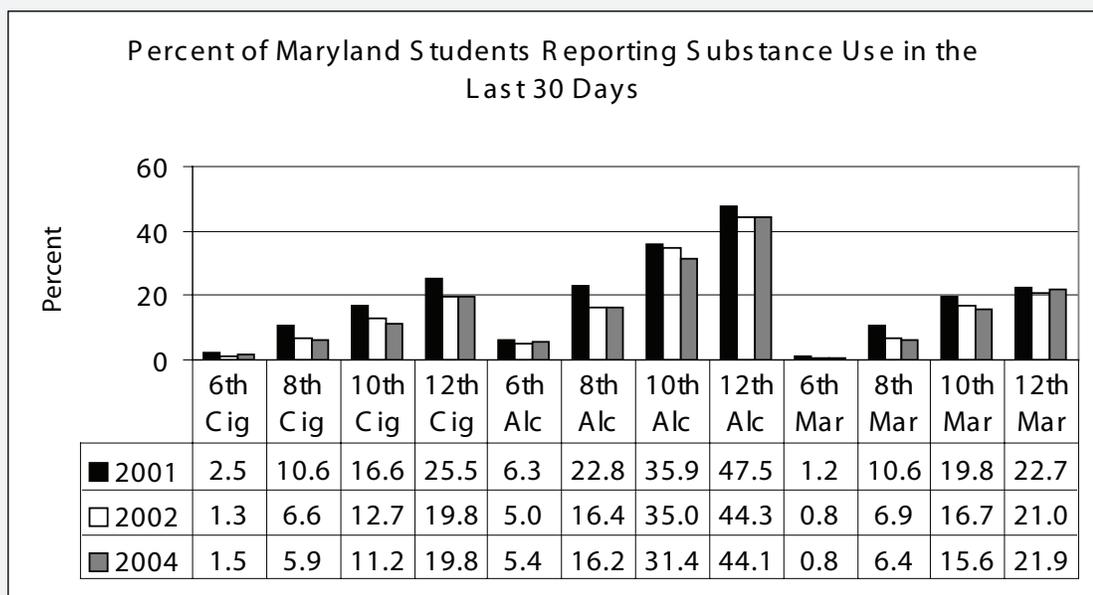
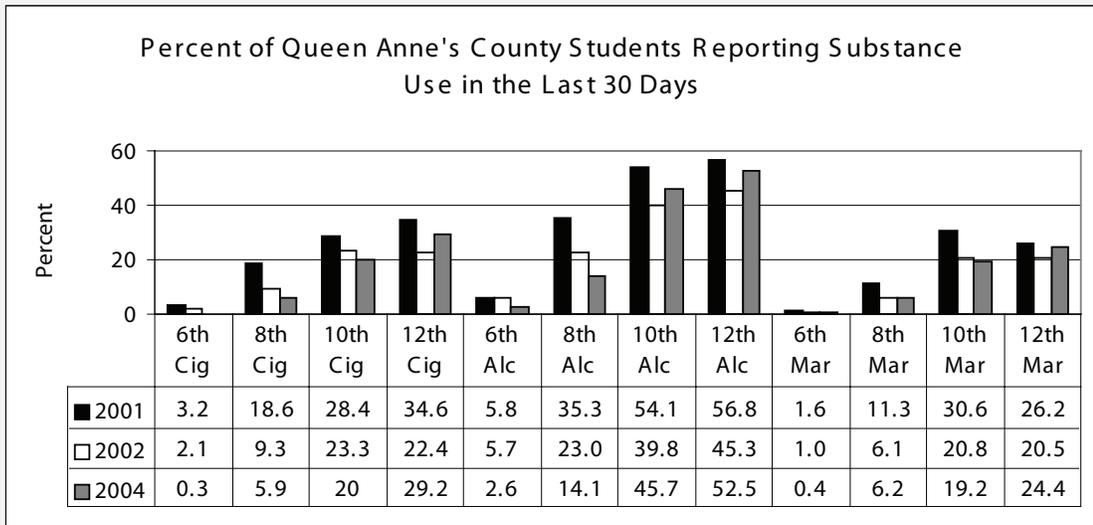
<p>CHALLENGING AND ENCOURAGING INDICATORS</p> <p>Challenging – The rate of out-of-home placements was higher in 2005 than the prior four years and was greater than the state rate. The rate of adults and children receiving homeless services in Queen Anne’s County rose dramatically in 2004 and 2005 compared to prior years.</p> <p>Encouraging - The rate of adults and children receiving homeless services in Queen Anne’s County rose dramatically in 2004 and 2005 compared to prior years.</p>	<p style="text-align: center;">INDICATOR: OUT-OF-HOME PLACEMENTS</p> <div style="text-align: center;"> <p>Out-of-Home Placements</p> <table border="1" style="margin: 10px auto;"> <thead> <tr> <th></th> <th>2001</th> <th>2002</th> <th>2003</th> <th>2004</th> <th>2005</th> </tr> </thead> <tbody> <tr> <td>MD</td> <td>10.9</td> <td>11.2</td> <td>10.9</td> <td>10.1</td> <td>10.1</td> </tr> <tr> <td>QA</td> <td>9.7</td> <td>10.7</td> <td>8.1</td> <td>7.9</td> <td>11.4</td> </tr> </tbody> </table> </div> <p style="text-align: center;">Rate per 1,000 children placed in out-of-home care by various State agencies</p> <p style="text-align: center;"><i>Source: The Governor’s Office for Children, updated 9/25/2006</i></p>		2001	2002	2003	2004	2005	MD	10.9	11.2	10.9	10.1	10.1	QA	9.7	10.7	8.1	7.9	11.4						
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<p style="text-align: center;">INDICATOR: HOMELESS ADULTS AND CHILDREN</p> <div style="text-align: center;"> <p>Rate of Adults and Children Receiving Homeless Services in Maryland</p> <table border="1" style="margin: 10px auto;"> <thead> <tr> <th></th> <th>2001</th> <th>2002</th> <th>2003</th> <th>2004</th> <th>2005</th> </tr> </thead> <tbody> <tr> <td>MD</td> <td>856.4</td> <td>983.5</td> <td>834.7</td> <td>696.9</td> <td>625.6</td> </tr> </tbody> </table> </div> <p style="text-align: center;">Rates of homeless adults and children per 100,000 served by shelters</p> <p style="text-align: center;"><i>Source: Department of Human Resources, updated 9/25/2006</i></p>		2001	2002	2003	2004	2005	MD	856.4	983.5	834.7	696.9	625.6	<p style="text-align: center;">INDICATOR: HOMELESS ADULTS AND CHILDREN</p> <div style="text-align: center;"> <p>Rate of Adults and Children Receiving Homeless Services in Queen Anne’s</p> <table border="1" style="margin: 10px auto;"> <thead> <tr> <th></th> <th>2001</th> <th>2002</th> <th>2003</th> <th>2004</th> <th>2005</th> </tr> </thead> <tbody> <tr> <td>QA</td> <td>7.4</td> <td>7.2</td> <td>0</td> <td>34</td> <td>24.4</td> </tr> </tbody> </table> </div> <p style="text-align: center;">Rates of homeless adults and children per 100,000 served by shelters</p> <p style="text-align: center;"><i>Source: Department of Human Resources, updated 9/25/2006</i></p>		2001	2002	2003	2004	2005	QA	7.4	7.2	0	34	24.4
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RESULT AREA: COMMUNITIES THAT SUPPORT FAMILY LIFE

INDICATOR: HOME SELLING PRICES		INDICATOR: CHILD ABUSE & NEGLECT																																																	
<p>Average and Median Selling Price of Homes in Maryland and Queen Anne's County</p> <table border="1"> <thead> <tr> <th></th> <th>2002</th> <th>2003</th> <th>2004</th> <th>2005</th> <th>2006</th> </tr> </thead> <tbody> <tr> <td>◆ Average MD</td> <td>194,097</td> <td>224,949</td> <td>269,368</td> <td>319,442</td> <td>340,752</td> </tr> <tr> <td>■ Average QA</td> <td>265,426</td> <td>311,927</td> <td>377,900</td> <td>429,014</td> <td>453,037</td> </tr> <tr> <td>▲ Median MD</td> <td>156,485</td> <td>182,449</td> <td>221,670</td> <td>266,727</td> <td>284,700</td> </tr> <tr> <td>■ Median QA</td> <td>212,401</td> <td>250,000</td> <td>305,000</td> <td>353,500</td> <td>365,000</td> </tr> </tbody> </table> <p><i>Source: Maryland Association of Realtors, February, 2007</i></p>			2002	2003	2004	2005	2006	◆ Average MD	194,097	224,949	269,368	319,442	340,752	■ Average QA	265,426	311,927	377,900	429,014	453,037	▲ Median MD	156,485	182,449	221,670	266,727	284,700	■ Median QA	212,401	250,000	305,000	353,500	365,000	<p>Percent of Child Abuse and Neglect</p> <table border="1"> <thead> <tr> <th></th> <th>2001</th> <th>2002</th> <th>2003</th> <th>2004</th> <th>2005</th> </tr> </thead> <tbody> <tr> <td>◆ MD</td> <td>11.8</td> <td>11.8</td> <td>11.4</td> <td>10.1</td> <td>9.9</td> </tr> <tr> <td>■ QA</td> <td>11.6</td> <td>13.0</td> <td>10.9</td> <td>11.1</td> <td>8.9</td> </tr> </tbody> </table> <p>Rates per 1,000 of child abuse or neglect Child Protective Services investigations</p> <p><i>Source: Maryland Department of Human Resources, Child Protective Service Division, Updated 9/25/06</i></p>			2001	2002	2003	2004	2005	◆ MD	11.8	11.8	11.4	10.1	9.9	■ QA	11.6	13.0	10.9	11.1	8.9
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<p>INDICATOR: HOUSES WITHOUT ESSENTIALS</p> <table border="1"> <thead> <tr> <th></th> <th>Car</th> <th>Kitchen</th> <th>Phone</th> <th>Plumbing</th> </tr> </thead> <tbody> <tr> <td>■ 1990</td> <td>659</td> <td>198</td> <td>370</td> <td>277</td> </tr> <tr> <td>□ 2000</td> <td>616</td> <td>36</td> <td>131</td> <td>97</td> </tr> </tbody> </table> <p>Note: Data available at the county level, for Queen Anne's County, through the Decennial Census, 1990 and 2000</p> <p><i>Source: US Census Bureau, American Fact Finder, 1990 and 2000</i></p>			Car	Kitchen	Phone	Plumbing	■ 1990	659	198	370	277	□ 2000	616	36	131	97	<p>CHALLENGING AND ENCOURAGING INDICATORS</p> <p>Challenging - Home selling prices have increased in QAC by 71% (average)-72% (median) over the past five years.</p> <p>Encouraging - While home selling prices have increased dramatically in QAC, the statewide increase has been greater over the past five years, ranging from 76% (average) to 82% (median). The number of houses without essentials has decreased significantly.</p>																																		
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RESULT AREA: COMMUNITIES THAT SUPPORT FAMILY LIFE—CONTINUED

INDICATOR: SUBSTANCE USE AMONG PRETEENS AND TEENS



Cig=Cigarettes; Alc = Any form of Alcohol; Mar = Marijuana

Source: Maryland State Department of Education; Maryland Adolescent Survey, 2001, 2002, 2004

CHALLENGING AND ENCOURAGING INDICATORS

Challenging - The percentage of 30-day cigarette and alcohol use for Grades 10 and 12 is significantly higher in the county than MD. The percentage of 30-day Marijuana rates among 8th graders increased slightly from 2002.

Encouraging - For QAC, the percentage of 30-day cigarette and alcohol use among 6th and 8th graders decreased from 2001 along with marijuana use for 6th graders. Grade 6 cigarette and alcohol use has been lower than the Maryland rate since 2001.

Appendix B: QUEEN ANNE'S COUNTY RESOURCE DIRECTORY

This list of child and family resources was compiled from the database of QAC Helps! (now titled Chesapeake Helps!) located at Chesapeake College and funded by the Local Management Boards from the mid-shore region and the Governor's Office for Children. If you need more information about a particular resource i.e. website, contact person, or e-mail address, please call 866-722-4577 or go to the Chesapeake Helps! website at www.chesapeakehelps.org.

RESOURCE NAME	PHONE NUMBER
Adopt A Bear Program	410-643-0705
Adult Education/ABE/GED and ESOL	410-827-4629 x 109
Alcohol and Drug Abuse Prevention Office	410-758-1306 x 304
Bayside Elementary School	410-643-6181
Benedictine School For Exceptional Children, Inc.	410-634-2112
Board of Education	410-758-2403
Camp Pecometh	410-556-6900
Camp Wright	410-643-4171
Centreville Elementary School	410-758-1320
Centreville Middle School	410-758-0883
Centreville Town Police	410-758-0080
Character Counts!	410-758-6677
Chesapeake Child Care Resource Center (CCCRC)	410-822-5400 x 358
Chesapeake College	410-758-1537 or 410-822-5400
Chesapeake Developmental Unit, Inc/ Adult Day Care	410-822-4122
Chesapeake Entrepreneur Center	410-810-8892
Chesapeake Helps!	1-866-722-4577
Chesapeake Women's Network (CWN)	410-643-6288
Chesapeake Youth Chorale	410-758-6956
Chester River Home Care and Hospice	410-758-4550
Chesterwye Center, Inc.	410-827-7048
Child Find	410-758-2403 x 182
Children's Choice	410-643-9290
Choices For Life Pregnancy Help and Resource Center	410-822-3311
Church Hill Elementary School	410-556-6681
Church Hill Theatre	410-758-1331
Cloverfields Property Owners Association	410-643-3707
Community Mediation, Upper Shore	410-810-9188
County Ride	410-758-2357

RESULTS MATTER
 Appendix B – **Resource Directory**

RESOURCE NAME	PHONE NUMBER
Crossroads Community, Inc.	410-758-3050
Day Care, Inc.	410-758-1236
Delmarva Community Transit	410-778-5187 or 410-822-4155 or 410-479-3867
Early Childhood Clearinghouse	410-827-4629 or 410-758-6677
Early Childhood Development Center	410-827-5801
Easter Seals Camp Fairlee Manor	410-778-0566
English For Speakers of Other Languages (ESOL)	410-758-2403 x 197
Even Start Family Literacy	410-438-3164
Family Support of Queen Anne’s County	410-827-4629 x 111
Family Support Network of Queen Anne’s County Infants and Toddlers Program	410-827-4629 x 107
Federal Government Information Center	1-800-333-4636
Food Link, Inc.	410-643-2753
For All Seasons, Inc.	410-822-1018
Governor’s Office	410-974-3901
Governor’s Office for Children	410-767-4160
Grasonville Community Center	410-827-9215
Grasonville Community Steppers	410-438-3322
Grasonville Elementary School	410-827-8070
Grasonville Even Start	410-827-8663
Gunston Day School	410-758-0620
Head Start	410-827-3258
Healthy Families Maryland (QA and Talbot)	410-758-0720 x 328
Helping Hands II, LLC	410-758-0763
Helps Addiction and Compulsion Support Group Grasonville Church of God	410-827-4960
Home Based Support Team	410-827-4629
Homemakers Council (QAC)	410-438-3178
Hospice of Queen Anne’s, Inc.	410-643-6609
Infants and Toddlers Program (QAC)	410-827-4629 x 108
Judy Center Partnership	410-827-4629 x 100
Juvenile Services	410-819-4180
Kennard Elementary School	410-758-1166
Kent Island Athletic Association; Basketball, Lacrosse, Flag Football, Cheerleading, Youth Soccer	410-604-2006

RESOURCE NAME	PHONE NUMBER
Kent Island Elementary School	410-643-2392
Kent Island Federation of Art	410-643-7424
Kent Island Heritage Society	410-604-2100
Kent Island High School	410-604-2070
Kent Island Lions Club Foundation, Inc.	410-643-2291
Kent Island Little League	410-643-7243
Kent Island Youth Center	410-604-6388
Legal Aid Bureau Upper Eastern Shore Office	410-763-9676
Lieutenant Governor's Office	410-974-2804
Lighthouse Christian Academy	410-643-3034
Lions Club Centreville	410-758-0410
Lions Club-Queenstown	410-827-8486
Little Lamb Preschool	410-827-6022
Lucretia Kennard Homemakers Club	410-758-1498
Marva Marriage Encounter	410-758-0405
Maryland Association for Environmental & Outdoor Education, Inc.	410-827-7145
Maryland Children's Health Program	410-758-0720 x 324
Maryland Cooperative Extension Service	410-758-0390
Maryland Department of Juvenile Services	410-819-4180
Maryland Department of Labor, Job Service	410-822-3030
Maryland Department of Parole and Probation (Centreville)	410-819-4140
Maryland Fire and Rescue Institutes; Career and Technology Program	410-758-2112
Maryland Healthy Start Program	410-758-0720 x 355
Maryland Office of the Public Defender	410-819-4020
Maryland Rural Development Corporation; (MRDC Head Start)	410-754-3453
Maryland State Department of Education	410-767-0100
Maryland State Government--General Information	1-800-449-4347
Maryland State Police-QAC	410-758-1101
Matapeake Elementary School	410-643-3105
Mid-Shore Council on Family Violence	410-479-1149
Mid-Shore ESOL	410-758-2403 x 197
Mid-Shore Mental Health Systems, Inc.	410-770-4801
Mid-Shore Perinatal Advisory Council	410-822-1000 x 5351
MUST (Maryland Upper Shore Transit)	410-479-3867

RESULTS MATTER

Appendix B – Resource Directory

RESOURCE NAME	PHONE NUMBER
New Horizons Women's Services	410-827-5824
Parents Associated With Children and Teachers (PACT)	410-643-0851
Partnering For Youth Elementary After School Program	410-758-4584
Partnering For Youth High School After School Program	410-758-4584
Partnering For Youth Middle School After School Program	410-758-4584
Partners For Success Parent Center	410-758-3693
People for Better Housing	410-673-2737
Project Right Steps C/O Chesapeake College	410-822-5400 x 357
QACTV	410-758-0322 x 2010
Queen Anne's Chorale	410-827-3310
Queen Anne's County Adult Education	410-827-8618
Queen Anne's County Arts Council, Inc.	410-758-2520
Queen Anne's County Board of Education	410-758-2403
Queen Anne's County Chamber of Commerce	410-643-8530
Queen Anne's County Child Find	410-758-2403
Habitat For Humanity	410-758-1040
Queen Anne's County Clerk of Circuit Court	410-758-1773
Queen Anne's County Commissioners	410-758-4098/410-810-1962
Queen Anne's County Community Partnerships for Children and Families	410-758-6677
Queen Anne's County Cooperative Extension Service, University of Maryland	410-758-0166
Queen Anne's County Council for Children and Youth	410-758-6677
Queen Anne's County Department of Aging	410-758-0848/410-778-9399
Queen Anne's County Department of Emergency Services	410-758-4500
Queen Anne's County Department of Social Services	410-810-1087 or 410-758-8000
Queen Anne's County Detention Center	410-758-3817
Queen Anne's County Economic Development Office	410-758-4418
Queen Anne's County Free Library Centreville Branch	410-758-0980
Queen Anne's County Free Library Kent Island Branch	410-643-8161
Queen Anne's County Department of Health	410-778-0993 or 410-758-0720
Queen Anne's County Department of Health Alcohol, Tobacco and Drug Abuse Services	410-758-1306 (Treatment) or 410-758-1083 (Prevention)
Queen Anne's County High School	410-758-0500
Queen Anne's County Housing and Community Services	410-758-3977
Queen Anne's County Intramural Soccer Club (QACISC)	410-758-6667

RESOURCE NAME	PHONE NUMBER
Queen Anne’s County Local Emergency Planning Committee	410-758-4500
Queen Anne’s County Office of Child Support Enforcement	410-758-4347
Queen Anne’s County Parks and Recreation	410-778-4430 or 410-758-0835
Queen Anne’s County Ride Transportation	410-758-2357
Queen Anne’s County Office of the Sheriff	410-758-0770
Queen Anne’s County State’s Attorney’s Office	410-758-2264
Rep. Wayne Gilchrest; Maryland’s 1 st Congressional District	410-778-9407
Rotary Club-Centreville	410-827-4584
Rotary Club-Kent Island	410-476-4762
Ruthsburg Community Center	410-758-6755
September Homemakers Club	410-758-0687
Shore Up! Grasonville Headstart	410-827-3258
Small Business Development Center-- Chesapeake College	410-827-5304
Stevensville Middle School	410-643-3194
Sudlersville Elementary School	410-438-3164
Sudlersville Even Start	410-438-3164
Sudlersville Homemakers Club	410-778-5341
Sudlersville Library	410-438-3596
Sudlersville Middle School	410-438-3151
The ARC - Queen Anne’s, Talbot, Caroline and Dorchester Counties	410-770-9895
Tobacco Use and Prevention and Smoking Cessation	410-758-1083
Upper Shore Community Mental Health Center	410-778-6800
Youth Developmental Asset Building	410-758-6677
Washington College	410-778-2800
Women, Infants and Children Program	410-758-0720
Wye River Upper School	410-827-5822

Appendix C: WEBSITE REFERENCES

The following websites may provide assistance in conducting further research regarding the well-being of children and families in Queen Anne’s County.

RESOURCE NAME	WEBSITE
Annie E. Casey Foundation’s Kids Count	http://www.aecf.org/kidscount
Chesapeake Child Care Resource Center	http://www.chesapeakechildcarerr.org
Centers for Disease Control	www.cdc.org
Community and Public Health	http://www.mdpublichealth.org
Governor’s Office for Children	http://www.goc.state.md.us
Maryland Board of Realtors	www.mdrealtor.org
Maryland Committee for Children	http://www.mdchildcare.org
Maryland Department of the Environment	www.mde.stste.md.us
Maryland Department of Health and Mental Hygiene	http://www.dhmfh.state.md.us
Maryland Department of Human Resources	http://www.dhr.state.md.us
Maryland Department of Juvenile Services	http://www.djs.state.md.us
Maryland Department of Public Safety and Correctional Services	http://www.dpccs.state.md.us
Maryland Department of Vital Statistics	http://www.vsa.state.md.us
Maryland Report Card	http://msp.msde.state.md.us
Maryland State Department of Education	http://marylandpublicschools.org/msde
Maryland State Police Uniform Crime Report	http://www.mcdl.org/stats.htm
National Center for Health Statistics	http://wonder.cpc.gov
National-Federal Interagency Forum on Child and Family Statistics	http://www.childstats.gov
Office of Transitional Services	http://www.dhr.state.md.us/trans-serv.htm
Queen Anne’s County Department of Health	www.qahealth.org
Social Services Administration, Child Protective Service Statistics	http://www.dhr.state.md.us/cps/statdata.html
US Census Bureau	http://www.census.gov

Appendix D: QUEEN ANNE’S COUNTY EARLY CHILDHOOD SYSTEM SYMPOSIUM SUMMARY AND RESULTS ACCOUNTABILITY PLANS

Introduction

Queen Anne’s County Community Partnerships for Children and Families coordinated and hosted a total of nine organizational meetings to plan and deliver an early childhood system symposium held on Wednesday, May 23, 2007 from 9 a.m. to 3 p.m. at Chesapeake College in Wye Mills, Maryland.

The information below is included in “Results Matter” as an appendix to show an intensive strategy utilized by the Community Partnerships to make progress toward two of our selected result areas. Key collaborators engaged in the planning process for the symposium included the following individuals:

Mary Ann Gleason (*Community Partnerships for Children and Families*)

Pat Deitz (*Queen Anne’s County Department of Health*)

Peg Anawalt and Kathy Edler (*Chesapeake Child Care Resource Center*)

Geri Thompson and Dorothy Carpenter (*Judy Center Partnerships and Family Support Programs, Queen Anne’s County Board of Education*)

Jacki Carter (*Character Counts! and the Queen Anne’s County Children’s Council*)

Price Shuler (*Maryland State Department of Education, Office of Child Care*)

Barbara Baxter (*Queen Anne’s County Parks and Recreation*)

Linda Walls (*Just Cause, LLC and the Foundation for Community Partnerships, Inc.*)

In advance of planning the symposium, the collaborators identified the target group as children prenatal through five years old. The purposes for engaging in a planning process included building on what has already been accomplished and strengthening the connections and commitment to optimal early childhood experiences for children.

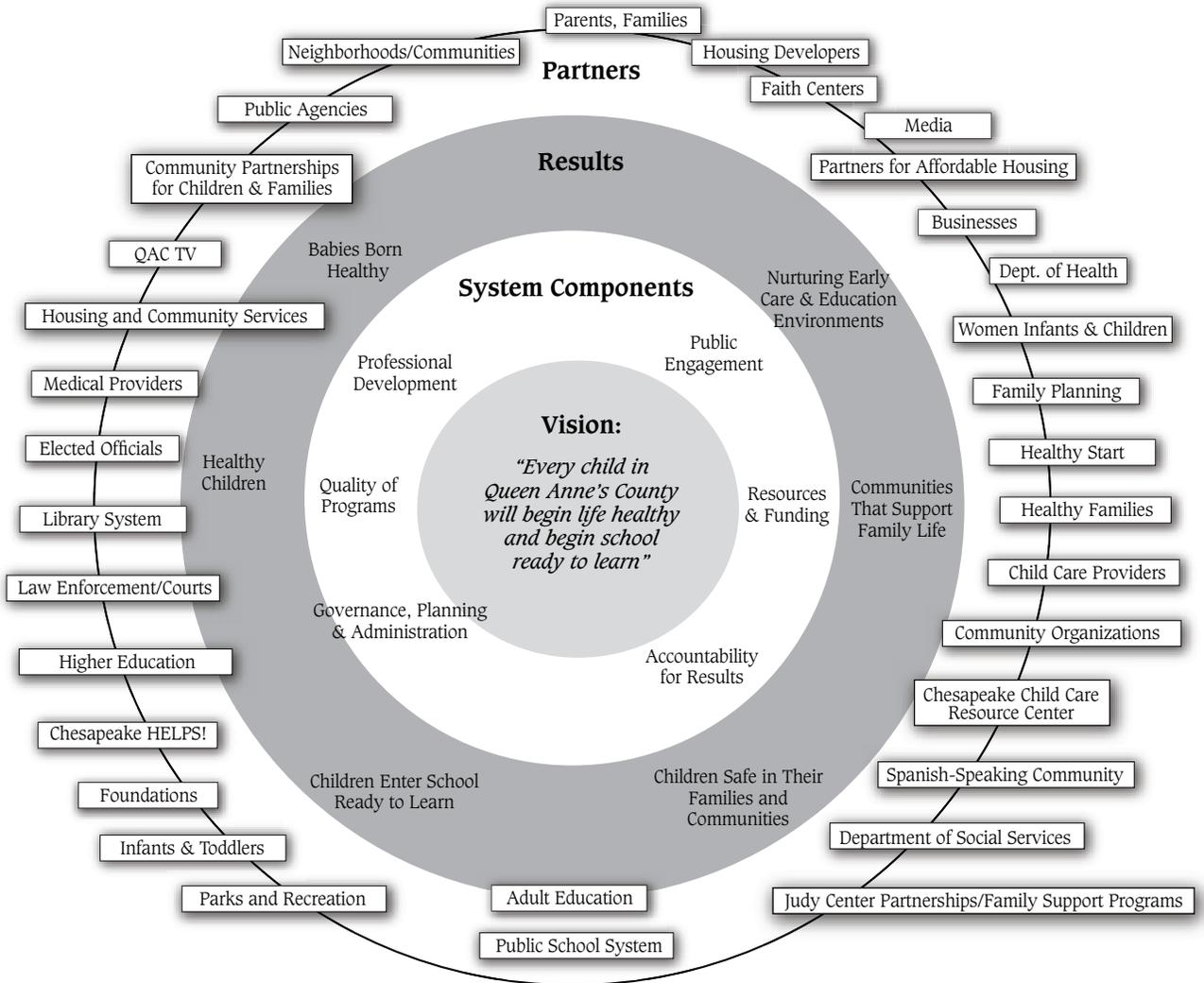


In preparation for the symposium, the planning team reviewed 30 plus indicators of early childhood well-being and researched and summarized nine early childhood system of care models from other jurisdictions to include Arkansas, Colorado, Iowa, Minnesota, North Carolina, Oklahoma, and Vermont. The group selected a vision and system configuration specific for Queen Anne’s County (see diagram on next page). Additionally, the team chose a symposium title of “*Destination Success: Are we there yet?*” and organized logistics and a full day of symposium features designed to support themes of direction and mobility. A symposium agenda was developed as follows:



- 1. Mile Marker and Milestones:** Where are we now and where have we been?
 - A. What is a system of care?
 - B. What are the purposes, benefits and models?
 - C. What is the history of early childhood supports in Queen Anne’s County?
- 2. Today’s Road Trip:** What is our vision and where are we headed today?
Using the Results Accountability Framework
- 3. Engine Diagnostics:** Do we need a tune up?
Indicator Data Summary and Discussion
- 4. Navigating to our Destination:** How will we get there?
Developing a Plan of Action
- 5. Journey Preparation:** What do we do next to reach DESTINATION SUCCESS?
Generating Next Steps and Wrapping Up Today’s Symposium

QUEEN ANNE’S COUNTY EARLY CHILDHOOD SYSTEM OF CARE MODEL



SYMPOSIUM PARTICIPANTS

To market the symposium, two primary forms of informational mailings were utilized. First, a save-the-date post card was sent one month in advance to a mailing list of 250 names. This was followed by a registration brochure mailed by the Chesapeake Child Care Resource Center two weeks before the conference. Recipients were encouraged to register to attend, but this was not a requirement. Included in the targeted mailing were professionals working in the early childhood field and parents. Mailings were sent to public agencies, child care providers, private non-profit organizations, elected officials, and parent groups. At least 36 individuals attended the Destination Success symposium on May 23, 2007 and included the following:

NAME	ORGANIZATION
1.Cindy Simpson	Queen Anne’s County Department of Health
2. Mary Ann Gleason	Community Partnerships for Children and Families
3.Dorothy Carpenter	Judy Center Partnerships—Family Center Support
4. Nancy Roe	Queen Anne’s County Department of Social Services
5. Iris Carter	Queen Anne’s County Department of Health
6. Jacki Carter	Character Counts! and the Children’s Council
7. Marcia Anderson	Dept. of Health & Mental Hygiene; Mental Health Administration
8. Jean Mitchell	Friends of the Family
9. Price Shuler	MD State Dept. of Education-Office of Child Care - Region 8
10. Garland Thomas	Governor’s Office for Children
11. Della Andrew	Healthy Families QA/Talbot Advisory Board
12. Heidi Garlick	Chesapeake College Early Childhood Development Center
13. Sue Haddox	Chesapeake College Early Childhood Development Center
14. Patricia Deitz	QAC Department of Health - Healthy Families
15. Delegate Richard Sossi	MD House of Delegates
16. Christine Wright	QAC Department of Health
17. Sharon Robertson	Community Leader; Retired Teacher
18. Suzi Eakle	Queen Anne’s County Business and Economic Development

19. Deanna Darby	Healthy Families Advisory Board
20. Willie M. Pauls	Retired Teacher
21. Jennifer Doege	Partners for Success
22. Leslie Overton	Healthy Families Queen Anne's /Talbot
23. Stephanie Johnson	Queen Anne's County Infants and Toddlers
24. Susan Taylor	SHORE UP!, Inc. Head Start
25. Karen Huff	Queen Anne's County Early Care & Learning
26. Gerry Glime	Healthy Families Advisory Board
27. Janet Rochester	Bethel Summer Enrichment Program
28. Peg Anawalt	Chesapeake Child Care Resource Center
29. Colleen Wilburn	Healthy Families, Charles County
30. Jacquelyn Wilhelm	Queen Anne's County Public Schools
31. Jim Malaro	Community Partnerships for Children and Families
32. Stacey Woodworth	QAC Department of Health; Healthy Families
33. Guido DeLuca	Community Partnerships for Children and Families
34. Geri Thompson	Judy Center Partnership/ Family Support Programs
35. Mike Clark	Community Partnerships for Children and Families
36. Kathy Edler	Chesapeake HELPS!

The planning team was encouraged by the excellent response to the symposium. In addition to parents who attended, key participants included Delegate Richard Sossi, Garland Thomas, from the Governor's Office for Children, and Jean Mitchell, the Director of Friends of the Family.

SYMPOSIUM CONTENTS

During the symposium, planning team members provided presentations to raise awareness about systems of early childhood care and corresponding benefits. Each topic area is listed next along with a brief description of the content:

What is a system of care and what are the purposes, models, and benefits?

(Mary Ann Gleason and Patricia Deitz)

The following explanation was provided for a system of care:

“A ‘system of care’ is a model that can include administrative and policy elements, and which represents a shared vision, developed by interested stakeholders, for how everyone will work together to create a community in which children and families can be healthy and successful.”

For Queen Anne’s County, the purpose of a system of care would be to make a “whole” that is even greater than the sum of the parts already in existence. The county has a rich history across the last 30 years of supporting young children in collaborative ways. Many initiatives have been launched and/or sustained to include the Children’s Council, the Legislative Breakfast, Families First, The Early Childhood Clearinghouse, the Child Care Association, and many others. The creation of a formal system would help to structure the resources for even greater results leading to strengthened quality of life for parents who are just starting families and their children in the earliest stages of their lifespan.

A coordinated system of care leads to:

- Coordinated planning, outreach, and service design;
- Strengthened access and utilization of services by families;
- Services that are designed for all families;
- Services that are more efficient;
- Minimized duplication and gaps in services;
- Consistently measured results;
- Prompt sharing of results with stakeholders;
- Services adapted to meet changing needs; and
- Partners sharing in accountability.

In a strong system of care, the following benefits can be anticipated:

- More babies are born healthy, at full term, and at a healthy birth weight.
- Parents are knowledgeable and connected for support.
- Child abuse and neglect are reduced.
- Families have concrete support in times of need.
- Healthy children (encompassing social and emotional development).
- Children are more likely to enter school ready to learn.
- Healthy babies grow into healthy children, adolescents, and adults who thrive and contribute socially and economically to the community where they live.

To develop a local system of care, the Early Childhood System Planning Team reviewed numerous models and best practices across the United States. These included Arkansas, Colorado, Florida, Iowa, Michigan, Minnesota, North Carolina, Oklahoma, and Vermont, and a system of care related to aging issues in Worcester County, Maryland. The team also consulted early childhood system recommendations authored by the U.S. Department of Health and Human Services, the Annie E. Casey Foundation, Carnegie Foundation, Zero to Three, Center for Law and Social Policy, and the National Center for Children in Poverty at the Columbia School of Public Health.

From all of these models, the approach the team believed most closely matched the history and opportunities for early childhood collaboration in Queen Anne’s County was Iowa’s “Early Care Health and Education System.” The system wheel adapted from Iowa’s model is located on page 2 of this summary. It includes a proposed vision as follows:

“Every child in Queen Anne’s County will begin life healthy and begin school ready to learn.”

In addition to the vision, which all other elements rotate around, are the partners or stakeholders, the desired result areas, and the system components to include:

1. Governing, Planning, and Administration
2. Accountability for Results
3. Resources and Funding
4. Public Engagement
5. Professional Development
6. Quality of Programs

What is critical in this system is joining and blending all of the elements in a coordinated and structured fashion to positively impact the desired result areas.



What is the history of early childhood supports in Queen Anne’s County?

Planning team members gave a brief overview of the history and current status of programs to include the Chesapeake Child Care Resource Center, Chesapeake HELPS!, the Children’s Council, the Early Childhood Clearinghouse, the Judy Center Partnerships/ Family Support Programs, and the Legislative Breakfast. These services, in collaboration with other organizations such as the Child Care Association, parent support groups, civic groups, faith-centers, non-profit organizations, and businesses would help to form a structured system of care in Queen Anne’s County.

Action Plans Using Results Based Accountability

Linda Walls provided a brief overview of the strategic planning process being used during the symposium to generate focus areas and actions steps for developing an early childhood system of care. Mark Friedman’s Results Based Accountability framework is a common language, common ground, and common sense approach designed to keep planning simple, but meaningful and fluid. In keeping with the model, Ms. Walls introduced five terms and associated definitions critical to the model. “Population Accountability” is about the well-being of whole populations such as counties, cities, or towns, whereas “Performance Accountability” is about the well-being of client populations such as the children served in a specific program. “Results” are desired conditions of well-being for the target population. “Indicators” are measures which help quantify the achievement of desired results. “Performance Measures” are measures of how well a program, agency, or service system is working. Ms. Walls explained that, prior to the symposium, the planning team developed a list of desired results and indicators divided by the action areas of *Health, Education, and Community*.

To achieve the goal of creating an early childhood system of care in Queen Anne’s County, participants were invited to self-select an action area and, using the Results Based Accountability framework, develop a strategic plan. This plan would include results (crafted by the planning team using Maryland’s Results for Child Well-Being and other system model goals), 3-4 headline or priority indicators, story behind the indicators, partners with a role to play, what works to achieve results, and action steps. Participants were encouraged to focus on action steps toward creating a system of care, rather than action steps to resolve early childhood issues. Participants were further encouraged to suggest no cost and low cost action items.

There were two opportunities for consideration of indicators and action planning during the symposium. Before lunch, participants reviewed the indicators provided with multiple year trend-lines and chose 3 to 4 headline indicators they believed would be important to monitor. These priority indicators were presented to the full group by each of the three subgroups of *Health, Education, and Community*. After lunch, the subgroups reconvened to consider partners, what works, and the top three to five action steps toward creating a system of care. Action area plans are provided on pages 7 to 11.

A. HEALTH: EARLY CHILDHOOD SYSTEM
RESULTS ACCOUNTABILITY PLANNING SHEET

1. RESULTS: WHAT ARE THE DESIRED RESULTS? <i>Babies Born Healthy; Healthy Children</i>	
<p>2. DATA: What does the data tell you?</p> <ul style="list-style-type: none"> • Maintain and improve pre-natal care • Low birth weight—Queen Anne’s County is doing better than the state • Decrease infant mortality • Need for early childhood mental health services 	<p>3. STORY: What is the story behind the data?</p> <ul style="list-style-type: none"> • Successful programs: Family planning, WIC, Healthy Start, Healthy Families, MCHP, Mom Movers • Need to address health disparity; African American and Hispanic, environment • Increased knowledge/awareness/lack of mental health services, training
<p>4. PARTNERS: Who are the partners with a role to play in improving the data?</p> <p>Community Partnerships for Children and Families, Department of Health, Medical Providers, School System, Department of Social Services, County Government, Child Care Providers, Parents & Families, Community, Library, Faith-Based, Businesses, Employers, Community Organizations, Media, Law Enforcement, Representatives from Spanish speaking community, Foundation for Community Partnerships, Inc., Chesapeake Helps!, Higher Education, Legislators</p>	<p>5. WHAT WORKS?: What works to “turn the curve” or make things better?</p> <ol style="list-style-type: none"> 1. County Programs—Healthy Start, Healthy Families, Maryland Children’s Health Insurance Program, Mom Movers (one-to-one support & collaboration) 2. Shared training 3. Outreach to providers OB/GYN & medical professionals 4. Project Right Steps; ASQ-SE for early identification of social/emotional needs 5. Use peer counselors and legacy families for outreach/training 6. Consistent funding for early childhood programs 7. Training & access to early childhood mental health 8. Transportation to services 9. Networking 10. Strength-based and respect-based services
<p>6. ACTION PLAN: What is your action plan for making things better?</p> <p>Pick 3-5 top ideas. Try to think of things that are no cost or low cost.</p>	

RESULTS MATTER

Appendix D – **Early Childhood System**

ACTION PLAN (PICK 3-5 STRATEGIES)	2008	2009	2010+	EST. BUDGET OR NO COST/ LOW COST
1. Pursue opportunities and funding for early childhood professionals to obtain certificates in Early Childhood Mental Health (Department of Health and Mental Hygiene- Mental Health Administration), University of Maryland, Chesapeake College	✓	✓	✓	\$500 per person + travel & expenses
2. Develop & implement a county wide early childhood sustainability plan	✓	✓		\$15,000 – planning \$1,000,000 – implement
3. Enlist faith-based community to publicize & outreach messages on healthy pregnancy, MOTA (Minority Outreach and Technical Assistance) & Department of Health—use speakers' bureau & focus groups for input	✓			Low cost
4. Develop and maintain an outreach campaign for QAC-TV on Economic Benefits of Investing in Early Childhood Services, Pre-Natal health, Parenting Issues, use college internships in media	✓	✓	✓	Low cost
5. Fund an Early Childhood System Coordinator		✓	✓	\$95,000/year staff and overhead

PARKING LOT (ITEMS FOR FURTHER INVESTIGATION):

- Number of pregnancy terminations, miscarriages
- Number of Obstetrician providers
- Number of infants breast fed and duration of breast feeding
- Environmental factors that impact maternal/infant health
- Who is having the low birth weight babies?
- Dental Health providers and early childhood providers

Participants Who Authored This Plan:

Mary Ann G., Pat D., Christine W., Della A., Gerry G., Iris C., Leslie O., Colleen W., Marsha A., Stacy W.

EDUCATION: EARLY CHILDHOOD SYSTEM RESULTS ACCOUNTABILITY PLANNING SHEET

1. RESULTS: WHAT ARE THE DESIRED RESULTS? NURTURING EARLY CARE AND EDUCATION ENVIRONMENTS CHILDREN ENTER SCHOOL READY TO LEARN	
<p>2. DATA: What does the data tell you?</p> <ul style="list-style-type: none"> • Gains for total population, but gaps for the sub-groups • School connected to coordinated services far exceeds other schools (GES has 83.6% full readiness according to the Work Sampling System vs. 72% for county) 	<p>3. STORY: What is the story behind the data?</p> <ul style="list-style-type: none"> • Complicated issues with data—lack of consistency with collection and subjectivity of data • Special needs population displays more significant disabilities (more resources needed) • Not reaching children in subgroups • The data for over 50% of family child care providers is not complete
<p>4. PARTNERS: Who are the partners with a role to play in improving the data?</p> <p>Prior care programs, elected officials, public school system, parents, Judy Center, Department of Social Services, Chesapeake Child Care Resource Center, Local Management Board, Faith-Based communities, foundations, business partners, Dept. of Health, QAC TV, Chesapeake College, Parks & Recreation, Library, Infant & Toddlers, Child Find, Project Right Steps, Adult Ed, Family Support, Law Enforcement, Ready @ 5, Chesapeake HELPS!</p>	<p>5. WHAT WORKS?: What works to “turn the curve” or make things better?</p> <ul style="list-style-type: none"> • Coordination of quality services • Participation, communication and collaboration of partners • Aligning professional development activities for all early care and education staff • Newspaper coverage and other recognition methods • Accreditation of programs • Parent education and support
<p>6. ACTION PLAN: What is your action plan for making things better?</p> <p>Pick 3-5 top ideas. Try to think of things that are no cost or low cost.</p>	

ACTION PLAN (PICK 3-5 STRATEGIES)	2008	2009	2010+	EST. BUDGET OR NO COST/ LOW COST
1. Increase utilization of programs by families with an emphasis on subgroups	✓			Low/No cost
2. Align professional development throughout the early childhood (EC) community		✓		Low cost
3. Provide resources to early childhood to address weakness in domain areas	✓			Low cost
4. Improve data collection		✓		No cost
5. Expand coordination of services to Title 1 schools			✓	Low cost

Participants Who Authored This Plan:

Stephanie J., Price S., Dorothy C., Karen H., Geri T., Jacki W., Heidi G., Sharon R., Sue H., Deanna D. Jennifer D., Willie P.

**COMMUNITY: EARLY CHILDHOOD SYSTEM
RESULTS ACCOUNTABILITY PLANNING SHEET**

<p>1. RESULTS: WHAT ARE THE DESIRED RESULTS? CHILDREN SAFE IN THEIR FAMILIES AND COMMUNITIES COMMUNITIES THAT SUPPORT FAMILY LIFE</p>	
<p>2. DATA: What does the data tell you?</p> <ul style="list-style-type: none"> • Need for affordable housing • Child abuse/neglect data is stabilizing • Need for child care providers that are low cost and flexible 	<p>3. STORY: What is the story behind the data?</p> <ul style="list-style-type: none"> • Adequate income vs.adequate housing • Grandparent/single parent households • Need for up to date data—more research on child poverty issues—clarity trends
<p>4. PARTNERS: Who are the partners with a role to play in improving the data?</p> <p>Department of Social Services, Housing & Community Service, Local Government, Private Sector Developers (Non-Profit/For Profit), Partners for Affordable Housing; Child Care Providers, Faith Community, Service Organizations, Local Residents, Financial Community, Economic Development, Chamber of Commerce, Mental Health Roundtable</p>	<p>5. WHAT WORKS?: What works to “turn the curve” or make things better?</p> <ul style="list-style-type: none"> • Up to date resources to see where sub-groups are • Creative government strategies to allow for more affordable housing options • Develop partnerships within the community to accomplish strategy • Look at effective delivery systems to address new challenges
<p>6. ACTION PLAN: What is your action plan for making things better?</p> <p>Pick 3-5 top ideas. Try to think of things that are no cost or low cost.</p>	

ACTION PLAN (PICK 3-5 STRATEGIES)	2008	2009	2010+	EST. BUDGET OR NO COST/LOW COST
1. Partner with existing groups to alert them for the need for action	✓	✓	✓	No cost/low cost
2. Investigate the sub-groups in regards to poverty, child abuse, and domestic violence in QAC and develop strategies if necessary	✓	✓	✓	Budget development
3. Research trends of child care providers pursuing/not accreditation and develop strategies to assist them	✓	✓	✓	No cost/low cost
4. Research/Review the availability of affordable child care	✓	✓	✓	No cost

Participants Who Authored This Plan:

Jackie C., Nancy R., Janet R., Garland T., Jean M., Delegate Sossi

After completing the planning sheets, each group shared their document (provided in a large board format) and answered questions from the audience. Participants were invited to add ideas after listening to the plans from other groups.

Next Steps

Ms. Walls asked participants to suggest next steps for developing an early childhood system of care in Queen Anne’s County.

The following action items were offered:

1. Share results from today’s symposium with both attendees and other interested persons.
2. Form an early childhood system of care council or board.
3. Attend to data development items such as those suggested by groups today.
4. Contact other key stakeholders to get them involved.
5. Keep this going!

To ascertain commitment levels for establishing an early childhood system of care, participants were asked to complete an “Action Plan Endorsement” form before leaving the symposium. The following table provides a summary of those who signed the form:

NAME	ORGANIZATION	FURTHER STEPS ENDORSEMENT	BEGIN/SHARE ACTION PLAN
Jean Mitchell	Friends of the Family, Inc	Yes	Yes
Nancy Roe	QAC Department of Social Services	Yes	Yes
Garland Thomas	Governor’s Office for Children	Yes	Yes
Sharon Robertson	Community Leader	Yes	Yes
Christine Wright	Upper Shore Women, Infants and Children	Yes	Yes
Geri Thompson	Judy Center Partnership	Yes	Yes
Dorothy Carpenter	Family Support	Yes	Yes
Heidi Garlick	Chesapeake College Early Childhood Development Center	Yes	Yes
Karen Huff	Judy Center Grasonville	Yes	
Susan Haddox	Chesapeake College Early Childhood Development Center	Yes	Yes
Iris Carter	QAC Health Department	Yes	Yes
Pat Deitz	Healthy Families Queen Anne’s/Talbot	Yes	Yes
Stephanie Johnson	Infants/Toddlers	Yes	Yes
Mike Clark	Community Partnerships for Children and Families	Yes	Yes
Mary Ann Gleason	Community Partnerships for Children and Families	Yes	Yes
Jacki Carter	Children’s Council; Character Counts!	Yes	Yes
Price Shuler	Maryland State Department of Education, Office of Child Care	Yes	Yes

DEBRIEFING SESSION

On May 31, 2007 and June 28, 2007, the planning team reconvened and developed the following set of challenges and strengths pertaining to the Symposium planning process and the actual Symposium:

Challenges

- Consistent attendance by committee members
- Trying to get everything done on time line and sticking to it (Power Point, Indicators)
- Adhering to time allowance DURING the symposium – Use timer next time
- Trying to understand (grasp) the system components in a short amount of time
- Phone number on brochure (although proofed by many) was incorrect
- Get marketing done a little earlier
- See survey comments (a little rushed, too broad, bottled water at lunch)

Strengths

- A great job “getting it”
- Logistics went great – everything set up as expected
- Teamwork was strong even with diverse backgrounds; everyone brought different strengths
- See positive survey comments (facility, logistics, process, hand-outs, presentations, facilitation)
- Delegate Sossi being there the entire day and supporting the participation of the Governor’s Office for Children to be there
- Governor’s Office for Children (Garland Thomas) there
- Also, attendance by Jackie Wilhem representing Board of Education Curriculum Department was there
- Friends of the Family (Jean Mitchell) there – “building on the excellent job you do for the Legislative Breakfast”
- Parent and child care provider participation
- Participation – at least 37, maybe 40 there
- Save the date – issued in advance
- Considering short turnaround time on marketing, we did a GREAT job!

Symposium Survey

Participants were also asked to complete a “Symposium Survey” designed to gauge changes in awareness about early childhood care systems and to provide feedback about the quality of the symposium. This was a reflective survey allowing respondents to reflect their level of knowledge and awareness prior to the Symposium and at the end of the Symposium. Nearly half of the participants (19) completed the survey. For all 14 topic areas, the participants self-reported improvements in knowledge and awareness. In most cases, the knowledge rating doubled. Symposium open comments were overwhelmingly favorable regarding the logistics and Results Accountability planning process. One participant would have liked more time and another suggested more specific action steps in the plans. A summary of survey results is provided on pages 49 and 50.

DESTINATION SUCCESS: SYMPOSIUM SURVEY / 5-23-07**A. Background**

My Community Role: Parent, Advisory Board, Local Management Board, Head Start Partner, Governor’s Office for Children, Day Care Provider, Department of Health, Program Director, Community Member, Teacher, Legislator, State Funder, Coordinator, Youth Program Administrator, Early Childhood Center Administrator, Public Education, and Department of Social Services

Prior Knowledge of Early Childhood Systems (n=19)

NONE		A LITTLE		A LOT		NO RESPONSE	
%	#	%	#	%	#	%	#
5.3	1	47.3	9	36.8	7	10.5	2

B. Symposium Content Survey**Pre and Post Symposium Responses - Numbers (n=19)***

SYMPOSIUM TOPICS	PRE-SYMPOSIUM				POST-SYMPOSIUM			
	0	1	2	Avg	0	1	2	Avg
1. Definition of an Early Childhood System of Care	4	10	5	6.6	0	2	17	12.0
2. Need for an Early Childhood System of Care	2	5	12	9.6	0	0	19	12.6
3. Benefits of an Early Childhood System of Care	1	7	11	9.6	0	0	19	12.6
4. History of Early Childhood Collaboration in QAC	2	16	1	6.0	0	2	17	12.0
5. Results (Based) Accountability Framework for Planning	5	11	3	5.6	1	9	9	9.0
6. County Community Indicators for Early Childhood	5	13	1	5.0	0	5	14	11.1
7. County Health Indicators for Early Childhood	7	9	3	5.0	1	5	13	10.3
8. County Education Indicator Data for Early Childhood	5	9	5	6.3	0	5	14	11.0
9. *The Story Behind the Indicator Data for Early Childhood	6	9	3	5.0	0	6	12	10.0
10. Working Model for a Local System of Care	4	14	1	5.3	0	6	13	10.6
11. Partners With a Role To Play in a Local System of Care	1	13	5	7.6	0	1	18	12.3
12. What Works in a Local System of Care	3	15	1	5.6	0	4	14	10.6
13. *Action Steps To Launch a Local System of Care	4	13	1	5.0	0	4	14	10.6
14. Overall Process to Create a System of Care	4	15	0	5.0	0	3	16	11.3

Note: Questions 9 and 13 had 18 responses

Pre and Post Symposium Responses—Percentages (n=19)*

SYMPOSIUM TOPICS	PRE-SYMPOSIUM			POST-SYMPOSIUM		
	0	1	2	0	1	2
1. Definition of an Early Childhood System of Care	27.1	52.6	26.3	0	10.5	89.5
2. Need for an Early Childhood System of Care	10.5	26.4	63.0	0	0	100
3. Benefits of an Early Childhood System of Care	5.2	36.8	57.8	0	0	100
4. History of Early Childhood Collaboration in QAC	10.5	84.2	5.2	0	10.5	89.5
5. Results (Based) Accountability Framework for Planning	26.4	57.8	15.8	5.3	47.4	47.4
6. County Community Indicators for Early Childhood	26.4	72.2	5.2	0	26.4	73.6
7. County Health Indicators for Early Childhood	36.8	47.4	15.8	5.3	26.4	68.4
8. County Education Indicator Data for Early Childhood	26.4	47.4	26.4	0	26.4	73.6
9. *The Story Behind the Indicator Data for Early Childhood	33.3	50.0	16.7	0	33.3	66.7
10. Working Model for a Local System of Care	27.1	73.6	5.2	0	31.6	68.4
11. Partners With a Role To Play in a Local System of Care	5.2	72.2	26.4	0	5.3	94.7
12. What Works in a Local System of Care	15.8	78.9	5.2	0	31.6	68.4
13. *Action Steps To Launch a Local System of Care	22.2	72.2	5.6	0	22.2	77.8
14. Overall Process to Create a System of Care	27.1	78.9	0	0	15.8	84.2

Note: Questions 9 and 13 had 18 responses

C. Symposium Comments

15. Please comment on the logistics of the symposium.

Well Done: 6

Great Room: 4

Good Resource: 3

Organized: 2

Good Food: 2

AV Presentation-Great

16. Please comment about the planning process during the symposium.

Good Job: 4

Great: 3

Excellent Process: 2

Many Ideas: 1

Nice mix of groups: 1

Wonderful beginning: 1

Plan still broad: 1

Follow through: 1

More time: 1

17. Any other comments?

Handouts a plus

Clearly defined plan

Very Good

Great location

Glad to attend

Excellent Forum



QUEEN ANNE'S COUNTY
COMMUNITY PARTNERSHIPS
FOR CHILDREN AND FAMILIES
OUR LOCAL MANAGEMENT BOARD

P.O. Box 418 • Centreville, Maryland 21617
Phone: 410-758-6677 • Fax: 410-758-6904

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