

Queen Anne's County Local Management Board

2022 Needs Assessment and Strategic Plan



*Community Partnerships
for Children and Families*

Submitted by Kulik Strategic Advisers

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COUNTY COMMISSIONERS

James J. Moran, Jack N. Wilson, Jr., Stephen Wilson, Philip L. Dumenil, Christopher M. Corchiarino.

COUNTY ADMINISTRATOR

Todd R. Mohn

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Matt Evans, *Designee*

Justin Hoyt, Esq.

Margie Houck

Lauren Weber

Scott Evans

Colleen Thomas

Maynard Nash, *FY22*

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Lt. Mark Meil, *Designee*

Jessica Denny

Jone Taylor

Jason Mullen

Olivia Tryon

Sara Shelley

Reverend Elmer Davis, *FY22*

Alana Ellis, *FY22*

Ashley Heffernan Kaiser, Esq, *FY23*

Deyanira Juliet Murga, *FY23*

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Joe Grabis

Michelle Johnson

Susan Coppage

Mary Walker

Mary Ann Thompson

Vince Radosta

Justin Hoyt

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Lauren Kay Weber

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DIRECTOR OF THE QUEEN ANNE'S COUNTY DEPARTMENT OF COMMUNITY SERVICES

Catherine R. Willis

CONTRIBUTING QUEEN ANNE'S COUNTY LOCAL MANAGEMENT BOARD STAFF

Michael Clark, Lisa Michaels, Jennifer Stansbury, Rebecca Rombro

1. EXECUTIVE SUMMARY

Background

In November of 2021, the Queen Anne’s County Local Management Board (QAC LMB) issued a Request for Proposal for their triennial needs assessment and strategic plan. Kulik Strategic Advisers (dba KSA) was awarded this contract. Their project timeline was for a six-month tenure, with the project launch in January and anticipated completion in June of 2022.

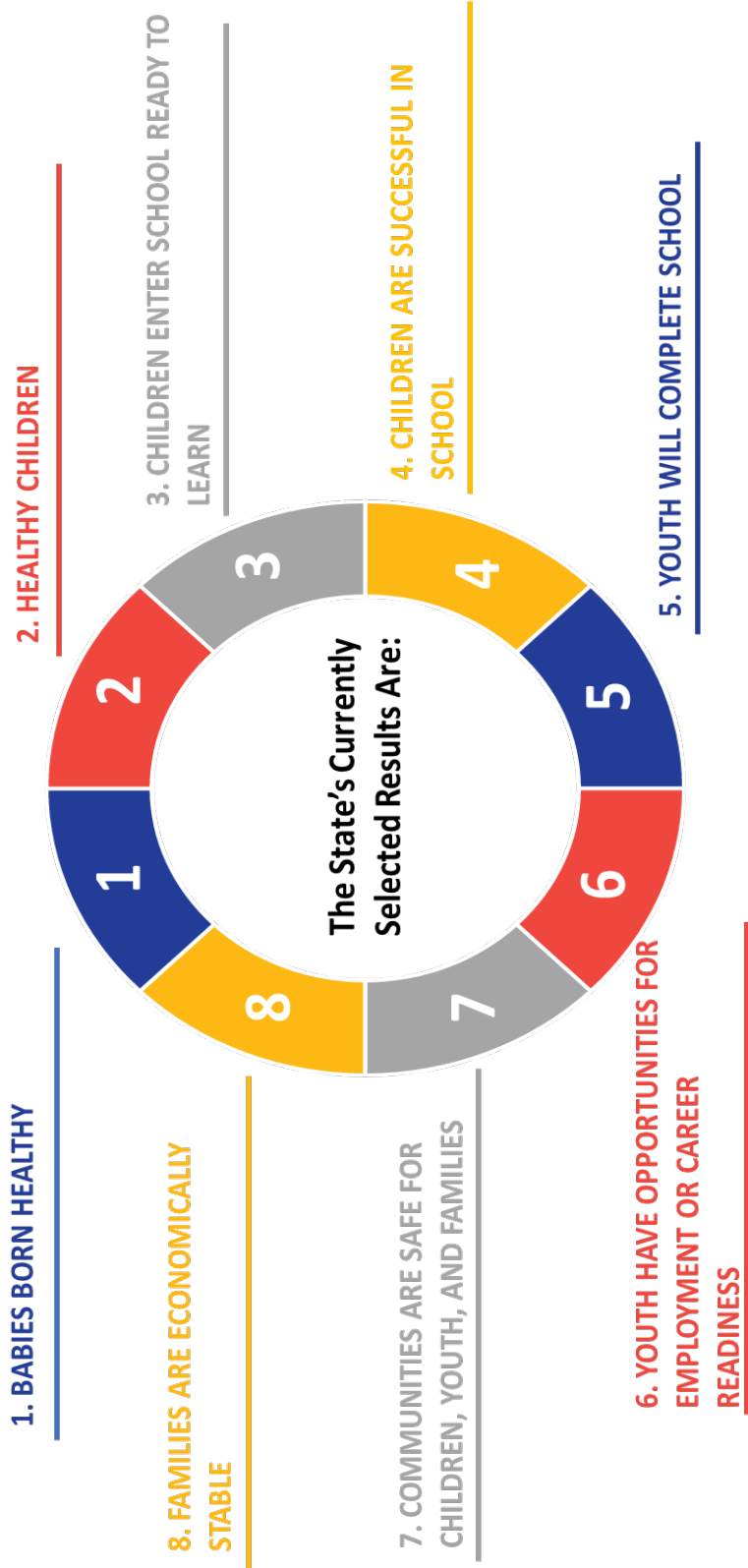
The initial phase consisted of primary research, including conducting 73 key informant interviews, 14 focus groups with a total of 108 participants, and collecting 608 quality of life surveys from residents of Queen Anne’s County for a total of 789 ‘community connections’. This phase started in February with completion by early April. Phase Two consisted of data analysis of the primary research with correlation to population-wide data in secondary research, specifically the demographic, socioeconomic and health status/risk behaviors in Queen Anne’s County. This phase started in early April with completion by mid-May. In Phase Three, the strategic plan was created with development of three goals and a total of nine objectives (three per goal). This phase spanned May and June of 2022. Two sessions were held to process these goals and objectives, one in May and the other in early June.

The final phase, Phase Four, was development of the Final Report and Presentation, with review by Queen Anne’s County Strategic Planning Committee and presentation to the Local Management Board on September 21, 2022.

The Queen Anne’s County Community Partnerships for Children and Families is a Maryland Local Management Board. Local Management Boards were created in 1989 through an Executive Order creating the Subcabinet for Children, Youth, and Families, giving jurisdictions the oversight to address community matters at the local level. Initially, Queen Anne’s County was represented by a multi-county Local Management Board. In 1997, the County Commissioners approved the Queen Anne’s County Local Management Board as an arm of County government.

A comprehensive Needs Assessment and Strategic Plan is developed triennially for the Local Management Board. Local Management Boards are required to operate utilizing the Results Based Accountability framework and the “Turn the Curve” process as the basis with which to measure efforts and gauge effectiveness of initiatives and programs in the county. The needs assessment investigates local resources, partnerships, gaps in service, and needs as they relate to the eight child well-being results and the correlating indicators identified by the Governor’s Office. A “result” is defined as a condition of well-being desired for the community, and an “indicator” as a data measure of the extent to which the result is being achieved.

THE MARYLAND GOVERNOR'S OFFICE OF CRIME PREVENTION, YOUTH, AND VICTIM SERVICES HAS ADOPTED A LIST OF RESULTS AND INDICATORS AS THE ACCOUNTABILITY MECHANISM FOR LOCAL MANAGEMENT BOARDS, ARE KNOWN TO AFFECT A CHILD'S ABILITY TO GROW UP HEALTHY AND SECURE. THE BOARDS USE RESULTS AND INDICATORS FOR PLANNING, ASSESSING COMMUNITY NEEDS, DECISION-MAKING, ESTABLISHING GOALS FOR JURISDICTION, AND MEASURING PROGRESS.



Areas in which QAC LMB Excels/Opportunities for Improvement

These are categorized by general themes and then by the 8 LMB results where QAC has improved from 2016 to 2022. A tabular comparison of 2016 to 2022 results is displayed. Red font indicates areas for improvement, with black font noting where Queen Anne’s County either meets or exceeds Local Management Board results. A detailed narrative of the 8 Local Management Board Results and Indicators and Data Sources is listed in Section 4C.

General

Areas in which QAC LMB excels:

1. Collaboration with community organizations – partnerships
2. Linkage to services
3. Connection to numerous systems
 - a. Schools/ Education system
 - b. Juvenile Justice
4. Strong government support

Areas in which QAC LMB has opportunities for improvement:

1. Residents state that they are unaware of resource lists for pregnancy and infant wellness, family planning, diversity and cultural awareness, crime prevention and parenting support.
2. Spanish-speaking and/or reading residents struggle with lack of translated resource lists or little to no capability of providing translation while accessing services.
3. Healthcare, specifically hospitals, are not located in Queen Anne’s County but in neighboring counties. These institutions often refer to Baltimore for care, necessitating travel and overnight stays.

Narrative of areas in which QAC LMB excels

Areas specific to the 8 Local Management Board Results and Indicators include most of the 8 Results and 35 Indicators. Result #1: Babies Born Healthy shows superior results compared to Maryland. Result #2: Healthy Children is equivalent with Maryland results and improved from 2016 to 2022 in QAC. Result #3: Children Enter School ready to Learn is better than Maryland for the same time period. Result #4: Children are successful in School, shows superior rating to Maryland with slight decreases in MCAP and MSAA¹: Math from 2016 to 2022. Result #5: Youth will Complete School, Indicator b. Four-Year Cohort graduation, is better than Maryland. Result #6: Youth have Opportunities for Employment or Career Readiness, is better than Maryland. Results #7: Communities are Safe for Children, Youth and Families is better across the board in QAC compared to Maryland. Result #8: Families are Economically Stable is better than Maryland.

Narrative of areas in which QAC LMB has opportunities to improve

The few areas needing improvement are Teen Births (worse in 2022 than 2016), Women accessing prenatal care in first trimester, Childhood non-fatal injury hospitalizations, Chronic absenteeism, MSAA for Math, Disconnected youth, and Cost-Burdened households.

¹ MCAP: Maryland Comprehensive Assessment Program; MSAA: Multi-State Alternate Assessment

Rates for 8 LMB Results and Indicators compared to prior (2016) Needs Assessment

(Black is stable or improved and red indicates regression). Specific data year contained in Source.

Details with Sources for 2022 in Section 4C. RESULTS/INDICATORS	QAC		MARYLAND	
	2016	2022	2016	2022
1) Babies Born Healthy				
a. Teen Births	a. 9.6	a. 10.8	a. 17.8 per 1,000	a. 13.1 per 1,000
b. Low Birth Weight Infants	b. 5.1%	b. 4.9%	b. 8.6%	b. 8.7%
c. Women receiving Prenatal Care in First Trimester	c. 78.6%	c. 76.1%	c. 66.6%	c. 69.9%
2) Healthy Children				
a. Health Insurance Coverage	a. 95.5%	a. 96.2%	a. 96.6%	a. 96.7%
b. Childhood Immunizations	b. 65%	b. 69%	b. 74.4%	b. 75.2%
c. Childhood Obesity	c. 22.8%	c. 24.9%	c. 26.5%	c. 28.5%
d. Childhood non-fatal injury hospitalization	d. 131	d. 84	d. 45/10,000	d. 12.5/100,000
e. Depressive Episodes	e. 9%/24%	e. 11%/36%	e. 11%/26.8%	e. 18%/32.0%
f. Physical Activity	NOT 2016	f. 82%/70%	f. NOT 2016	f. 85%/72.2%
g. Vaping use (Electronic Smoking Devices)	g. 29.7% HS	g. 8%/16%	g. 20% HS	g. 18.9%/40%
3) Children enter school ready to learn				
a. Kindergarten Readiness Assessment	a. 51%	a. 41%	a. 45%	a. 40%
4) Children are Successful in School				
a. MCAP: Math (Grade 3/8)	a. 62%	a. 56%/45%	a. 36.4%/23.2%	a. 42.5%/21.5%
b. MCAP: Reading (Grade 3/8)	b. 37/39%	b. 56%/52%	b. 38.2%/40.5%	b. 41.2%/45.1%
c. MSAA: English (Grade 8/11)	c. 36/18%	c. 64%/73%	c. 39.1%/50.4%	c. 15.4%/14.5%
d. MSAA: Math (Grade 8/11)	d. 51%/65%	d. 47%/61%	d. 49.8%/59%	d. 10%/14.5%
e. Chronic Absenteeism	e. 10.9%	e. 14.8%	e. 16.0%	e. 22.4%
5) Youth will Complete School				
a. Educational Attainment	a. 94.5%	a. 96%	a. 94%	a. 87%
b. Four-Year Cohort Graduation	b. 96%	b. 96%	b. 87%	b. 87.2%
c. High School completed for disabled	NOT 2016	c. 81.1%	c. 42.1%	c. 49.3%
6) Youth have Opportunities for Employment or Career Readiness				
a1. Youth Employment (16-19, 20-24)	a1. 42/72.6%	a1. 45/74.9%	a1. 28.3/62.9%	a1. 29.1/64%
a2. Youth Unemployed (16-19, 20-24)	a2. 14.3/14.2	a2. 11.2/12.5	a2. 6.9%/8.3%	a. 6.5%/7.7%
b. CTE completion	NOT 2016	b. 248	b. 9.6%	b. 7.8%
c. Disconnected Youth	c. 13.6%	c. 14.6%	c. 13.4%	c. 10.5%
7) Communities are Safe for Children, Youth and Families				
a. Rate of Violent crimes per 1,000 persons	a. 7.4	a. 5.9	a. 4.7/1,000	a. 4.6/1,000
b. Rate of nonfatal injury hospitalization for assault to children & youth 0-21	b. 25.6	b. 7.8	b. 33.2/100,000	b. 10.2/100,000
c. Child maltreatment	c. 7.2	c. 2.5	c. 10.2/1,000	c. 5.1/1,000
d. Juvenile felony offenses	d. 908	d. 46	d. 929/100,000	d. 727/100,000
e. Child lead levels	NOT 2016	e. 2.3%	e. 2.6%	e. 1.7%
f. Out-of-home placement	f. 2.8	f. 4.1	f. 9.9/100,000	f. 7.8/100,000
8) Families are Economically Stable				
a. Child Poverty	a. 10.9%	a. 7%	a. 13.8%	a. 11.6%
b. Child Homelessness or Children awaiting foster care placement	b. 1.54%	b. 1.5%	b. 1.82%	b. 1.5%
c. Cost-Burdened/ Severe Cost-Burdened	NOT 2016	c. 28.7%/10.2%	NOT 2016	c. 30.6%/10.5%

2. INTRODUCTION

Queen Anne's County, Maryland is the 15th largest county in Maryland by total area. Queen Anne's County is bordered by Kent County, Talbot County, and Caroline County in Maryland; Kent County in Delaware; and the Chesapeake Bay, with Anne Arundel County, Maryland across the Bay. The County seat is Centreville.

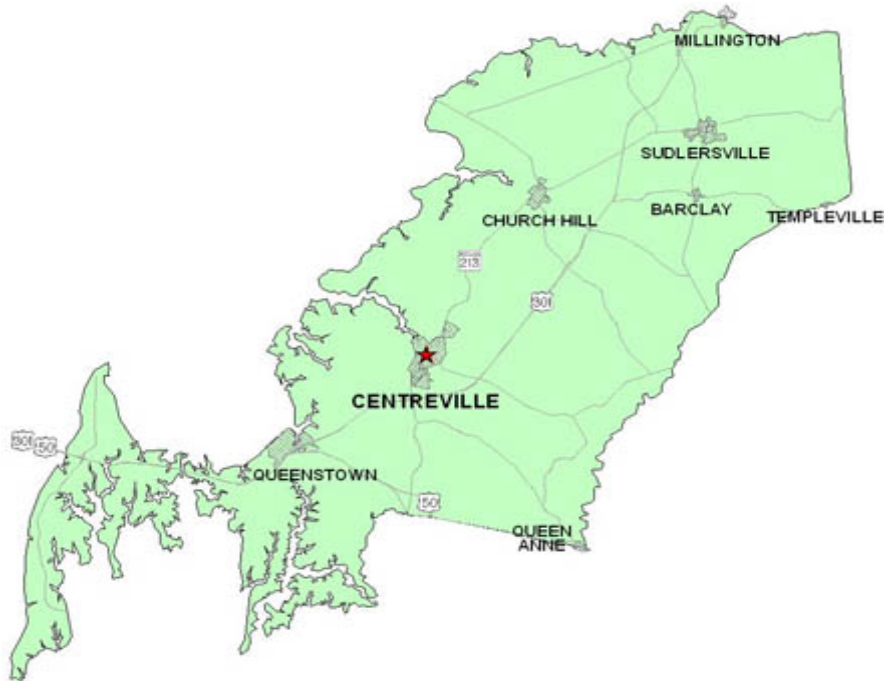
Queen Anne's County had 49,874 residents as of 2020 Census data, with 5.1% or 2,543 under the age of 5; 17.9% or 10,673 under the age of 16; and 13,303 or 26.7% aged 60 or older. The race/ethnic profile is 14.4% non-White or minority comprised of 6.3% Black, 4.3% Hispanic, 1.3% Asian, 0.5% American Indian and 2% multi-race. The majority, 85.6% are White.

The number of residents living at or below the federal poverty level is 6.9% or 3,441 of the population, with 5.7% without health insurance. As of January 2022, the unemployment rate was 3.4%.

Within the County, 93.2% of persons age 25+ are high school graduates and 36.5% have a Bachelor's degree or higher.

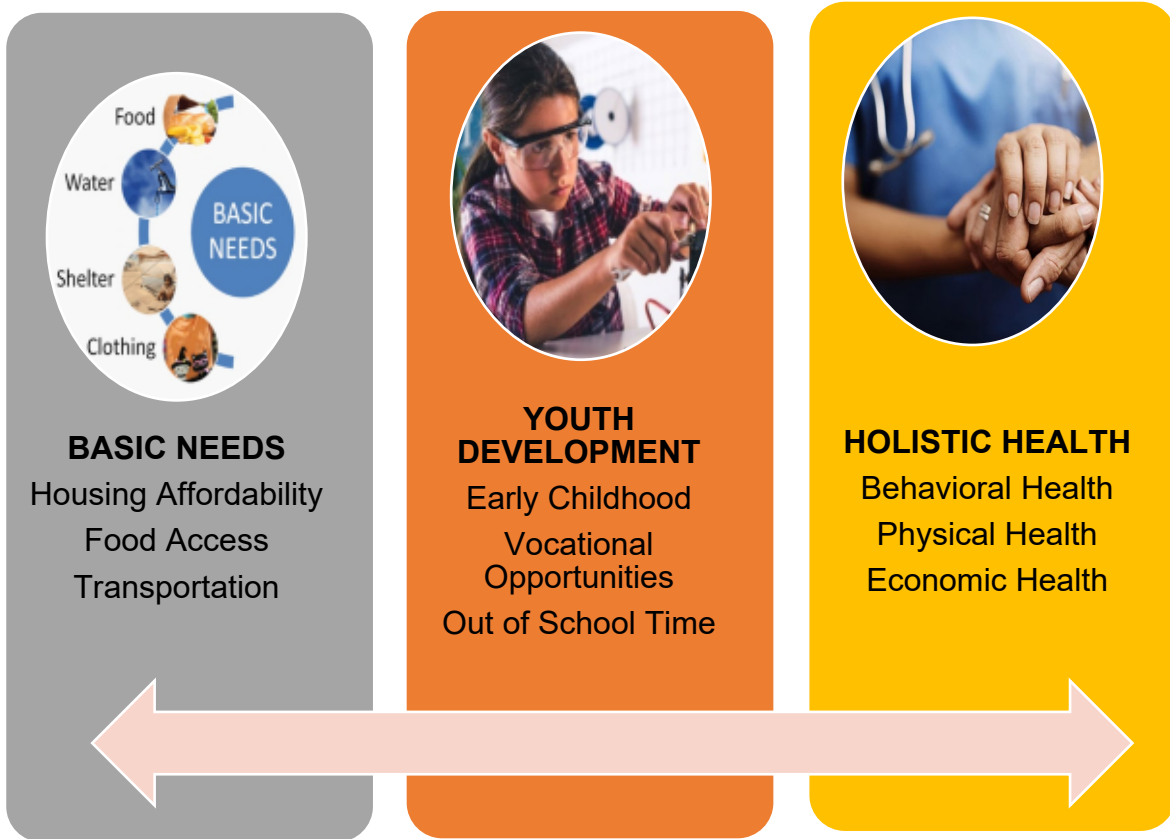
There are 21,539 housing units with 80.2% being owner-occupied units. The median homeowner cost with a mortgage is \$2,178 and without a mortgage is \$668. The median household rent is \$1,553 per household.

There are 19,000 households in QAC with 2.6 family members per household. Nearly 90% of the population has lived in the same home for over 1 year.



The Queen Anne's County Community Partnerships for Children & Families, also known as the Local Management Board, has a strong Mission Statement identified for their work. However, they lacked a Vision Statement. As a result of the review of both quantitative and qualitative data, and as part of their Strategic Plan, they identified a Vision Statement for their efforts. That Vision Statement reads: ***Queen Anne's County is a vibrant and inclusive community where all children and families have the opportunity to thrive.***

The culmination of six-months of Key Informant Interviews, Resident Survey collection and Focus Group conversations resulted in a combined total of 789 community connections. This information was used to identify priorities for Queen's Anne's County. The Local Management Board prioritized the community issues related to Quality of Life for Children and Families as the following:



Community Based Organizations and Partners will be identified to collaborate and detail efforts around each of the three priority areas. Queen Anne's County has a strong collaborative spirit that will help to leverage resources to achieve their vision.

3. METHODOLOGY

The Queen Anne’s County (QAC) Local Management Board (LMB) led their 2022 Quality of Life Needs Assessment and Strategic Plan with input from almost 800 stakeholders and residents. *(These documents are presented in full in Appendix A).*

Primary research included a Quality-of-Life Survey, Key Informant Interviews and virtual as well as in-person Focus Groups. All research was conducted in Queen Anne’s County and involved individuals who either live, work, and/or volunteer there.

- ✓ Resident survey: 608 respondents completed a survey.
- ✓ Key informant interviews: 73 successful key informant interviews were conducted consisting of stakeholders and/or providers from QAC.
- ✓ Virtual focus groups: 5 virtual focus groups were held with 55 participants representing the following groups:
 - CASA of the Upper Shore
 - Family Center of QAC
 - QAC Department of Social Services
 - QAC Local Management Board
 - QAC Equity Committee
- ✓ In-person focus groups: 9 on-site focus groups were held with 53 total participants. Five additional focus groups were held; two focus groups were youth-focused, two senior-focused and one for Spanish-Speaking only.
- ✓ No follow-up interviews were necessary through this process.

This mixed-methods approach, integrating quantitative and qualitative data, provides a unique look at the quality of life of residents in QAC. The primary, quantitative data is detailed in the appendices and includes:

- ✓ County profile: epidemiological data, demographic and social determinants of health data were researched *(Appendix B)*.
- ✓ Resource inventory for gap analysis: QAC provided their catalog of resources for the County. KSA visually displayed this resource inventory in an Asset Map *(Appendix D)*.

The project occurred over a 6-month period (January to June 2022) with key deliverables including:

- 1) Quantitative Research
 - a. Resident or Quality of Life Survey
 - b. Demographic, Socioeconomic and Health Profiles
- 2) Qualitative Research
 - a. Key Informant Interviews
 - b. Focus Groups
- 3) Strategic Plan with Dashboard to monitor progress *(Dashboard is Appendix C)*

The results of the completed Queen Anne’s County (QAC) 2022 Resident Quality of Life Survey conducted February 1, 2022, through April 30, 2022, are summarized below.

Demographics of respondents included 608 resident respondents resulting in 95% confidence interval with a margin of error of 3.5 points.

DEMOGRAPHIC	POPULATION	%	ACTUAL RESULTS N = 608	
<i>Race/ Ethnic</i>	#	%	SURVEY SAMPLE	%
White	42,968	86.2%	514	84.5%
Black	3,142	6.3%	42	6.9%
Asian	598	1.2%	8	1.3%
AI/NA	25	.05%	2	0.3%
Multi-race	997	2.0%	11	1.8%
<i>Hispanic</i>	2,144	4.3%	31	5.1%
TOTAL	49,874	100%	608	100%
Age				
16-19	2,497	5.0%	12	2.0%
20-29	5,081	10.2%	45	7.4%
30-39	5,612	11.3%	143	23.5%
40-49	6,201	12.4%	182	29.9%
50-59	8,244	16.5%	122	20.0%
60+	13,303	26.7%	104	17.1%
TOTAL (Adults)	35,862	82.1%	608	100%
Gender				
Female	25,137	50.4%	119	19.6%
Male	24,737	49.6%	489	80.4%

The groups over-sampled or surveyed above their percentage representation in the total population included minority groups and age groups with children/families/guardians.

Minorities:

- Blacks: 6.9% of surveys compared to 6.3% in Queen Anne’s County
- Native Americans: 0.3% of surveys compared to .05% in Queen Anne’s County
- Hispanics: 5.1% of surveys compared to 4.3% in Queen Anne’s County

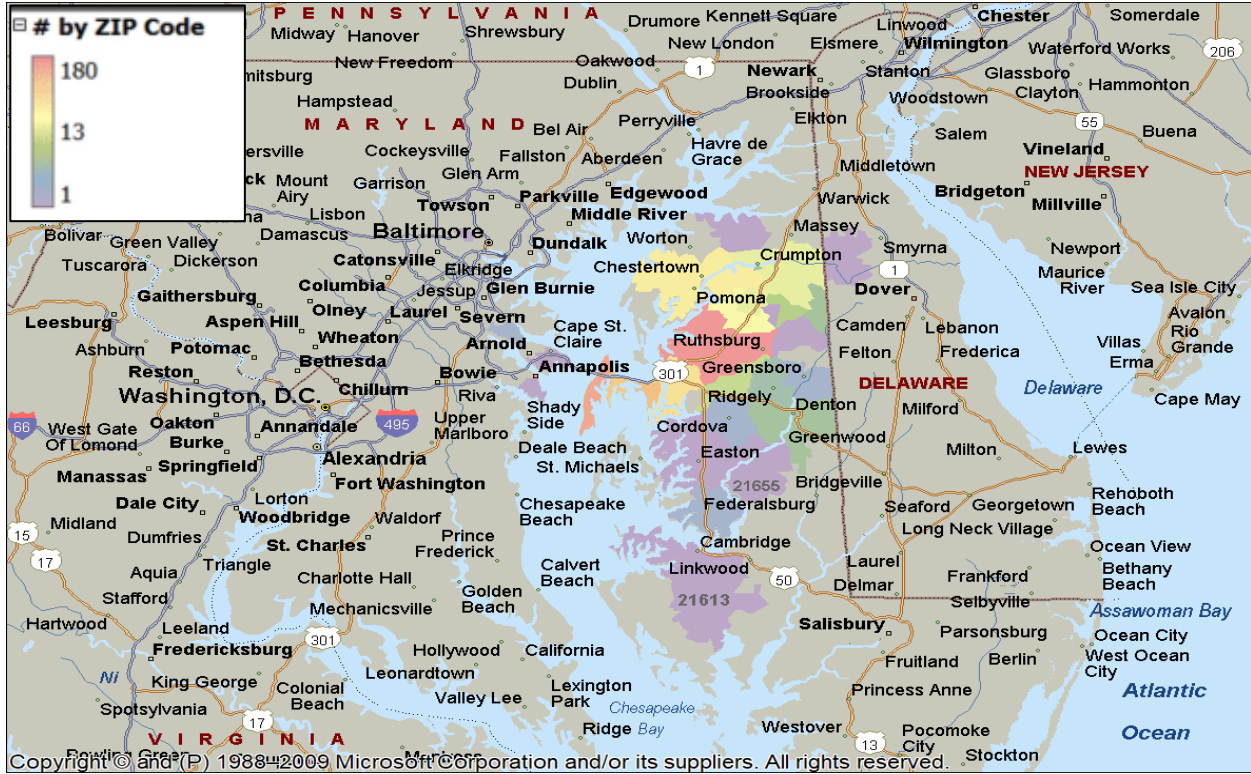
Age Groups with Children/Families:

- 30-39: 23.5% of surveys compared to 11% in Queen Anne’s County
- 40-49: 30% of surveys compared to 12% in Queen Anne’s County

Females out-represented male survey respondents by 4/5, with this statistic representing national experience in receptivity by gender to survey participation.

Survey response by zip code (English-speaking compared to Spanish-speaking only)

English-speaking (n=577)



Spanish-speaking (n=31)



4. KEY FINDINGS

4A. PRIMARY RESEARCH – Quantitative

The indicators in quality include four categories. These are (1) Quality of Life (2) Quality of Health (3) Quality of Education and (4) Quality of Community. This data is derived from the survey instrument displayed in Appendix A3. The indicators are displayed below by category.

TABLE OF QUALITY INDICATORS FOR LIFE IN QUEEN ANNE’S COUNTY, MARYLAND			
LIFE	HEALTH	EDUCATION	COMMUNITY
Families	Infant Mortality	Children entering Kindergarten ready to learn	Child maltreatment
Children (0 to 15)	Low Birthweight Babies	Elementary school academic performance	Access to nutritional meals
Young Adults (ages 16-24)	Teen Births (15-19)	Middle and High School academic performance	Child poverty
	Child Immunizations	School truancy	Child Homelessness
	Child Hospitalization due to Injury	Learning loss impacted by COVID	Financial stability due to COVID
	Health Insurance	Bullying and harassment in school	Affordable housing
	Access to Healthcare	Bullying and harassment outside of school or on social media	Child Out-of-Home placement
	Child Obesity	Social/Emotional Learning	Disconnected or Opportunity Youth (16-24)
	Mental Health	HS Graduation Rate	Juvenile crime and recidivism
	Culturally appropriate services	HS graduation rate for disabled students	Community Crime
	Impact of COVID	Youth in school or with a job (ages 16-24)	Well-being of children with incarcerated to formerly incarcerated parents
	Substance Use	Access to school or employment post-HS graduation	Transportation
		Access to Vocational training (CTE: Career and Technology Education)	Recreational and social venues for Youth

Quality of Life - Families (by Race, Ethnicity, and Gender):

Most race/ethnicities reported excellent/good/satisfactory ratings for Quality of Life in QAC except for Hispanic (19%) and Multiracial (55%). Other groups reporting experiencing issues with quality of life were Young Adults.

- White 92%
- Black 94%
- Asian 100%
- Native American 100%.

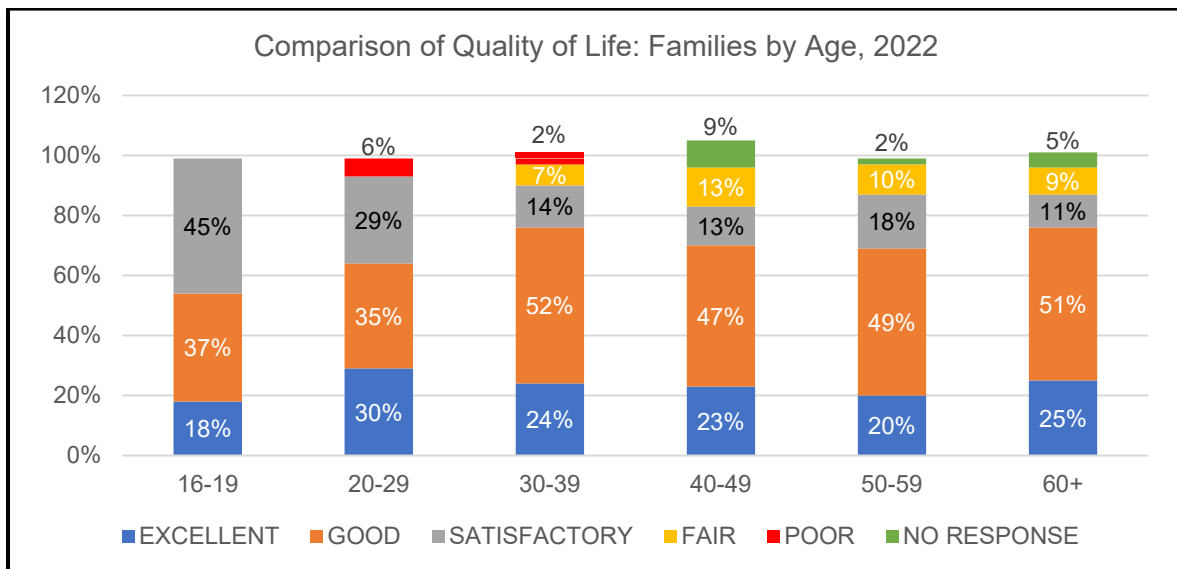
Families	Excellent	Good	Satisfactory	Fair	Poor	Total	Weighted Average
	26.06% 148	49.47% 281	17.61% 100	6.51% 37	0.35% 2	568	2.06
Total 93.14%							

Children (up to age 15)	Excellent	Good	Satisfactory	Fair	Poor	Total	Weighted Average
	21.62% 120	42.88% 238	20.72% 115	12.61% 70	2.16% 12	555	2.31
Total 85.22%							

Young Adults	Excellent	Good	Satisfactory	Fair	Poor	Total	Weighted Average
	12.66% 70	35.99% 199	27.49% 152	18.44% 102	5.42% 30	553	2.68
Total 76.14%							

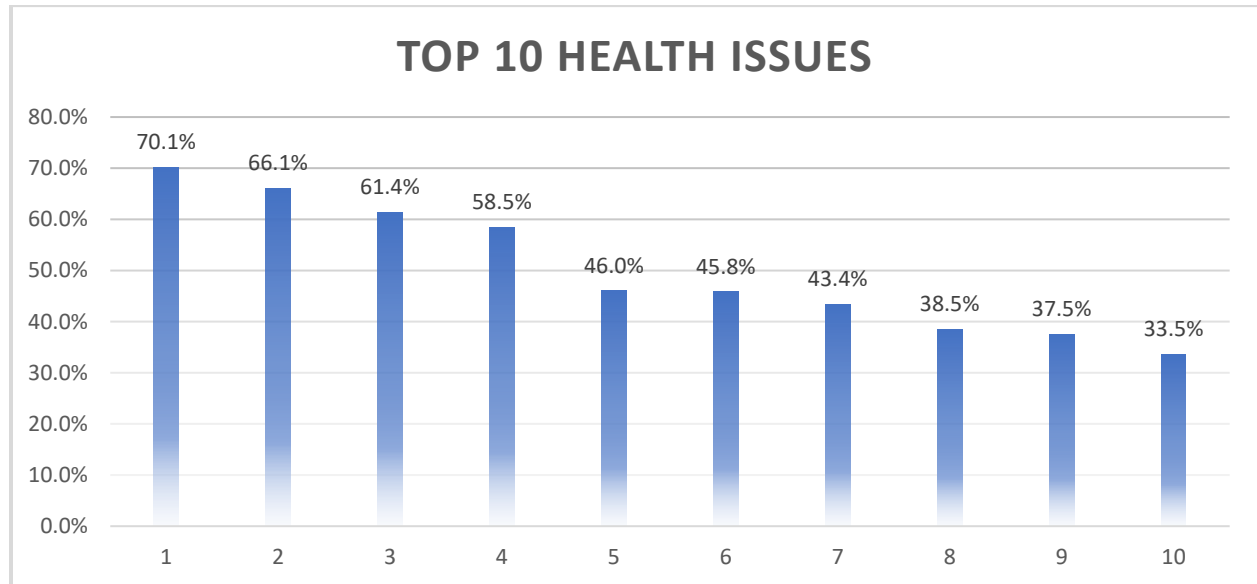
Quality of Life - Families (Age and Family Role):

Quality of Life for Families by Age of Respondent increases by age with the lowest excellent-good rating among 16-19-year-olds at 55%. For the 20-29 age range, it is 65%, 30-39 and 60+ report the highest rating at 76% and ages 40-49 rate as excellent-good at 70%, with 50-59 at 69%. The age groups rating poor are 6% of the 20-29 year olds and 2% of 30-39 year olds.



Queen Anne’s County Top Health Issues (all Resident Survey respondents):

The following information provides community input based on rating the importance of the following Health concerns as “Very Important”.



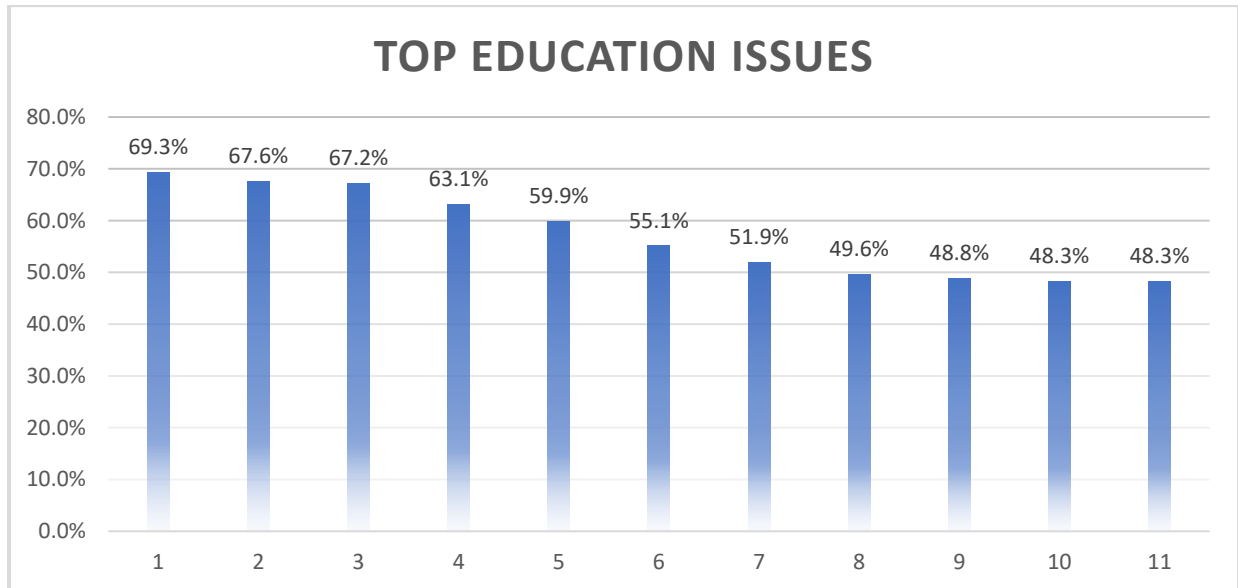
Health Chart Key:	
1	Mental Health – 70%
2	Access to Healthcare – 66%
3	Substance Use – 61%
4	Health Insurance – 58%
5	Child Immunization – 46%
6	Childhood Obesity – 46%
7	Teen Births – 43%
8	Infant Mortality - 39%
9	Child hospitalization due to injury – 38%
10	Culturally appropriate care – 34%

Health issues:

- Behavioral health (mental health and substance misuse) rank in the top 3 health issues based on resident survey responses. Access to healthcare, including health insurance are also in the top 5 concerns.
- Child immunizations, childhood obesity, teen births, infant mortality, child hospitalization, and culturally appropriate care are in the top 10 concerns.
- The overwhelming impact of COVID received a 32% rating.

Queen Anne’s County Top Education Issues (all respondents):

The following information provides community input based on rating the importance of the following Education concerns as “Very Important”.



Education Chart Key:

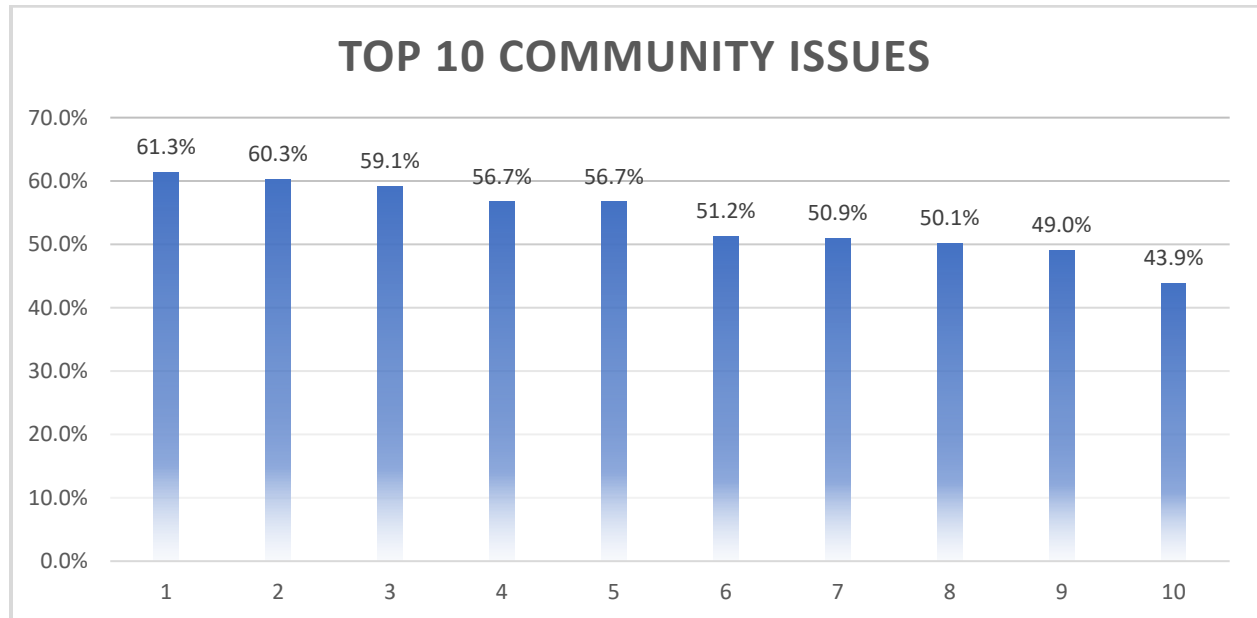
- 1 – Bullying & Harassment Outside of school or through social media – 69%
- 2 – Bullying & Harassment in school – 68%
- 3 – Access to Vocational Training – 67%
- 4 – Middle & High School Academic Performance – 63%
- 5 – Social Emotional Learning (SEL) – 60%
- 6 – Access to college or post-HS education – 55%
- 7 – Learning loss due to Covid-19 Pandemic – 52%
- 8 – Graduation rate – 49%
- 9 – HS completion for disabled – 49%
- 10 – Youth in school or employed – 48% &
- 11 – Children enter kindergarten ready to learn – 48%

Education issues:

- Bullying and harassment, either out of school or in school, were the top two issues cited.
- Access to vocational training, college and post-high school education and completion of high school for the disabled were rated as top issues.
- Performance in middle and high school preparedness of youth and children entering kindergarten including social and emotional learning were among the top issues, with concern for the impact on learning loss due to COVID.

Queen Anne’s County Top Community Issues (all respondents):

The following information provides community input based on rating the importance of the following community concerns as “Very Important.”



Community Chart Key:

- 1 – Recreation/Social Venues for Youth – 61%
- 2 – Hunger & Access to Nutritional Meals – 60%
- 3 – Child maltreatment – 59%
- 4 – Homelessness – 58%
- 5 – Child Poverty – 56%
- 6 – Affordable, Quality Housing – 51%
- 7 – Disconnected Youth – 51%
- 8 – Juvenile Crime & Recidivism – 50%
- 9 – Community Crime – 49%
- 10 – Children Placed Out of Home – 44%

Community issues:

- The lack of venues for recreation and socialization was referenced as the top concern.
- Hunger, child maltreatment, homelessness, child poverty, affordable-quality housing, and the impact of crime were cited as potential barriers to a vibrant community.
- Specific populations of concern mentioned were juveniles involved in the justice system, disconnected youth (ages 16-24 with no job or school), and children placed out-of-home.

Queen Anne’s County Access to Resources (all respondents):

Residents reported in the survey the need to create, improve or make certain community resources more accessible, as detailed in the chart below. In addition, respondents ranked which resources they were unaware existed for Queen Anne’s County residents. The resources ranked highest by respondents for each section include the following:

CREATE	IMPROVE	MAKE ACCESSIBLE	UNAWARE OF
32% Civility and Social Skills Training	47% Crime Prevention	38% Early Childhood Development and Literacy	42% Pregnancy & Infant Wellness
24% Recreation for Middle and/or High School Youth	46% After School Activities	35% Resource Information	38% Family Planning
24% Arts/Music	45% Recreation for Very Young Children	35% Basic Needs	37% Diversity & Cultural Awareness
23% Environment, Nature & Outdoors Opportunities	42% Substance Use Treatment	30% Mental and Behavioral Health Treatment	28% Crime Prevention
23% Affordable Childcare	42% Family Activities	30% Parenting Support	25% Parenting Support

The five resources that were thought to need development were civility and social skill training, a listing of recreation opportunities for middle and high school youth, a similar listing of arts and music outlets, a guide to the environment, nature and outdoor opportunities and an inventory of affordable childcare resources.

Existing resources that needed to be improved included crime prevention tips, guides to available after-school activities, a listing of recreation outlets for very young children, a resource inventory of substance misuse treatment facilities, and an improved guide to available family activities.

Community resources that are not considered accessible include a list of early childhood development and literacy options, general resource information, basic needs resources, mental and behavioral health treatment options, and parenting support resources. Similarly, many residents reported that they are unaware of resource lists or resources for pregnancy and infant wellness, family planning, diversity and cultural awareness, crime prevention, and parenting support.

English Speaking Focus Groups Themes:

1. Access to Healthcare/Insurance
 - a. Not enough providers for primary care or specialty care
 - b. Transportation challenges in getting to care (25+ minutes travel time)
 - c. Freestanding ER in County is used by many as their ongoing, primary care provider
2. Mental Health (status and services)
 - a. Limited services and providers for mental health
 - b. Depression and isolation (COVID increase)
 - c. Suicide rates/Opioid (substance) use
 - d. Anger and violence
 - e. Limited resources for children/adolescents
 - f. Limited supports through the school system
 - g. No inpatient treatment facilities (youth or adult)
3. Early Child Care/Education
 - a. Limited access to quality early childcare
 - b. No Universal Pre-K (limited spots only)
 - c. Parenting support
 - d. Social-emotional learning
4. Truancy/Alternative Schooling
 - a. Youth not returning or struggling to return to traditional school setting
 - b. Truancy issues related to post-COVID return
 - c. Desire for different options in schooling (hours/location)
 - d. Evening school
5. Vocational/Tech Opportunities
 - a. Youth must “pick their path” in 9th grade (no room for adjustment)
 - b. Not enough exposure to opportunities other than college
 - c. Vocational opportunities are not easy to access for everyone
6. Transportation
 - a. Limited access to public transportation
 - b. No access to medical or basic needs transportation
7. Digital Inequalities
 - a. Lack of internet providers, no competition, no choice
 - b. Limited access to internet for cost-burdened households
 - c. Unreliability of internet provider throughout the County
8. Cost-burdened Households
 - a. No affordable housing stock
 - b. Quality of housing stock (and age)
 - c. Cost of living in QAC
 - d. Affordability of rent and homeownership in QAC
9. Safe and affordable Opportunities for Youth (and their families)
 - a. Safe spaces for youth to gather for recreation and enjoyment
 - b. Development around community centers, bowling, movies
 - c. Easy to access and affordable non-sports related activities for youth

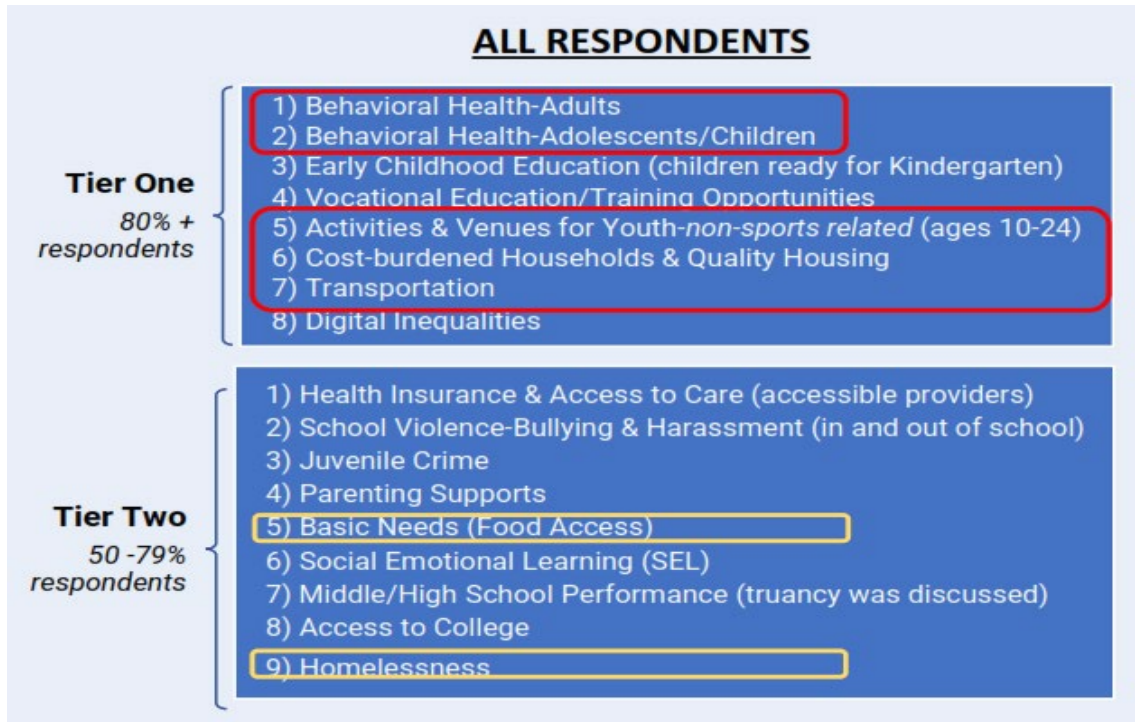
Spanish Speaking Focus Groups Themes:

Spanish-speaking participants reported that the school system is often the only organization that provides them with resources. Their expressed barriers include:

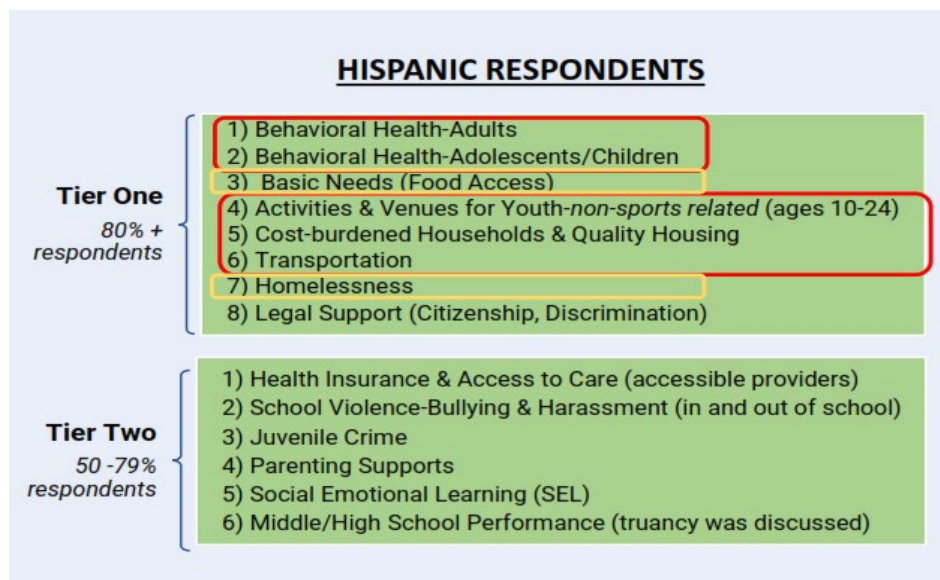
- 1) Access to Healthcare/Insurance
 - a. No health insurance for individuals who are undocumented
 - b. Encountered issues when attempting to get health insurance for an undocumented child.
 - c. Limited to no translation services available at Urgent Care, Emergency Department or Hospital
- 2) Mental Health
 - a. Limited services and providers offering services that speak or understand Spanish
 - b. No information/resources for parents or children provided in Spanish
- 3) Child Care
 - a. No assistance with childcare payment
- 4) Transportation
 - a. Difficulty and cost of getting a driver's license
 - b. The driver's license course is offered only in English
 - c. No access to public transportation
 - d. No access to medical transportation
- 5) Systemic Racism
 - a. When accessing healthcare
 - b. In interactions with Law Enforcement
 - c. When requesting services
 - d. Fear of driving due to racial profiling
- 6) Housing
 - a. Affordable housing is an issue
 - b. Predatory landlords
 - c. Recent dramatic increases in rent
 - d. Rental Assistance
- 7) Legal Assistance
 - a. Immigration assistance needed
 - b. Legal aid for perceived predatory landlords is requested

Tiers of concern based on Primary Research (Quantitative and Qualitative)

A total of 789 community connections represent the data used to identify priorities for Queen Anne’s County that impact residents’ quality of life. The following two tiers are areas that suggest where the Local Management Board should focus (red boxes indicate complementary issues, with yellow boxes indicating a higher priority for the Hispanic population).



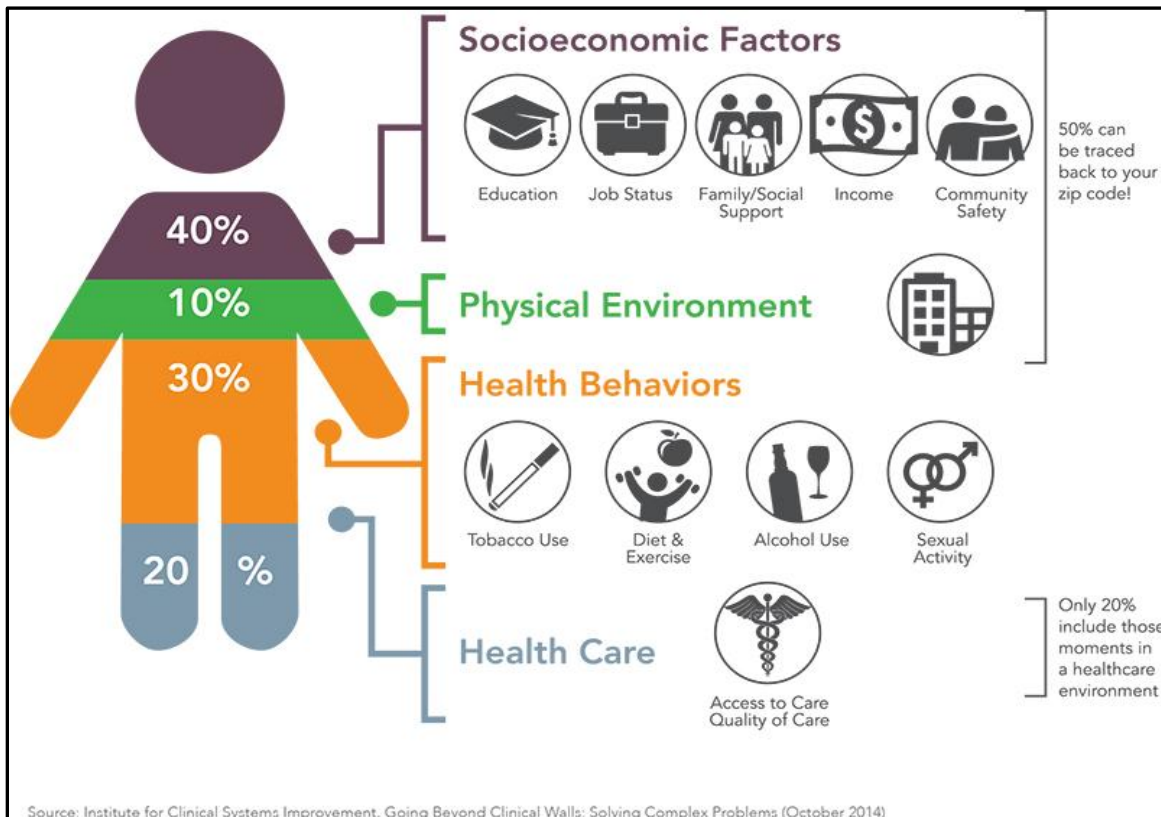
When comparing priorities for Hispanic respondents with all other respondents, we see alignment across many areas.



4B. SECONDARY RESEARCH

Social Determinants of Health:

In review of secondary data sources, the Local Management Board focused primarily on social determinants of health (SDH). SDH are the **conditions in which people are born, grow, work, live, and age**, and the wider set of forces and systems shaping conditions of daily life.



These circumstances are shaped by the distribution of money, power, and resources. Social determinants of health are responsible for many health inequities, unfair and avoidable differences in health status. Resources that enhance the quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

The infographic above explains the impact factors can have on an individual's health outcomes. Only 30% of one's health behaviors and choices impact health outcomes. The other 70% consists of physical environment - 10% (where you live, work, and play); access and ability to connect to health care and health care resources - 20%; and socioeconomic factors such as one's education, employment status, income, safety, and social supports - 40%.

Over the past 20+ years, the State of Maryland's child-serving agencies use the Results-Based Accountability framework to focus planning, decision-making, and budgeting on desired results

and outcomes. The Child Well-Being Scorecard represents an effort to track and consolidate data from multiple agencies and jurisdictions to ensure transparency and improve evaluation of programs using three main areas and eight 'results' with 35 indicators.

I. HEALTH

1. Babies Born Healthy
2. Healthy Children

II. EDUCATION

3. Children Entering School Ready to Learn
4. Children Successful in School
5. Youth Completing School

III. FAMILY-COMMUNITY ENVIRONMENT

6. Youth with Opportunities for Employment or Career Readiness
7. Communities that are Safe for Children, Youth and Families
8. Families that are Economically Stable

The Local Management Board enhanced this data with information that has direct or indirect impact on "Child Protective Factors."

Protective factors are conditions or attributes in individuals, families, and communities that promote the health and well-being of children and families.

The next section, 4c. correlates the findings of the quantitative and qualitative research with the eight results and 35 Indicators.

4C. CORRELATION OF KEY FINDINGS TO EIGHT LOCAL MANAGEMENT BOARD RESULTS

(1) Babies Born Healthy

- Infant Mortality: The number of deaths occurring to infants under one year of age per 1,000 live births, for all infants, and for infants in selected racial groups.

This indicator is too low to report, similar to 2014 when 6.5 per 1,000 deaths were reported for Maryland. QAC has less than 5 infant deaths per year and is therefore statistically unreportable. The figure for the State of Maryland in 2019 is 5.9 deaths per 1,000.

- Births to Adolescents: The rate of births to adolescent females ages 15 through 19 per 1,000 in the age-specific population. From 2013-2019, the rate of teen births was 10.8 per 1,000 female population in QAC compared to 16.1 per 1,000 for Maryland and 20.9 per 1,000 for the U.S. By race/ethnicity this is:

AREA	Non-Hispanic White	Non-Hispanic Black	Hispanic	TOTAL
QAC	9.2	20.7	26.9	10.8
Maryland	8.7	21.7	38.7	13.9
United States	13.6	30.3	32.1	20.9

Source: Centers for Disease Control and Prevention, National Vital Statistics System, 2013-2019

- Low Birth Weight: The percent of all births and births in selected racial groups with birth weight < 2,500 grams (approximately 5.5 pounds). From 2013-2019, there were 163/3,333 low birth weight deliveries in QAC or 4.9% compared to 8.7% in Maryland and 8.2% in the United States. By race/ethnicity this is:

AREA	Non-Hispanic White	Non-Hispanic Black	Hispanic	TOTAL
QAC	4.3%	8.9%	4.5%	4.9%
Maryland	6.6%	12.3%	7.0%	8.7%
United States	6.8%	13.5%	7.3%	8.2%

Source: Centers for Disease Control and Prevention, National Vital Statistics System, 2013-2019

- Women with Prenatal Care in the First Trimester: The percent of all births and births in selected racial groups with prenatal care beginning in the first trimester. The percent of QAC women receiving prenatal care in the first trimester from 2013-2019 was 76.1% compared to 69.9% for Maryland and 67.5% for the United States.

Source: SHIP early prenatal care

[SHIP Early Prenatal Care 2017 | Open Data | opendata.maryland.gov](https://opendata.maryland.gov/)

(2) Healthy Children

- Health Insurance Coverage: The percent of children who have health insurance coverage. The number of children in Queen Anne’s County with health insurance coverage is 96.62% compared to 96.73% for Maryland and 94.38% for the United States.

Source: U.S. Census Bureau, Small Area Health Insurance Estimates, 2019.

- Immunizations: The percent of children ages 19 through 35 months who have received the full schedule of recommended immunizations. The percentage of QAC children, 19 through 35 months receiving the full schedule (7-vaccine series) is 69% compared to 67.2% for Maryland and 64.8% for the United States.

AREA	Non-Hispanic White	Non-Hispanic Black	Hispanic	TOTAL
QAC	68.6%	63.9%	69.8%	69%
Maryland	67.8%	58.9%	65.9%	67.2%
United States	67.3%	57.6%	66.2%	64.8%

Source: Center for Disease Control and Prevention, National Center for Health Statistics, 2019.

- Obesity: The percent of Maryland public school students in grades 9-12 who are overweight or obese. QAC children who are overweight or obese in grades 9-12 are 24.9% compared to 28.5% in Maryland and 28.2% in the United States

Source: Center for Disease Control & Prevention, 2019 and Maryland Department of Health and Mental Hygiene, 2020

- Hospitalizations: The nonfatal injury hospitalization rate for self-inflicted injuries to children ages 0-21 per 100,000 of the population. QAC had a higher rate of self-inflicted injuries to children ages 0-21 that resulted in non-fatal injury hospitalizations. This rate has dropped from 131 per 100,000 to 84 per 100,000.

Source: <https://goc.maryland.gov/>

- Depressive Episode: The percent of public school students in grades 6-8 and grades 9-12 reporting a depressive episode (felt sad or hopeless). “Ever having been diagnosed with depression” among grades 6-8 was 9% in 2016 and 11% in 2022 with a rate of 24% in 2016 for High School Students in 2016 and 36% in 2021. This compares to 11% for grades 6-8 in Maryland in 2016 and 18% in 2022 with grades 9-12 (high school) reporting 26.8% in 2016 and 32% in 2021.

Source: Youth Pandemic Behavior Survey for 2021

- Physical Activity: The percent of public school students in grades 6-8 and grades 9-12 reporting physical activity for 60 minutes in the last 7 days. Eighty-five percent of public school students in grades 6-8 in Maryland report physical activity for 60 minutes in the past week and only 72.2% of youth in grades 9-12. In QAC this was 82% in grades 6-8 and 70% in grades 9-12.

Source: Maryland Nutrition and Physical Activity Plan, 2016 and Youth Risk Behavior Survey, 2018.

- Vapor Product Use: The percent of public school students in grades 6-8 and grades 9-12 reporting electronic vapor product use. 18.9% of Maryland middle schoolers have used an Electronic Smoking Device (ESD), with 11% recently using an ESD. Almost 40% (39.7%) of Maryland high schoolers grades 9-12 have used electronic smoking devices. This compares to 8% of QAC in grades 6-8 and 16% in grades 9-12. In QAC, this is 8% in grades 6-9 and 16% in grades 9-12.

Source: 2021 Youth Pandemic Behavior Study, Maryland Department of Health

(3) Children Enter School Ready to Learn

- Kindergarten Readiness Assessment (KRA): % Demonstrating Readiness: The percent of students who received "Demonstrating Readiness" on their composite, or overall, KRA score. 41% of 524 QAC kindergarten children demonstrated readiness in 2021 compared to 45% in Maryland in 2020. This was not atypical, as all 24 jurisdictions reported lower demonstrating readiness scores than in 2019–2020. Sixteen percent are direct certified, 10% have identified disabilities and 9% are English Learners. The method to determine students and families needing support was through screening assessments and teacher reporting. The identified needs were academic, and social/emotional learning.

Source: **Coming Back Stronger, Resilience and Opportunity**. 2021–2022 KINDERGARTEN READINESS ASSESSMENT REPORT, Maryland State Department of Education.

(4) Children are Successful in School

- MAP: Math: The average percent of public school students in grades 3 and 8 performing at or above Performance Level 4 on the Maryland Comprehensive Assessment Program.

Grade Level	QAC	MD
Elementary (Gr 3)	55.8%	42.5%
Middle School (Gr 8)	56%	12.5%

Source:

- MAP: Reading: The average percent of public school students in grades 3 and 8 performing at or above Performance Level 4 on the Maryland Comprehensive Assessment Program.

Grade Level	QAC	MD
Elementary (Grade 3)	55.5%	41.2%
Middle School (Grade 8)	45%	45.1%

Source:

- MSSA: English: The percent of students in grades 8 and 11 scoring at or above Proficient on the English Multi-State Alternative Assessment.

Grade Level	QAC	MD
Middle (Grade 8)	63.8%	15.4%
High School (Grade 11)	72.6%	14.5%

Source: MSDE Report Card, 2018-2019

- MSAA: Math: The percent of students in grades 8 and 11 scoring at or above Proficient on the Math Multi-State Alternative Assessment.

Grade Level	QAC	MD
Middle (Grade 8)	47.2%	10.0%
High School (Grade 11)	60.9%	14.5%

Source: MSDE Report Card, 2018-2019

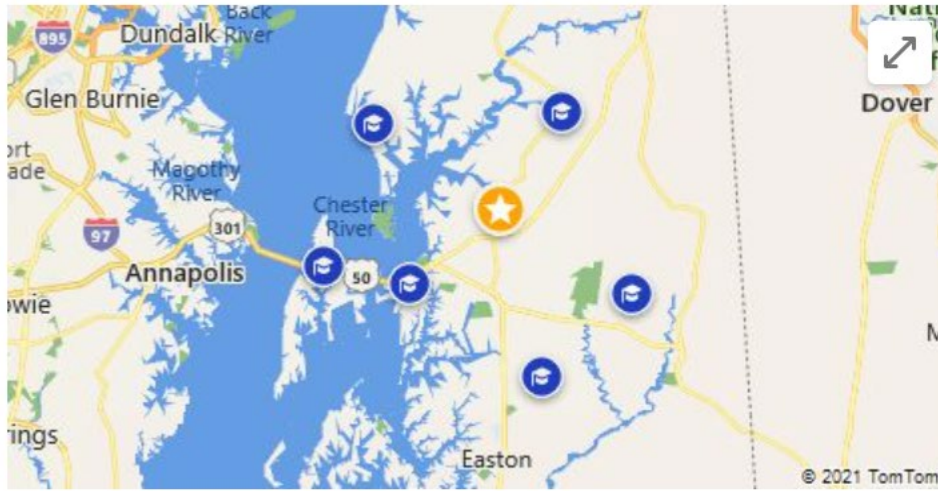
- Chronic Absenteeism: The percent of students enrolled in school at least 10 days who are absent for 10% or more days.

AREA	STUDENT COHORT	# CHRONICALLY ABSENT	CHRONIC ABSENCE RATE
QAC	7,779	1,149	14.77%
MD	897,709	201,087	22.40%
US	48,381,525	7,677,828	15.87%

Source: U.S. Department of Education, Civil Rights Data Collection, 2017-2018.

Additional Maryland State Department of Education Report Card data:

a) How did my Elementary Schools do Overall?



 Queen Anne S County Md

1. ARISE Academy, <https://www.qacps.org/student-services/arise-academy/>
2. Bayside Elementary, <https://www.qacps.org/bes/>
3. Centreville Elementary, <https://www.qacps.org/ces/>
4. Church Hill Elementary, <https://www.qacps.org/ches/>
5. Grasonville Elementary, <https://md01001006.schoolwires.net/Domain/114>
6. Kennard Elementary, <https://md01001006.schoolwires.net/Domain/115>
7. Kent Island Elementary, <https://md01001006.schoolwires.net/Domain/116>
8. Matapeake Elementary, <https://md01001006.schoolwires.net/Domain/124>
9. Sudlersville Elementary, <https://md01001006.schoolwires.net/Domain/117>

HOW DID MY ELEMENTARY SCHOOLS DO OVERALL?

Overall Elementary school grade span performance is provided by indicator and includes possible points and earned points. Annual target status is also provided

INDICATOR	POSSIBLE POINTS	EARNED POINTS*	ANNUAL TARGET	IMPROVEMENT
Academic Achievement	20.0	12.4	✘	✘
Academic Progress	35.0	23.5	n/a	✘
Progress in Achieving English Language Proficiency	10.0	6.5	✔	✔
School Quality and Student Success	35.0	29.0	n/a	✘

* Earned points may not equal total points due to rounding. ✔ -Met ✘ -Not Met

How did my Middle Schools do Overall?

1. Centreville Middle School, <https://md01001006.schoolwires.net/Domain/118>
2. Matapeake Middle, <https://md01001006.schoolwires.net/Domain/119>
3. Stevensville Middle, <https://md01001006.schoolwires.net/Domain/120>
4. Sudlersville Middle, <https://md01001006.schoolwires.net/Domain/121>

HOW DID MY MIDDLE SCHOOLS DO OVERALL?				
Overall Middle school grade span performance is provided by indicator and includes possible points and earned points. Annual target status is also provided				
INDICATOR	POSSIBLE POINTS	EARNED POINTS*	ANNUAL TARGET	IMPROVEMENT
Academic Achievement	20.0	12.4	✘	✔
Academic Progress	31.5	21.6	n/a	✔
Progress in Achieving English Language Proficiency	10.0	5.8	✔	✔
School Quality and Student Success	35.0	27.4	n/a	✘

* Earned points may not equal total points due to rounding. ✔ =Met ✘ =Not Met

How did my High Schools do Overall?

1. Kent Island HS, <https://md01001006.schoolwires.net/Domain/122>
2. Queen Anne's County HS, <https://md01001006.schoolwires.net/Domain/123>

HOW DID MY HIGH SCHOOLS DO OVERALL?				
Overall High school grade span performance is provided by indicator and includes possible points and earned points. Annual target status is also provided				
INDICATOR	POSSIBLE POINTS	EARNED POINTS*	ANNUAL TARGET	IMPROVEMENT
Academic Achievement	30.0	20.6	✔	✔
Graduation Rate	15.0	14.5	✔	✘
Progress in Achieving English Language Proficiency	10.0	4.1	✔	✘
Readiness for Post Secondary Success	10.0	9.0	n/a	✘
School Quality and Student Success	35.0	22.7	n/a	✘

* Earned points may not equal total points due to rounding. ✔ =Met ✘ =Not Met

Source: Maryland State Department of Education Report Card, 2018-2019.

<https://reportcard.msde.maryland.gov>

(5) Youth Will Complete School

- Educational Attainment: High School Graduate (Includes Equivalence): The percent of young adults ages 18 through 24 who have completed high school (includes equivalency).

AREA	2012-13	2013-14	2014-15	2015-16	2016-27	2017-18	2018-19
QAC	93.0%	94.0%	95.0%	95.9%	96.1%	96.0%	96.0%
MD	84.9%	86.6%	87.0%	87.5%	87.8%	86.9%	87.0%
US	83.2%	84.3%	84.3%	86.1%	86.8^	87.4%	87.7%

Source: U.S. Department of Education, ED Facts. 2018-2019

- Four-Year Cohort Graduation Rate

The adjusted cohort graduation rate (ACGR) is a graduation metric that follows a ‘cohort’ of first-time ninth graders in a particular school year, and adjusts this number by adding any students that transfer out, emigrate to another country or pass away. The ACGR is the percentage of the students in this cohort who graduate within four years.

AREA	ADJUSTED STUDENT COHORT	# OF DIPLOMAS ISSUED	COHORT GRADUATION RATE
QAC	530	509	96.0%
MD	64,117	55,762	87.2%
US	3,095,240	2,715,610	87.5%

Source: U.S. Department of Education, ED Facts. 2018-2019

- Program Completion of Students with Disabilities: The percent of students with disabilities who graduated with a diploma. [Queen Anne’s County students with disabilities graduated at 81.08% compared to all students at 96.31%.](#)

(6) Youth Have Opportunities for Employment or Career Readiness

- Youth Employment: The percent of 16-19 year olds in the labor force who are unemployed. *Figure for U.S. combines 16-19 and 20-24 year olds for 2021.*
- Youth Employment: The percent of 20-24 year olds in the labor force who are unemployed. *Figure for U.S. combines 16-19 and 20-24 year olds for 2021*

AREA	% 16-19 unemployed	% 20-24 unemployed
QAC	11.2%	12.5%
MD	6.5%	7.7%
US	10%	10%

Source: U.S. Census Bureau, American Community Survey, 5-year estimates.

- Percent of High School Graduates Who Complete a Career and Technology Education (CTE) Program.

AREA	% High School Graduates Completing a Career and Technology Education Programs
QAC	20.4%
MD	7.8%

Source: CTE Maryland, Maryland State Department of Education, 2021

- Youth Disconnection: The Percent of Youth Not Working and Not in School: The percentage of youth ages 16-24 who are not enrolled in school and not working or not currently seeking employment.

AREA	# of Disconnected or Opportunity Youth (ages 16-24, not in school or not employed)	% Disconnected Youth
QAC	800	14.6%
MD	93,704	10.5%

Source: Disconnected Youth in Maryland, 2015. [Youth Disconnection: Percent of Youth Ages 16-24 Not in School and Not Working \(clearimpact.com\)](https://clearimpact.com)

(7) Communities are Safe for Children, Youth and Families

- Crime: The rate of violent crimes committed per 1,000 persons.

AREA	# of violent crimes	Rate of violent crimes per 1,000
QAC	287	5.9
MD	87,227	4.6
US	4,579,031	4.1

Source: Federal Bureau of Investigations, FBI Uniform Crime Reports, 2015-2017.

- Hospitalizations: The nonfatal injury hospitalization rate for assault injuries to children and youth ages 0-21 per 100,000 of the population.

AREA	Rate per 100,000 f non-fatal injury hospitalization for assault injuries to Children & Youth ages 0-21
QAC	7.8
MD	10.2
US	53.7

Source: <https://goc.maryland.gov/hospitalizations>

- Child Maltreatment: The rate of unduplicated children ages 0-17 with Indicated/Unsubstantiated child abuse/neglect findings (per 1,000).

AREA	Children ages 0-17 with child abuse/neglect findings	Rate of children ages 0-17 with child abuse/ neglect findings per 1,000
QAC	334	2.5
MD	58,801	5.1
US	618,399	6.6

Source: [SFY18 - Child Welfare Trends Report - June 2018 wSnapshots.pdf \(maryland.gov\)](#)

- Juvenile Felony Offenses: The rate of referrals, per 100,000 youth ages 11 through 17, for felony offenses including both violent and non-violent charges.

AREA	Youth ages 11-17 referred for felony	Rate of referrals per 100,000 of youth, ages 11-17, referred for felony
QAC	5/10,769	46/100,000
MD	9,910/1,362,494	727/100,000
US	70,800/7,368,041	961/100,000

Source: Maryland Juvenile Justice Data Resource Guide, Fiscal Year 2021, p. 86

- Lead Levels: The percent of children under 72 months of age with confirmed blood lead levels (BLL) > 5 µg/dL.

AREA	% of Children under 72 months with confirmed blood lead levels > 5 ug/dL
QAC	2.30%
MD	1.70%
US	2.60%

Source: Centers for Disease Control & Prevention, 2018

- Out-of-Home Placements: The rate of children placed in out-of-home placements per 1,000 children ages 0-18.

AREA	Rate of children per 1,000 of children ages 0-18 placed in out-of-home placement
QAC	5.2
MD	7.8

Source: State of Maryland Out-of-Home Placement and Family Preservation Resource Plan, 2019

(8) Families are Economically Stable

- Child Poverty: The percent of children under age 18 whose family income is equal to or below the federal poverty threshold.

AREA	# of children under age of 18 who are at or below the FPL	% of children under age of 18 who are at or below the FPL
QAC	739	7.0%
MD	5,894,835	11.6%
US	318,564,128	17.5%

Source: U.S. Census Bureau, Small Area and Income Estimates, KidsCount, 2020

- Homelessness: The percent of children enrolled in the public school system who lack a fixed, regular, and adequate nighttime residence or who are awaiting foster-care placement.

AREA	% of children enrolled in public school who are homeless or await foster-care placement
QAC	1.5%
MD	1.5%

Source: [Youth Homelessness \(maryland.gov\)](http://youthhomelessness.maryland.gov), 2019: MSDE Division of Accountability & Assessment Attendance Data Collection, 2019.

- Percent of Families Spending > 30% Income on Housing (HUD Cost-Burdened).

AREA	Total Households	# of Families spending > 30% of Annual Income on Housing	% Cost-Burdened Households
QAC	19,000	5,448	28.7%
MD	2,230,527	683,102	30.6%
US	122,354,219	37,128,748	30.4%

- Percent of Families Spending > 30% Income on Housing (Rent and Utilities).
- Percent of Families Spending > 30% Income on Housing (Mortgage and Utilities).

AREA	Cost-Burdened Households	% Rental Households	% Owner-Occupied with Mortgage	% Owner-Occupied with NO Mortgage
QAC	5,448	30.3%	59.5%	10.2%
MD	683,102	50.2%	42.2%	7.6%
US	37,128,748	53.5%	35.9%	10.5%

Source: U.S. Census Bureau, American Community Survey, 2016-2020

5. INTEGRATION WITH PRIOR STUDIES

(1) September 2016 Data Round-Up for Queen Anne’s County (prior NA)

Link: [QACMBDataRoundup-FINAL-10-11-2016.pdf \(communitypartnerships.info\)](https://communitypartnerships.info/wp-content/uploads/2014/05/qacmbdataroundup-final-10-11-2016.pdf),

Website: <https://communitypartnerships.info/wp-content/uploads/2014/05/qacmbdataroundup-final-10-11-2016.pdf>

The Data Roundup report from September 2016 was used to assess progress with the 8 Local Management Board Results and Indicators and to inform the current (2022) Needs Assessment. That report cited a goal of 600 quality of life surveys with actual response of 1,040 using a two-page, 12-question instrument; 10 focus groups of 151 participants, and 17 key informant interviews. In comparison, the 2022 Needs Assessment resulted in 608 surveys using a 7-page, 18-question instrument (Appendix A), 14 focus groups with 108 total participants, and 75 key informant interviews (Appendix A for discussion guide).

(2) 2022 Queen Anne’s County Housing Study

Link: [Information on the Housing Situation in QAC | Queen Anne's County, MD - Official Website](https://www.qac.org/DocumentCenter/view/15198/qac-housing-strategy--final-5-3-21_?bidId=),

Website: https://www.qac.org/DocumentCenter/view/15198/qac-housing-strategy--final-5-3-21_?bidId=

A housing study was recently completed by Queen Anne’s County due to the current state of affordable housing (cost-burdened and severely cost-burdened housing—at least 30% or 50%, respectively of the annual income of residents). A mix of economic development and policy recommendations were reached by this report with issue of that document in April of 2021. This report populates key indicators for LMB Result #8: Families are Economically Stable.

(3) 2021 Youth Pandemic Behavior Study

Link: [MD YPBS-21 Infographic REV 10.20.21 \(1\).pdf \(maryland.gov\)](https://health.maryland.gov/phpa/ohpetup/documents/md%20ypbs-21%20infographic%20rev%2010.20.21%20%281%29.pdf),

Website: <https://health.maryland.gov/phpa/ohpetup/documents/md%20ypbs-21%20infographic%20rev%2010.20.21%20%281%29.pdf>

A Youth Pandemic Behavior Risk study was released by the State of Maryland about risk behaviors by high school students in Maryland. This report was issued in February 2022. This report populates key indicators (vaping use and depressive episodes) for LMB Result #2: Healthy Children.

(4) 2021–2022 KINDERGARTEN READINESS ASSESSMENT REPORT, Maryland State Department of Education

Link: [Coming Back Stronger Readiness Matters \(marylandpublicschools.org\)](https://earlychildhood.marylandpublicschools.org/system/files/filedepot/4/readinessmatters2021-2022_accessible.pdf)

Website:

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/4/readinessmatters2021-2022_accessible.pdf

Data for the LMB Result #3: Readiness to enter school was excerpted from this 2021-2022 report.

(5) 2021 Department of Juvenile Services Data Resource Guide

Link: [Data Resource Guide Fiscal Year 2021 \(maryland.gov\)](https://djs.maryland.gov/documents/drg/data_resource_guide_fy2021.pdf)

Website: https://djs.maryland.gov/documents/drg/data_resource_guide_fy2021.pdf

A Strategic Planning Committee member supplied this Resource Guide with invaluable data related to LMB Result #7: Communities are Safe for Children, Youth and Families.

(6) 2019 Queen Anne's County/Maryland State Department of Education Report Card

Link and website: <https://reportcard.msde.maryland.gov>

This data largely populated the LMB Result #4: Children are Successful in School.

(7) 2015 Disconnected Youth by County

Link: [Disconnected/Opportunity Youth \(maryland.gov\)](https://goc.maryland.gov/disconnected-youth/)

Website: <https://goc.maryland.gov/disconnected-youth/>

This report supplied data for an Indicator in LMB Result #6: Youth Have Opportunities for Employment or Career Readiness

6. CONCLUSIONS

Below is a matrix of the issues, data sources and correlation to the 8 Local Management Board Results. Following this matrix is a list of high-level conclusions from the Needs Assessment. Based on the QAC Quality of Life Survey and Demographic-Socioeconomic-Health data (quantitative research) and findings from the qualitative research (key informant interviews and focus groups), a comparison was made to other studies and the 8 required Local Management Board Results. This summary chart resulted in the three goals in the Strategic Plan.

ISSUES	QUALITATIVE RESEARCH		QUANTITATIVE RESEARCH		OTHER STUDIES	8 LMB RESULTS	STRATEGIC PLAN
	KII/FOCUS GROUPS	RESIDENT SURVEY: PRIMARY	PROFILES: SECONDARY				
Housing	X	X	X		PRIOR NEEDS ASSESSMENT/ HOUSING/ JUVENILE JUSTICE/ DISCONNECTED YOUTH		
Transportation	X						
Food Security	X						
Homelessness	X	X	X		X	8. Families are Economically Stable	Basic Needs
Recreational activities	X	X					
Juvenile Crime	X	X			X	7. Communities are Safe for Children, Youth & Families	
Vocational Training/ Career Paths	X	X			X	5. Youth completing School 6. Youth with Opportunities for Employment or Career Readiness	Youth Development
Social-Emotional Learning	X	X				3. Children enter school ready to learn 4. Children successful in School	
Behavioral Health	X	X	X		X		
Access to Health Care	X	X	X		X	1. Babies Born Healthy 2. Healthy Children	Holistic Health
Health Insurance	X	X	X				
Economic Advancement	X	X	X			8. Families are Economically Stable	

Conclusions from the Needs Assessment:

- 1)** The tiered issues for all respondents are similar to that of the groups that rate Quality of Life in Queen Anne’s County at a lower ranking (Hispanics and Young Adults Living Independently). Their issue is access to social determinants of health and the severity of their issues.
- 2)** Hispanics and young adults living independently, face issues with awareness of, and access to, resources that specifically deal with their unique challenges. For Hispanics, accessing services with no translation capability is a significant barrier. They travel to a neighboring county for health services and are often referred to resources in Baltimore due to lack of Spanish-speaking capability, or concerns about their legal citizenship status. For young adults living independently, they are similarly unaware of how to access resources needed for their basic living situation.
- 3)** The recently developed Resource Guide [[2021-NEW-RESOURCE-LIST---5212021 \(qac.org\)](https://www.qac.org/DocumentCenter/View/15250/2021-NEW-Reources-List---5212021?bidId=), <https://www.qac.org/DocumentCenter/View/15250/2021-NEW-Reources-List---5212021?bidId=>] is helpful, but defines special population needs as the disabled or seniors. A Spanish translation and referrals for the basic living needs of young adults would be productive to respond to these two subgroups.
- 4)** All residents spoke highly of the public school system in responding to their needs, with specific reference by the two subgroups to their reliance on the schools for information, resources and help. Deploying a resource guide or potential funds to this sector as a trusted adviser might be a conduit that furthers this reliance.
- 5)** Overall, the QAC Local Management Board favorably impacts the lives of Queen Anne’s County residents at the basic need, youth development and health domains. The most critical area is education due to the significant impact of the COVID pandemic on in-school access.
- 6)** The three strategic goals correlate to these tiered issues as do the eight Local Management Board Results.

7. DASHBOARD OF MONITORING PLAN

Areas in which Queen Anne’s County Local Management Board excelled are displayed below followed by those that need improvement. A dashboard is detailed in Appendix C.

QUEEN ANNE’S COUNTY 2016 vs. 2022		
AREAS WHERE QAC IMPROVED SINCE 2016 ASSESSMENT	AREAS WHERE QAC REMAINED THE SAME SINCE 2016 ASSESSMENT	AREAS REQUIRING IMPROVEMENT SINCE 2016 ASSESSMENT
<ol style="list-style-type: none"> 1. Low birthweight (LBW) infants 2. Health Insurance Coverage 3. Childhood Immunizations 4. Childhood non-fatal injury hospitalizations 5. Child depressive episodes 6. Vaping use in High School 7. MCAP: Reading (Grades 3 & 8) 8. Educational attainment 9. Youth employed (Ages 16-19 & 20-24) 10. Youth unemployed 11. Rate of Violent Crime 12. Rate of nonfatal hospitalization due to assault in children/youth 13. Child maltreatment 14. Juvenile felony offenses 15. Child poverty 16. Child lead levels 	<ol style="list-style-type: none"> 1. Physical Activity 2. Four-year graduation cohort <p>NOT INCLUDED IN THE 2016 ASSESSMENT:</p> <ol style="list-style-type: none"> 1. CTE completion 2. Child lead levels 3. High school completed for disabled 4. Housing cost-burdened 5. Housing cost severely cost-burdened 	<ol style="list-style-type: none"> 1. Teen Births 2. Women receiving Prenatal Care in First Trimester 3. Childhood Obesity 4. Kindergarten Readiness Assessment 5. MCAP: Math (Grades 3 & 8) 6. MSAA: English (Grades 8 & 11) 7. MSAA: Math (Grades 8 & 11) 8. Chronic Absenteeism 9. Disconnected Youth 10. Out-of-home placements

MCAP: Maryland Comprehensive Assessment Program; MSAA: Multi-State Alternate Assessment

16 indicators or 49% for QAC improved in 2022 from 2016. Ten (30%) were worse in 2022 than 2016, 2 (6%) were the same and 5 (15%) weren’t measured in 2016.

QUEEN ANNE'S COUNTY 2022 vs. MARYLAND 2022

AREAS QAC 2022 EXCELLED COMPARED TO MARYLAND 2022	AREAS QAC 2022 IS THE SAME AS MARYLAND 2022	AREAS FOR QAC 2022 IMPROVEMENT COMPARED TO MARYLAND 2022
<ol style="list-style-type: none"> 1. Teen Births 2. Low Birth Weight Infants 3. Women receiving Prenatal Care in First Trimester 4. Childhood Obesity 5. Vaping use in High School 6. MCAP: Math (Grades 3 & 8) 7. MCAP: Reading (Grades 3 & 8) 8. MSAA: English (Grades 8 & 11) 9. MSAA: Math (Grades 8 & 11) 10. Chronic Absenteeism 11. Educational Attainment 12. Four-year graduation cohort 13. High School completed for disabled 14. Youth Employed (16-19, 20-24) 15. Rate of Violent Crime 16. Rate of non-fatal hospitalization for assault to children/youth 17. Child maltreatment 18. Juvenile felony offenses 19. Child poverty 20. CTE completion 	<ol style="list-style-type: none"> 1. Health Insurance Coverage 2. Kindergarten Readiness assessment 3. Housing cost-burdened (30% annual income) 4. Housing severely cost-burdened (50%+ annual income) 	<ol style="list-style-type: none"> 1. Child Immunizations 2. Childhood non-fatal injury hospitalization 3. Child depressive episodes 4. Physical activity 5. Child lead levels 6. Youth unemployed (16-19, 20-24) 7. Disconnected Youth 8. Out-of-home placement

20 indicators or 63% QAC excelled compared to Maryland in 2022. Eight (25%) were worse in 2022 compared to Maryland and 6 (12%) were the same.

Quality of Life: A dashboard of graphics is provided with the detailed dashboard for Health, Education and Community displayed in Appendix C.

Families	Excellent	Good	Satisfactory	Fair	Poor	Total	Weighted Average
	26.06% 148	49.47% 281	17.61% 100	6.51% 37	0.35% 2	568	2.06

Children (up to age 15)	Excellent	Good	Satisfactory	Fair	Poor	Total	Weighted Average
	21.62% 120	42.88% 238	20.72% 115	12.61% 70	2.16% 12	555	2.31

Young Adults	Excellent	Good	Satisfactory	Fair	Poor	Total	Weighted Average
	12.66% 70	35.99% 199	27.49% 152	18.44% 102	5.42% 30	553	2.68

8. STRATEGIC PLAN

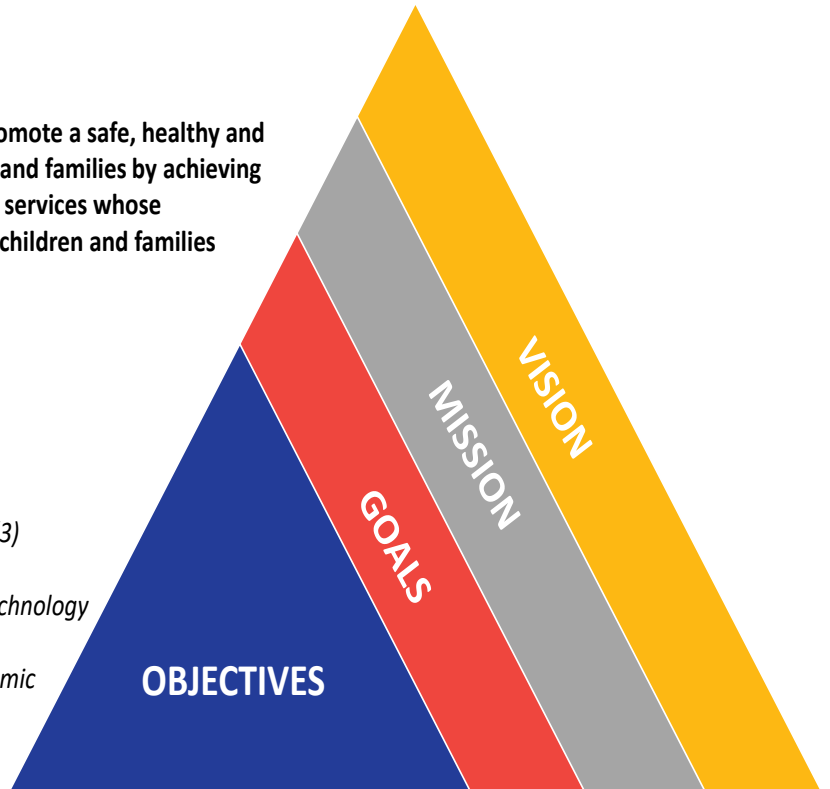
The Strategic Planning Committee met on May 23, and June 8, 2022 to review the Mission of QAC Local Management Board, develop a Vision statement, and create the Goals and Objectives for the next three-year period. It is the intent to re-generate committees or form new ones to implement these goals and objectives as the Strategic Plan is approved by the Local Management Board.

The Vision of the LMB is 'Queen Anne's County is a vibrant and inclusive community where all children and families have the opportunity to thrive.'

The mission of the QAC Local Management Board is to promote a safe, healthy and stable environment for all Queen Anne's County children and families by achieving a comprehensive system of education, health and human services whose effectiveness and responsiveness addresses the needs of children and families through public and private interagency collaboration.

1. *Basic Needs*
2. *Youth Development*
3. *Holistic Health*

1. **Basic Needs:** (1) Housing (2) Healthy Food Security and (3) Transportation
2. **Youth Development:** (1) Early Childhood (2) Career & Technology Education (CTE) and (3) Out of School Time (OST)
3. **Holistic Health:** (1) Behavioral (2) Physical and (3) Economic



Goal #1. BASIC NEEDS					
OBJECTIVES	ACTION STEPS	DATA SOURCES	Eight Results Of Maryland LMBs	RESPONSIBLE PARTIES	TIMEFRAME
1. Housing	<ol style="list-style-type: none"> (1) Provide education regarding costs & steps to own house (2) Provide financial support to house ownership (down payment, closing costs) (3) Help enforce tenant protection laws with landlords (4) Work with local employers to provide housing support for their employees (5) Explore subsidized housing (6) For QAC residents that have Section 8 or other Housing vouchers, help with rental costs (1 months' rent and/or security deposit) (7) Examine County policy on seasonal housing (VRBOs, Airbnb) to reduce further reduction of available housing stock 	<ul style="list-style-type: none"> • QAC Housing Strategy report • Community Health Assessment from 2022 • Secondary research: Demographic-Socioeconomic & Health Profile of QAC • Primary research: <ul style="list-style-type: none"> • Key Informant Interviews, Quality of Life Survey, Focus Groups 	8. Families Economically Stable		
2. Healthy Food Security	<ol style="list-style-type: none"> (1) Work with Food Pantries to provide culturally responsive food (2) Offer meal preparation classes (elderly, subgroups) (3) Match SNAP benefits to Food Market purchases (4) Offer Food prescriptions (Fruits & Vegetables Rx) with Maryland Medicaid through primary care (5) Use Schools (Sudlersville Middle School) kitchens and facilities for classes, meal prep 	<ul style="list-style-type: none"> • Community Health Assessment from 2022 • Secondary research: Demographic & Social Determinants of Health • Primary research: <ul style="list-style-type: none"> • Key Informants, Quality of Life Survey, Focus Groups 	2. Healthy Children		
3. Transportation	<ol style="list-style-type: none"> (1) Northern bus route: still in place? (2) Area Agency on Aging, County Ride (3) QAC LMB ride program, Transportation Voucher Program (4) Medicaid pays PLEDGE (to and from Medical appts) (5) Consider UWW / LYFT partnership 	<ul style="list-style-type: none"> • 	8. Families Economically Stable		

Goal #1. BASIC NEEDS (continued)

AT-RISK GROUPS: (% indicate Fair or Poor Quality of Life rating among these at-risk groups)

1. Hispanics -26%
2. Young Adults living independently (18-24 year old's)-20%
3. Multiracial - 11% and 20-29-year old's -6%
4. Retirees (65+ years old) – 5%

Evidence to justify Goal:

- Environmental Scan (prior studies)
- Key Informant Interviews

- Profiles (Demographic, Socioeconomic, Epidemiologic)
- Resident Surveys
- Focus Group

SWOT Analysis Findings:

- Strengths: QAC recent housing report, strong partnerships
- Weaknesses: Limited affordable housing stock; rural attributes of community
- Opportunities: Leverage existing resources and seek multi-county collaborations
- Threats: Economy, Growth only in southern part of county

Program vs. System Resolutions: Housing

Example of Program: Education classes on cost related to owning a home

Example of System: County monitoring and limiting seasonal housing or taxing seasonal housing above normal rate to increase housing stock

Program vs. System Resolution: Healthy Food Security

Example of Program: Education classes for food preparation, with potential use of public-school kitchens, after-hours

Example of System: Food prescription for pre-diabetics or those with diabetes through a healthcare practitioner, paid by Medicaid

Program vs. System Resolution: Transport

Example of Program: QAC county ride program

Example of System: United Way & LYFT program or Enterprise Commute

GOAL #2. YOUTH DEVELOPMENT

OBJECTIVES	ACTION STEPS	DATA SOURCES	Eight Results Maryland LMIBs	RESPONSIBLE PARTIES	TIMEFRAME
1. Early Childhood	<ol style="list-style-type: none"> (1) Public: private partnership to offer Independent Day Care, Offer Science & Reading Programs (2) Strengthen Healthy Families program (Friends, Families, Neighbors) (3) Provide Family support especially in Juvenile Centers (4) Enhance public Library support & resources 	<ul style="list-style-type: none"> • Community Health Assessment 2022 • Secondary research: Demographic-Socioeconomic & Health Profile of QAC • Primary research: Key Informant Interviews, Quality of Life Survey, Focus Groups 	<p>1. Children Enter School ready to learn</p> <p>4. Children successful in school</p> <p>5. Youth complete school</p> <p>6. Communities safe for CYF</p> <p>7. Youth have opportunities for employment or career readiness</p>	Early Childhood Committee	
2. Career, Technology & Education (CTE)	<ol style="list-style-type: none"> (1) Offer programs in core basics, then in 10th or 11th grade move to track (CTE or Academic) (2) Provide flexibility to change tracks (3) Provide CTE for home schooled children (4) Reach 'at-risk' or truant children so that they have awareness of a fit (5) Provide early access (middle school & High School) to CTE 	<ul style="list-style-type: none"> • Maryland Leads and Maryland Disconnected Youth, 2015 • Secondary research: Demographic-Socioeconomic & Health Profile of QAC • Primary research: Key Informant Interviews, Quality of Life Survey, Focus Groups 	<p>5. Youth complete school</p> <p>7. Youth have opportunities for employment or career readiness</p>	Workforce Investment Board- Opportunity Investment Act Queen Anne's County Training	
3. Out of School Time	<ol style="list-style-type: none"> (1) Re-engage OST Committee around new data (2) Explore gaps in services among at-risk populations seeking access (3) Ensure all potential partners are convened and engaged in strategies 	<ul style="list-style-type: none"> • Community Health Assessment 2022 • Secondary research: Demographic-Socioeconomic & Health Profile of QAC • Primary research: Key Informant Interviews, Quality of Life Survey, Focus Groups 	<p>4. Children successful in school</p> <p>5. Youth complete school</p>	Out of School Time Committee	

GOAL #2. YOUTH DEVELOPMENT (continued)

AT-RISK GROUPS: (% indicate Fair or Poor Quality of Education rating among these at-risk groups)

1. Young Adults living at home (16-24) – 22% - TRUANT
2. Young Adults living independently (16-24) – 9% - TRUANT

Evidence to justify Goal:

- Environmental Scan (prior studies) – QAC has 16.7% DC Youth, #8 in 23 counties
- Key Informant Interviews

- Three studies referenced (Maryland Leads, Disconnected Youth-2015 & WOIAB Board)
- Profiles (Demographic, Socioeconomic, Epidemiologic)
- Resident Surveys and Focus Groups

SWOT Analysis Findings:

- Strengths: Strong public school system
- Weaknesses: Transportation for youth
- Opportunities: Universal Pre-K legislation
- Threats: Funding to support private/public partnerships for early childhood seats

Program vs. System Resolutions: Early Childhood

Example of Program: Quality early childcare opportunities featuring the “Basics”

Example of System: Universal Pre-K

Program vs. System Resolution: CTE

Example of Program: Vocational Training

Example of System: Earlier access (Middle School or High School) to CTE for at-risk children (truant)

Program vs. System Resolution: OST

Example of Program: Scholarships for at-risk youth that can’t afford fees

Example of System: Leverage USDA funding for provision of healthy food and snack grants

GOAL #3. HOLISTIC HEALTH					
OBJECTIVES	ACTION STEPS	DATA SOURCES	8 Results required by Maryland LMBs	RESPONSIBLE PARTIES	TIMEFRAME
1. Behavioral Health	<ol style="list-style-type: none"> (1) Convene community partners to identify ways to increase access to current programs/services (2) Consider peer-based support models (3) Adopt a Resilient community model (4) Enhance training for first responders 	<ul style="list-style-type: none"> • Community Health Assessment 2022 • Secondary research: Demographic-Socioeconomic & Health Profile of QAC • Primary research: Key Informant Interviews, Quality of Life Survey, Focus Groups 	<ol style="list-style-type: none"> 1. Babies Born Healthy 3. Healthy Children 8. Families Economically Stable 		
2. Physical Health	<ol style="list-style-type: none"> (1) Coordinated community efforts around active living and eating healthy (2) Decrease the digital inequities to allow for greater virtual access to providers 	<ul style="list-style-type: none"> • Community Health Assessment 2022 • Secondary research: Demographic-Socioeconomic & Health Profile of QAC • Primary research: Key Informant Interviews, Quality of Life Survey, Focus Groups 	3. Healthy Children		
4. Economic Health	<ul style="list-style-type: none"> • Convene community partners to identify gaps in the safety net • Develop strategies to increase access to community supports and programs (credit counseling, budgeting, predatory lending practices) • Deeper case management for individuals that routinely access the safety net 	<ul style="list-style-type: none"> • Community Health Assessment 2022 • Secondary research: Demographic-Socioeconomic & health Profile of QAC • Primary research: Key Informant Interviews, Quality of Life Survey, Focus Groups 	8. Families Economically Stable		

GOAL #3. HOLISTIC HEALTH (continued)

AT-RISK GROUPS: (% indicate Fair or Poor Quality of Health rating among these at-risk groups)

1. Hispanics -32%
2. Young adults living independently (18-24 years of age) -18%
3. Multiracial - 10%
4. Elderly (65+ years of age) -8%

Evidence to justify Goal:

- Environmental Scan (prior studies)
- Key Informant Interviews

- Profiles (Demographic, Socioeconomic, Epidemiologic)
- Resident Surveys
- Focus Group

SWOT Analysis Findings:

- Strengths: Strong Parks and Rec system
- Weaknesses: Access concerns, lack of number of providers actually in QAC
- Opportunities: Collaborations with community-based organizations
- Threats: Increased need for mental health services

Program vs. System Resolutions: Behavioral Health

Example of Program: Peer Support Living Room Model

Example of System: Supportive funding for a mental health counselor in every school

Program vs. System Resolutions: Physical Health

Example of Program: Community Health Worker outreach programs

Example of System: Decrease digital inequities for greater access

Program vs. System Resolutions: Economic Health

Example of Program: Credit counseling programs or IDA supports to help develop personal assets

Example of System: Establishment of a Cliff Effect Fund