

POVERTY AMIDST PLENTY IV: SURVIVING THE ECONOMIC DOWNTURN

Fourth Edition, 2012

Poverty Amidst Plenty IV: Surviving the Economic Downturn. Fourth Edition. Annapolis, MD: Community Foundation of Anne Arundel County 2012.

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Preface

Poverty Amidst Plenty IV uses the most recent 2010 US Census data, where possible, recognizing that there are still areas awaiting more complex analyses for county data. The American Community Survey, 2010 (1-year estimates) was used for more specific data estimated from the 2010 census. Other sources included many county documents posted online. It is noteworthy that some sources were reluctant to share county data and redirected researcher requests to published state-wide data, which was often not as recent.

The 2012 needs assessment draws on qualitative data gathered from 11 key informants and 11 focus groups, for a total number of 105 participants representing public housing, the arts, the environment, human services, the not-for-profit sector, health, mental health, early childhood and consumers of services. Interviews and conversations were recorded, with the permission of participants, and transcribed verbatim. The data were read and reread until dominant themes emerged which became the sub-text of the report. All participants gave permission for their words to be used in the final report although their identities are protected. We are indebted to the many residents who gave their time freely to ensure a wide range of experiences and opinions may be heard throughout the chapters.

The authors take full responsibility for the interpretations and analyses presented here. They do not necessarily represent the interpretations or views of the Community Foundation of Anne Arundel County, the Anne Arundel Partnership for Children and Families, or the boards, officers, or donors of these organizations or of any other organizations with which the authors are affiliated. The report has only one fundamental goal: To help frame an informed discussion about trends and needs in Anne Arundel County, Maryland, and to contribute to planning and actions that address those needs.

Foreword

The Community Foundation of Anne Arundel County (CFAAC) is pleased to present this Needs Assessment report to the residents of Anne Arundel County. We are deeply appreciative to Dr. Pamela Brown and the Partnership for Children, Youth, and Families and Dr. Karen Pell for compiling the data and drafting this report.

CFAAC is dedicated to harnessing our community's tremendous resources in order to address our toughest challenges and embrace our most inspiring opportunities. Our mission is to connect people who care to contribute to causes that matter in our community. Through philanthropy and action, we can make meaningful, lasting, and positive change together.

Unquestionably, the recession and ongoing economic downturn have caused hardship for our citizens and tested the strength of the social safety net. Direct service providers have struggled to meet budget goals with fewer resources, while at the same time opening their doors wider to serve a burgeoning number of community members in need. Yet these same challenging economic factors are also creating a unique opportunity for program innovation and stakeholder collaboration. The resulting new partnerships created to share tools and insights have helped break down agency silos in order to develop effective cross-sector strategies that support community solutions.

When selected government services were absorbed into the nonprofit sector in the 1990s, the County devoted a portion of its annual budget to these services in recognition of the public sector's continued responsibility to support vital social programs. Now however, government is not fiscally able to provide the same level of support. As a result, nonprofit organizations are challenged to fill that budget gap while continuing to provide crucial services to the community. It is here that CFAAC plays the important role of building a permanent base of local assets that will sustain nonprofit agencies and the good work that they do to improve the quality of life for all Anne Arundel County residents.

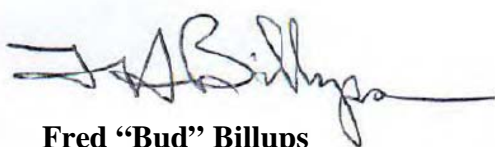
To this end, CFAAC is committed to achieving a lasting positive impact on our entire community through fostering philanthropy. Our focus is not solely on Annapolis. Rather, CFAAC believes that the Anne Arundel County community is linked together as one through interconnected neighborhoods. Our attention, interest, and giving will reach all corners of the County. In fact, in an effort to spread our energy and resources where need is greatest, CFAAC will devote resources and attention to the northern portion of the County, specifically Glen Burnie, Brooklyn Park, and Pasadena, all areas noted in the report as having elevated needs. Additionally, the Needs Assessment highlights three pressing issues that were identified time and again by focus group members interviewed for this report – affordable child care, affordable housing, and transportation. Without these building blocks, it is nearly impossible for struggling community members to build independent, self-sufficient lives and be afforded the dignity of providing for themselves and their families into the future. A combination of public will and pressure, government action, and public-private partnerships will be necessary if we are to tackle these important issues. They are vital to the future growth and vibrancy of our community.

This fourth edition of Poverty Amidst Plenty should be considered a call to action to the entire Anne Arundel County community. By tracking key measures of community well being and developing action items to address those needs, the report serves as a yardstick with which we can measure progress every two years.

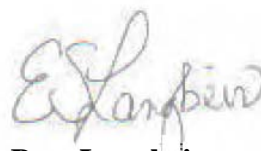
We hope this report will inform our fund holders, donors, nonprofit grantees, professional advisor partners, and the community at-large by underscoring the gravity of local challenges and the importance of their participation in critical conversations centered on community solutions. It is our hope that individuals, families, businesses, and civic and faith-based organizations will use this Needs Assessment to find issues of shared interest, align their efforts and resources, and join with CFAAC to improve the quality of life for all of our residents.

CFAAC, itself a nonprofit organization, is one of the largest funders of charitable organizations in Anne Arundel County. Established in 1998, CFAAC is supported by local donors and governed by a board of distinguished, private citizens. The Community Foundation manages over \$3.1 million spread among 55+ funds including donor-advised, field-of-interest, and impact area funds. Over the years, we have made more than \$3.5 million in grants to local nonprofits. Last year, grants totaled over \$700,000 with most funding given in our Impact Areas of Economic Opportunity and Youth & Education. To address the most pressing needs of our community we are also focusing on the following Impact Areas: Arts & Culture, Environment, and Health. This report reflects our targeted focus in these areas.

Now in our fourteenth year, there is much to celebrate, including our successful efforts to educate the community of critical needs, convene diverse stakeholders who can help create a better future for our community members, and build the capacity and effectiveness of nonprofits. At the same time, however, we know that as a community, we can make an even larger impact on the quality of life for all. Together we can truly “move the needle.” We hope the Needs Assessment that follows will spur you to action, including sharing the message with friends and colleagues.



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Summary of Principal Findings¹

Population Change: The most recent 2010 census gives the total population of Anne Arundel County as 537,656. Growth has slowed since the high decades of the 1970's and 80's with only a 10% increase in overall figures since the 2000 census. The County is becoming increasingly diverse; the greatest growth occurring in the Hispanic/Latino population. From 1990-2010 that population almost quadrupled, registering an increase of 383%.

Impact of the Recession: The 2012 assessment reveals some of the major impacts of the economic downturn, not just for low income families but for ordinary middle income families struggling to make ends meet, families in which one or both parents have lost jobs and may be paying a mortgage on a home worth far less than the price they paid. For all income levels these stressors are resulting in increased depression and anxiety.

Cost of Living: Anne Arundel County is one of the top three most expensive places to live in Maryland. Housing costs have doubled since 2001, which is the highest increase in the state, according to the recently released *2012 Self Sufficiency Standard for Maryland*. This report shows that a family consisting of one adult and a preschool child would need an income of \$58,048 and above to live independently in Anne Arundel County.

Family Income: 2010 census estimates report that the median family income in Anne Arundel County is \$97,974 although there are still nearly 27,000 families earning less than \$50,000 (see Table 2.3). The median income for people in the workforce is \$41,876 and when that amount is tied to the Maryland Self Sufficiency Standard of \$58,048, there remains an income gap of \$16,172. A 2010 survey of three subsidized and public housing complexes in the City of Annapolis fixed the median income within those complexes at \$15,000 leaving residents with an income gap of over \$43,000 and little hope for self-sufficiency.

The Most Compelling Needs: Affordable Housing, Transportation, Quality Child Care: For Anne Arundel County residents attempting to live independent and productive lives there are three main barriers to self-sufficiency; housing, transportation and quality child care. These three basic necessities impact every aspect of family life including employment, access to college, school stability, health care, good mental health, recreation, and physical activity. These issues cannot be fixed, entirely, by good programming and grants. It will take political will and courage from policy makers to address such fundamental barriers to self-sufficiency and their consequent impact on the economic health of our county.

Homelessness: The County's homeless numbers, especially for families with children, are growing. According to the most recent Homeless Management Information Systems (HMIS) report, 3,605 people are homeless; of those numbers 72.6% report they are not chronically homeless, 4.2% are veterans, 10.5% report being victims of domestic violence, and only 15.9% are employed. More than 1,100 are children. The number of homeless children has essentially doubled since 2008, with some variation from year to year.

¹ Family size is defined differently based on the source of information. The federal government defines it one way and many other sources define it differently. Wherever possible in this report, the specific meaning of family is described in the text or a footnote in order to be clear and avoid confusion when comparing figures.

Poverty and Single Parents: Of the 197,569 family households in the county, 28,936 are led by single parents (male or female); the female heads of households predominate (20,196). Economic well being for households headed by a single parent is fragile. There are 2,925 single parent households in which income in the last 12 months was estimated below the federal poverty level of \$23,050² for a family of four; 2,400 of those households were headed by single females. A single parent caring for a preschool-aged child needs to earn \$27.48 per hour to be self-sufficient and a single parent with two children, a preschooler and school-aged child needs \$32.13 per hour to meet the family's basic needs.

Children and Youth: Youth are the promise for the future of Anne Arundel County. Their care and development from birth, through early childhood, are key to the economic and social vitality of the county and their success as they struggle through the teenage years and transition into adulthood. Fortunately, there is some good news to report on some of the eight objectives that the State of Maryland has identified for assessing child well-being:

- Anne Arundel County has lowered its teen birth rate from 2.1% in 2007 to 1.8% in 2010.
- The mortality rate for infants has decreased consistently over the last four years.
- Anne Arundel County Public Schools (AACPS) uses the Maryland Model for School Readiness assessment as an early measure of child development. The trend in Anne Arundel County is very positive with steady growth in the percentage of children entering school ready to learn over the last five years, reaching 86% in 2011 and remaining at that rate for 2012.
- AACPS is performing better overall than statewide numbers; students score from three to nine percentage points higher than Maryland students overall.
- Behavior in school has improved. Data from the Office of Safe and Orderly Schools in AACPS showed a decline by more than 53% over six years in disciplinary referrals at the County level.

In a number of other areas, however, the record is not quite as encouraging. For example:

- When student performance is analyzed using Free and Reduced Meals Students (FARMS) data as an indicator of economic need, Anne Arundel County math and science scores drop significantly. While students in the FARMS program in Anne Arundel County do better than like students statewide, there is a troubling gap in performance. For example, according to 2010-2011 MSA scores, only 76.2% of Anne Arundel County 8th grade FARMS students scored proficient in reading in comparison with 87.2% of all students. For Math proficiency the gap is much wider with only 51.3% of 8th grade FARMS students scoring proficient or advanced as opposed to 71.2% of all students.
- FARMS students are also missing instructional time at greater rates than students overall. The FARMS truancy rate escalates as students move up grades, doubling from elementary to middle, and then growing to more than one in four students in high school.

² US Government, Health and Human Services, 2012 Poverty Guidelines; <http://aspe.hhs.gov/poverty/12poverty.shtml>. Retrieved May 15, 2012.

- Mental health services for children are sorely lacking. The system by which the public school system offers school based mental health was given high marks but there are waiting lists. Other issues include the lack of mental health providers, especially psychiatrists, willing to accept Medicaid and MCHIP and the low numbers of bilingual therapists.
- **Transition Aged Youth:** The cohort of youth aged 16-24 are experiencing many transitions, socially, developmentally and economically. They are the age group most often referenced during this needs assessment as “forgotten” or “lost;” a reference to the fact that this group is not tracked by any system as a cohort. In almost every focus group participants commented that the 16-24 age group needs special attention in the school setting, especially for those who do not want to go to college. There should be “apprenticeships, job training, and certification programs.”
- There is a steady growth in drug abuse among adolescents, often coupled with gang activity. Underage alcohol use continues to be reported as a ‘community norm.’
- Participants noted the need for more afterschool programs and mentors to be that “one caring adult” for children, before they get involved in alcohol, drugs, crime and gangs.

Health: Overall, the county ranks tenth of the 24 Maryland jurisdictions for health vitality per the County Health Rankings, 2012. Issues related to obesity are rising; 26% of adults in the county are obese. The most recent study of obesity in children in the county was conducted in 2006. Those data show that 15.6% of children ages 2 to 19 were overweight with 16.9% additionally at risk of being overweight. Obesity is one of two goals for the new Local Health Improvement Coalition, a collaboration of public and private stakeholders led by the Anne Arundel County Department of Health. The other goal is related to co-occurring disorders; a term to describe residents who are battling substance abuse and mental health issues concurrently.

Mental Health: Most focus group members who work in service agencies reported that, in 2012, they are seeing a higher rate of depression among those they serve. They attribute this to the downturn in the economy and the reduction in community services available to those in need. According to the Centers for Disease Control Behavioral Risk Factor Surveillance System (BRFSS), in Anne Arundel County the average number of poor mental health days over a 30 day period is reported as 3.5, which exceeds the national average of 2.3 and the Maryland average of 3.3. Additionally, the Anne Arundel County Mental Health Agency reports that the county saw an 18% increase in the number of consumers of services in 2010.

Substance Abuse: Mental health professionals interviewed for this assessment noted that there are not enough substance abuse counselors or programs; only one in 28 people who need substance abuse treatment get it. Twenty to twenty-five percent of substance abuse users have an underlying disorder, often depression. The group presenting with ‘co-occurring’ disorders (mental health and substance abuse) is growing.

The Environment: Environmental stewardship in the county is enhanced by a large number of groups and initiatives. Participants noted that the county is lacking a “single entity or champion” to pull together and align the many volunteer and professional efforts to improve the environment. Similarly, there is not an integrated report card to monitor the environment and its impact on health in a more formal way.

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Introduction

Poverty Amidst Plenty 2012 is the Community Foundation of Anne Arundel County's fourth iteration of the Anne Arundel County community needs assessment. The data for the 2010 assessment were collected at the end of 2009, when the economic downturn was still a relatively new phenomenon for the county. The 2012 assessment reveals some of the major impacts of that downturn, not just for our low income families but for ordinary middle income families struggling to make ends meet, families in which one or both parents have lost jobs and may be paying a mortgage on a home worth far less than the price they paid. Many of these newly poor families are requesting help and accessing services for the first time, stretching available resources during a period when continuing budget cuts are weakening the capacity of agencies to respond to vulnerable children and families.³

The most recent 2010 census (see Table A) gives the total population of Anne Arundel County as 537,656. Growth has slowed since the high decades of the 1970's and 80's with only a 10% increase in overall figures since the 2000 census. The County is becoming increasingly diverse; the greatest growth occurring in the Hispanic/Latino population. From 1990 -2010 that population almost quadrupled, registering an increase of 383%. Focus group participants commented favorably on the growing integration of the community noting that many Hispanics/Latinos are "opening their own small businesses." The Vietnamese and Korean populations are also growing, as participants noted.

Anne Arundel County can be divided into four, very distinct, quadrants. The northern part of the county touches the edges of Baltimore City and shares issues related to urban poverty. To the West, the new Odenton Town Center rubs shoulders with the military installation of Fort Meade, the new U.S. Cyber Command headquarters and home of the National Security Agency. The Base Closure and Realignment Commission (BRAC) is creating new jobs and housing as military personnel are transferred from other areas of the country. The central part of the county is dominated by the historic City of Annapolis, situated on the Chesapeake Bay at the mouth of the Severn River. With a population of 38,394,⁴ Annapolis is one of only two incorporated towns in the entire county; the other being Highland Beach. Finally, the area referred to as South County (in complete contrast to the North) most resembles some of the rural communities to be found on Maryland's Eastern Shore. Each one of these county quadrants has its own unique set of obstacles and barriers for residents, although North County (specifically Glen Burnie, Brooklyn and Pasadena) was most often cited as the area with the highest levels of unmet needs. An independent survey of seventeen data sets related to family vulnerability corroborated North County's needs (appendix I), with the City of Annapolis registering as a close second in terms of both unmet need and factors negatively impacting family life.

³ It should be noted that this needs assessment uses the U.S. Census 2010 definition of a family as 'a group of two or more people who reside together and who are related by birth, marriage or adoption.'

⁴ U.S. Census, 2010.

Table A

Ethnic/ Racial Composition Anne Arundel County, 1990-2010							
	1990		2000		2010		Percent Change, 1990-2010
	Amount	%	Amount	%	Amount	%	
Total Population	427,239	100.0	489,656	100.0	537,656	100.0	25.8%
Non-Hispanic Whites	361,609	84.6	390,519	79.8	405,456	75.4	12.0%
Other:	65,630	15.4	99,137	20.2	132,200	24.6	101.4%
Hispanic or Latino	6,815	1.6	12,902	2.6	32,902	6.1	382.8%
Black or African- American	49,954	11.7	65,755	13.4	83,484	15.5	67.1%
Other*	8,861	2.1	20,480	4.2	15,814	3.0	78.5%

* "Other" here includes "American Indian and Alaskan Native", "Asian", "Native Hawaiian or other Pacific Islander", "Some other race", or "Two or more races". Therefore, the "White" and "Black" figures are those who were counted as "White alone" or "Black alone".

Source: U.S. Census, *American Community Survey*, Anne Arundel County, DP-1, 2010.

Anne Arundel County is an appealing place to live. The natural beauty of the county can be enjoyed through two state and 70 county parks and through an extensive network of recreation and transportation trails that annually host more than two million visitors.⁵ With 534 miles of linear coastline, the county ranks second for waterfront in the state and second in the nation when compared to other counties. Despite this abundance of water, however, there are only five points of public water access for our residents.

Notwithstanding the economic downturn, Anne Arundel County is one of the top three most expensive places to live in Maryland. Housing costs have doubled since 2001, which is the highest increase in the state, according to the recently released 2012 Self Sufficiency Standard for Maryland.⁶ That report shows that a family of two consisting of one adult and one pre-school child would need an income of \$58,048 and above to live independently in Anne Arundel County. This is 395% of the Federal Poverty Level. Although the median income for a family in Anne Arundel County is high at \$97,974,⁷ there are 26,872 families⁸, or 36% of Anne Arundel

⁵ Anne Arundel County Recreation and Parks, <http://www.aacounty.org/recparks>. Retrieved June 7, 2012.

⁶ Pearce, D.M. February, 2012. *The Self-Sufficiency Standard for Maryland, 2012*. The Maryland Community Action Partnership.

⁷ U.S. Census, *American Community Survey*, 2010, Anne Arundel County, DP03.

⁸ U.S. Census Bureau, *American Community Survey*, 2010, Anne Arundel County, Detailed Table DP02.

County with incomes less than \$58,000 (the self-sufficiency threshold.) It is clear by the size of that gap and the number of families that many are in need of help with basic needs.

Participants in the needs assessment cited the economic downturn as a stressor for all income levels. Low income families are experiencing increased unemployment and reduced access to health and mental health services, affordable housing and child care. According to the Anne Arundel County Department of Social Services, households eligible to receive food stamps have more than doubled between 2006 and 2011. Middle income families negatively impacted by the economy are also feeling the added stress of unemployment and mounting bills, and for all income levels these stressors can result in depression and anxiety. Between 2007 and 2010 there was a 50.5% increase in the use of public mental health services across all age groups in the county (Table B), with the most significant percentage increases for the 18-21 age group at 58.4% and adults aged 22-64 at 64.8%. Focus group and key stakeholder contributions corroborate this data citing “depression” as the most overwhelming issue, especially in low income communities. Participants described the “hopelessness” and “despair” for public and subsidized housing residents who have a “lack of belief, faith and hope in their future.” Several participants noted that low income family members may hold “poor mental models” for what success might look like and set low expectations for the future of their children.

Table B

Persons Served by Anne Arundel County Public Mental Health Service System					
	FY07	FY08	FY09	FY10	Percent Change 2007-2010
Early Child (0-5)	214	263	292	296	38.3%
Child (6-12)	1051	1148	1314	1430	36.1%
Adolescent (13-17)	847	919	959	1120	32.2%
Transitional (18-21)	303	363	402	480	58.4%
Adult (22-64)	2,310	2662	3059	3811	64.8%
Elderly (65 and over)	49	52	49	49	0%
TOTAL	4774	5407	6075	7186	50.5%

Source: Anne Arundel County Mental Health Agency, *Mental Health Plan (FY11-13) 2009 and 2010 Annual Reports* <http://www.aamentalhealth.org/documents/FINAL-AAPLAN.pdf>

Despite the issues outlined above, this needs assessment is a story of hope and survival for our county. Participants in focus groups and interviews reported a vibrant spirit of collaboration; among residents, the philanthropic community, government and non-profit agencies, the business sector and the faith based community. Of particular note are some of the new partnerships developing between city and county government, the private and public health systems and most importantly, the contributions of residents within their own neighborhoods, working shoulder to shoulder with child serving agencies. Decreasing funds may have driven this shared sense of responsibility but it has resulted in new, cost-effective and creative ways to serve vulnerable children and families.

Leadership in the county was given high marks for caring and creativity among the majority of respondents and cited as “outstanding” at the public school system, community college, agency, and not-for-profit levels. That leadership is driving some innovative programming, with several programs singled out for special mention including:

- Arts integration and the Advancement Via Individual Determination (AVID) programs in the Anne Arundel County Public Schools (AACPS)
- A robust non-profit community with leadership that is getting better at focusing on what they do best while centralizing their efforts and maximizing their resources.
- The Systems of Care single point of access collaboration headed by the Partnership and AACPS
- Healthy Start and the Residents Access to a Coalition of Health (REACH) programs funded by the Anne Arundel County Department of Health
- Step up to Success through Anne Arundel County Workforce Development
- Pathways to Opportunity at the Housing Authority of the City of Annapolis
- Annapolis Community Health Center funded by Anne Arundel Medical Center

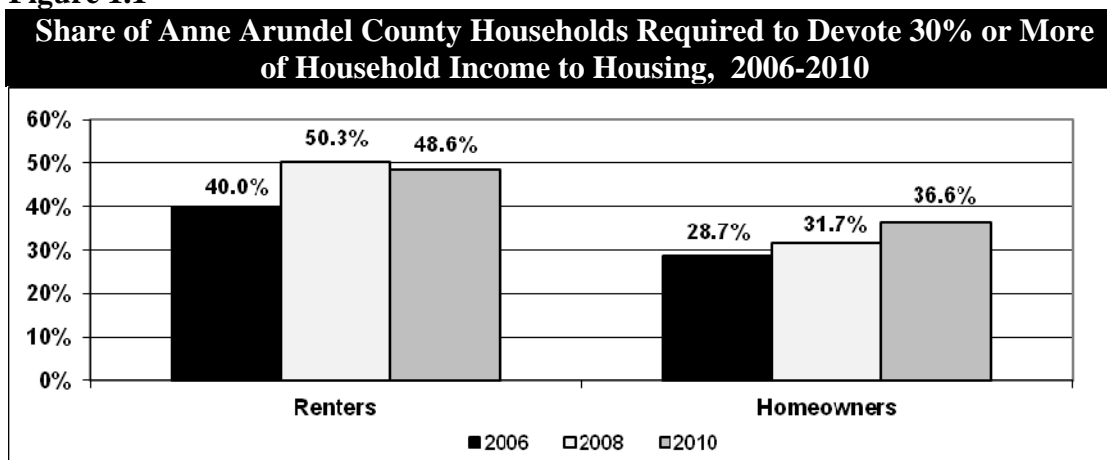
Chapter 1: The Most Compelling Needs: Affordable Housing, Transportation, Quality Child Care

For Anne Arundel County residents attempting to live independent and productive lives there are three main barriers to self-sufficiency; housing, transportation and quality child care. These three basic necessities impact every aspect of family life including employment, access to college, school stability, health care, good mental health, recreation, and physical activity. Without these basics, especially for single parent families, it is almost impossible to hold down a job, or even get to an interview. They were the big three, referenced over and over again by participants as the major obstacles to a healthy, self-sufficient life in the county.

1. Affordable Housing

The median home value in Anne Arundel County in 2012 is \$249,000 which is \$39,000 higher than the rest of the state and \$72,000 greater than the U.S. median price. At the same time, costs of housing in the county have experienced a 99% increase, almost doubling between 2001 and 2012.⁹ During the economic downturn more families have seen their homes move into foreclosure which has increased the number of families looking for affordable rental property. The median rental price in the county is \$1,137 per month¹⁰. Since 2006, the percentage of households required to spend more than 30% of their income on housing has increased (see Figure 1.1 below). Renters increased almost 10% to 48.6% and homeowners show a steady upward trend to the current rate of 36.6%. The lack of affordable housing in the county was a constant refrain among participants in focus groups and interviews. For families who have lost one or both jobs and have fallen behind with their mortgage or rent, the prospects for finding another, cheaper, home are slim.

Figure 1.1



Source: U.S. Census Bureau, *American Community Surveys*, 2006, 2008 and 2010, Anne Arundel County, Table B25074; U.S. Census Bureau, *American Community Survey*, 2010, Anne Arundel County, Table S2506

⁹ Pearce, D.M. February, 2012. *The Self-Sufficiency Standard for Maryland, 2012*. The Maryland Community Action Partnership.

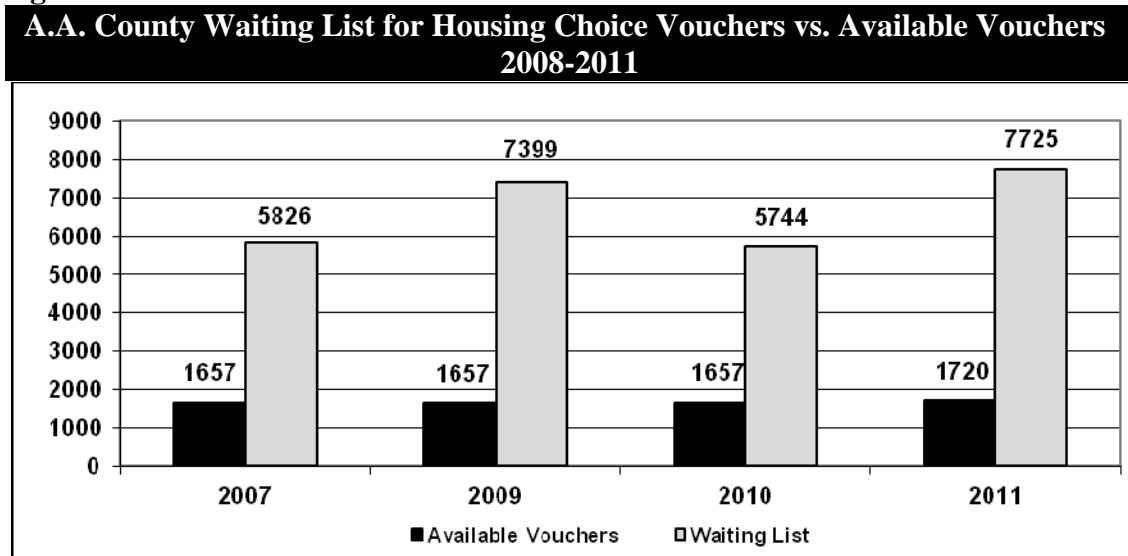
¹⁰ Anne Arundel County, Maryland Real Estate and Demographics, <http://www.CLRsearch.com>.

According to participants, many low income, single family homes are now overcrowded by other family members who lost their own homes during the recession. As one participant commented “many (homeless) are living with family members; in some cases up to fifteen persons in a townhouse. Others live from place to place.” The lack of affordable housing is a particularly difficult issue for low income families, especially those in public housing. As another participant commented:

There’s no affordable housing for public housing residents. When people say public housing is temporary residents ask “where am I going to move to?” Most can’t afford to live in the community.

For families at risk of homelessness the chances of finding a temporary space in public or subsidized housing is particularly bleak. The number on the county waiting list for housing vouchers in 2011 was 7,725 yet there are only 1,720 available vouchers (Figure 1.2). The trend line for numbers of families on the waiting list has an up and down appearance in this four year time frame. Standard practice for the housing authority is to purge the list of families apparently no longer interested. Twice per year the county housing authority requires a check in process; when families don’t respond, they are purged from the list. Also, when vouchers are issued, large groups of families are invited to an informational meeting. When families do not attend and do not contact the office, they are removed from the waiting list. It is clear that in 2010, more families were purged, which was so noted by the county housing eligibility officer.¹¹ Additionally, as of this writing there are 1,854 families on the Housing Authority of the City of Annapolis’ (HACA) waiting list.¹²

Figure 1.2



Source: Anne Arundel County Community Development Services, FY 2008, 2009, 2010 and 2011. Consolidated Annual Performance and Evaluation Report (CAPER). The Homeless Population

¹¹ Personal communication with Housing Program Eligibility Officer, Anne Arundel County

¹² HACA personal communication, 2012.

The county's homeless numbers, especially for families with children, are growing. According to the most recent Homeless Management Information Systems (HMIS) report¹³, 3,605 people are homeless; of those numbers 72.6% report they are not chronically homeless, 4.2% are veterans, 10.5% report being victims of domestic violence, and only 15.9% are employed. These data were collected from homeless persons who used emergency shelter, transitional housing or permanent supportive housing programs during the 12-month period that spans 2010-2011. The data are based on unduplicated counts, such that each person is counted only once, regardless of how many different programs the person used. These data were corroborated by many stakeholders who commented on the increasingly visible homeless population living in camps. As one participant noted:

Homeless camps are popping up everywhere; off Glen Burnie on 8th Avenue and there's another on Route 10. There's one off 648. There's one tent city of teenagers off Baltimore Annapolis Boulevard. They feel safe together.

Tables 1.1 - 1.3 describe characteristics of these homeless persons. More than 1,100 are children; they represent many races, they use emergency shelters when available, and a small percentage move into more permanent housing solutions.

Table 1.1

Age, Ethnicity and Race Breakdown of those in Homeless Status per HMIS 2010-11 (Unduplicated Count)	
Breakdown	# of Homeless
Ages 0-5	504
Ages 6-17	636
Ages 18-61	2366
Ages 62+	99
TOTAL - Age Group	3605
Hispanic/Latino	182
Non-Hispanic	3355
Ethnicity - No Report	68
TOTAL - Ethnicity	3605
White/Caucasian	1612
Asian	12
Black/African American	1736
American Indian/Alaskan/ Hawaiian/Pacific Islander	13
Multi-Racial	174
Race - Not Reported	58
TOTAL - Race	3605

Source: Program Demographics Report HMIS, DSS Anne Arundel County, personal communication.

¹³ Program Demographics Report HMIS, Department of Social Services, Anne Arundel County, personal communication.

Table 1.2

Use of Shelters Anne Arundel County 2008, 2009, 2011 (Unduplicated Count)			
	FY08	FY09	FY11
Emergency Shelters			
Persons in Families	450	350	863
Individuals	306	220	
Transitional Housing			
Persons in Families	138	108	164
Individuals	32	33	
TOTAL	926	711	1027

Sources: <http://hudhdx.info/publicReports.aspx>, DSS Anne Arundel County, personal communication.

Table 1.3

Number of Shelter Users by Type of Shelter per HMIS 2010-11 (Unduplicated Count)	
Shelter Type	# of Users
Emergency Shelter	863
Transitional Housing	164
Permanent Supportive Housing	246
Homeless Prevention/Rapid Re-Housing	586
Services Only	2436

Source: Program Demographics Report HMIS, DSS Anne Arundel County, personal communication.

Homeless Children

AACPS uses a more strict definition to identify homeless children in the public school system than that used by the Federal government. The No Child Left Behind Act defines “homeless” as individuals who lack a “fixed, regular and adequate night time residence.” This definition includes children who are sharing housing with other families or who are “living in motels, hotels, trailer parks or camping grounds ... are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.”¹⁴ Pupil personnel workers inside the public school system are most acutely aware of this issue. As one of our participants commented:

I was in a meeting and a Pupil Personnel Worker told me that since Christmas ten students had walked in to tell her they were now homeless; they had lost their homes. She was telling this community group “it’s epidemic... there are not enough resources.”

A further housing issue relates to youth over 18, some of whom have aged out of foster care, mental health or the juvenile services system. They may have also failed to graduate from school or dropped out. As one participant noted “we don’t have any affordable housing for 18-22 year olds. They can’t afford \$1,500 a month rent.”

¹⁴ Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act, Title X, Part C, of the No Child Left Behind Act.

From communication with AACPS personnel working with homeless youth, the trends show a steady increase. The number of homeless children has essentially doubled since 2008, with some variation from year to year. At the beginning of the 2011-2012 school year, 52% of homeless children in AACPS were in grades K – 5.¹⁵

2. Public and Alternative Transportation Networks

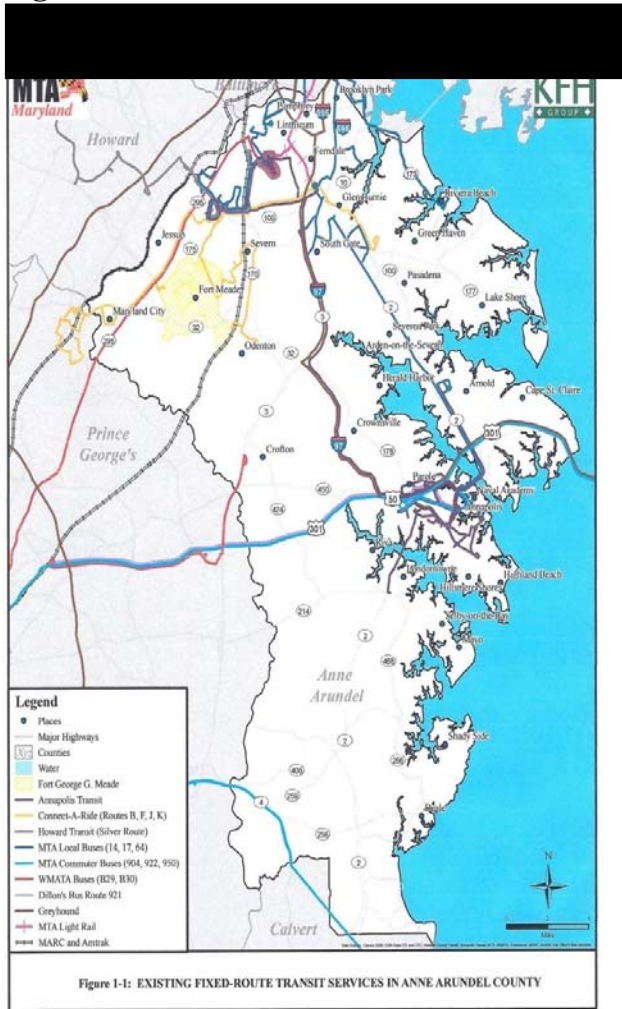
The lack of public transportation is a huge issue throughout the county, especially related to its impact on potential self-sufficiency for families through adequate employment. As one stakeholder commented “You have to have a car to have a job in this county.” In fact, according to a 2010 CLR Choice report¹⁶, 90.7% of county workers travel to work by truck, car or van, and 2.66% take public transportation compared to 6.94% overall in Maryland. The issue is exacerbated because there is no single transportation authority in the county. The transportation systems that do exist are small and not integrated well. The City of Annapolis does operate a growing transit system but it stops at the borders of the city with few linkages to expanding workforce sites such as the Video Lottery Casino at Arundel Mills, and the Fort Meade area where the workforce has increased due to BRAC.

The focus for the county appears to be on auto transportation with limited space planned for sidewalks and bike lanes. Additionally, much of the commercial development in the county has been built with the automobile in mind. As illustrated in Figures 1.3 and 1.4, none of the existing transportation networks link to dense housing areas or existing high employment area such as Arundel Mills, Thurgood Marshall BWI Airport, and Fort Meade.

¹⁵ Board Homeless Reports, 2007-2011; AACPS, Lynne Weise, personal communication.

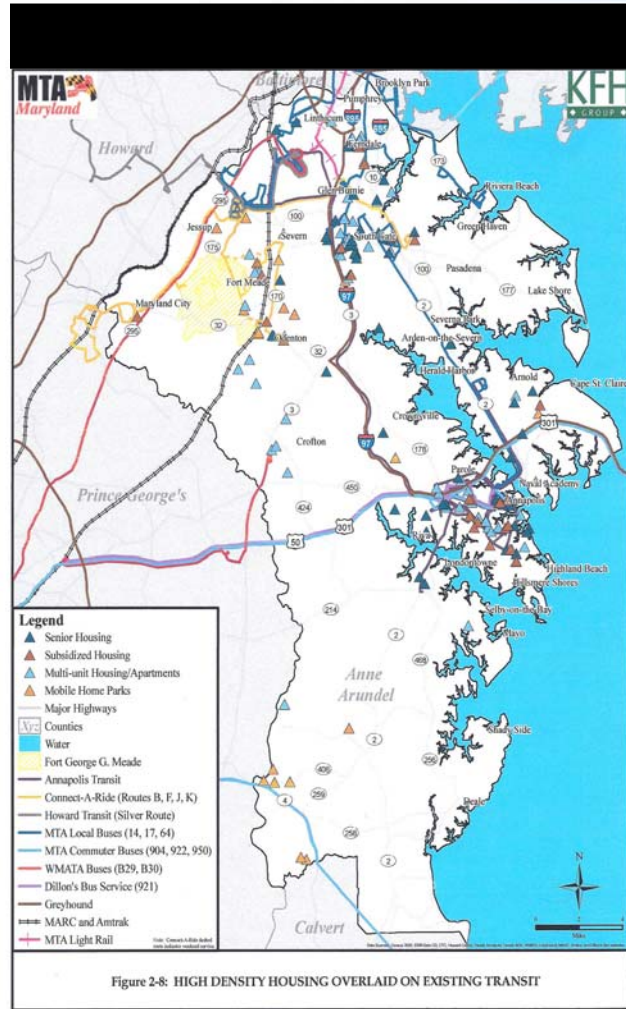
¹⁶ Anne Arundel County, Maryland Real Estate and Demographics, <http://www.CLRsearch.com>.

Figure 1.3



Source: Anne Arundel County Transit Development Plan Update, January 2010, page 1-3

Figure 1.4



Source: Anne Arundel County Transit Development Plan Update, January 2010, p2-13

The transportation needs identified in the county’s 2010 Transit Development Plan Update¹⁷ offer further insight into the perceived role of public transportation as communities grow. This combined analysis of demographics and development patterns highlighted several areas within the county that have significant transportation needs:

¹⁷ KFH Group, Inc. January 2010. *Anne Arundel County Transit Development Plan Update: Final Report*. Bethesda, MD.

Table 1.4

Anne Arundel County Transportation Needs by Region			
Geographic Area	Current Transportation Systems (if any)	Needs	Opportunities for Improvement
Northwest A.A. Co.	Some services	Greater frequency of existing services, more activity centers served	Linkages to existing Baltimore- and Annapolis-based services; Cross-county links to developing town centers, major employment centers, and regional transportation hubs
Northeastern Peninsulas	Very limited services to no service	Implementation of public transportation services, writ large	Cross-county links to developing town centers, major employment centers, and regional transportation hubs
Annapolis/ East County	Some transit services but predominately within city limits	Greater frequency of existing services, more activity centers served	Linkages to existing Baltimore- and Annapolis-based services; Cross-county links to developing town centers, major employment centers, and regional transportation hubs
West County/ Ft. Meade Area	Some transit services - MARC Train and Light Rail (commuter services to Baltimore and Washington D.C.)	Services that are beneficial for residents beyond commuting needs	Linkages to existing Baltimore- and Annapolis-based services; Cross-county links to developing town centers, major employment centers, and regional transportation hubs
South County	No services	High numbers of potentially transit-dependent persons	Scheduled shuttles or demand-response transit services due to low population density; Cross-county links to developing town centers, major employment centers, and regional transportation hubs

There are initiatives in place, currently, to address some of these issues including a plan to link job seekers in North County to some of the large employment hubs outlined above. However, county youth and their families will continue to struggle with the many obstacles created through the overall lack of transportation. As one community college student reported; “transportation is terrible. It is impossible to get to the community college if you don’t have a car.” Speaking for parents who need specialized medical help for their child on a regular basis, one of our participants had this to say:

If you need to get a child to Kennedy [Krieger] there is no transportation to get across counties. You would have to get the bus from Annapolis (you have to get down to where Social Services is) then on the light rail then transfer to the subway. How many hours is that? What if your child needs to go once or twice per week?

3. Access to Quality Affordable Child Care

Access to quality child care was the third recurring theme when participants commented on barriers and obstacles for families. The estimated cost for infant child care in a family home is \$9,943 a year and the estimated annual cost for a pre-school child in a child care center is \$9,130.¹⁸ When the two amounts are added together to calculate the cost for a family with two children, the amount is 22% of a median income of \$85,000 (for a family of four). Clearly, as participants reported, although wealthy families are still able to afford the best quality childcare without waiting, low income families are paying a much higher percentage of their income. Parents who “need to work can’t afford the cost of childcare so they use a family member or friend.” As another participant commented;

What about the single parent who works at Walmart and has three children under five? ... we lean on these parents to get jobs and get busy but we can’t offer them any subsidized childcare.

Children in low income families are the ones in most need of quality child care because they face so many obstacles related to poverty. One of our early childhood experts noted that “for the kids who are at greatest risk of not coming to school prepared ... they need the best quality child care.” As all data show, these children are the least likely to be in a quality childcare setting.

The availability of child care has been impacted by the recession. More families are unable to afford quality child care and, as a result, many certified child care providers have lost their businesses. According to the Maryland Child Care Resource Network (2011) fewer family and center based programs are predicted in the County over the next three years, which will continue to reduce capacity for quality child care programs. The number of family care providers is predicted to decline to 614 by 2015; centers to 88. Table 1.5 shows the current child care slots available through public and private funding.

Table 1.5

Current Providers by Type of Early Childhood Education (ECE) in Anne Arundel County, 2011		
Type of ECE Provider	# Programs	Capacity of Children
Private Funding		
Family Child Care	681	5025
Child Care Centers (8-12 hour)	94	7240
Infant and Toddler Programs	43	794
Employer-Sponsored	3	403
Nursery Schools	37	NA
Public Funding		
Head Start/Early Head Start	7	441
Public Pre Kindergarten	37	NA

Source: *Maryland Child Care Resource Network, Arundel Child Care Connections, Child Care Demographics 2011*; retrieved from <http://arundelccc.org/AnneArundel.pdf> March 4, 2012; p 5.

¹⁸ Maryland Child Care Resource Network. 2011. *Child Care Demographics, Anne Arundel County Report*. <http://www.marylandfamilynetwork.org/mdcfc/pdfs/demographics/AnneArundel.pdf>. Retrieved March 4, 2012.

The state's child care subsidy program offers vouchers to low income families and 70 - 78% of child care providers are willing to accept them¹⁹. Unfortunately, there is a waiting list and at some point every year those vouchers simply run out. In 2011, the allocation from the Maryland State Department of Education for Anne Arundel County was 729 slots, which is 5% of the available child care slots in the county. Since the beginning of 2012 there has been a statewide freeze on those vouchers with no end date announced. Data show that in 2011, 285 families called LOCATE to seek child care subsidy; these queries represented one in four calls received by the Anne Arundel Child Care Connections, the childcare resource and referral center in the county.²⁰ Not surprisingly the number one reason parents, when queried, could not find child care in Anne Arundel County, is cost. Again, according to our early childhood experts; "we need more high quality childcare and we need to revamp the whole subsidy system so that it encourages the kids who need the best quality to get the best quality."

Summary

Transportation, affordable housing and quality child care are recurring issues for low income families throughout the nation but in a wealthy, geographically diverse and large county like Anne Arundel these obstacles are thrown into sharp relief. They are not issues that can be fixed, entirely, by good programming and grants. It will take political will and courage from policy makers to address such fundamental barriers to self-sufficiency and their consequent impact on the economic health of our county.

¹⁹ Maryland Child Care Resource Network. 2011. *Child Care Demographics, Anne Arundel County Report*. <http://www.marylandfamilynetwork.org/mdcfc/pdfs/demographics/AnneArundel.pdf>. Retrieved March 4, 2012.

²⁰ LOCATE: Child Care at Arundel Child Care Connections (7/1/09-6/30/10)

Chapter 2: Self-Sufficiency through Economic Opportunity

Poverty

As noted in the Introduction, the continuing recession has forced more families into crisis and created a subsequent impact on well-being as noted by increased stress, anxiety and depression. As one physician serving the low income community noted:

There's a lot of depression; it's almost every other patient. They can't sleep so they can't get up to get kids to school. .. weight gain comes with depression along with low self-image and low self-esteem. The stressors are the mounting bills to pay.

Poverty is defined in many different ways. From the Federal government definition, a family of four (two adults, two children) would be considered in poverty if the family income was below \$23,050²¹. There are 537,656 residents of Anne Arundel County estimated from the 2010 census; 6.4% or 34,410 residents live in poverty; 10,276 of these are children under 18 years of age.²² One factor contributing to poverty in Anne Arundel County, as in the rest of the nation, is the structure of families. Of the 197,569 family households in the county, 28,936 are led by single parents (male or female); the female heads of households predominate (20,196).²³ Economic well being for households headed by a single parent is fragile. There are 2,925 single parent households in which income in the last 12 months was estimated below the federal poverty level; 2,400 of those households were headed by single females.²⁴

Another indicator of the impact of the recession for Anne Arundel County families is the number of households that qualify and apply for food stamps although the eligibility criteria have remained the same. As illustrated in Figure 2.1, that number has tripled between 2006 and 2011. Participants noted that the face of poverty is changing in the county; many former middle income families are becoming the “new” poor. As one participant noted:

Families are beginning to face homelessness because of foreclosure and because Dad lost his job. Some families cannot sell their house. There's a new face of need for services – it is the middle class.

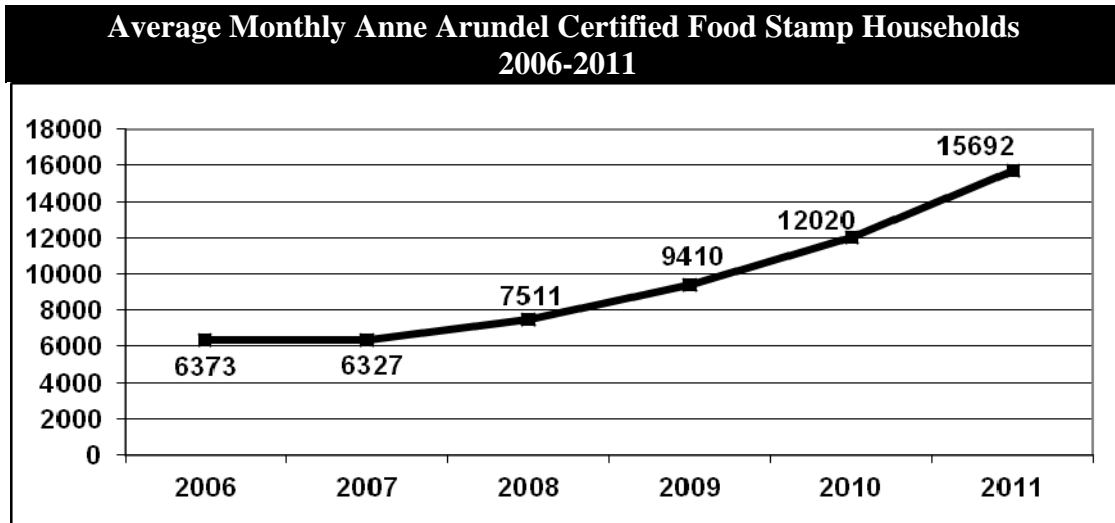
²¹ US Government, Health and Human Services, 2012 Poverty Guidelines; <http://aspe.hhs.gov/poverty/12poverty.shtml>. Retrieved May 15, 2012.

²² U.S. Census Bureau, *American Community Survey*, 2010, Anne Arundel County, Detailed Tables, Table S0201.

²³ U.S. Census Bureau, *American Community Survey*, 2010, Anne Arundel County, Detailed Tables, Table S1101.

²⁴ U.S. Census Bureau, *American Community Survey*, 2010, Anne Arundel County, Detailed Tables, Table B17012.

Figure 2.1



Source: Anne Arundel County Department of Social Services (2006-2011).
<http://dhr.maryland.gov/co/reports.php>

The Self-Sufficiency Standard

Much has been said about the desirability of a self-sufficient county population that does not rely on government programming to make ends meet. As referenced in the introduction to this report, the 2012 standard to measure family self-sufficiency was released recently. The 2012 Self-

Moving along the continuum, a single parent caring for a preschool-aged child needs to earn \$27.48 per hour to be self-sufficient and a single parent with two children, a preschooler and school-aged child needs \$32.13 per hour to meet the family's basic needs. This family requires, at a minimum, the equivalent of over four full-time minimum wage jobs in Maryland. Two parents with one preschooler and one school-age child each need to earn \$18.02 per hour working full-time to meet their family's basic needs.

Sufficiency Standard for Maryland measures how much income a family of a certain composition in a given place must earn to meet its basic needs. The figures for Anne Arundel County offer a clear picture of what is needed for youth and families to live independent and productive lives in the county. For instance, a single adult needs to earn \$16.54 per hour working full-time to be able to meet his or her basic needs. Meanwhile, youth without a high school diploma and even some who have bachelor's degrees may only be able to find a job at the state minimum wage of \$7.25 per hour.²⁵

The Self-Sufficiency Standard has increased in all Maryland counties over the past decade. When comparing standards for a three-person family (one adult, one preschooler, and one school-age child) in Maryland from 2001 to 2011, the standard has increased by 54%, or an average of 4.9% per year. Anne Arundel County has one of the largest increases (over 70%), as does Kent, and Queen Anne's counties. When comparing the Standard, the counties of Anne Arundel, Charles, Howard, and Montgomery have the highest

²⁵ Maryland Department of Labor, Licensing, and Regulation, Division of Labor and Industry, 2011.

Self-Sufficiency Standards in the state for one adult and one child in pre-school. Anne Arundel County's standard is calculated to be \$58,048, exceeding Maryland state averages for 2012. When comparing wage earner rates for self sufficiency for one adult, one school age and one preschool age across local and national cities and jurisdictions, Anne Arundel County ranks below Montgomery County, Maryland; San Francisco, and New York City; but higher than Los Angeles, Philadelphia and Washington, DC.²⁶

Comparing the federal poverty rate to the Self-Sufficiency Standard, as described above, Anne Arundel's self sufficiency standard is 252% of the Federal Poverty Level. Families that do not qualify for services because their income levels are too high often receive no services yet struggle to work, eat and shelter their families.

Factors that Support Self-Sufficiency:

The Self-Sufficiency Standard for Maryland report makes recommendations for raising incomes and reducing costs through programs like child care assistance, food benefits, earned income tax credit, and the removal of barriers related to transportation and housing costs; barriers already highlighted earlier in this report. Raising incomes requires access to better paying jobs through education, career guidance and job training. Many participants in focus groups made such suggestions including the fact that "there needs to be more school-based services related to food, housing and employment to help families, while removing transportation barriers."

Adult Educational Achievement:

As Table 2.1 shows, Anne Arundel County has a highly educated workforce; 89.3% is estimated to have a high school diploma and 64% of the population has at least some college education. However, there are nearly 40,000 residents who did not graduate from high school. According to national data, the unemployment rate for high school graduates is 22% but for dropouts the rate increases to 33%.²⁷ In contrast, as Table 2.2 indicates, the general unemployment rate for the county is 6.8%.²⁸ Focus group participants commented that due to the recession, many entry level, low income jobs are being taken by new college graduates leaving a shrinking pool for those without any formal qualifications beyond high school.

²⁶ Pearce, D.M. February, 2012. *The Self-Sufficiency Standard for Maryland, 2012*. The Maryland Community Action Partnership, p 9.

²⁷ Carnevale, A.P., Chcah, R.,& Strohl, J. *Hard Times: College Majors, Unemployment and Earnings; Not All College Degrees are Created Equal*.

<http://www9.georgetown.edu/grad/gppi/hpi/cew/pdfs/Unemployment.Final.pdf>; Retrieved May 7, 2012.

²⁸ Anne Arundel Economic Development Corporation, Economic Indicators, Third Quarter, 2011.

Table 2.1

Educational Attainment for Persons over 25 Years of Age in AAC 2010 American Community Survey, 2010		
	Estimated Number	Estimated Percent
Less than 9th grade	11,123	3.0%
9th to 12th, no diploma	28,012	7.7%
High School Graduate (includes GED)	89,429	24.5%
Some College, no degree	80,879	22.2%
Associate's Degree	25,679	7.0%
Bachelor's Degree	78,612	21.6%
Graduate or Professional Degree	50,979	14.0%
TOTAL	364,713	100%

Source: U.S. Census Bureau, *American Community Survey*, 2010, Anne Arundel County, Detailed Table DP02.

Table 2.2

Average Employment Status in AAC 2010 American Community Survey, 2010			
	Average Third Quarter 2011	Average Third Quarter 2010	Percent Change
Civilian Labor Force	283,958	282,687	+.45%
Employed	264,565	263,425	+.43%
Unemployed	19,393	19,263	+.67
Rate of Unemployment	6.8%	6.8%	-
MD Rate of Unemployment	7.3%	7.4%	-.1%
US Rate of Unemployment	9.1%	9.6%	-.5%

Source: <http://www.aaedc.org/images/stories/pdf/Economicindicators3rdQTR2011.pdf>
Retrieved March 4, 2012.

Employment

Anne Arundel County's 14,432 businesses employ 226,564 workers. An estimated 300 of these businesses have 100 or more employees. Key private sector employers include: ARINC, Booz Allen & Hamilton, CSC, General Dynamics, and Northrop Grumman. Key government employers include the Defense Information Systems Agency, National Security Agency, Fort George G. Meade, and the U.S. Naval Academy. The county's major employers are primarily located within Annapolis, Glen Burnie, and Hanover. As the County's largest employer, Fort Meade has additional transit needs with the recent influx of 5,700 employees and their family members due to BRAC activities. AACPS and the State of Maryland, the second and fourth largest employers in the County, are based in Annapolis. Baltimore Washington International airport is the County's third largest employer and Northrop Grumman, the fourth largest employer, is located just north of the airport in Linthicum.²⁹

²⁹KFH Group, Inc. January 2010. *Anne Arundel County Transit Development Plan Update: Final Report*. Bethesda, MD.

In focus groups and interviews with workforce development professionals, all agreed that while STEM (Science, Technology, Engineering and Math) programs in the public schools are increasing the opportunities for some students, there needs to be more focus on soft skills and training for jobs that do not require a college degree in order to improve the chances of employment for our youth. Soft skills include communication, teamwork, punctuality and organization. As one participant commented “in schools there’s a lot of emphasis on advancement through college but not much on employability skills.” While academic counseling was rated highly at AACPS and the community college, career planning was found to be lacking in both places. Some students are taking community college courses with no clear idea of what their career goal is, as noted in a focus group among county community college students. As one student noted; “I’m just taking random classes.”

Participants commented on the prevalence of “poor mental models” for success in low income communities, especially related to employment. So many residents are reported as depressed and hopeless, especially if they have joined the ranks of the long-term unemployed. They may also be battling mental and physical health issues. In public housing communities some families are trapped, mentally and physically, in an inter-generational cycle of poverty. As one subsidized housing resident noted: “Some residents have never been outside out of Bywater, the Woods and 20 (public housing). Most live from day to day, in survival mode.” Another participant noted that “our most poor kids have such a short vision. No one in their family has a long term plan.”

Family Income

2010 census estimates report that the median family income in Anne Arundel County is \$97,974 although there are still nearly 27,000 families earning less than \$50,000 (see Table 2.3). A 2010 community development survey of three subsidized and public housing complexes in the city fixed the median income within those complexes at \$15,000 leaving residents with an income gap of over \$43,000 and little hope for self-sufficiency.

Table 2.3

Estimated Annual Family Income, Anne Arundel County American Community Survey, 2010		
	Estimated Number	Estimated Percent
Less than \$10,000	3,271	2.4%
\$10,000- \$14,999	1,069	0.8%
\$15,000 - \$24,999	5,458	4.0%
\$25,000 to \$34,999	6,720	4.9%
\$35,000 to \$49,999	10,354	7.6%
\$50,000 to \$74,999	22,725	16.6%
\$75,999 to \$99,999	20,591	15.1%
\$100,000 to \$149,999	33,770	24.7%
\$150,000 to \$199,999	16,230	11.9%
\$200,000 or more	16,393	12.0%
TOTAL	136,581	100%

Source: U.S. Census Bureau, *American Community Survey*, 2010, Anne Arundel County, Detailed Table DP02.

What We Are Doing Well

Despite the clear impact the recession is having on the county, participants reported several areas of strength related to the potential for self-sufficient families. The Systems of Care collaboration between the Anne Arundel County Partnership for Children, Youth and Families and AACPS was noted as an excellent resource for families struggling with basic needs. In terms of social, physical and emotional well-being, Systems of Care was given high marks from participants for offering a single point of entry to link families and youth to supports in the community and agency services. As one agency representative noted; “Systems of Care gets all my calls – that’s where I send my families. I used to have to fumble around to call DSS and call Community Action Agency.” Participants also noted the number of partnerships and collaborations in operation in the county that address vulnerable families in a more holistic model in which the families themselves are partners. The Promise Neighborhood Consortium, Pathways to Opportunity at the City of Annapolis Housing Authority and the Community Resource Initiative/Care Team (a multi-disciplinary team that meets twice a month to help families) were all singled out for special mention.

Anne Arundel County Public Schools were rated as “excellent”, “superb” and “outstanding” among participants, who noted particularly the STEM initiative, and the AVID program as very important. Other innovative initiatives targeted for special mention include the Green Jobs program, Job Corps, youth summer programs and the STEP UP TO SUCCESS program organized by the Anne Arundel County Workforce Development Corporation to target drop outs. The latter agency is scheduled to open a new youth employment center in Arnold later this year.

Needs and Gaps in Services

As noted earlier, the lack of a viable long-term success strategy for low income families can act as a huge barrier to economic self-sufficiency, especially in terms of employment. Several participants noted the need for “financial literacy” and soft skills training. A large number of participants also noted that, before we can serve low income families, we have to really understand what their needs and barriers are, rather than what we think or guess they are. This notion was put best by one participant who noted:

We need to identify needs properly – assess what we are trying to impact. We need a diagnostic that will assist us to help voiceless people to have a voice and identify what’s going on for them.

Others expressed the need to “meet people where they are” physically, socially and emotionally. Participants focused on the need for career development, apprenticeships and soft-skills training for youth, noting that not all students “need or want to go to college.”

Chapter 3: Youth Development & Education

Youth are the promise for the future of Anne Arundel County. Their care and development from birth, through early childhood, are key to the economic and social vitality of the county as they struggle through the teenage years and transition into adulthood. Many of our youth are leaving high school well prepared to lead a happy and productive life. However, as previous chapters indicated and as participants emphasized, there are points at all stages of child development where some of our children and youth are vulnerable to issues related to poverty and stress, particularly in single parent households. This report has already noted the issues with quality child care; this chapter will examine other stages of the development process. Of particular note is the group known as transition aged youth, between 16 and 24, who are transitioning from school to the next stage of adulthood.

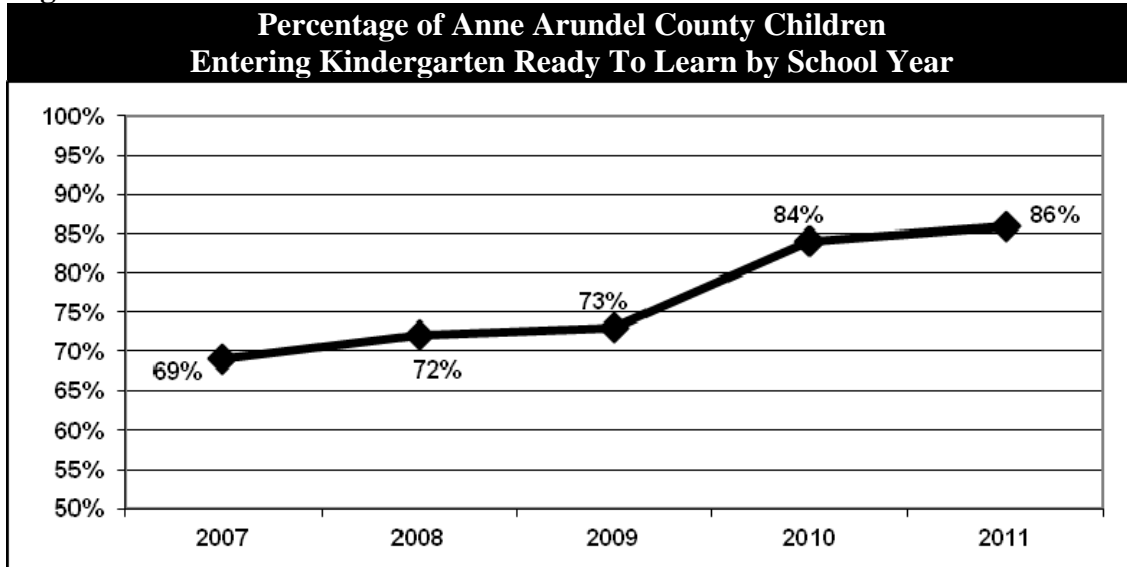
Children Entering School Ready to Learn

AACPS uses the Maryland Model for School Readiness assessment as an early measure of child development. Each kindergarten teacher observes and rates student behavior for these five and six year olds using portfolio assessment strategies, including samples of student work and review of measures of student learning, for readiness in Language and Literacy, Mathematical Thinking and Scientific Thinking. The results are collected annually from teachers and reported by county to the Maryland State Department of Education (MSDE).

The trend in Anne Arundel County is very positive with steady growth in the percentage of children entering school ready to learn over the last five years, reaching 86% in 2011 and remaining there for 2012, as Figure 3.1 shows. In fact, the increases over the last twelve years range from 34 points (Language and Literacy) to 57 points (Scientific Thinking). More importantly, when looking at county data for kindergartners from low income households, the growth in readiness matches the success county-wide. Eight of ten children from low income households receiving FARMS (Free and Reduced Meals in Schools, which is a measure of household poverty) more than doubled their readiness for school scores from those of 2001-02³⁰. Participants credited programs that help “break down agency silos” for some of these gains. Special mention was given to the county’s ‘Judy’ Center, a ‘one stop shop’ for early childhood; AACPS’s Infants and Toddlers program that serves families of children with special needs during the first three years of the child’s developmental journey and the Behavioral/ Emotional Support and Training (BEST) program offered at the TEACH Institute of Anne Arundel Community College.

³⁰ *The 2011-2012 Maryland School Readiness Report: Children Entering School Ready to Learn*. Baltimore MD: Maryland State Department of Education and Ready at Five. <http://www.readyatfive.org/raf/school-readiness-data/school-readiness.html> Retrieved April 5, 2012.

Figure 3.1



Source: Maryland Model for School Readiness 2010-2011.

Children Successful in School

Once children enter school there are a number of key indicators that map their academic progress. Academic achievement is tied to the Maryland School Assessment (MSA), which sets academic standards for student performance. Reading, math and science scores are presented in Table 3.1 for grades 3 through 8, comparing Anne Arundel County students with students state-wide. AACPS is performing better overall than statewide numbers; students score from three to nine percentage points higher than Maryland students overall.

Table 3.1

Reading, Math and Science MSA Scores (Percent of TOTAL Students by Grade) Anne Arundel County and Maryland Average, SY 2010-11						
Grade Level	Average Proficient and Advanced in Reading		Average Proficient and Advanced in Math		Average Proficient and Advanced in Science	
	AAC	MD	AAC	MD	AAC	MD
3	89.9	85.1	92.1	86.3		
4	92.9	88.7	>95.0	90.3		
5	94.2	90.2	88.6	82.3	75.8	66.8
6	87.2	83.8	85.5	81.0		
7	87.7	84.1	78.5	74.3		
8	87.1	82.7	71.2	66.1	78.7	69.5

Source: 2011 Maryland Report Card, Anne Arundel County
<http://www.mdreportcard.org/Assessments.aspx?K=02AAAA>; Retrieved March 5, 2012

There are other factors related to school performance worthy of attention. Performance related to subject matter is uneven; for example, math and science consistently lag reading and language performance. Additionally, school proficiency drops for all students as they age. When student

performance is analyzed using Free and Reduced Meals Students (FARMS) data as an indicator of economic need, Anne Arundel County averages drop for eighth graders (see Table 3.2 below). FARMS students are disproportionately impacted by these factors; for instance their math and science scores dropped significantly. While students in the FARMS program in Anne Arundel County do better than like students statewide, the gap in their performance is troubling. Poor academic performance has long-lasting economic consequences, reducing earning capabilities and self-sufficiency.

Table 3.2

Reading, Math and Science MSA Scores (Percent of TOTAL 8th Grade Students) All Students vs. FARMS Anne Arundel County and Maryland Average, SY 2010-11						
Grade Level	Average Proficient and Advanced in Reading		Average Proficient and Advanced in Math		Average Proficient and Advanced in Science	
	AAC	MD	AAC	MD	AAC	MD
8 th						
All Students	87.1	82.7	71.2	66.1	78.7	69.5
FARMS	76.2	70.6	51.3	47.4	60.7	50.0

Source: <http://mdreportcard.org/Entity.aspx?K=02AAAA>; retrieved March 5, 2012.

The results above reflect performance for children who attend school. Truancy and drop-out rates are also important indicators of student success; if students are not in school, learning (as measured by state-wide assessments,) may not happen. Living in poverty increases the chances that a student will drop-out or be truant from school; both impact student achievement adversely.

Truancy is defined as missing more than 20 days in one school year. Although attendance rates alone suggest that students are present, it is clear from truancy data for the county that students are not attending regularly. Students in poverty, according to the FARMS data, show that they are missing instructional time at greater rates than students overall (see Table 3.3). The FARMS truancy rate escalates, doubling from elementary to middle, and then growing to more than one in four students in high school. The loss of instructional time impacts student progress; learning in more advanced subjects is interrupted and can contribute to a cycle that leads to dropping out.

Table 3.3

Truancy Rates in Anne Arundel County Public Schools 2011 by Grade and by FARMS		
Grades	All Students	FARMS Students Only
Elementary	< 5.0	8.7
Middle	9.0	16.8
High	14.3	27.9

Source: <http://msp.msde.state.md.us/AttendanceRate.aspx>; retrieved March 5, 2012

Table 3.4 shows that students exit more actively in grades 9 and 10; by grade 11 there appears to be a greater commitment to finish as the time until graduation shortens. For FARMS students, the dropout rate is more than twice that of students overall. By grade 12, the difference in rates is not as high; however, the loss of students before grade 12 suggests that these students are

disengaged, falling behind, and entering adulthood with serious deficiencies, particularly in pursuing skills training, post-secondary education, and financially secure and sustainable employment. There is legislative activity afoot in Maryland to increase the age at which students may choose to leave school from 16 to 17, which has been supported in the 2012 legislative session.³¹

Table 3.4

Dropout Rates in Anne Arundel County Public Schools 2011 by High School Grade and by FARMS		
Grades	All Students	FARMS Students Only
9	8.5	16.9
10	7.1	15.3
11	< 5.0	10.3
12	< 5.0	6.5

Source: <http://mdreportcard.org/PromoRate.aspx>; retrieved March 5, 2012.

On a different note, behavior in school has improved. Data from the Office of Safe and Orderly Schools in AACPS showed a decline by more than 53% over six years in disciplinary referrals at the County level (from 932 in 2004-05 to 362 in 2010-11).³² Physical attacks by students, fighting, threats, and insubordination are the top four offenses. Suspensions totaled 254, a decline of 10% from the previous year. African American students accounted for 52% of all suspensions; white students accounted for 36%. Hispanics accounted for 6%, an increase of 55% from the previous year. Expulsions decreased from 20 to 14 in 2011; most were for attacks or weapons, usually possession of a knife (12 of 14). It is clear that AACPS is committed to safety, civil behavior and retention of students in schools to promote learning.

Students Graduating Successfully

Graduation rates in Maryland have been developed in recent years using the "Leaver Rate," which was developed by the National Center for Education Statistics. The calculation uses figures in the denominator based on the number of students in grade at the end of a given school year. This calculation does not account for the number of exits during the school year (as most drop outs don't wait until the end to leave, particularly if their 16th birthday falls during the school year). It also does not allow for students who return due to school efforts to re-engage those students. In SY 2011, the state has added a cohort rate to their analyses, tracking students as a class or cohort, who enter school in grade 9 and follow that cohort over their school years. It does adjust for those who transfer in and out, and tracks graduation at both four years and five years from high school start, recognizing that some students need an additional year to graduate.

³³

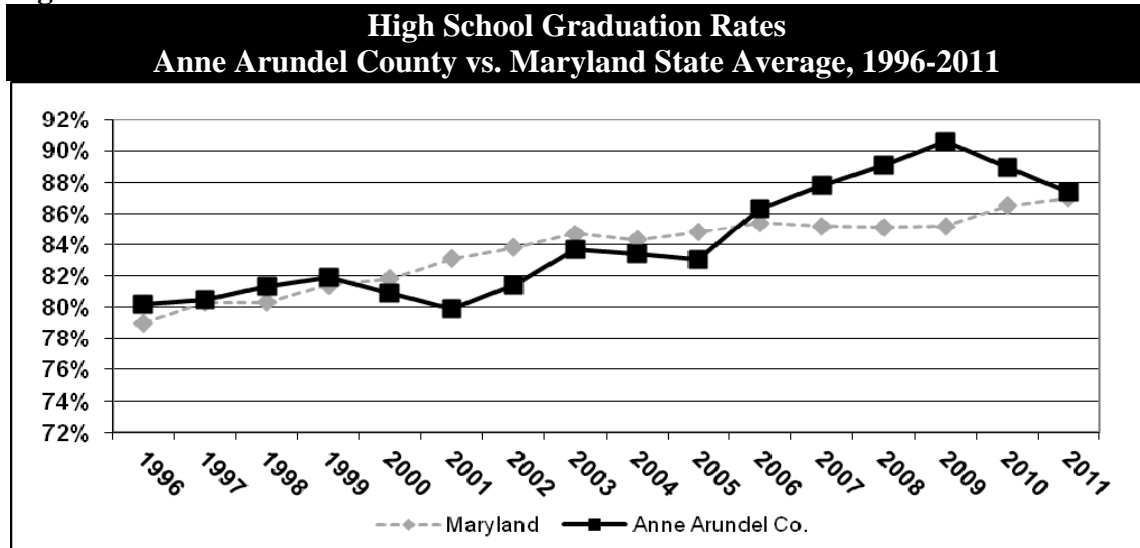
³¹ At time of publication, reconciliation of HB 373 and SB 362 was not complete.

³² Anne Arundel County Public Schools 2010-11 Student Discipline Report.

³³ <http://www.aacps.org/html/press/postrelease/files/files1289/AYPHS2011presser9-30-11.pdf>; retrieved March 5, 2012.

In 2011, based on the Leaver Rate, Anne Arundel County high schools graduated at a rate of 87.4%, exceeding the state average of 87 percent. Figure 3.2 shows that trend over fifteen years. AACPS has worked hard to increase graduation rates which peaked in 2009. The rate has declined since then, which aligns with a downward turn in the economy. State rates have been less variable and have shown a steady upward trend.

Figure 3.2



Source: Maryland State Department of Education, 2011 Maryland Report Card.

The new calculation, the cohort method of determining graduation rates, was adopted by MSDE for the 2010-11 school year. Using the cohort method lowers the rate somewhat but is considered a more accurate measure. For 2011, state rates of graduation were 82 percent at four years and 84.6% at five years. Again, Anne Arundel County showed a modest increase; four year cohort graduation rates were 82.8% and five year rates were 85.5%. These rates document the dropout gap, losing 15 students in every 100 who leave school prior to graduation, despite all the efforts of AACPS to engage them and advance their learning.

Youth Aged 16-24 Transitioning to Self-Sufficiency

The cohort of youth aged 16-24 are experiencing many transitions, socially, developmentally and economically. During this age range our youth reach the age where they decide whether to stay or exit high school; they become drivers and voters; some become mothers and fathers; others join the military and many graduate from high school and advance their education. Some work and pay taxes. They are the age group most often referenced during this needs assessment as “forgotten” or “lost;” a reference to the fact that this group is not tracked by any system as a cohort. That anonymity increases for high school drop-outs, the young unemployed and those youths who age out of the child welfare, foster care or juvenile services system. As one participant noted, “they can’t find jobs and they can’t find housing. The prognosis is poor. They end up in hospital, jail or on the streets.”

Most reliable data systems do not disaggregate data to track this higher risk population. Some of the most vulnerable in this age group have no systems of support from family or community yet

access to data about them is not readily available. Many are at risk for health issues given their greater access to substances, to sexual activity and to trauma (car and other accidents due to riskier behaviors). They may leave families or care settings, they may become homeless, and they may become single parents with small children. In 2011, for every 1,000 female youths between the ages of 15 to 19 in Anne Arundel County, 26 of them were single parents.³⁴ Sadly some of these single parents enter the adult correctional system. As one participant noted, “they are our next parents” yet “there are no supports for single parents who are struggling and trying to go to community college.” As one participant noted:

They are 17-22 and they have left education, they are not associated with an agency. We don't have a place for that population to turn to. How do we develop a portal for that population so they know what services are available to them? For those with special education needs and the mentally ill whose families have turned them out or if the families don't know where to turn - we need a mechanism for that age group.

In almost every focus group participants commented that the 16-24 age group needs special attention in the school setting, especially for those who do not want to go to college. There should be “apprenticeships, job training, and certification programs.”

Many low income students do not have a plan for their life. Several participants noted that “planning” and “soft-skills” training should begin in middle school, before disengaged students drop out. The “poor mental models” for success prevalent in public and subsidized housing extend to their narrower view of the larger community around them. As one participant noted, there are few opportunities for low income children to leave their neighborhoods and experience other settings because “kids in public housing never cross Forest Drive.” On the same theme, a subsidized housing resident told the story of a young, Annapolis low income resident who, having been told about the Anne Arundel Community College in Arnold, asked the question “where’s Arnold?”

What We Are Doing Well

There are many strong educational elements in Anne Arundel County. AACPS and Anne Arundel Community College are considered “excellent” among focus group participants and both organizations are well-respected for their efforts to teach those students with challenges. Data from above testify that young children are receiving the preparation to enter school ready to learn and academic measures exceed state standards. The top tier of children and youth are thriving, as graduation rates and college pursuits attest. There are opportunities for gifted children throughout the system.

The STEM initiative in Anne Arundel County has been in place for several years. The focus is on academic enrichment in these four subject areas of science, technology, engineering and math, as well as Art, which is the (A) added to STE(A)M in this county. Students are encouraged to participate in challenging STEM-related activities and events. Many students are producing innovative projects. In the 2011-12 school year, three students at South River High School developed an “app” for their smart phones that allows users to shift songs on the playlist by

³⁴ Anne Arundel County Department of Health, May 2011. *Measuring Success: Report Card of Community Health Indicators*.

shaking the phone rather than hitting a button. This idea has actually gained some global recognition through Android users downloading the free “app.”

The non-profit community is highly supportive of the school system. As one participant noted, ‘there is much more emphasis on coordinating non-profit programming with educational goals and improvements.’ As an example of this mutually beneficial relationship, the Eastport Girls Club works closely with teachers to ensure the girls in their programs complete and submit science projects. Restoration Community Development Corporation offers several after-school programs in partnership with the public schools to help every child achieve educational success.

The Anne Arundel County Workforce Development Corporation has a number of targeted programs to help youth move up academically and occupationally. Related to jobs, there are summer youth programs, as well as job fairs and linkages to business advisory boards. Career exploration is provided at Step Up to Success, as well as the Foster Youth Program, funded by the Community Foundation of Anne Arundel County and operated through the Anne Arundel County Department of Social Services. There is a program called WAGES (Work Maturity and Growing Employability Skills) that targets youth at risk to drop out at North County High School specifically. There is a Soft Skills Coalition that is trying to widen the reach of this program to teach more youth about the ‘soft skills’ employers are seeking around communication, attendance, and work styles.³⁵

Needs and Gaps in Services

As noted earlier, transition aged youth need career planning. Financial literacy is not a common topic for instruction, yet youth need these critical skills, particularly in a tight economy. As one participant noted:

When kids get out of high school they have to know something to feed themselves. It’s a harder road now to get to the first step. We need a financial literacy curriculum in the high schools.

Youth also need the guidance and advice of that “one caring adult,” yet there are gaps in mentoring programs in the county, especially involving adult males. There should be some focus on how youth who are no longer in any formal system are tracked and followed. This will require the will and energy of all public and private child serving agencies to share data and track by youth, rather than by program.

After school programs were noted as most important for vulnerable youth. The time period from 3:00 p.m. to 8:00 p.m. was referenced as the “most dangerous time” for vulnerable children in low income communities. This participant expressed the issue well:

When you live in a middle class neighborhood and kids leave school; between 3:00 p.m. and 8:00 p.m. they’re engaged in activities that develop that other part – keep them busy, keep them challenged. Low income families don’t have access to that. We need to concentrate on that 3:00 p.m. to 8 p.m. time; structure that time for kids in their own communities. The Departments of Juvenile Services and Social

³⁵ Source: http://www.aawdc.org/html/youth_01.html; retrieved March 22, 2012.

Services and the school system deal with the bad piece of those six hours and we're unraveling that damage. We should reallocate resources to those hours and those communities.

Summary

Youth in Anne Arundel County have great potential. Those with access to resources and safe homes, and even some who don't, continue to make our county one of the Maryland stars, consistently exceeding state-wide averages for academic achievement. The gap in achievement is still great between those who are thriving and those needing supports to thrive, beginning with early school readiness and continuing across youth development. For youth aged 16-24 the need is great and resources are most lean. The academic issues related to poverty and want are not the responsibility of the school system alone. Caring communities need to work together for the well-being, self-sufficiency and happiness of the next generation of citizens and parents.

Chapter 4: Health & Environment

It is well known and accepted that the health of residents in any community is affected by the environment in which they live. In fact, “health [is] a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.”³⁶ One of the key values and beliefs underlying the ethical practice of public health is that residents are interdependent with their physical environment, in that both affect the well-being and vitality of the other.³⁷

Anne Arundel County has an active county health department (Anne Arundel County Department of Health) committed to a vision where all residents thrive in healthy environments. The department benchmarks the health of communities using Healthy People goals established by the US Department of Health and Human Services. Each decade goals are established and benchmarked to address common health challenges around mortality (ratio of deaths to populace) and those risk factors that contribute to poor health. The 2020 goals present the current yardstick for the Anne Arundel County Department of Health, which works diligently and monitors progress toward these goals. As Health Officer for the county, Dr. Angela M. Wakhweya commits to a collaborative approach: “Critical to achieving our vision and mission are strong, sustainable partnerships with public sector agencies, community-based organizations, health care providers and payers, academic institutions and private sector businesses.”³⁸

General Health Indicators

The first indicator of Anne Arundel County’s health is its life expectancy; in 2009 it reached the highest level to date at 79.1 years.³⁹ Other measures of the health of Anne Arundel communities are reported through the Anne Arundel County Department of Health as progress on Healthy 2010 goals and the new targets for Healthy 2020. Anne Arundel County falls slightly below the national and Maryland averages for the number of adult indicators not met in 2010. New targets have been set for 2020.

Table 4.1 shows that the county met 2010 goals for reduction in rates of stroke, diabetes and female breast cancer and set new lower rates for those three diseases as their Healthy 2020 targets. Rates for two other diseases remain higher than the 2010 targets; these are all forms of cancers and coronary heart disease. Both of these are the leading causes of death in 2009 in Anne Arundel County. Cancer caused 952 deaths and heart disease 882 in 2009; together they account for two thirds of all deaths in the County.⁴⁰

³⁶ *The Future of Public Health*, Institute of Medicine, 1988.

³⁷ *Principles of the Ethical Practice of Public Health*, 2002, p. 2.

³⁸ <http://www.aahealth.org/index.php>, Mission Statement of Department.

³⁹ *Measuring Success: Report Card of Community Health Indicators*, May 2011, p. 6.

⁴⁰ *Measuring Success: Report Card of Community Health Indicators*, May 2011, p. 6.

Table 4.1

Healthy 2020 Goals for Anne Arundel County Rates per 100,000 Population		
Indicator	Met Goal 2010	Goal 2020
Mortality		
Stroke	Yes	33.8%
Diabetes	Yes	65.8%
Female Breast Cancer	Yes	20.6%
All Cancers	No	160.6%
Coronary Heart Disease	No	100.8%
Risk Factors		
Cigarette Smoking in Adults	No	12.0%
Healthy Weight in Adults	No	33.9%
Obesity in Adults	No	30.6%

Source: Anne Arundel County Health Report Card, <http://www.aahealth.org/pdf/aahealth-report-card-2011.pdf>, Retrieved March 4, 2012, pp. 5, 6 and 18.

There are behavioral risk factors that contribute to these leading causes of death; the two are targeted for Anne Arundel County adults for Healthy 2020 are smoking and excess weight. The rate of adults who smoke in the county has decreased to a rate of 14% in 2009. That decline, which mirrors the US and Maryland trends, is attributed to community partnerships through the Anne Arundel County Department of Health and the Partnership for Children, Youth and Families to educate adults and youths, as well as higher taxation on products, restrictions on labeling, and implementation of the Clean Indoor Air Act.⁴¹ However, according to the Anne Arundel County Department of Health website on adolescents and smoking, as of 2010 approximately 19 percent of teens smoke and 44 percent of county children live in households where at least one person smokes.⁴²

Adult obesity, defined as a Body Mass Index of equal to or greater than 30, shows that 26% of adults in the County are obese⁴³. The national benchmark for 90% of the population is 25%; Maryland has more obese residents, at 27%. Obesity is one of two goals for the new Local Health Improvement Coalition, a collaboration of public and private stakeholders lead by the Anne Arundel County Department of Health. The other goal is related to co-occurring disorders; a term to describe residents who are battling substance abuse and mental health issues concurrently. Targeted indicators to show baseline and progress include emergency room visits related to behavioral health, drug-induced deaths, fatal car crashes related to substance use, and suicides.⁴⁴ A comprehensive needs assessment is planned for mid 2012.

⁴¹ Anne Arundel County Department of Health, *Public Health News*, Autumn 2011
<http://www.aahealth.org/physicianslink/newsletter.asp?id=86>

⁴² Anne Arundel County Department of Health, Updated November 2010.
http://aahealth.org/physicianslink/chronic_smoking_pediatric.asp

⁴³ Source: <http://www.countyhealthrankings.org/maryland/anne-arundel>
 Retrieved March 21, 2012.

⁴⁴ Anne Arundel County Local Health Improvement Coalition Action Plan, March 2012,
<http://www.aahealth.org/pdf/lhic-action-plan-march-2012.pdf>. Retrieved April 30, 2012.

The most recent study of obesity in children in the county was conducted in 2006. Those data show that 15.6% of children ages 2 to 19 were overweight with 16.9% additionally at risk of being overweight.⁴⁵ Taken together, one in three children in Anne Arundel County was either overweight or at risk for being overweight, which is defined as "having excess body weight for a particular height from fat, muscle, bone, water, or a combination of these factors."⁴⁶ While six years have elapsed since this report, the national data suggest that the trend is not reversing.⁴⁷

Participants in focus groups and interviews noted the rising phenomenon of obesity and cited the lack of "healthy food" and depression as common causes. As one participant noted, for low income families "a lot of inexpensive food is on the dollar menus with lots of fried food and so cholesterol is high." Hypertension and diabetes in later life is often the result of children's unhealthy eating habits and lifestyles. The lack of open green space in low income communities, coupled with transportation issues, increase the likelihood of a sedentary lifestyle.

Due to a lack of sidewalks in many jurisdictions, there is less walking, particularly children walking to school. AACPS transports 73% of students to school in buses. Only one in four walks to school or is driven privately.⁴⁸ There is a Maryland Statewide Student Travel Policy which promotes pedestrian safety and walking to school. However, only three county schools reported participating in 2009.⁴⁹ One of the Healthy 2020 goals is to increase the number of persons considered to be at healthy weights. The target is to have one in three adults in the county at that weight by 2020; in 2008, 31.8% were considered at a healthy weight, 2-3 percentage points below the target.

Overall, the county ranks tenth of the 24 Maryland counties for health vitality per the County Health Rankings, 2012, published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. These rankings are based on measures such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity and teen births.⁵⁰

Health care reform has been ongoing for a number of years in Maryland and has increased eligibility for vulnerable families. Medical Assistance has expanded for single persons, seniors, and families. MCHIP provides health coverage for children state-wide, which includes Anne Arundel County. However, access to health and mental health services is still an issue for many county residents. The recession has impacted the numbers of people who have health insurance, either because they are unemployed or because they now have contractual work that doesn't offer benefits. Many working poor families don't know they are eligible for medical care and outreach to these families can be difficult. Here is a typical focus group comment:

People out there don't know they're eligible [for Medicaid and other health entitlement programs.]. We have kids who need glasses, hearing aids. People now don't have access to computer or phone. Or, if

⁴⁵ Anne Arundel County Department of Health, <http://www.aahealth.org/pdf/obesity-children.pdf>

⁴⁶ National Institutes of Health, *National Heart, Lung, and Blood Institute. Disease and Conditions Index: What Are Overweight and Obesity?* Bethesda, MD: National Institutes of Health, 2010.

⁴⁷ <http://www.cdc.gov/healthyyouth/obesity/facts.htm>

⁴⁸ Land Preservation, Parks and Recreation Plan 2006
http://www.aacounty.org/RecParks/resources/lpprp_2008.pdf

⁴⁹ Maryland Statewide Student Travel Policy Survey, p.49

⁵⁰ <http://www.countyhealthrankings.org/app/maryland/2012/anne-arundel/county/1/overall>

you're working at Walmart you can't just pick up the phone and call. You may have only 100 minutes on a pay as you go cell phone.

Specific Health Indicators

There are a number of key indicators that are specific to the county's health status. These affect vulnerable populations more acutely. They include Babies Born Healthy, Infant Mortality, and Mental Health.

Babies Born Healthy

Anne Arundel County has lowered its teen birth rate from 2.1% in 2007 to 1.8% in 2010. Late or no prenatal care was on a downward trend until 2010 when it spiked again. In 2007, 2.5% of births in the County were to mothers who received late (third trimester) or no prenatal care. In 2010, that number climbed to 4.1%. It should be noted that many mothers do not report prenatal care (in 2010, 703 of the 7075 births or approximately 10% did not report prenatal care). Thus the number of women without prenatal care may actually be higher.⁵¹ Low birth weight (less than 2,500 grams at birth) is a key marker to child development; it can contribute to health complications and compromises an infant's capacity to thrive. This rate has been relatively stable over four years at 8.2%, spiking once in 2008 to 9.2%.

Table 4.2

Percentage of Births to Anne Arundel County Mothers 2007-2010								
	2007		2008		2009		2010	
	MD	AAC	MD	AAC	MD	AAC	MD	AAC
Less than age 18	2.9 %	2.1%	2.8%	2.2%	2.6%	1.8%	2.3%	1.8%
Less than 12 years of education	14.9%	NA	15.0%	NA	14.5%	NA	NA	11.7%
Unmarried	40.9%	31.8%	42.3%	33.1%	42.8%	33.2%	41.7%	32.3%
Late or no Prenatal Care	4.7%	2.5%	4.2%	2.1%	4.7%	2.0%	6.3%	4.1%
Low Birth Weight of Baby	9.1%	8.2%	9.3%	9.2%	9.2%	8.2%	8.8%	8.2%

Source: Maryland Vital Statistics Report, 2007-2010; <http://vsa.maryland.gov/html/reports.cfm>

Infant Mortality

The mortality rate for infants has decreased consistently over the last four years in Anne Arundel County. These deaths are recorded in the first year of life, not just at birth. Maryland's rate, while also in decline, is higher than Anne Arundel County. There is a great disparity between

⁵¹ Maryland Department of Health and Mental Hygiene, *Maryland Vital Statistics, Preliminary Report 2010*; <http://vsa.maryland.gov/doc/prelim10.pdf>

white and black infants in terms of mortality rates. In 2010, the most recent data available, there were 10.9 deaths for black infants per 1000 live births, compared to 3.3 for white infants in Anne Arundel County. This raises questions about equality of access to quality pre-natal care, and education about infant care and healthy behaviors.

Table 4.3

Infants Mortality Rate (number of deaths per 1000 live births)		
Year	Maryland	Anne Arundel County
2007	8.0	6.5
2008	8.0	8.7
2009	7.2	4.9
2010	6.7	4.7

Source: Maryland Vital Statistics Reports; <http://vsa.maryland.gov/html/reports.cfm>

Mental Health

Mental health issues were cited as a major concern throughout the focus groups. In fact, many participants reported this as the number one health issue in Anne Arundel County. Most focus group members who work in service agencies reported that, in 2012, they are seeing a higher rate of depression among those they serve. They attribute this to the downturn in the economy and the reduction in community services available to those in need. Several also noted the impact of a change in culture among new immigrants. As one noted, “they used to walk to market. Here they are indoors; they are depressed - there are cultural issues.”

One quantitative measure of mental health uses the average numbers of ‘poor mental health days,’ estimated from responses on the Centers for Disease Control Behavioral Risk Factor Surveillance System (BRFSS), which is collected via telephone to persons over 18 years of age. These data are collected over seven years to stabilize estimates and they are age-adjusted based on the US population. The question is framed as: “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” In Anne Arundel County, the average number of poor mental health days is reported as 3.5, which exceeds the national average of 2.3 and the Maryland average of 3.3.⁵²

The Anne Arundel County Mental Health Agency reported that the county saw an 18% increase in the number of consumers of services in 2010. Of all served, 27% more are receiving in-patient services; this need is more pronounced among adults. The average cost per consumer is in line with state averages, at approximately \$5,000. The county has fewer psychiatric beds than other counties of comparable size; there are 14 beds and that is considered 20% capacity.⁵³ Many participants linked parent mental health to their children’s mental health, most agreeing that when we “help parents with their mental health then the kids get better.”

⁵² <http://www.countyhealthrankings.org/app/maryland/2012/measures/outcomes/42/map>

⁵³ 2010 AAC Mental Health Agency Annual Report, Mental Health Summary, pp22-23.

Participants reported that mental health services for children are sorely lacking. The system by which the public school system offers school based mental health was given high marks but there are waiting lists even there. Other issues include the lack of mental health providers, especially psychiatrists, willing to accept Medicaid and MCHIP and the low numbers of bilingual therapists. The lack of services was reported as highest for the early childhood population. As one participant noted;

There's a huge lack of mental health resources for early childhood. We need to put most of the work there – by the time they reach third grade if we have not provided the supports we are headed for disaster by middle school.

It is clear that there is an increasing need for services while current resources are stretched and gaps are appearing. For so many to express this as the number one health need attests to the severity and the lack of adequate resources.

What We Are Doing Well

The county's private health system has a new focus on low income families partially related to controlling emergency room rates. These rates, at approximately \$1,500 per visit, increase medical costs for all residents. There are two community health centers rated as "excellent" by participants: Pioneer City Family Health Center in Severn is a branch of People's Community Health Centers, which is a Federally Qualified Health Center (FQHC); and the Annapolis Community Health Center, sponsored by Anne Arundel Medical Center. Both are positioned, geographically, to serve those for whom access to primary care is problematic due to barriers related to income and transportation. These community health centers provide comprehensive primary and preventive care, so that individuals and families do not overuse emergency rooms at the hospitals in the County (Baltimore-Washington and Anne Arundel Medical Center). Each of these is an example of public/private partnerships.

Healthy Start and Head Start, as federal early intervention/education initiatives, have family involvement and health components. Both stress healthy behaviors in the family and provide services to support vulnerable families.

The REACH Program is an innovative "model practice" recognized by the National Association of County and City Health Officials. Since 1999, it has served more than 8,100 Anne Arundel County residents without health insurance and earning less than 250% of the federal poverty level. It is a partnership between the Anne Arundel County Department of Health and the Anne Arundel County Medical Society. Residents, including the working poor, enroll and access a network of primary and specialty care providers who provide comprehensive health care at reduced fees. Paperwork is limited and physicians may set limits on REACH patients they can serve. Case managers in the Anne Arundel County Department of Health assist with care coordination and ancillary services.

Needs and Gaps in Services

Despite these recognized programs there are a number of needs. With increasing rates of depression and mental stress, there are reports from the focus group members about increasing rates of substance abuse, particularly prescription drugs.

Nationally there is a shortage of primary care physicians; Maryland reports this as well. With the increase in diversity of language, there is a growing need for bi-lingual service providers, particularly Spanish-speakers. Access to primary health care remains an issue for low income residents. As one health professional noted; “basic access is a big problem (for low income residents), especially specialty access.” Many more families are eligible for Medical Assistance (MA) and the Maryland Children’s Health Insurance Program (MCHIP) than actually access them.⁵⁴ Data show that statewide in Maryland, more than 13% of the total population is uninsured and there are more than 115,000 uninsured children. By law the sign-up process for medical assistance is funneled through two county agencies; the Department of Social Services and the Anne Arundel County Department of Health. Residents must make application at these agencies. Participants noted that the economic downturn has resulted in more employees working in jobs without health insurance. Many of these families may be eligible for the MCHIP program but may not know it. Finally, while there have been some improvements for children, dental care is still a major issue for vulnerable families.

The Environment of Anne Arundel County:

There are a number of indicators that link the environment and the health of the community. These involve water, air, lead, and land (trails and paths). Water meets all the health and safety regulations required in Anne Arundel County. The 2010 Anne Arundel County Drinking Water Quality Report indicated the county meets standards for both 2008 and 2009.⁵⁵ However, according to the 2010 Anne Arundel County Department of Public Works report on Watershed Impairments, of the 12 county watersheds, all 12 have at least three impairments. The Patapsco (North County) has seven impairments, making it the worst in Maryland.⁵⁶

As for air quality and pollution, there are six indices used by realtors to evaluate quality of life in communities according to CLR Search.⁵⁷ These are Air Pollution, Ozone, Lead, Carbon Monoxide, Nitrogen Dioxide, and Particulate Matter. According to their analyses, 100 is the national average and a higher number is less favorable. When viewing Table 4.4, Anne Arundel County has a better air quality than the national average (100) on all measures. However, it has higher levels of ozone than Maryland.

⁵⁴ Kaiser Family Foundation, State Health Facts; Health Coverage and Uninsured; <http://www.statehealthfacts.org/profileglance.jsp?rgn=22&rgn=1#>; Retrieved May 1, 2012

⁵⁵ 2010 AAC Drinking Water Quality Report http://www.aacounty.org/DPW/Resources/20110531_waterrpt.pdf

⁵⁶ DPW Watershed Management Program. 2010. Anne Arundel County’s Integrated Report of Surface Water Quality and TMDLs 2010; <http://www.aacounty.org/DPW/Watershed/2010%20integrated%20report%20map.pdf>. Retrieved May 16, 2012.

⁵⁷ http://www.clrsearch.com/Sitemap/Maryland/Anne_Arundel_County/

Table 4.4

2010 Pollution Indices		
Index	Maryland	Anne Arundel County
Air Pollution	87	84
Ozone	87	95
Lead	50	48
Carbon Monoxide	91	91
Nitrogen Dioxide	106	92
Particulate Matter	88	82

Source: http://www.clrsearch.com/Sitemap/Maryland/Anne_Arundel_County/

Asthma is directly influenced by air quality. Data from FY 2011 emergency room visits show a total of 1278 asthma related visits for those Anne Arundel County residents less than 18 years of age.⁵⁸ A breakdown by zip code shows the highest frequency in Brooklyn Park (20% of total visits). Total visits from youth/children in Glen Burnie, Severn and Pasadena accounted for an additional 36%.⁵⁹ By race, 51% were Black children; 37% were White. By ethnicity, 4.8% were Hispanic. By zip code, 21225 (Brooklyn Park) accounted for 1 in 5 children and youth treated. Zip codes 21061 (Glen Burnie,) 21144 (Severn) and 21122 (Pasadena,) accounted for an additional 36% of those with asthma treated in emergency rooms.

As Table 4.4 above indicates, lead levels are quite low for Anne Arundel County, based on national averages. From personal communication with a health officer in the county, there are a small number of cases annually where lead levels exceed safety standards (>10ug/dL). In 2010-2011, there were 30 active cases; 20 of them were contracted in the county and the remainder was children who relocated after their cases were active elsewhere. Of the 20 contracted cases in the county, 14 were in the northern portion; the remainder was in the southern portion.

What We Are Doing Well

There are several public/private partnerships to promote health and the environment. AACPS has a number of environmental education programs, including the Chesapeake Stewards Initiative, which was launched in 2009 at Arlington Echo; the site of the public schools' outdoor education program. Youth and parent volunteers learn 'bay friendly' practices to apply at home and in their communities. There is a greater increase in recycling in the county, advancing from 35% in 2009 toward the goal of 50% trash/50% recycled from every home.⁶⁰ This is combined with efforts to extend recycling to high-density residential, commercial and convenience settings to have greatest impact.

⁵⁸ Maryland HSCRC; <http://www.hscrc.state.md.us>; interpreted by Anne Arundel Department of Health.

⁵⁹ <http://hscrc.state.md.us> as analyzed by Anne Arundel County Department of Health and shared through personal communication.

⁶⁰ 2010 Recycling Advisory Committee Final Report, p. 6.
<http://www.aacounty.org/DPW/WasteManagement/RecyclingCommittee.cfm>

As the county takes a more environmentally aware position at many levels, the opportunities to work in ‘green’ industries increase. There is a 14-week Green Jobs training and placement program sponsored by the Governor’s Workforce Investment Board in Anne Arundel County which was launched in August 2010. This solar energy training program teaches basic skills and safety practices in photovoltaic (PV) array design and components. The program represents collaboration among government, higher education and industry. Graduates are prepared for the North American Board of Certified Energy Practitioners (NABCEP) Solar PV installer Certification exam, as well as positions as electrical apprentices or installers.⁶¹ Additionally, the green jobs summer program at Arlington Echo is operated as a partnership between the Anne Arundel County Community Action Agency and Anne Arundel County Workforce Development Corporation. The program will be in the third year of operation in summer, 2012.

The Anne Arundel County restaurant inspections program was noted for saving lives through the on-going and routine control of quality in food service and preparation. Inspectors were described as the “unsung heroes” of public health.

Needs and Gaps in Services

Transportation is an issue for programs attempting to connect low income youth with their environment. At Arlington Echo, transportation costs for youth programming across the public school system is running at approximately \$200,000 per year. As already noted, opportunities for low income youth to connect to environments outside of their communities is particularly important to helping shift the “poor mental models” and “narrow view” that impedes their choices.

Environmental stewardship in the county is enhanced by a large number of groups and initiatives. Participants noted that what we are lacking is a “single entity or champion” to pull together and align the many volunteer and professional efforts to improve the environment. Similarly, there is not an integrated report card to monitor the environment and its impact on health in a more formal way. Lastly, there is an ongoing issue with storm water run off and its impact on the Chesapeake Bay monitored closely by the Chesapeake Bay Foundation. According to some county environmentalists, the promotion of rain gardens holds greater promise to stem that run off than pocket parks.

Summary

Anne Arundel County is an attractive community to live in with its beauty and its history. While there are struggles with a number of health indicators, the strong partnerships among the county’s health department, hospitals, child serving agencies and employers are addressing the less favorable health indicators. They are working together to place key community health centers in locations where there are gaps in pre-natal care and higher levels of asthma, smoking and obesity. New leadership at the Anne Arundel County Department of Health is bringing a vision of public and private collaboration that targets health improvement for all income levels. Much remains to be done but awareness and community response are high and we are working together to promote and preserve healthy communities.

⁶¹ <http://dllr.maryland.gov/whatsnews/gwibgreen.shtml>

Chapter 5: Safe Communities

Children Safe in their Families and Communities

Many issues impact the quality and safety of community life. Several participants commented on the lack of a “sense of community” especially in low income neighborhoods as parents struggle to make ends meet; many holding down two low paying jobs. Single parents are particularly vulnerable to stress without the support of a stable community. In public housing in Annapolis over 85% of residents are single female heads of household (HACA personal communication, 2012). Additionally, as the mental health figures show and as focus group participants have pointed out repeatedly, the recession has caused an increase in stress, anxiety and depression in families. Of the many comments about family stress, this one best describes the issues:

There’s so much strain on the families. We’re seeing the fruits of the struggle of single parent households with all kinds of challenges and mental health issues that come along with that and it’s partly due to the tough economic times.

At the same time, many of the services that previously acted as a safety net, especially for young children, have been cut. Several home visiting services are no longer available and as one participant noted, “people are turning more to informal child care; they have no money and there are no subsidies.” In times of uncertainty and stress, child neglect figures often rise. As table 5.1 shows, reports for child neglect rose substantially in 2011.

Table 5.1

Summary of Child Protective Services Reports for Anne Arundel County Twelve Month Averages by Fiscal Year			
	FY09	FY10	FY11
Child Maltreatment Reports	422	426	406
Total Investigations End of Month	340	356	287
Findings - Physical Abuse	6	6	5
Findings - Sexual Abuse	5	7	6
Findings - Neglect	11	15	23
Findings - Mental Injury (abuse and neglect)	0	0	0

Source: Maryland Child Welfare Services Statistics, <http://dhr.maryland.gov/co/reports.php>

Table 5.2 gives a breakdown of the number of children living in homes away from their parent or parents between 2009 and 2011. While that number rose slightly for 2011, it is encouraging that more children are in ‘kinship’ homes; a term that describes placement with family members rather than in foster care. The low numbers for children in public agency care in Anne Arundel County are most likely related to a shift in policy over the last few years that emphasizes serving children and their families in their own homes through family preservation services and the Team Decision Making process; a multidisciplinary team approach to care. However, participants reported that in low income communities there is still fear of repercussions when contacting Social Services and that “DSS will take their kids.”

Table 5.2

Out of Home Placements for Children Served by DSS in Anne Arundel County as of December of FY 2009-11			
	FY09	FY10	FY11
Out of Home Placements Beginning of Month	160	157	163
New Placements	3	8	2
Children Exiting	5	17	2
Placements End of Month	158	148	163
Children in Family Homes	83	88	113
Children in Kinship Care	16	14	19
Children in Regular Foster Care	37	34	63
Children in Treatment Foster Care	22	34	28
Children in Adoptive Homes	0	0	0
Children in Group Homes	37	30	25
Children in Residential Treatment Centers	13	10	8
Children in Independent Living	11	7	5
Exits Reunification	3	7	1
Exits to Guardianship	0	5	0
Legally Free	19	15	10

Source: Maryland Child Welfare Services Statistics, <http://dhr.maryland.gov/co/reports.php>

The “legally free” group in the table above are those who have aged out of foster care over the past three years. They are part of that larger group of youths most at risk, aged between 16 and 24, referenced earlier as transition aged youth.

Risky Behaviors

Youth are particularly vulnerable to risky behaviors. In Anne Arundel County, teens and young adults aged between 15 to 24 account for over 70 percent of reported chlamydia infections and 55 percent of gonorrhea infections, although youth ages 15-19 show a steady downward trend from 2007 to 2009; gonorrhea in 2009 is lower than levels in 2006⁶².

Alcohol and drug abuse among teens has become increasingly hard to track since the discontinuation of the Maryland Adolescent Survey in 2009. The most recent data were prepared by the Anne Arundel County Department of Health as part of their Strategic Prevention Framework. Figure 5.1 shows a snapshot of 100 county youth and their self-report related to using dangerous substances. Mental health professionals interviewed for this assessment noted that there are not enough substance abuse counselors or programs; only one in 28 people who need substance abuse treatment get it. Twenty to twenty five percent of substance abuse users have an underlying disorder, often depression. The group presenting with ‘co-occurring’ disorders (mental health and substance abuse) is growing.

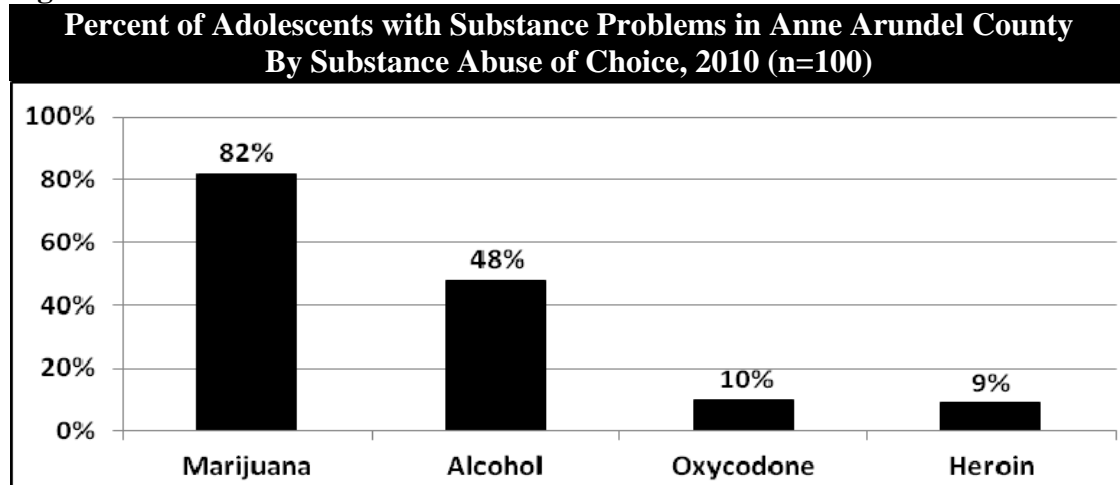
⁶² Anne Arundel County Health Report Card, <http://www.aahealth.org/pdf/aahealth-report-card-2011.pdf>, Retrieved March 4, 2012

Participants in the needs assessment noted rising substance abuse issues among all age groups, particularly prescription drugs that are often accessed by youths. One participant commented that substance abuse has been a “blanket of destruction” in low income communities. Another noted;

Many people are abusing prescription drugs and they refuse to get care for their substance abuse. Oxycontin and percocet are the big ones. Some doctors are getting better at seeing it, other doctors are just writing out the scrips.

Several participants also noted the steady growth in drug abuse among adolescents, often coupled with gang activity.

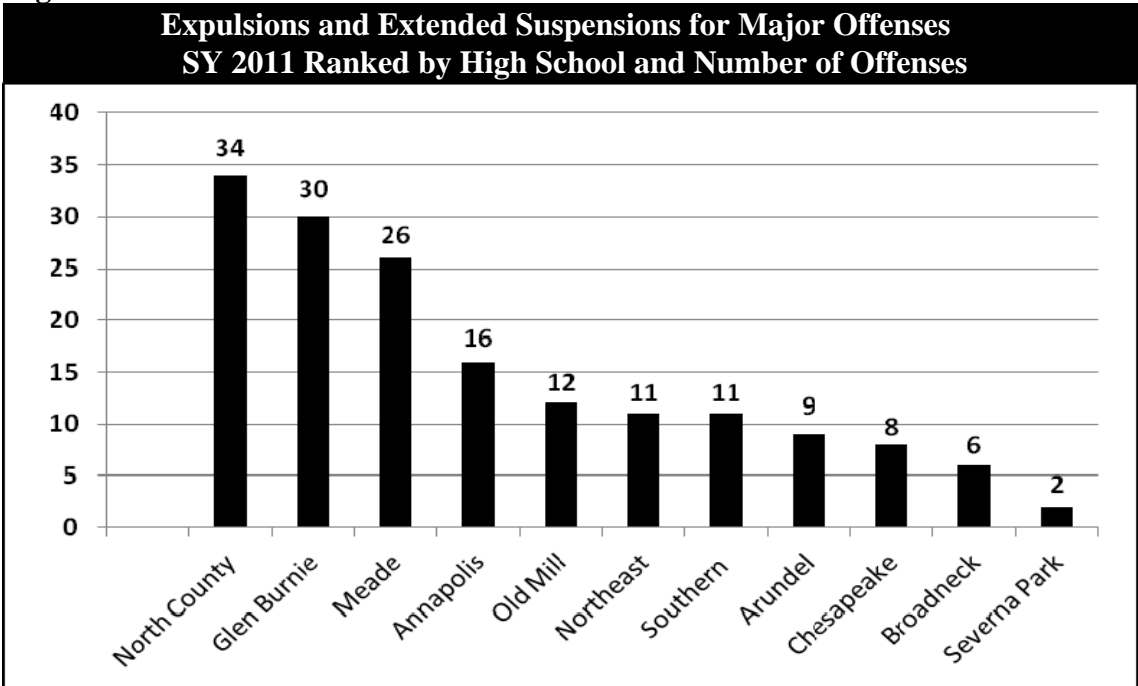
Figure 5.1



Source: Northern Anne Arundel County Strategic Prevention Framework, PPT Presentation, November 9, 2011

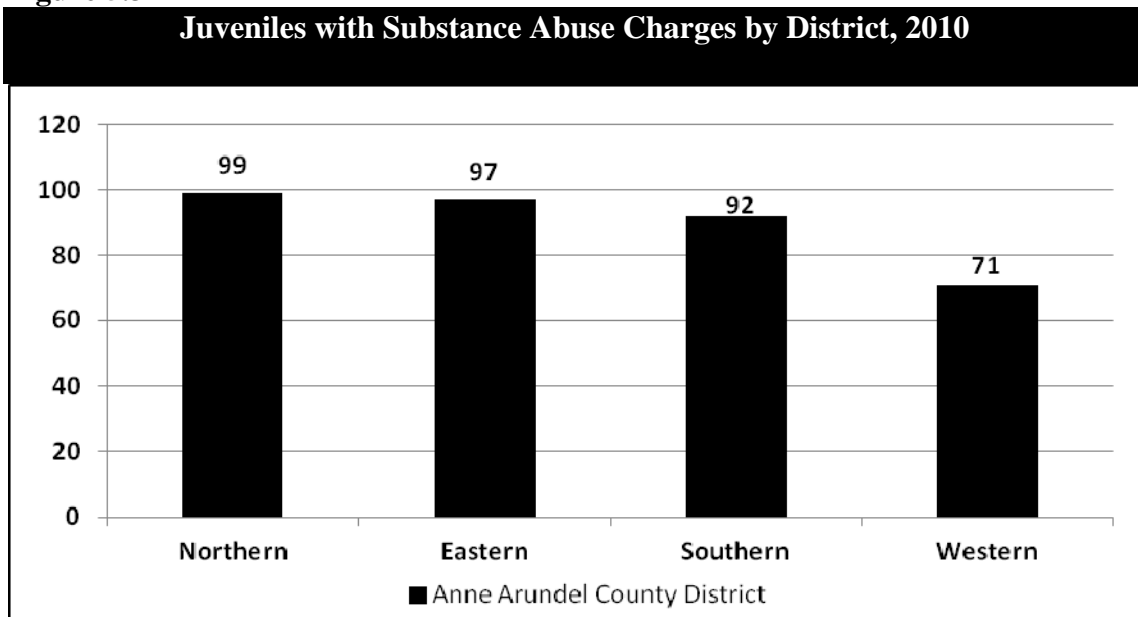
Participants noted that substance abuse is particularly high among teens in North County which is supported by the data in Figure 5.2, below, related to high school suspensions for substance abuse. However, county police data for 2010 in Figure 5.3 shows substance abuse arrests spread fairly evenly throughout the county.

Figure 5.2



Source: Anne Arundel County Public Schools, 2010-2011 Student Discipline Report, pp. 20-23.

Figure 5.3



Source: Anne Arundel County Police Dept.

In terms of alcohol abuse, the trend over eight years illustrated in Tables 5.3 and Table 5.4 shows Anne Arundel County exceeding Maryland and US average rates by persons aged 12 to 20 for both use of alcohol and bingeing in one month periods. Bingeing on alcohol is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one day in the past 30 days. Participant comments support that data with

many describing alcohol use and abuse among teens as a “community norm” often supported by parents.

Table 5.3

Annual Average Percent of Population Aged 12 to 20 Using Alcohol in Past 30 Days Based on NSDUH Surveys			
	2002-2004	2004-2006	2006-2008
Anne Arundel County	29.84	29.82	29.96
Maryland	28.19	26.50	27.28
US	28.72	28.27	27.53

Source: <http://adaa.dhmh.maryland.gov/SitePages/Printed%20Publications.aspx> and downloading Maryland Compendium of Cross-County Indicators of Underage Drinking - Maryland Alcohol and Drug Abuse Administration, Department of Health and Mental Hygiene, March 2011

Table 5.4

Annual Average Percent of Population Aged 12 to 20 Binging on Alcohol in Past 30 Days Based on NSDUH Surveys			
	2002-2004	2004-2006	2006-2008
Anne Arundel County	19.29	19.16	20.49
Maryland	17.12	15.82	16.92
US	19.25	18.95	18.31

Source: <http://adaa.dhmh.maryland.gov/SitePages/Printed%20Publications.aspx> and downloading Maryland Compendium of Cross-County Indicators of Underage Drinking - Maryland Alcohol and Drug Abuse Administration, Department of Health and Mental Hygiene, March 2011

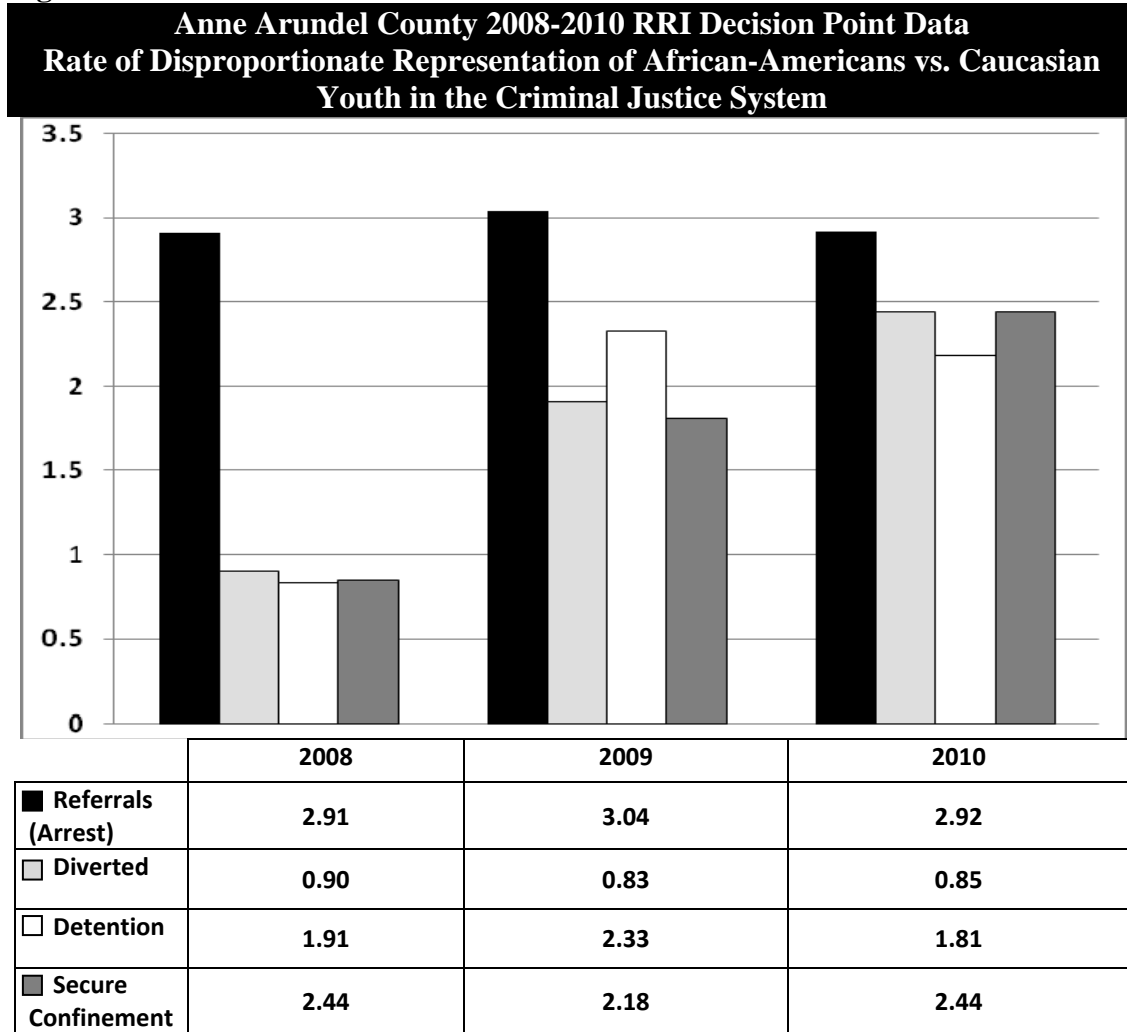
Disproportionate Minority Contact Issues

Disproportionate Minority Contact refers to the over-representation of minority youth in the juvenile services system. In Maryland, African American students are arrested at 2.7 times the rate of white students⁶³. The same patterns can be found in Anne Arundel County. Although only representing on average 19% of the total youth population, minority youth represent 44% of those being arrested. This disproportionality is measured by a statewide tool; the Relative Rate Index which measures each decision point within the criminal justice system that impacts youths. The most significant of the decision points for Anne Arundel County has been the arrest decision point. Consistent with Maryland, in our county African-Americans are three times more likely than their Caucasian counterparts to be arrested while at the same time underrepresented in the decision point of diversion (see Figure 5.4).

The county’s Disproportionate Minority Contact (DMC) Committee, which is made up of law enforcement, the criminal justice system, mental health agency representatives and other interested parties, is coordinated by the Partnership for Children, Youth and Families and meets monthly to identify programs and strategies to reduce disproportionate minority contact in the juvenile justice system.

⁶³ Advocates for Children and Youth, October 2010. *Racial Disparities Remain High in Juvenile Arrests*. Issue Brief.

Figure 5.4



Source: DJS Annual Statistical Reports 2007-2010 generated from the DJS ASSIST system (statewide)

What We Are Doing Well

As a response to the numbers of children in the juvenile services system, the Department of Juvenile Services, county and city police departments and the court system are working closely with the Partnership for Children, Youth and Families to support programs that divert juveniles away from the system as early as possible. In the past two years the county has added Community Conferencing, Children in Need of Supervision/ Families in Need of Services (CINS/FINS) navigation and the Juvenile Offenders In Need of Services (JOINS) program to its list of diversion programs. All of these programs divert youth from the juvenile services system at the point of arrest. The Disproportionate Minority Contact Committee is tracking African American youth separately to tackle their over-representation in the system.

The Coalition for Safe Communities, a diverse group of stakeholders, meets regularly to deploy strategies targeting youth substance abuse in the county including the Health Rocks curriculum,

the annual Teen Summit, newspaper and cinema prevention messages and under-age liquor compliance checks of liquor stores. In 2012, two new coalitions have formed in North and West counties, funded by the Anne Arundel County Department of Health to tackle substance abuse at a grass roots level.

Needs and Gaps in Services

As noted earlier, whenever issues related to child, youth and family safety and well-being arose, participants noted the need for more afterschool programs and mentors to be that “one caring adult” for children, before they get involved in alcohol, drugs, crime and gangs. As one participant noted “they don’t care what you know until they know that you care.” The hours between 3:00 p.m. and 8:00 p.m. were identified as the most risky for low income communities. Several participants commented that in middle income communities, youths and their parents are engaged in sports and other programs whereas this is less likely in low income communities for a variety of socio-economic reasons.

Participants reported that funds received by child serving agencies are most often tightly prescribed in terms of what they can be spent on. Dollars are not “flexible” enough to fill individual gaps for families that might make the difference between families staying together and being forced apart by need.

There is a data gap related to substance abuse for the county since the discontinuance of the Maryland Adolescent Survey. While a small percentage of parent surveys are collected at the teen summit each year, there is no longer a reliable method to establish the rise in substance abuse, except qualitatively. The Anne Arundel County Coalition for Safe Communities will be implementing the Communities That Care survey to measure youth substance abuse in the 2012-2013 school year.

Conclusion/Recommendations

This needs assessment represents quantitative data analyses, as well as conversations and focus groups with over 100 participants. These sources and their insights paint a broad picture of Anne Arundel County in 2012. Clearly, many of the issues reported in 2010 related to poverty amidst plenty in our area still persist. The economic downturn has impacted middle income families as well as the poor, and their numbers are over-filling the shrinking safety net of family services. Although there are many initiatives to increase self-sufficiency for residents, three huge issues remain; transportation, quality child care and affordable housing. The “big three” are policy issues that should be owned and addressed by the entire community because they are so important to our economic health.

County residents have much to be thankful for. The natural beauty of the county is observable through each season of the year. The silver lining of the economic cloud is the increased partnerships and collaboration across the public and private sectors to address some of the issues for vulnerable children and families. Leadership for many of the child serving systems continues to receive high praise from residents. Our educational systems at the public school and community college levels are among the best in the country. Optimism and hope resounded through the focus groups and interviews.

The authors offer the following recommendations for all of our residents:

- A targeted effort in the public and private sector to address the three main barriers to success for low income residents: transportation; affordable, quality child care; and affordable housing through advocacy for policy, for collaboration of existing resources, and for new resources targeted to specific outcomes in these three areas
- An increase in mentors for youth, especially engaging more adult males as mentors
- An increase in afterschool and community programs for low income children targeting soft-skills, financial literacy and career training, as well as developing more positive mental models and the curiosity to know and visit the resources in their county (community college, Arlington Echo, workplaces)
- Resources targeted to dense pockets of need, particularly in North County and the City of Annapolis
- Increased access to health, dental and mental health services for low income families
- Continued emphasis on substance abuse prevention and early intervention

APPENDIX A:

Seventeen Data Sets Related to Family Vulnerability and Geography of Need, 2012

1. Anne Arundel County Department of Social Services (2011) *Anne Arundel County Foster Care Placements, 2010*
2. Anne Arundel County Department of Social Services (2011) *Anne Arundel County Temporary Cash Assistance, 2010*
3. Anne Arundel County Department of Social Services (2011) *Anne Arundel County Food Stamps, 2010*
4. Anne Arundel County Department of Social Services (2011) *Anne Arundel County Medical Assistance, 2010*
5. Anne Arundel County Department of Social Services (2011). *Anne Arundel County Child Protective Services Intake, 2010*
6. Anne Arundel County Department of Social Services (2011). *Anne Arundel County Map of Entry into Foster Care by Senior High School Boundary, 2011*
7. Anne Arundel County Detention Center (2011). *Anne Arundel County DWI. DUI, Alcohol Possession. Admitted to Detention Center, 2010*
8. Anne Arundel County Public School System (2011). *Anne Arundel County Total High School Suspensions, 2009-2010*
9. Anne Arundel County Public School System (2011). *Anne Arundel County Student Drop Out Rate, 2010*
10. Anne Arundel County Public School System (2011). *Anne Arundel County 12th Grade Student Mobility, 2009*
11. Anne Arundel County Public School System (2011). *Anne Arundel County Free and Reduced Price Meals (FARMS), 2009-2010*
12. Anne Arundel County Public School System (2011). *Anne Arundel County High School Offense Statistics, 2008-2009*
13. Anne Arundel County Public School System (2011). *Middle School Offence Statistics 2008-2009*
14. Anne Arundel County Department of Health Strategic Prevention Framework, (2011) *Anne Arundel County Hospital Outpatient Visits for Alcohol/Substance Abuse Ages 10 - 24 by Zip Code of Residence, 2008*
15. Anne Arundel County Department of Health Strategic Prevention Framework (2011) *Anne Arundel County Dangerous Substances Suspensions by School, 2008-2009*
16. Maryland Department of Juvenile Services (2011) *Anne Arundel County DJS Aftercare and Probation Numbers, 2010*
17. Anne Arundel County Department of Public Works (2011). *Anne Arundel County Watershed Impairments, 2011*

APPENDIX B:

Small Group Work from 2012 Needs Assessment Community Presentation

Three Prioritized Community Goals for 2013

- 1) In 2013, bring together community (reps from today's event) with our elected officials to affect change on the issues discussed with legislative action & financial support. (23 votes)
 - 2) Prioritize Arts & Culture in the schools and communities, business, etc. (18 votes)
 - 3) Strengthen, Support & Grow HAA Coalition with focus on obesity and co-occurring disorders. (18 votes)
-

GROUP #1 (Health)

ITEMS FOR VOTE

1. Strengthen, Support & Grow HAA Coalition with focus on obesity and co-occurring disorders – 18 votes
2. Focus on healthcare needs of Transition Age Youth – 3 votes
3. Assess need and promote awareness of services in Mental Health for very young children – 10 votes

OTHER NOTES

- Co-occurring Disorders
- Access to MH Services
- (walking communities)
- Norms & cultural awareness
- Lack of public access to facilities (cost, transpo, etc.)

GROUP #2 (Education & Youth)

ITEMS FOR VOTE

1. Increase funding for childcare subsidies and after school programs. Get creative on how to provide services (i.e. faith-based community) – 13 votes
2. Focus on mental health and behavioral services at pre-school level – 4 votes
3. Eliminate achievement gap (FARMS) – 9 votes

OTHER NOTES

- 1) Improve educational programs for immigrants and Hispanic youth
- 2) Mobilize the faith-based community

- 3) Increase funding for child care subsidies and/or after-school programs – creative ideas on how to provide services. ie. faith-based community
- 4) Discussion on removing tax caps to identify funding
- 5) Mental health & behavioral services at pre-school level
- 6) More connections/engagement with Philanthropy & business community. Opportunities for internships & career mentoring
- 7) Strengthen partnerships with the school system
- 8) Create communication system to identify resources
- 9) “Kids at Hope Network” – involve community
- 10) Close achievement gap (FARMS)
- 11) Install financial literacy in curriculum K-12
- 12) Establish community centers for Homeless kids
- 13) Explore Parent unions/parent education
- 14) Establish training programs for care takers

GROUP #3 (Arts & Culture)

ITEMS FOR VOTE

1. Prioritize Arts & Culture in the schools and communities, business, etc. – 18 votes
2. Locate affordable programs - all inclusive – 4 votes
3. Have programs go into more of the communities (traveling programs) – 0 votes

OTHER NOTES

- Assist in publicizing the existing programs
- Cultural diversity emphasis in the Arts
- Identify tangible benefits of the Arts & Culture to link it to funding sources (mental health, public safety, education)

GROUP #4 (Environment)

ITEMS FOR VOTE

1. In 2013, bring together community (reps from today’s event) with our elected officials to affect change on the issues discussed with legislative action & financial support – 23 votes
2. Plan to reduce poverty by 50% within the next 10 years (by 2022) – 10 votes
3. All agencies addressing wellness of entire family (being inclusive) beyond focus/lens of individual agency or organization. (Addressing issues holistically) – 10 votes

OTHER NOTES

- Bring resources into pre-school populations – both for students (educational readiness/success) and for parents (respite care, training, workforce relevance)
- Families are full partners in what services are provided & how they are provided.
- Better communication across resources – centralized place to find & report services available.

GROUP #5 (Economic Opportunity)

ITEMS FOR VOTE

1. Create Jobs - 11
2. Provide education - 11
3. Build infrastructure – 16

OTHER NOTES

- transportation
- affordable childcare
- financial literacy
- workforce prep (soft skills)
- dev. relationship w/business (employer partnerships)
- equal opportunity – out of the box business opportunities
- promote college alternatives
- vocational training
- senior issues
- small business dev/entrep.
- more youth works programs
- creating jobs
- health issues/health care/ins.
- lack of support/safety net
- community
- career counseling/mentorship
- affordable housing
- work ethic
- education – life long
 - preschool
 - headstart
 - year round school
 - summer programs
 - after school programs
 - college prep

APPENDIX C:

SWOT Analysis from 2012 Needs Assessment Community Presentation

STRENGTHS

- Manageable sized community
- Real wealth in our community
- Lots of passion and willingness and energy
- We have a real community-based needs assessment to use as a baseline
- Waterfront community, lots of ways to use it for education, health, activity
- Good systems, good infrastructure
- Great partnerships! Very collaborative
- Loads of intellectual capital
- Historical community
- Loads of talent
- Economic stability (comparatively)
- Great school system
- Fantastic independent alternate and private schools
- Caring Mayor/City Government
- Networking inside partnerships is very sharing, collaborative
- Robust philanthropic community
- Strong non-profit community/network – stable, great leadership, etc.
- Great “Kids at Hope” model for helping youth
- Great Mental Health Agency
- Diverse community
- Engaged faith-based community
- Responsive justice system
- Vibrant artistic community

OPPORTUNITIES

- Networking
- Investing in community is good business – need to better engage business community in our initiatives
- Need to maximize outreach opportunities

WEAKNESSES

- Do not have comprehensive drug treatment facility (array of services)
- Racial tensions/disparities
- Class issues
- No clear system to coordinate efforts of all agencies/organizations in community (leads to redundancies/overlaps, lack of awareness)
- No unified media connections between geographic areas
- Lack of mental health and behavioral health for pre-school aged children
- Affordable housing – NONE
- Need more mentoring
- NO TRANSPORTATION SYSTEM
- Lack of readiness for growing multi-culturalism (Hispanic/Latino communities)
- Lack of cultural competence
- Not serving those recently released from prison – transition issues (mindset change)
- Figure out how to connect TAY to opportunities that exist in our community
- Lack of funding

THREATS

- Huge gap between the wealthy and impoverished – lack of bridges
- Fear
- False perceptions of scarcity
- Ongoing reduction of government support to existing services at all levels
- Political divisiveness