

Cecil Partnerships for Children, Youth and Families
United Way of Cecil County

COMMUNITY NEEDS ASSESSMENT
JUNE 2005
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**COMMUNITY NEEDS ASSESSMENT
JUNE 2005**

EXECUTIVE SUMMARY

In 2005, Cecil Partnerships for Children, Youth and Families, (CPCYF), in collaboration with the United Way of Cecil County, (UWCC), conducted a comprehensive, systematic needs assessment in order to guide the Cecil Partnerships and United Way in setting priorities and making informed decisions regarding the allocation of resources and the development of programmatic and organizational improvements and initiatives. In order to assure that this assessment accurately reflected the current issues and unmet needs facing children, youth, families, seniors and individuals with disabilities in the county, a multi-faceted approach was used. This included:

- A comprehensive collection and analysis of secondary quantitative data;
- Results and recommendations from a recently completed needs assessment for the Cecil County Mental Health Agency, specifically in regard to the mental health needs of children and adolescents in the County;
- Results and recommendations from a teen forum conducted by the CPCYF on November 7, 2002;
- Results from a community forum with 65 key community stakeholders conducted in early fall of 2004,
- Results from a community-wide survey in which 377 community members responded;
- Interviews with key informants; and
- A series of four focus groups with representatives of key segments of the community.

The work has been further informed by the periodic review and guidance provided by a planning committee representing key stakeholders and public agency representatives convened for this process. An expanded planning advisory committee was also convened to allow for the inclusion of family members, consumers, and private provider representatives to provide input in the review and refinement of key priority areas. The Boards of Cecil Partnerships and United Way were provided with periodic updates and both have reviewed and approved the final report.

In 1998, CPCYF conducted a comprehensive community needs assessment, employing many of the same approaches used in the current study. At that time, four key concerns were identified. They were:

- The need to develop strategies to reduce the use and abuse of alcohol and drugs among youth in the county;
- The lack of adequate youth activities;
- The lack of parental involvement in child and youth development; and
- The high rates of teen pregnancy in the county.

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CPCYF developed a number of innovative programs to address these issues, funded primarily through its Community Partnership Agreements with the State and the Youth Strategies Initiative. Alternatives to suspension and programs to address the needs of teens already either suspended, expelled or dropped out of the school system were developed and continue. Six after-school programs were funded and, although the fiscal support from the State for these programs has decreased, all sites are still in operation. Three of those sites, which were operated through a contract with Boys and Girls Club of Cecil County, have continued with sustainable funding from the Boys and Girls Club system. A child advocacy center was also begun, and continues to operate. School-based wellness centers are in place and make referrals to mental health services as well.

The key priority areas for children, youth and families identified as a result of this current assessment mirror those from the previous study. The top priorities that have emerged from the 2005 community needs assessment are:

- The lack of services for youth and adults to reduce substance use and abuse;
- The need for positive activities for youth;
- The need for transportation or access to existing services and resources;
- The lack of family involvement and activities for families; and
- The need for affordable medications and more available health care resources for seniors.

As noted above, the three top areas in 1998 were substance abuse, youth activities and the lack of parental involvement. They continue to remain a concern in the county. The demographic and socio-economic data and trends supported these findings. In 1998, issues of teen pregnancy were identified as critical, and the data at that time fully supported these perceptions. While the teen pregnancy rate in the county remains higher than the state average, (37.3% as compared to 35.4% for the state), the numbers do continue to trend downward for the county.

The 1998 Needs Assessment conducted for CPCYF focused issues of concern for children, youth and families. Thus, the key needs of seniors, and individuals who were homeless or disabled were not studied. In this current review, it is apparent that senior issues, specifically around the need for more health care services and affordable medications are of growing concern.

Access to services, given the lack of public transportation in most areas of the county, was identified as critical in the current study, and it is clear that it impacts a wide segment of the community with no private, personal transportation, including children, persons of low income, persons with disabilities and seniors.

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I. Introduction and Methodology

Cecil Partnerships for Children, Youth and Families (CPCYF) is a quasi-public, non-profit organization established by the Board of County Commissioners in October 1994 to serve as the Local Management Board for Cecil County, Maryland. Pursuant to the requirements of the Governor's Office for Children, Youth and Families, in early 2005 CPCYF conducted a comprehensive, systematic needs assessment in order to guide the partnership in setting priorities and making informed decisions regarding the allocation of resources and the development of programmatic and organizational improvements and initiatives. In order to assure that this assessment accurately reflected the current issues and unmet needs facing children, youth and families in the county, a multi-faceted approach was used. This included:

- A comprehensive collection and analysis of secondary quantitative data;
- Results and recommendations from a 2004 needs assessment for the Cecil County Mental Health Agency, specifically in regard to the mental health needs of children and adolescents in the County;
- Results and recommendations from a teen forum conducted by the CPCYF on November 7, 2002;
- Results from a community forum conducted in September 2004;
- Results from a community-wide survey distributed in 5;
- Interviews with key informants; and
- A series of focus groups with representatives of key segments of the community.

It also included a review of the report and recommendations of a 1998 comprehensive needs assessment, including a community survey, to assess the needs of community residents and service providers. The report and recommendations were reviewed as a part of the current process in order to assess the degree of changing demographic trends, socio-economic factors, and community perceptions and needs over the past seven years.

The United Way of Cecil County (UWCC) collaborated with CPCYF in this process, resulting in an expanded community needs assessment process. This included a review of the available services for seniors, persons who are homeless and individuals with disabilities. CPCYF and UWCC engaged the services of SBKConsulting to assist in the needs assessment process.

The work has been further informed by the periodic review and guidance provided by a planning committee representing key stakeholders and public agency representatives convened for this process. An expanded planning advisory committee was also convened to allow for the inclusion of family members, consumers, private provider representatives, representatives of the business community and government leadership to provide input in the review and refinement of key priority areas. The Boards of Cecil Partnerships and United Way were provided periodic updates and have reviewed and approved the final report.

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II. Vision and Mission Statements

A. Vision, Mission of Cecil Partnership for Children, Youth and Families

- ***Vision***
 - To promote safe, healthy, educated and independent families.
 - To provide opportunities to support and improve parent, youth and child development.
- ***Mission***

The mission of Cecil Partnerships for Children, Youth, and Families (CPCYF) is to promote the existence of a quality service delivery system for Cecil County children, youth and families through a comprehensive planning process that emphasizes interagency collaboration, accountability, and citizen involvement with local decision-making authority.

B. United Way of Cecil County

- ***Mission***

The United Way of Cecil County is dedicated to advancing Cecil County's health and human services agenda by expanding resources and applying them effectively to build a better, more self-sufficient community.

III. County Population Characteristics: What does Cecil County look like today?

A. Geographical Area

Cecil County, comprised of 360 square miles, is located in the northeastern corner of the state. The county has been called "Little Maryland" because its makeup is fairly representative of most of the natural resources found throughout the state of Maryland. It lies mid-way between Baltimore and Philadelphia along the I-95 corridor, bordering both Harford County, MD and Delaware, and is largely rural in makeup. The county's unique location, at a significant distance from Baltimore, is a critical factor in shaping the needs and utilization of resources by its residents. While located in Maryland, many residents use the health care resources in nearby Delaware, and it is the only Maryland county that is part of the Wilmington, Delaware/New Jersey/Maryland primary metropolitan area.

B. Demographics

During the decade from 1990-2000, the county's population increased by 20.5%, which is nearly double the state average. Although growth has been more moderate since 2000, Cecil County is the fifth fastest growing county in the state. Census estimates for 2001 show the county with a likely 3 percent growth rate in a single year, for a projected population of 88,850. As indicated below, 93.4 percent of the population is white, while only 3.9 percent are black or African-American. The percentage of white persons has dropped 1.3 percent compared to the 94.7 percent reported in the 1998 CPCYF needs assessment report, based on 1990 census figures. Even with this modest growth in non-white populations, the county is generally homogeneous,

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especially as compared to the state. Table 1 below provides a snapshot of population characteristics, and table 2 shows population projections for selected age groups. It is remarkable that while the county as a whole is expected to grow over the next five years, the bulk of that growth is expected in the 45-64 age group (nearly 98%). By contrast children from birth through age 4 are expected to contribute only 11% toward that growth

Table 1. Demographic Data

Category	2000 Cecil County Census	2005 prediction	2000 Maryland Census
Population	85,951	91,100	5,296,486
White persons, percent	93.4%	N/A	64%
Black or African-American persons, percent	3.9%	N/A	29.9%
Persons under 5 years old, percent	6.9%	N/A	6.7%
Persons aged 5 to 19	19,787	20,680	N/A
Persons under 18 years old, percent	27.7%	N/A	25.6%
Persons 65 year of age and older	8,995	9,590	N/A

Sources: US Census Bureau; Maryland Department of Planning.

Table 2. Population Projections by Age Group

Selected Age Groups	1990	2000	2005	2010	Percent change: 1990-2010
0-4	5,704	5,957	6,050	6,370	11%
5-19	16,098	19,787	20,680	20,480	27%
20-44	28,467	31,247	30,730	30,490	.07%
45-64	13,730	19,965	23,950	27,140	97.6%
65+	7,348	8,995	9,590	10,910	48%
Total:	71,347	85,951	91,000	95,400	33.7%

Sources: US Census Bureau; MD Department of Planning

C. Socio-economic Data

As the population has grown over the past decade, more people have entered the work force. Overall, the rate of growth in the population over age 16 has increased by almost twenty percent (19.8%). The rate of increase among those in the labor pool is somewhat higher, which may signal a small rate of growth in the county's economy. However, if you disaggregate the numbers by gender, it is clear that women, in comparison to men, have entered the work force in numbers that far exceed men and that the rate of growth of their presence in the work force (27%) exceeds their overall rate of growth (21%).

A review of Kids Count Factbook data also sheds light on work force issues. According to the report issued in 2004, 70.3 percent of children under 18 have one or both parents in the work

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force, and 64.7% have mothers in the work force.¹ Further, the rate of increase of the population of mothers in the work force with children under age 18 has grown exponentially, by 188%. Cecil County has 1,650 businesses that employ approximately 19,900 workers; an estimated 34 of these businesses have 100 or more workers. According to the Maryland Department of Labor, Licensing and Regulation, Office of Labor Market Analysis and Information, the total civilian labor force in 2002 was 42,525 and there was an unemployment rate of 6.1 percent. This rate includes those adults who are either in school, disabled or retired, as well as residents who are not employed and actively seeking work. In 2000, the U.S. Census reported 23,609 residents (56.1 %) commuted outside of the County to work.²

Economically, residents of Cecil County fare somewhat better compared to the state as a whole, for while the per capita income of Cecil residents is somewhat lower than the state's, the percent of those below the poverty level is 1.3% lower than the state. Additionally, the rate of home ownership in the county is significantly higher than the state as a whole. This is certainly understandable, given the rural/suburban nature of the county, although the self-sufficiency wage for a family of four is \$43,607, and the number of children living in poverty increased by 1.4% between 1989 and 2000. US Census data indicates that 49% of residents cannot afford to rent a 4-bedroom home and 26% cannot afford to rent a 2-bedroom home. Table 3 below provides a snapshot of the county's socio-economic status.

Table 3: Socio-Economic Status of Cecil County

Category	Base year 1990 unless noted.	Current year 2000 unless noted	Percent change
Total population over age 16	54,010	64,710	19.8%
Total population in workforce	37,030	44,870	21%
Total male population over age 16	26,760	31,640	18%
Male population in work force	20,530	23,840	16%
% in work force	76.7	75.3	
Total female population over age 16	27,250	33,070	21%
Female population in work force	16,500	21,030	27%
% in work force	60.6	63.6	N/A
Per capita income	N/a	\$21,384*	N/A
Children under 18 with sole/both parents in work force	12,275	15,860	29%
Percent of total population	67.4%	70.3%	N/A
Children under 18 with mothers in the work force	6,790	14,592	114%
Percent of total population	70.9%	64.7%	N/A
Home ownership rate	N/a	75%	N/A
Children living in poverty	1,782	2571	N/A
Rate of children living in poverty	9.5%	10.9%	N/A

¹ Advocates for Children and Youth, Kids Count Factbook, 2004. (Data from 2000 US Census).

² U.S. Census 2000 Report

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Category	Base year 1990 unless noted.	Current year 2000 unless noted	Percent change
Grandparent living in household with grandchild under 18 years	N/A	1,901	
Grandparent responsible for grandchild		744	39.1% of total
Percent of population speaking English as a second language	2000	4.1%	N/A
Educational attainment: HS graduates or higher (over 25)	2000	81.2%	N/A
Adults(over 25) with Bachelor's degree or higher	2000	16.4%	
Adult literacy rate**	1990	46%***	

Sources: US Census 2000; Kids Count 2004; The Self-sufficiency standard for Maryland.

*1999 current information ** US Census, 1990 *** combined lowest two levels of literacy

D. Child and Family Well-being in the County

Given the wealth of data available on the state of child and family well-being, the following section covers key result areas and indicators in the following domains: health and mental health; substance abuse; educational enrollment, achievement, and behavioral issues such as suspensions and disruptions; law enforcement and juvenile services; family economics and self sufficiency, and social services utilization.

Table 4: Snapshot: Child and Family Well Being by Results Areas

Category	Base Year	Number/ Percent	Current Year	Number/ Percent	Trend
Results Area: Babies Born Healthy					
Low Birth weight (less than 5.5 lbs.)	1995	84/7.6	2002	101/8.7	Worse
Infant Mortality (per 1,000 live births)	1993-97	43/7.9	1998-2002	43/7.5	Better
Early Pre-Natal Care	1990	986/83.3	2002	1054/92.1	Better
Immunization completion rates (2yr. Olds)	FY2002	76.7%	FY 2004	73.7%	Worse
Disability status of non-institutionalized youth, aged 5-20 years.	N/A	N/A	2000	1,960/9.5%	

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Category	Base Year	Number/ Percent	Current Year	Number/ Percent	Trend
Results Area: Healthy Children					
Child Death Rate: (ages 1-14, per 100,000 children)	1993-97	26/29.9	1998-2002	19/20.5	Better
Injury Rate (ages 0-19, per 10,000)	1995	72/29.7	2001	58/31.6	Worse
Binge Drinking	1992	-/30.6	2002	-/32.7	Worse
Substance Abuse and Use (8 th grade) (all but tobacco and alcohol)	1998	-/20.8	2002	-/15.1	Better
Prevalence Rates for mental illness (aged 0-17 per 100)	N/A	N/A	FY2003	2,478	
Children and Youth receiving Mental Health Services from PMHS	N/A	N/A	FY 2003	1,012	
Out-of-home Placements (All agencies)	FY 96	11/10.9	FY03	7.3/10.4	Better
Education					
Enrollment (total)	2002-03	16,203	2004-05	16,080	
Special Education (students with disabilities)			As of 9/30/04	2,518/ 15%	
Readiness for School Entrance (Kindergarten Readiness)	2002-03	40%	2003-4	37%	Worse
Results Area: Success in School					
Absence from School (over 20 days) All youth, grades 9-12)	1993	29.8%	2003	25.2%	Better
Absence from School (over 20 days) by race: White//African-American//Hispanic			2004	W-17.1% AA-18.4% H-24.7%	Disparity
High School Assessments (all youth, percent passing)	2002	40.3%	2004	45.9%	Better
High School Assessments (special education vs. regular education)	2002	SE-2.2% vs.RE-46.3%	2004	SE-10.2% vs.RE-52.6%	Better/ Disparity
High School Assessments by Race: White//African-American//Hispanic//Asian	2002	W-41.4%// AA-17.4%// H-41.7%// Asian-70%	2004	W-47.5% AA-27.5%// H-25%// Asian-57.1%	Disparity
Violence-related Suspensions	1992-93	778/58.5	2001-02	910/56.5	Better

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Category	Base Year	Number/ Percent	Current Year	Number/ Percent	Trend
Results Area: Youth Completing School					
On Time Graduation Rate	1995-95	82.1%	2002-03	84.4%	Better
High School Completion	1991	33%	2003	52.6%	Better
Drop-out Rate(grades 9-12)	1993	4.79%	2004	4.76%	Slightly better
Drop-out Rate: regular education//Special Education	1993	4.41%/7.97%	2004	RE4.22%/SE-7.88%	
Drop-out Rate by race: White//African-American//Hispanic	1995	W-4.93:AA-10.31:H-4.0	2004	W-4.81:AA-3.96:H-5.32	
Results Area: Children Safe in their Families and Communities					
Teen Violent Death Rate (age 15-19 per 100,000 Teens)	1993-1997	18/65.7%	1998-2002	23/62.8%	Better
Child Abuse and Neglect (per 1,000 children)	1990	158/8.1%	2002	131/5.5%	Lower/better
Juvenile Non-Violent Arrest Rate (aged 10-17, per 10,000)	1990	209/247.3	2001	202/184.5	Better
Juvenile Violent Arrest Rate (aged 10-17, per 10,000)	1990	38/45	2001	48/43.8	Better
DJS Intake, all youth	2003	1234	2004	1116	Better
DJS Intake, by race: White//African-American// Other or unknown	2003	W:1140//AA:74//O: 20	2004	W:1006//A-A: 85//O:25	
DJS Intake by gender*	2003	M: 880//F: 354	2004	Male-831 Female-285	
Results Area: Stable and Economically Self-Sufficient Families					
Child Poverty	1989	1782/9.5%	2000	2571/10.9%	worse
All ages in Poverty			2000	6,228/7.1%	
Child Support	1993	2071/64%	2003	3103/88%	Better
Birth to Teens (ages 15-19) per 1000 females	1995	138/52.1	2002	114/37.3	Better
Birth to Teens under age 15	1995	138/52.1	2002	114/37.3	Better

Sources: Kids Count, 2004; Maryland Results for Success, 2004; Cecil County Core Services Agency Mental Health Plan, 2004; Cecil County Public Schools; Cecil County Health Department; Maryland Vital Statistics; MD Adolescent Behavioral Survey, 2004; MD Department of Juvenile Services, 2004 data.

*DJS also records disposition of cases. In 2004, 74 percent of cases were resolved at either intake or through informal resolution, with no formal entrance into the juvenile criminal justice system.

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The county data should be reviewed with caution, as several barriers inhibit accurate data collection and/or statistical representation. The county has a relatively small population, with approximately 25,000 youth under 19 years of age. Additionally, the school age population is growing. Thus, small changes in raw numbers may exaggerate the data. In addition, as reported by CPCYF, the County has no central source or database to enter or access countywide data, and data collection processes and definitions vary from town to town, and between agencies within the County.

E. Homeless Services:

In the summer of 2005 the Core Services Agency of Cecil County prepared their annual grant submission for services along a full continuum of care for homeless populations in the county. As part of the planning process, a count of all homeless individuals, families with children, and persons living in homeless families with children was conducted. Homeless persons were identified in a number of local shelters, including the Domestic Violence Shelter, as well as in transitional housing programs, through outreach services provided by the CSA, CCDSS and the Department of Aging, On Our Own of Cecil County, local church and church affiliated organizations, and the Salvation Army. A full report is available through the CSA. This point in time survey, which provided a simultaneous, daylong count of persons throughout the county, is a reasonably accurate representation of the homeless population, and is useful for resource and needs assessment planning purposes. According to this count, there were 105 homeless individuals living either in emergency shelters, transitional shelters or unsheltered. Additionally, 27 families were homeless, with four families living in unsheltered settings, for a total of 168 homeless members of families. A total of 27 victims of domestic violence comprised a portion of this total.

An analysis of the gap between the current inventory of housing options compared to the need identified during this survey indicated that an estimated total of 45 beds would be needed to meet the current housing gap for individuals, and an additional 27 beds are needed for those individuals in families with children.

F. Senior Services:

The population of seniors over age 65 is projected to grow 48% by 2010 as compared to 1990 census figures. This projected increase in the population of seniors over age 65 is likely to create considerable demand on the available resources. This is expected to be compounded by the steady growth of the 45-64 age group, which is projected to almost double by 2010, as “baby boomers” begin to move into the over-65 age group for the next decade.

G. Individuals with Disabilities:

In Cecil County 9,220, non-institutionalized adults, aged 21-64 years, were reported to have a disability.³ This represents 18.4 percent of the total population in this age group. Of those with a reported disability, 60.5 percent were employed, as compared with 81.3 percent of the non-

³ US Census Bureau, 2000, profile of selected social characteristics.

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disabled population of adults. Nearly 40% (39.1) of the population age 65 or older were reported to have a disability.

H. Overviews and Trends for Children, Youth and Families:

Current information on the status of well-being of children, youth and families is available through multiple sources, as noted above. The Maryland Kids Count Factbook, begun in 1993 through a grant from the Annie E. Casey Foundation, has tracked state and county status and trends for a number of key indicators that are critical components in measuring child and family well-being annually. Likewise, the Maryland Partnership for Children, Youth and Families has been issuing a report since 2000 to the Maryland General Assembly, Maryland's Results for Child Well-Being, with updates annually. Each use similar indicators to measure progress and change over time, and most critically, can be used to track trends. A comparison of the most recent reports for Cecil County is presented on page 12.

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Table 5: Comparative Rankings for Measures of Child and Family Well-Being: 2004*

Result Area	MD Results for Well-Being	KIDSCOUNT
Babies Born Healthy	Ranked 15-19 (2 nd lowest quartile)	
Low Birth Weight		(2002): ranked 16 th : (worsened)
Infant Mortality		(1998-2002): ranked 13 th . (improved)
Early Pre-natal Care		(2002) ranked 4 th (improved)
Healthy Children	Ranked 20-24: (lowest quartile)	
Binge Drinking		(2002): ranked 23 (worsened)
Child Death Rate		(1998-2002): ranked 11 (improved)
Injury Rate		(2001):ranked 13 (worsened)
Children Enter School Ready to Learn	Ranked 8-22: (lowest quartile)	(2003-2004): ranked 23 (worsened)
Children Successful in School	Ranked 15-19 (second lowest quartile).	
3 rd . Grade Reading		(2003): ranked 12
Violence Related Suspension		(2001-2002): ranked 17 (improved)
Absence from School		(2003): ranked 21 (improved)
Children Completing School	Ranked 15-19 (second lowest quartile).	
On Time Graduation		(2002-2003): ranked 16 (improved)
High School Program Completion		(2003) ranked 12 (improved)
Children Safe in Families and Communities	Ranked 15-19 (second lowest quartile).	
Teen Violent Death Rate		(1998-2002): ranked 17 (improved).
Child Abuse and Neglect		(2002): ranked 14 (improved)
Juvenile Non-violent Crime Arrest Rate		(2001): ranked 13 (improved).
Juvenile Violent Crime Arrest Rate		(2001): ranked 12 (improved).
Stable and Economically Independent Families	Ranked 15-19 (second lowest quartile).	
Child Poverty		(2002): ranked 13 (worsened).
Child Support		(2003): ranked 11(improved).
Birth to Teens		(2002): ranked 16 (improved).

Table 5: Comparative Rankings for Measures of Child and Family Well-Being: 2004 *

(1)The ranks for both assessments are somewhat different, as the Maryland Results for Success information uses different indicators for a number of results areas; e.g. Healthy children, Children successful in school, Children completing school, and Stable and economically dependent families. (2) Data were published in 2004 for both reports. The actual years of data collection are noted on the table. (3) Total suspension rates for the 2003-2004 school year represented 13.3% of population, the highest rate since 1999-2000. (4) It should be noted that given the overall low population of Cecil County,(85,951), small changes may be magnified in importance.

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IV. Key Findings by Methodology: What Does the Data Tell Us?

A. Secondary data collection and analysis

In the 1990 US Census Report, 94 percent of the county's population was Caucasian. In the most recent census figures (2000), this percentage dropped to 93 percent, representing a 1.3 percent drop over the period, with an increase in minority populations. The data presented above indicates that this change, though relatively small, is reflected in the disparity in many areas between white youth and those of other races and ethnicities, as well as between achievement results from youth participating in regular education as compared to those in special education. In fact, in a review of the annual yearly progress report issued by the Cecil County Public Schools, the only populations that failed to meet standards in reading and mathematics were youth enrolled in special education programs.⁴

Violence-related suspensions reported for the 2001-2002 school year increased in raw numbers, but the rate decreased, reflecting population growth among youth. Overall, there were 2184 students suspended across all grade levels in the year 2003-2004, or 13.3 percent of the population. The Cecil County Public Schools report that this represented 2.38 suspension incidents per child suspended. While the suspension rates are higher than in previous years, (A rate of 11.5 was reported for the 1999-2000 school year), there have been significant changes in the county's suspension policies. As reported by a senior staff member, changes in law and regulation over the years have impacted suspension policy. He states "fifteen years ago it was not illegal for a firearm to be on school property; now it's an automatic expulsion. Threats made by students were most often handled by the counselor and now are suspensions. Pocket knives were confiscated in the past, while they now require filing weapons charges."⁵

Rates of substance abuse and use among county youth present a mixed picture. While the rate of use and abuse of drugs decreased in the county by over 5 percent in the years between 1998 and 2002, this was not true for the underage use of alcohol, and the rates of incidents of binge drinking increased to 32.7 percent in 2002, as compared to 30.6 percent in 1992. It should be noted that drug and alcohol abuse was identified as one of the key concerns in the county's 1998 community needs assessment study, and continues to be a significant problem facing residents.

The rate of births to teens aged 15-19 years of age dropped from a high of 52.1 percent in 1995 to 37.3 percent in 2002, indicating significant progress in addressing this issue. Nonetheless, this rate remains higher than the rate for the state as a whole (35.4%). Teenaged parents face numerous economic hurdles, often leaving school early. The 2004 Kids Count Factbook makes note of the future impact on both the babies and their adolescent mothers, stating that, "Many of these young women have little education and even less earning potential. Teenage parents are two times more likely to live in poverty and earn fully one-half as much as women who begin childbearing after age twenty."⁶ The median income of female-headed households in the county is \$26,186, roughly half that of the total median income for all families. The added burdens of single-parenthood become even more onerous for the child, the adolescent parent and the

⁴ CCPS Annual Progress Report 2004.

⁵ Personal correspondence from Joseph Millward, CCPS, November 5, 2004.

⁶ Advocates for Children and Youth, Kids Count Factbook, 2004.

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community. A study released in April 2005 by the National Campaign to Prevent Teen Pregnancy confirms these findings across the nation, showing a strong correlation between rates of teen pregnancy and rates of child poverty. While the report notes that not every teenage mother is poor, the report notes that “teen pregnancy is a major contributor to poverty, single parenthood, and limited futures for adolescents and their children”⁷

Overall, trends in child and family well-being in Cecil County present a somewhat mixed picture, with improvements particularly noted in the areas of educational achievement, attendance, violent suspensions and drop out rates, as well as in areas of juvenile arrests and child abuse.

While many factors influence changing rates, it should be noted that for the past three years CPCYF has directed their Community Partnership funding toward initiatives to address areas identified as priorities in 1998. They included programs aimed at increasing student attendance, (*Children Successful in School* and *Children Safe in their Families and Communities*); and programs whose goal was to increase youth’s attainment of job-related skills, (*Stable and Economically Independent Families* and *Communities that Support Family Life*). Additionally, Cecil County Public Schools has directed efforts toward increased student achievement, in line with the Federal No Child left behind legislation.

B. Cecil Partnership Needs Assessment: 1998

a. A key finding from the 1998 community needs assessment related **to growing disparities** between Caucasians and minority groups, in spite of a high percentage of Caucasians (94.7%) was noted. This was especially the case, according to the results of two focus groups, in two areas: 1) law enforcement, including reported harassment and racist attitudes by police officers, and 2) the school system, most obviously in suspension rates.

b. While the 1998 report indicated that economic incentives to attract new business had begun, 58 percent of residents were employed outside the county.

c. Of female-headed households, 20.6 percent were identified as below the poverty level, and the report notes than more single parents were beginning to enter the workforce, often working non-traditional hours and thus needing reliable and accessible childcare, while facing the lack of public transportation. While the report’s conclusions noted the development of a partnership between the Department of Social Services and the Cecil County Community College’s Division of Continuing Education, known as **JobStart**, it suggested that programs such as this be increased and expanded to include local businesses and industry.

d. The 1998 community assessment report indicated generally positive perceptions of the special education program on the part of residents surveyed, although the rate of youth in the special education population (14.7%) was higher than the state average (12.2%). Additionally, the violence-related suspension rate for county students was recorded as 64.6%, significantly higher than the state. The report notes that this period was a particularly volatile one, given the national focus on a number of school-related incidents of violence, most prominently in Columbine, Colorado.

e. **Substance abuse among adolescents** and the **high rate of teen pregnancy** were both noted in the report as areas of concern. The lack of sufficient, accessible resources for substance

⁷ Brown, S. National Campaign to Prevent Teen Pregnancy, report cited in Washington Post, April 14, 2005.

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abuse treatment was identified as one key factor, given that the few available programs were located in the Elkton area. While adolescent pregnancy rates had shown a decrease from the mid-eighties as compared to 1991-1995, the birth rates to teens continued to be higher than the state average. The report's conclusions recommended enhanced programming for adolescents around issues of prevention education and self-esteem enhancement.

C. Teen Forum Results: 2002

In November of 2002, CPCYF conducted a teen forum, titled "Youth Speak Out", with over 100 middle and high school youth. Six focus groups were held simultaneously to identify the youth's concerns, as well as suggested solutions. Across the six groups, priority areas that emerged were:

- o The lack of public transportation (5).
- o The presence of drugs and alcohol(5).
- o The lack of suitable activities for youth (4).
- o The presence of sexual harassment, fighting and bullying in the schools(3).

D. Mental Health Needs Assessment: 2004

In June of 2004, a needs assessment was conducted for the Cecil County Core Services Agency (CCCSA). Data from the Public Mental Health System (PMHS) was analyzed, interviews with key informants were held and a focus group was conducted among CPCYF Board members to identify key service gaps for children and adolescents within the mental health system of care. CPCYF's Board of Directors represents a variety of stakeholders, including public child-serving agencies, family members, representatives from the provider community, and local business.

A total of 1,012 children and youth received services from the PMHS in FY 2003, representing 56 percent of the total utilization for Cecil County. While a small number of county residents were identified as high-cost consumers (51), children and youth represented 25 percent of the total population in this category. From FY 1998 to FY 2002, there was an explosion in the costs and utilization of the PMHS by children and youth, as a result of the significant expansion of the Medicaid program through MCHIP. Overall, data in FY 2003 show a significant decrease in service costs for this population, equivalent to the FY 1998 costs. In spite of this, the number of youth who were high cost consumers in FY 2003 increased from a low of eight in FY 2001, to a high of 13 in FY 2003. This pattern of overall lower costs, coupled with an increase in high cost users, is reflected in the concerns voiced by key informants regarding the lack of community-based, lower cost services, which have eroded due to budget cuts at the state level and the lack of provider availability in such a rural, small county.

Youth in all age groups were served most frequently through outpatient sites, reflecting a consistent pattern over the past five years. Psychiatric Rehabilitation Program (PRP) services were delivered most frequently to children aged 0-17, with the most significant population usage indicated in the school-age population (6-12 years). The majority of PRP services were being provided to youth in the elementary and middle school populations, tied to after-school programming. In February 2004, the PMHS placed significant monetary and service restrictions for this model, and it is expected that utilization and service costs will show significant decreases at the close of FY 2004.

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No respite or crisis services were identified as being funded through the PMHS, and only minimal case management was provided through the fee-for-service system in FY 2003. Eight youth received case management over all age groups.

Fifty-six percent of Cecil County PMHS consumers are between the ages of birth and 19 years, accounting for over sixty percent of the cost expenditures for FY 2003. In spite of this, barely \$100,000 was spent on youth aged 0-5.

Overall, the data confirms the concerns voiced by Cecil County's families, consumers, providers and public child serving agencies regarding the lack of services available specific to infants and toddlers and to the TAY population.

Interviews with local service providers in both public and private agencies supported and further described the gaps in services for children and adolescents. In summary, the qualitative data indicated that:

- There is limited availability of services for transitional age youth (ages 16-21).
- Services for children under age 12 are extremely limited, and are virtually nonexistent for infants and toddlers aside from the formal Infant and Toddler education program.
- Beyond assessments, there are no resources to provide ongoing interventions, parent support and education, nor are there providers with expertise for children under age six.
- There is an overall lack of licensed social workers, therapists, psychologists and especially child psychiatrists.
- Crisis intervention services do not exist for children and youth. (This is borne out by the MHP service data, see Charts 5-8).
- Reductions in school-based PRP, which occurred during the latter half of FY 2004, have already begun to reduce children's access to community services. Data documenting the impact of this on the entire PMHS for children and adolescents is currently being collected. Anecdotally, service providers have noted a slight increase in referrals to Residential Treatment Centers (RTCs) over the past few months as less intensive programs have ceased operating within the school system.⁸

CCPS staff reported there are only a few resources available for the 42 youth with SED who are currently in the Cecil County High Schools. Many of these students work with a behavioral specialist and a transition coordinator is assigned to the students to assist in post high school service identification and referrals. School-based mental health services had been widely provided by Upper Bay Counseling Support Services, Inc., both in conjunction with after-school grant funded programs, and as fee-for-service PRP's. As mentioned previously, these services were significantly curtailed in FY 2005, with only one community after-school program with a mental health treatment component remaining.

The focus group with CPCYF's Board of Directors expanded upon information offered by key informants. The Board identified a number of resources that have served Cecil County's children well, including the grant funded Family Intervention Specialist for Department of

⁸ In February 2005, the PMHS published revised regulations that effectively eased the restrictive medical eligibility criteria for Children's PRP services.

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Juvenile Services (DJS) youth, limited but available respite services and greatly improved DJS intake screening for emotional/behavioral disorders. The Board pointed to their overall collaborative relationships and subsequent innovative and rapid responses to significant problems. Examples given included the establishment of the Hospital Intervention Team (HIT), which was formed as a rapid response team to address the problems related to youth unable to be discharged from acute hospital stays due to the lack of appropriate placements, the “stuck kids.” This program, in place for a year, became one of the models for the State Voluntary Placement Agreement process.

CPCYF’s Board noted that there were few agency turf issues at the local level, although they noted continued difficulties with their State level counterparts in areas such as services coordination, blended funding, and innovative collaborative models.

The CPCYF Board noted the lack of sufficient community based, locally available resources for youth. While there may be sufficient beds in congregate living programs statewide, they aren’t available locally for Cecil County youth. Categorical funding streams further increase the likelihood of RTC referrals. Other services needed included intensive and targeted case management, given that the county has only one case manager serving the children and youth population. Respite services were reported to be limited to purchase of care slots through a single provider, Villa Maria, which is located in Baltimore County.

Overall, the county’s distance from the Baltimore/Washington area makes it difficult to attract professionals, and Delaware-based programs have not found it financially viable to accept Maryland Medicaid payments for children and youth services.

Participants also noted the continued private sector cost shifting of youth into the public sector for services. These combined factors, the lack of community resources and cost shifting has led many local agencies as well as families with private insurance to use RTC services more frequently than they would otherwise.

E. Public Forum 2004

On September 8, 2004, CPCYF held an all-day Community Planning Forum, which included providers, representatives of child-serving agencies, parents, community advocates, elected officials, and youth from area schools. After a review of the core missions and roles of each major child-serving agency, participants participated in one of four breakout sessions. Assignments were made randomly across all stakeholder groups. They were asked to identify services or programs in the county for children, youth and families that were working well; any critical gaps in services, and barriers that restrict access. The table below depicts a summary of the gaps identified across the groups.

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Table 6: Public Forum Responses.

ISSUE	Group 1	Group 2	Group 3	Group 4
Public transportation	X	X	X	X
Services for parental problems (e.g. mental health, illiteracy)	X			
The need to coordinate, communicate options for after-school activities and programs (e.g. resource directory)	X			X
Day-care, supervision, 0-5 year olds, in licensed, accredited programs.	X			
Single point of entry for all human services		X		
Access to mental health and respite services		X		
Activities for youth		X		
Dental providers; specialty care providers		X		X
Grant coordination/writer across agencies			X	
Preventative services/family support			X	
Funding for programs that work			X	
Transitioning youth services			X	
Education of judiciary				X
Agency staff not aware of county resources				X

Looking across the grid above, the following issues were most frequently identified:

- **Transportation** was rated as a serious gap across all the groups, and was defined as a major barrier to access for most of the county.
- **Lack of specialty providers** was another gap mentioned in two of the groups, although others did discuss this in the course of their sessions.
- **Lack of communication about available resources, and coordination across agencies and services** was identified by two groups as a clear unmet need. When combined with other concerns listed, particularly the need to educate the judiciary, families, and service providers, the need to promote public and system-wide awareness of available resources clearly resonated with many of the participants.
- **Lack of availability of supervised activities for youth**, was mentioned by various groups in different settings, such as structured activities for older youth, day-care and licensed supervision of children aged 0-5 years, services for transitioning youth, and after-school programming. The common theme across the groups appears to be the need for activities/programs for youth outside of formal public school hours.

There was agreement that a significant amount of partnering and collaboration exists at the top levels of county government and private sector agencies. The concern raised, both within the formal breakout sessions as well as throughout the morning presentations, was that this capacity to coordinate and collaborate was missing at a number of levels:

- **Intra-agency:** Many felt that the depth of collaboration was quite shallow, and knowledge regarding programs, services and resources for youth had not penetrated below the levels of senior leadership.
- **Inter-agency:** Again, the concerns were that most line workers in both public and private agencies were not aware of the variety of services, programs and options

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available to youth and their families in the county, thus limiting their ability to fully meet the needs of clients. Suggestions were made to reorganize service coordination into a systems-of-care model, such as “**single point of entry**” or “**cross training of staff**”.

- **Public:** The need to keep many sectors of the public informed regarding current service capacity, and to have such information widely available, coordinated and maintained and updated was seen as critical.

Preliminary Suggestions:

A few suggestions emerged that might be worth further exploration. They include:

- Providing a videotape presentation of the various services offered by county public and private agencies to **all public and private agencies**, to be used in both pre-service and in-service training venues.
- Consider options of cross-training professionals in each key agency, so that families entering the system in any “door”, will be given information regarding other critical options, a “**no wrong door**” model.

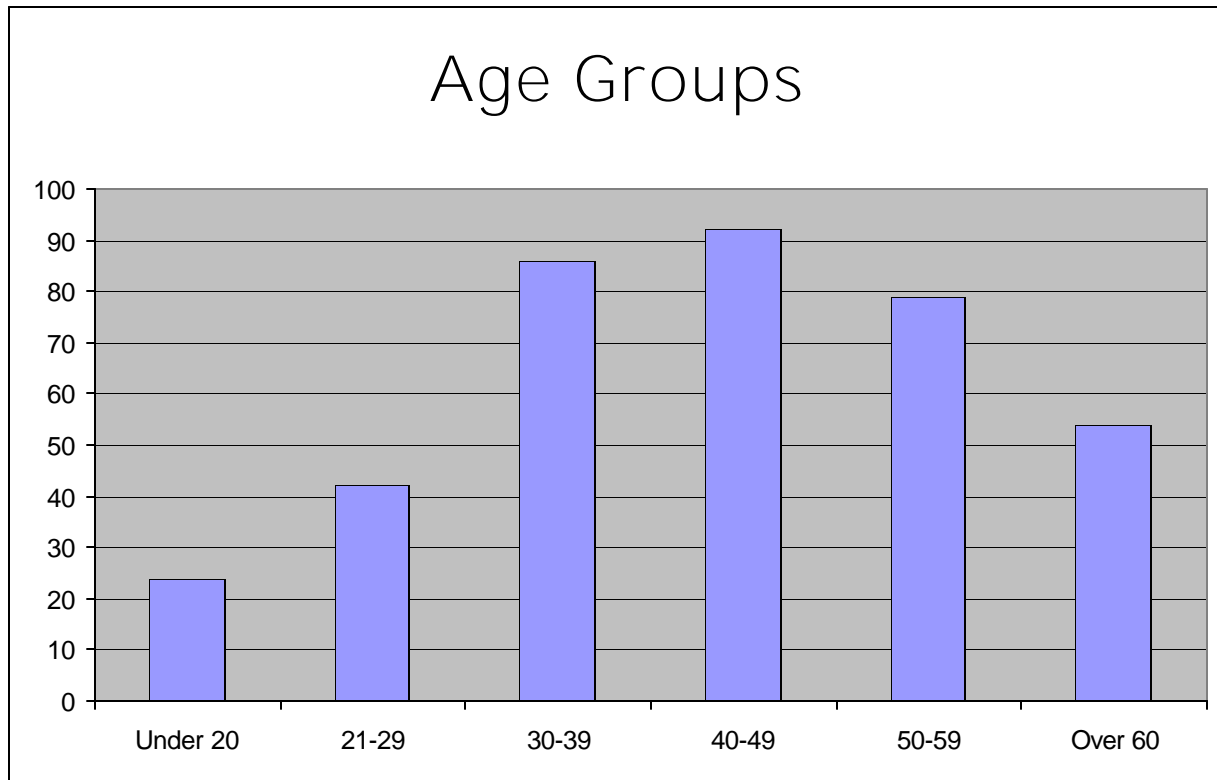
F. Surveys: 2005

In 1998, CPCYF conducted a community assessment to determine the priority needs of the County’s children, youth and families. One component of that process was the development and distribution of a community survey. A similar community survey was conducted as part of the current 2005 needs assessment process. Many of the same survey questions were retained and some expanded, based on earlier identified areas of need. Additionally, questions highlighting issues facing seniors, individuals with disabilities and vulnerable adults were added to the survey after collaboration and consultation with United Way, to reflect the broadened scope of this study.

The current survey was developed so that it could be completed either via a direct link from the CPCYF website, or by hand through widespread community distribution. Although this was, of necessity, a convenience sample, efforts were taken to distribute the survey across the county to assure participation by residents without Internet access, particularly in areas of poverty and at sites, such as senior centers, where residents might otherwise not complete a survey. In all, 377 surveys were completed and analyzed. Based on 2005 US Census population estimates, approximately 64,000 adults over age nineteen are county residents. While the total number of respondents was small compared to the current population, the demographic distribution was representative of the population as a whole.

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Chart 1: Survey Demographics: Age Groups



As can be noted above in Chart 1, the majority of respondents fell into the age categories of 30-59, similar to the county as a whole. Geographical distribution was also representative of the county. While 41 percent of county residents live in Elkton, 46 percent of respondents listed Elkton as their zip code. Approximately 17 percent of residents from North East responded to the survey, while it has 13.4 percent of the total County residents. As would be expected, the majority of the population in the county is Caucasian, and an overwhelming number of survey respondents, 321 out of 377 (85%) were Caucasian as well. The majority of survey participants (57%) had lived in the county for more than 15 years; the second largest number of respondents (22%) had been in residence less than five years.

The survey listed a number of positive and negative characteristics of communities, such as *safe*, *quiet*, and *not enough activities for youth*. Participants were asked to describe their community by indicating which aspects were “very true”, “somewhat true” or “not at all true”. As noted below in Charts 2 and 3, the majority characterized their community as quiet, and as a good place to raise a family; 41 percent of the respondents felt it was very true that the community they lived in was safe. While only 39 percent felt that it was “very true” that the community had good schools, an additional 53 percent thought that it was “somewhat true. When asked to identify aspects on community life that were “not at all true”, areas that were identified included the lack of public transportation, (58%); the lack of adequate mental health services, (41%), and the lack of programs for individuals with special needs. (See charts 2-4 below for graphic representations).

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Chart 2: Survey Results: Community Description, Very True Responses

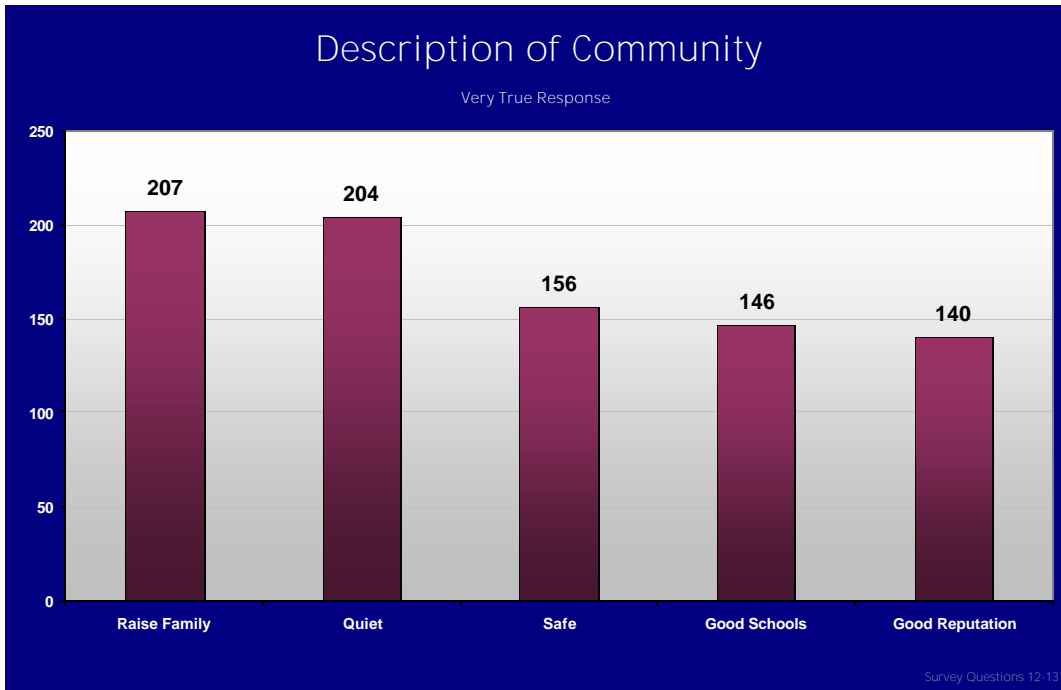
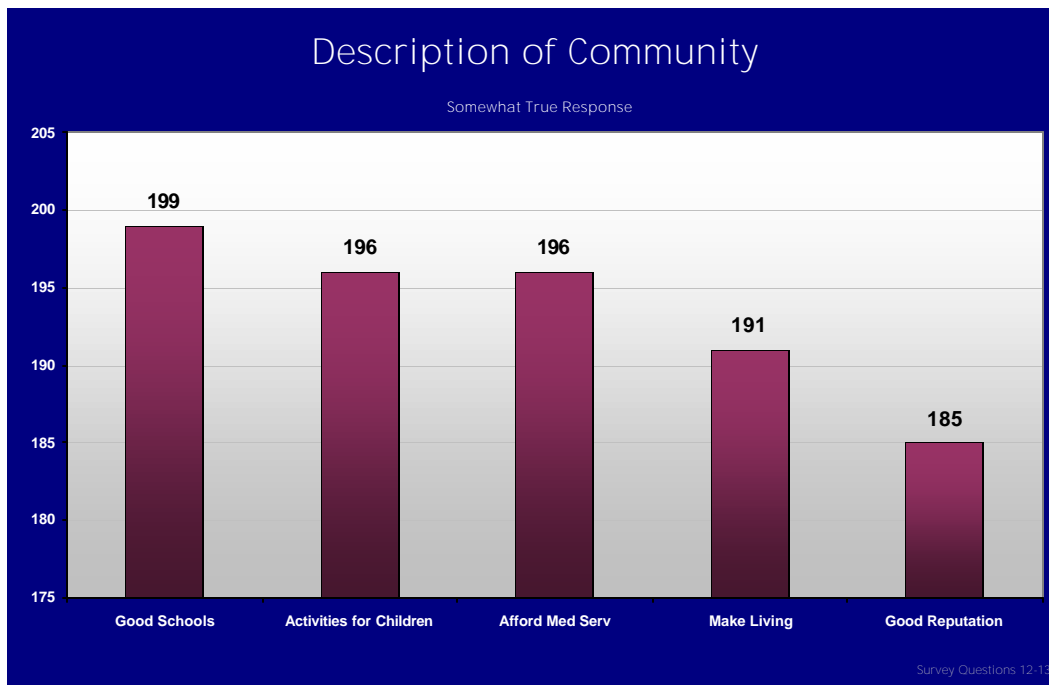
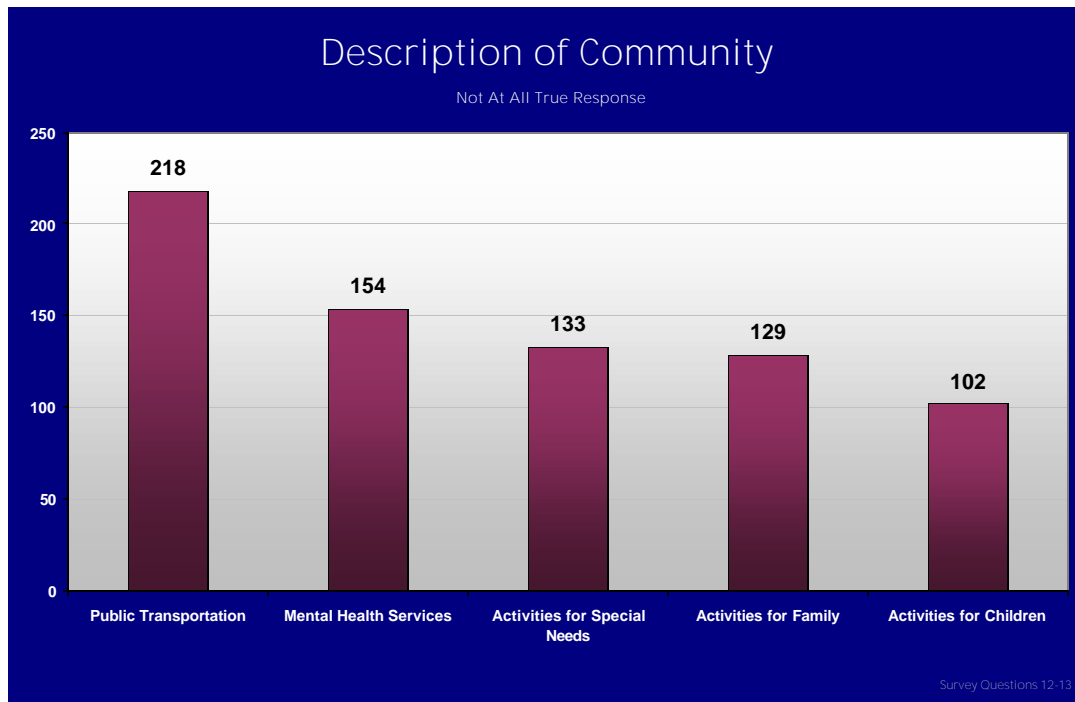


Chart 3: Survey Results: Community Description, Somewhat True Responses



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Chart 4: Survey Results: Community Description, Not at All True Responses



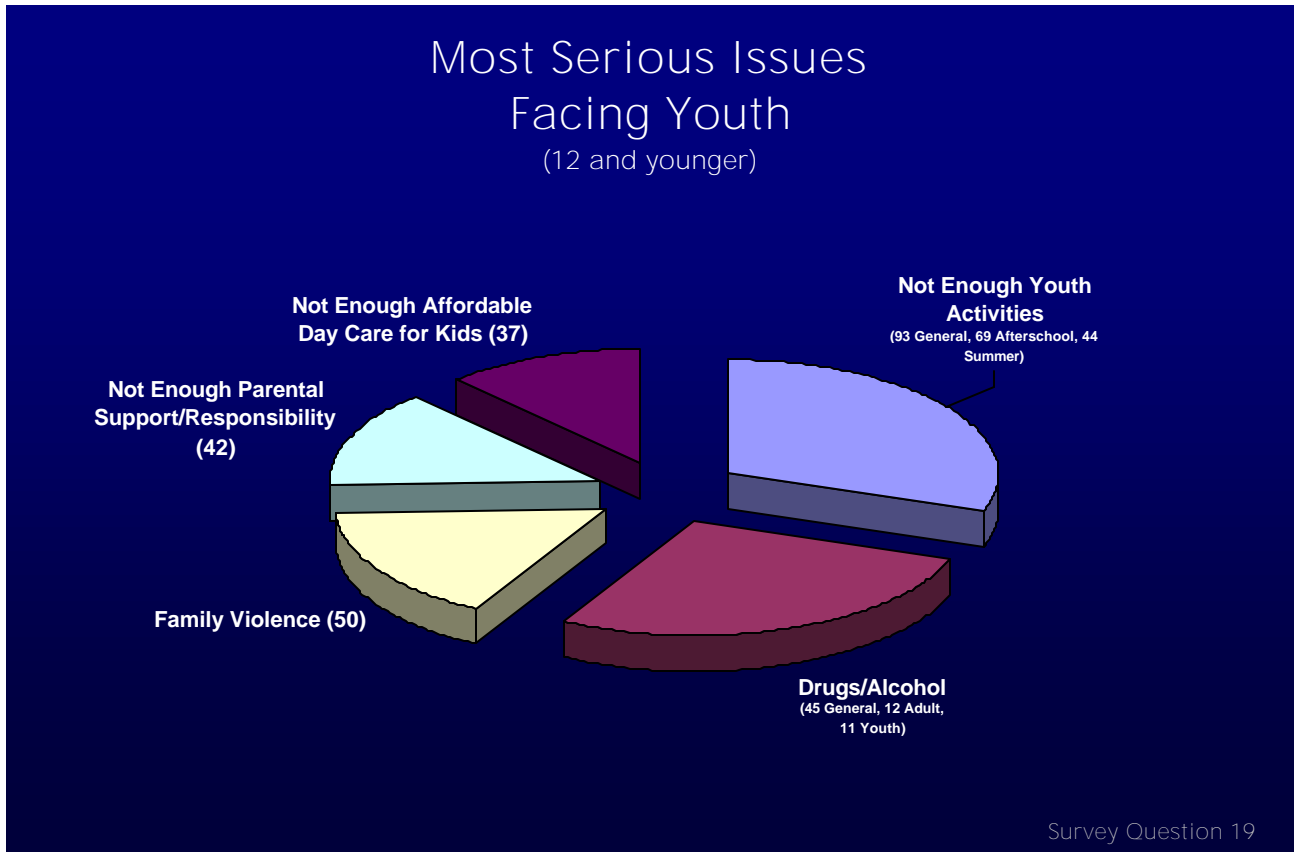
Respondents were then asked to select from a list of potential problems facing families or households, and indicate whether they were very serious, somewhat serious or not a problem. They were then asked to prioritize the list, and to identify the three most serious problems facing children aged 12 and younger, adolescents aged 13-19, and seniors. This allowed for a more specific understanding of the community’s perceptions of critical problems for discrete population groups.

Young children:

Chart 5, below, graphically portrays the most serious problems facing young children, as identified by a majority of respondents. As can be noted, the issue that ranked as most important was the lack of youth activities, especially when you aggregate responses to “not enough youth activities”, “Not enough summer activities”, and “Not enough after-school activities”. Family issues were identified as second in priority, with responses to “family violence” and “not enough parental support and responsibility combined, chosen by over 90 of the respondents. While drug and alcohol use and abuse was also identified as a serious problem, most responses did not identify the age group, and only 11 identified this as a concern for children under age 12.

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Chart 5: Survey Results: Most Serious Issues Facing Youth (12 and under)

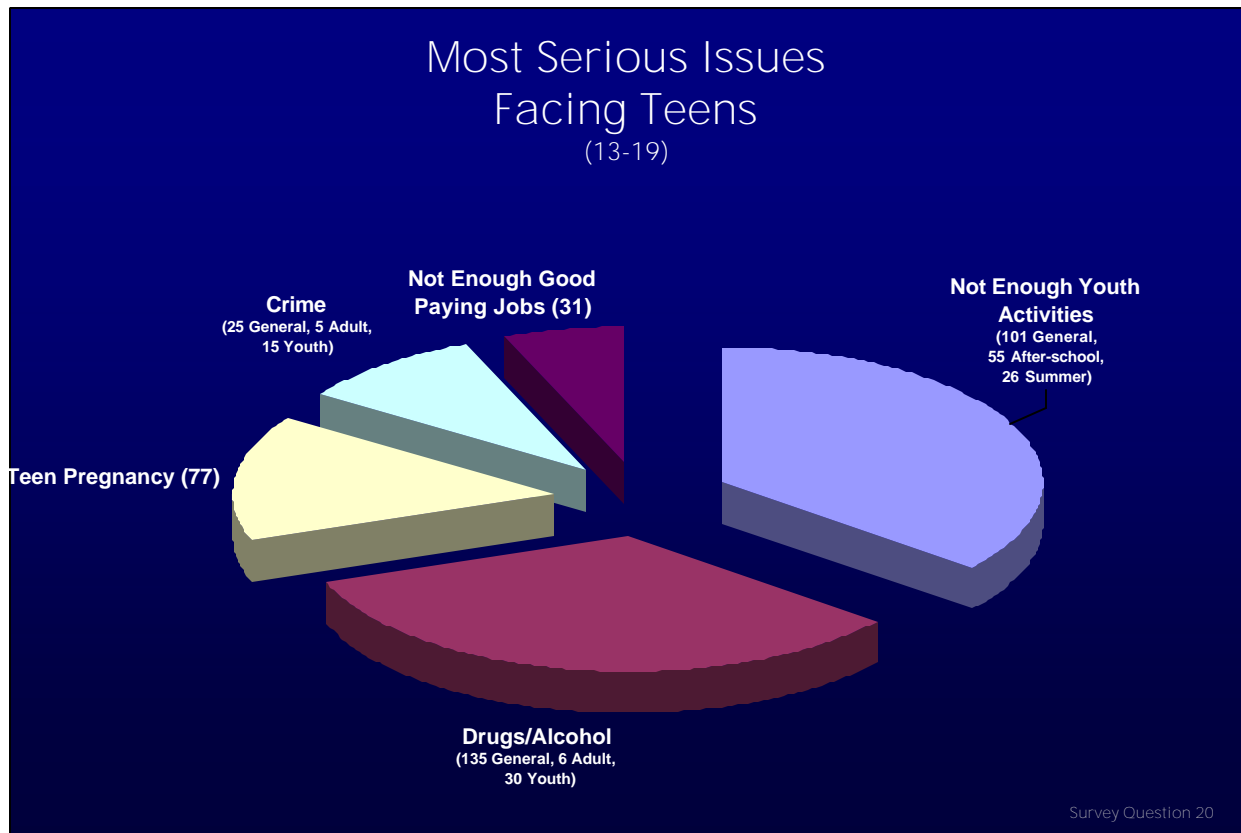


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Adolescents:

For adolescents, the most serious issues identified were the lack of activities for youth (including after-school and during the summer), use and abuse of drugs and alcohol, teen pregnancy, crime, and the lack of good paying jobs. As in the results for young children, above, the constellation of issues around the need for structured, supervised activities for adolescents clearly poses the most significant area of concern for community residents. It can be hypothesized that this lack of supervision is more likely to lead to greater risk taking behaviors, resulting in increased use of drugs and alcohol, increased criminal activity and increasing risks of pregnancy. Chart 6, below, depicts these results.

Chart 6: Survey Results: Most Serious Issues Facing Teens

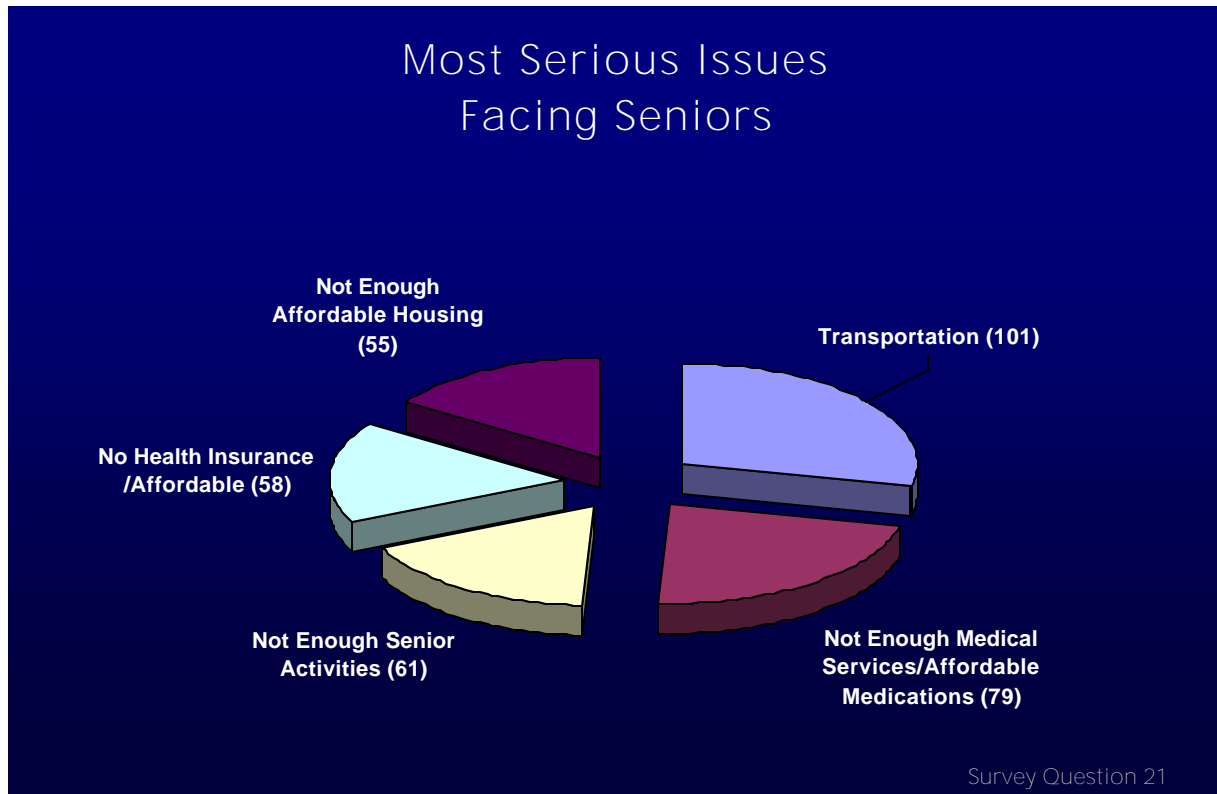


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Seniors:

The population of seniors in the county has grown significantly, and this growth is expected to continue as current residents' age and as new residents move to the county after retirement. The issues identified as critical for seniors, described below, mirrors those described by the focus group conducted at the Perryville Senior Center as well as national findings. Chart 7 highlights these issues, which include: the lack of medical services and affordable medications; the lack of sufficient activities and programs geared toward seniors; the lack of affordable health insurance, and housing and support services for those seniors with low incomes.

Chart 7: Survey Results: Most Serious Issues Facing Seniors



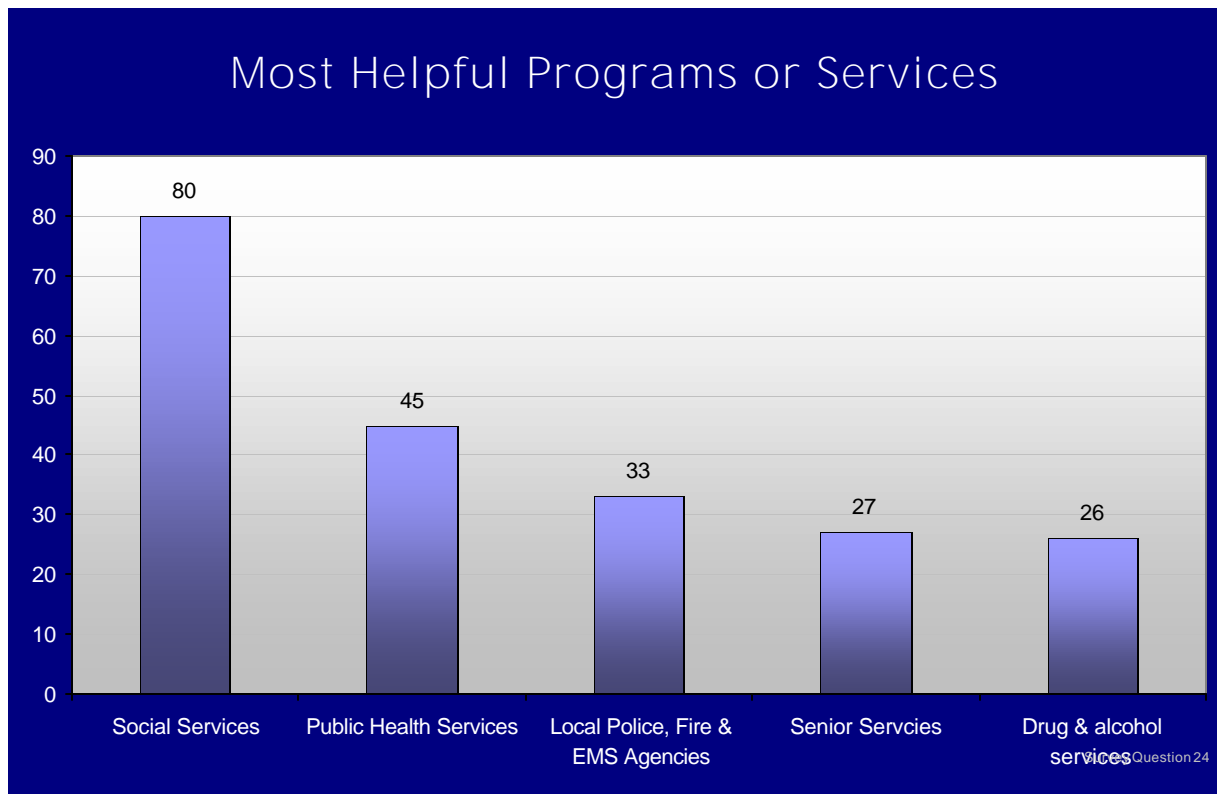
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Most serious issues across the life span:

When the responses for each age group are aggregated, the most critical issues that emerged were the following: the use and abuse of drugs and alcohol; the lack of youth sufficient activities; crime; the lack of activities for families; and transportation.

When asked which programs or services were most helpful to them, 80 of the respondents indicated that social services was most helpful, followed by public health services (45), local police, fire and EMS agencies (33), senior services (27), and drug & alcohol services (26). (See Chart 8 below).

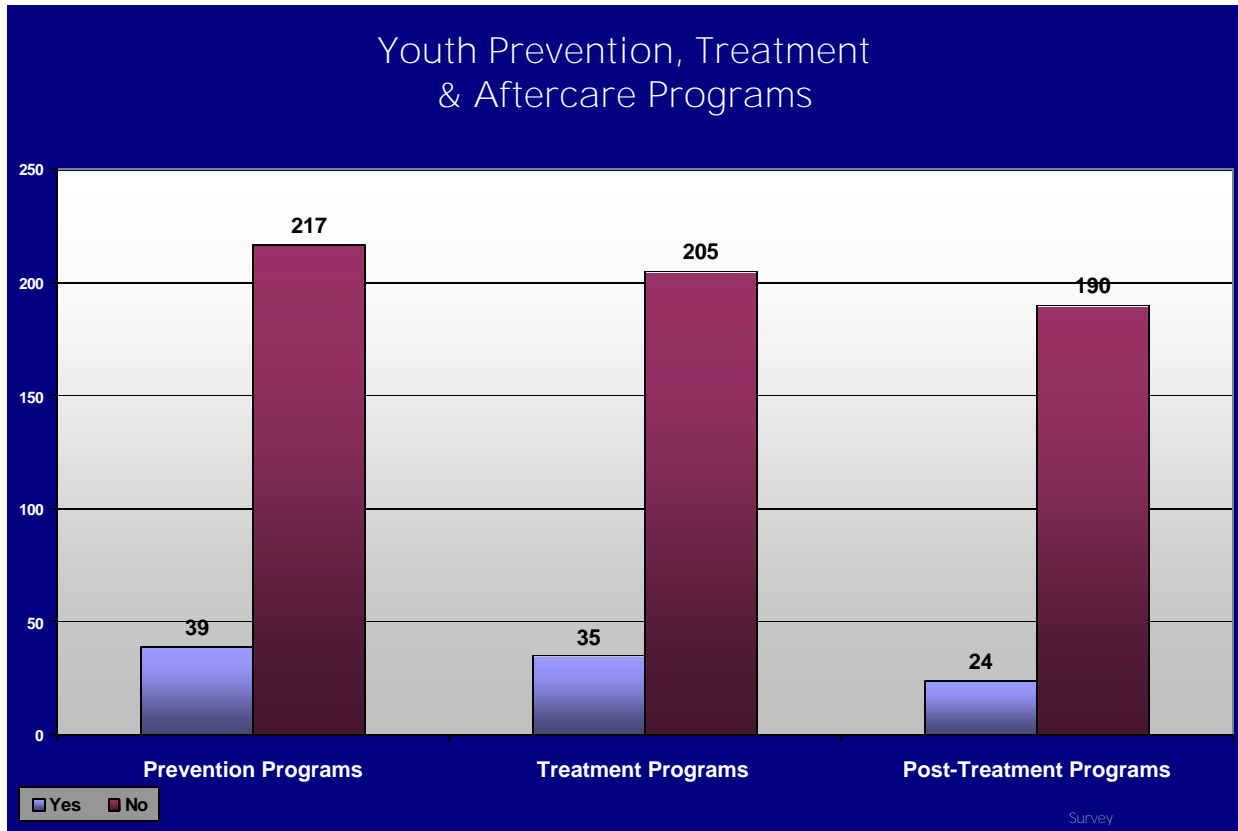
Chart 8: Survey Results: Most Helpful Programs or Services



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Given the concerns regarding youth involvement in crime, drugs and alcohol, or delinquency, respondents were asked if they felt that there were enough programs in Cecil County to prevent, treat and provide after-treatment support in these areas. As noted below in Chart 9, the overwhelming majority believed that there were not sufficient programs in each of these areas.

Chart 9: Survey Results: Youth Prevention, Treatment & Aftercare Programs



G. Focus groups

Three focus groups were conducted in order to reach out beyond the populations who responded to the survey. Focus groups were held on March 2 and March 3, 2005, conducted at the Perryville Senior Center, The Lakeside Park Community Association and the Chesapeake City Ecumenical Association, which oversees an after-school program known as The Generation Station. In addition, the Board of United Way of Cecil County held an informal discussion of community needs, which is reported below. Following is a summary of the key issues and concerns raised by each group.

Perryville Senior Center

Participants: Approximately 25 seniors living in the Perryville area attended the focus group. All participate in senior center activities, including daily lunch.

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Services/resources that work:

The group listed services specifically that benefit them, and then broadened the discussion to include services for families and others in the community.

- The Senior Center and the Department of Aging,
- Transportation to the Center,
- Coordinated activities from the Center, including trips, games,
- Senior housing in area,
- Partnership with the local YMCA for swimming,
- Veteran's facilities and the Perry Point Veterans Administration center,
- Feeling of safety in the community, especially during daylight hours and with friends,
- Local churches,
- Meals on wheels (although this is limited in area served and number of meals per week).

More generally, they pointed to:

- Parks and recreational facilities in county,
- Opportunities for youth in Little Leagues, Boys and Girls clubs,
- Safe neighborhoods,
- Services for children with handicaps.

Services/resources needed:

- Access to all services, given the rural nature of the community, and lack of public transportation,
- A local store,
- Affordable, safe medications,
- Medical van for transportation to services,
- Help around the house for routine tasks,
- Safety evaluation of house and yard, to allow for "aging in place",
- Opportunity to exercise,
- Broader options for activities in Senior Center. The Center occupies a large room in the American Legion Hall,
- Choice and independence.

Most of the needs mentioned above are tied to the rural nature of the community, the lack of local services of all kinds, and the lack of transportation to existing services. Among the solutions discussed were:

Solutions:

- More centralized location for Senior Center,
- Opportunities to be heard by local, state and national leaders,
- Communication that is timely regarding programs beyond word of mouth,
- Accessible transportation.

Lakeside Park Community

Participants: nine residents of the Lakeside Park community participated in the session.

Lakeside Park is a community of mobile homes. Of the 316 properties, 107 are owned, most by long time residents, who hold title to both the lot and the trailer. There are also 209 rentals, two-

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thirds of which are owned by a single developer. Many new residents have moved into the properties owned by the developer, and older residents report a significant increase in problems as a result. Problems appear to be in two areas; first, the properties are in need of major repairs; and secondly, there are reported increases in criminal activities, drug use and adolescent delinquency. The community is located adjacent to a church affiliated camp and retreat, Nazarene Camp, which offers many free resources, including use of the dining hall space, and a swimming pool in summer.

Services/resources that work:

- Community works together,
- Local county departments are responsive, such as Sheriff's office, planning and zoning, and public works,
- Unity of community and within the county, working to build bridges between groups,
- Schools, especially elementary programs, and after-school services,
- Parks and programs for kids,
- Nazarene Camp,
- Strong churches,
- Building business partnerships, through donations, and volunteer opportunities,
- The Boys and Girls Club in the area.

Services/resources needed:

The group identified a number of issues and needs, and then clustered some of them as related issues. They voted, by a show of hands, for those issues they believed were most critical. The issues are listed below, in priority order. The issues and concerns were discussed and options for solutions listed, which are included below as well.

-Action on landlords, as they have no accountability.

- Transient population, with no background checks for renters,
- Need for more responsive judiciary,
- Tighter ordinances, curfews for youth,
- Need for increased state-level participation,
- Suggestion to explore funding support for housing upkeep and maintenance for eligible residents,
- Suggestion to involve Sheriff's office and community workers in community activities,
- Suggestion to raise funds for a local community organizer.

-The need for community outreach for families.

- Need for clear, county-wide information,
- Need for more truancy officers, education and outreach to families
- Education of families regarding services available currently for youth that are underutilized,
- Need for services for juveniles that are safe, especially for youth in need of supervision who have not offended,
- Group homes and in-home services were mentioned as critical.

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-Substance abuse services.

- Increase services and outreach to parents,
- Need for education of all children in the schools
- Action against landlord regarding tenants with criminal backgrounds.

-Other issues raised were:

- Difficultly seniors have in managing financially after retirement, given the increasingly high costs of health care, medicines and housing,
- Lack of transportation,
- The need for accessible mental health services,
- The need for services near youth's homes and neighborhoods..

Chesapeake City Ecumenical Association: Generation Station

Participants were 14 members of the Generation Station's Board and volunteers. All are very active and committed to supporting youth in the community. Their program is located near historical Chesapeake City and serves mostly the rural, southern part of the county.

Services/resources that work:

- The community churches, including Trinity United Methodist Church,
- Generation Station, and its variety of programs for youth,
- Union Hospital's volunteers, adult day care and transportation, thrift shop.
- The Ecumenical Association, the social service arm of local churches,
- The YMCA,
- The food bank, community kitchens and "Mom's Kanal Kitchen",
- Youth programs, including after-school programs, Bridges program, and the DJS volunteers,
- Volunteer activities, including Christmas in April,
- Social services respite programs for families with children with disabilities.

Services/resources needed:

The group identified a number of needs and a discussion of current efforts to remedy many of them. They voted, by a show of hands, for the most serious problems, which are listed below in priority order, with current planned or recommended solutions.

- Need for a comprehensive community based center in the area.
 - There is currently no more room for current Generation Station services, and no room to expand. The Ecumenical Association has been exploring alternative space, and has been working with United Way and local area developers to identify available land. They would like to provide a comprehensive center, with many services for youth, seniors and other community members, co-located in same space.
- Need to develop more pro-social, positive activities for youth, to respond to increasing substance abuse, gang activity, the lack of available part-time work for youth, and the associated lack of public transportation to get to work in other parts of the county Elkton.
- Lack of emergency shelter space, especially during cold weather.
 - Local laws have precluded using community churches, because of the lack of showers. Many other Maryland counties have found ways to use churches

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successfully as cold weather shelter. The group stated that their goal is to explore models that work, and advocate for a change in the local ordinance.

Other issues addressed included:

- Public transportation. They noted that DART (Delaware Transportation Authority) is working on developing a Route 40 bus line
- Safe, affordable housing for seniors and those of low income
- Need for supports for seniors like in-home assistance to avoid nursing homes
- Gaps in health care services, health insurance coverage
- Public awareness of resources

United Way Board Members

In an informal discussion, the United Way Board identified the following issues as most crucial to residents:

- The need for substance abuse programs
- In-home care for the elderly
- Respite care for hospice recipients
- Meeting the financial needs of individuals who are over income and do not qualify for many social services and other needs-based eligibility programs
- Community fiscal education

Overall Themes

Although the participants in each group face different issues, there were common themes, depicted below in Table 7. All groups identified the lack of transportation as critical to accessing services, although not all the groups chose to identify this as of highest priority to them, given unique local community issues.

Table 7: Key Priority Issues across Focus Groups

Key Issues	Focus Group Responses				
	Seniors	Lakeside	Generation Station	United Way	Public Forum (combined responses)
Transportation/Access	X				X
In-home assistance for seniors	X			X	
Safe, affordable housing		X			
Outreach/ information for community	X	X			X
Substance abuse services		X		X	
Positive activities for youth		X	X		X
Comprehensive, locally based services/centers	X		X		
Affordable medical care, medications	X				
Emergency shelters			X		
Lack of health care and specialty providers				X	X

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V. Summary and Recommendations:

The Needs Assessment Planning Committee reviewed the quantitative and qualitative data, as well as prior community assessments and updated demographic and socio-economic trends. Using a nominal voting process, the committee agreed upon the following five key priorities.

- Substance Abuse Services,
- Constellation of positive activities for youth, including after-school programs and summer activities,
- Access to services either through increased transportation options, or community-based services,
- Increased opportunities to support greater family involvement in their children's well being, and
- Affordable medications and need for more available, affordable health care resources for seniors.

A. Comparison between key priority areas identified in 1998 findings and 2005 findings:

The three top concerns identified through the 1998 community needs assessment were:

- Alcohol and drug use and abuse,
- The lack of adequate youth activities,
- The lack of parental involvement in child and youth development, and
- Teen pregnancy.

As noted earlier in the summary of the 1998 findings, the three top areas in 1998, substance abuse, youth activities and the lack of parental involvement remain of concern in the county, and the demographic and socio-economic data and trends support these findings. In 1998, issues of teen pregnancy were identified as critical, and the data at that time fully supported these perceptions as well. While the teen pregnancy rate in the county remains higher than the state average, (37.3% as compared to 35.4% for the state), the numbers do continue to trend downward for the county.

Overall, there have been significant positive improvements in the status and well-being of children and families in the community, due in large part to the collaboration and innovative programs and focused grant funding by CPCYF. Two specific recommendations of the 1998 study were to develop a Boys and Girls Club and a Child Advocacy Center. Both of these initiatives have been implemented.

The 1998 survey focus was primarily on children, youth and families. Thus, the key needs of seniors were not assessed in the earlier study. In this current review, it is apparent that senior issues, specifically around the need for more health care services and affordable medications are of growing concern. Access to services, given the lack of public transportation in most areas of the county was identified as critical in the current report, and it is clear that it impacts a wide segment of the community with no private, personal transportation, such as children, persons of low income, persons with disabilities and seniors.

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B. 2005 Priorities, Barriers and Recommendations:

The 2005 Community Needs Assessment Planning Committee developed the following analysis for each of the key priority areas. They serve as both recommendations and initial steps towards the development of a strategic action plan for both CPCYF and UWCC.

Priority #1- Need for Transportation and/or Access to Services

Barriers and Challenges:

- The county is primarily rural, with low volumes of potential riders using public transportation.
- Costs for either increased public transportation or the establishment of satellite programs would be prohibitively high.
- Personal barriers, such as perceived lack of freedom, and the inability of some residents, especially seniors and persons with disabilities, to get to nearest public bus stop.
- Many programs and services offer limited hours of operation and their location, close to the Elkton area, makes access difficult for those without private transportation.
- Restrictions due to strict eligibility criteria limit availability of alternative transportation options.
- Difficulty in collaborating across agencies for co-use of private transportation, with barriers such as availability of drivers, cost of insurance, restrictions due to funding source, and liability issues.
- Cross-state transportation issues, given the regular utilization of health care services in Delaware.

Recommendations:

- **Commitment across agencies to increase collaboration and coordination of transportation and services.**
- **Explore opportunities for grant funding** through MTA for a **Transportation Coordinator** (similar to a Dispatch function).
- **Develop local community partnerships with nonprofit and public agencies that provide transportation now.**
- **Increase community awareness of the Department of Aging's regular routes**, since vans are rarely full. (Currently, seniors ride at half price, and others can ride at full price).
- **Explore model of using transportation time for mentoring opportunities** within buses and vans, especially those transporting youth to school or other programs. ("Go Get 'Em")
- **Investigate best practice models**, such as those in Rhode Island; Portland, Maine; and Washington State.

Priority #2: Need for Positive, Safe Activities for Youth

While this area has always represented a challenge for the county, the rise in poverty rate has led to an increase in at-risk youth. Coupled with the lack of both local activities and public transportation, the need to provide positive, safe activities has increased over the past five years.

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Barriers and Challenges:

- Difficult to encourage some youth to attend programs due to:
 - Lack of transportation;
 - Costs of some programs;
 - The perception of many youth who view organized activities as “not cool”;
 - Stigma attached to attending formal after-school programs; and
 - Parent’s lack of seeing a “value” to programs.
- The scarcity of public resources for youth (movies, arcades). Local businesses that have opened don’t have sufficient volume to stay in business; and
- The lack of information available to parents and youth regarding all the opportunities available.

Recommendations:

- There is a need **to identify the exact barriers within communities**, to address specific ways to increase the availability and access to positive, safe activities for youth. This should be done, accompanied by a cost-benefit analysis and community interest survey of the best sites, programs and services for different high-risk communities
- The County has a lot of available activities, both public and private. There are a lot of natural recreation areas, water activities, and libraries available locally. **There is a need to better publicize these activities.** Computer terminals at local sites, such as DSS offices, may encourage parents to identify programs for youth.
- **Explore partnerships with local youth groups**, since they offer a variety of programs, with no associated stigma in attendance, as may be the case with formal “after-school” programs.
- **Explore models of community use of schools**, with many activities for both adults and youth available in local schools at night and on weekends. Benefits are that local schools are usually within walking distance of some youth, and are often vacant during non-school hours.

Priority #3: Need for Substance Abuse Services

Cecil County is located along the I-95 Corridor. This route has long been identified by law enforcement agencies as a major conduit for drug trafficking. Additionally, the University of Delaware is nearby, and there are a lot of reports of high drug use on the campus.

Barriers and Challenges:

- Lack of positive, safe activities and peer pressure has increased experimentation among youth.
- The lenient consequences attached to drug use by parents and law enforcement agencies, including courts, may lead to recidivism.
- Many families of middle income do not have adequate health insurance, and cannot afford the costs of drug treatment for themselves or their children.
- In some communities, there is an attitude of acceptance, especially around the use and abuse of alcohol. Binge drinking among youth in the County has risen in recent years,

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and the 2002 Maryland Adolescent Survey reported that many youth in the county indicated that their parents “tolerated” the use of tobacco, alcohol and drugs.⁹

- Substance abuse treatment is no longer offered at the County Detention Facility.

Recommendations:

For the past five or six years, there has been a Cecil County Drug Task Force, looking into issues and solutions regarding substance abuse. This past year, the Task Force was reorganized formally into a Drug and Alcohol Council, as mandated by a new State law. This Council is required to develop a countywide plan for the prevention, early intervention and treatment of individuals with substance abuse. The Task Force has continued to focus on more general youth and family issues, particularly as it relates to parental responsibility and involvement. Cecil County is also currently developing an adult drug court.

- **Coordinate with County Drug and Alcohol Abuse Council to quantify the extent of the problem** and identify solutions. This information might be available when the Drug and Alcohol Council issues its first two-year strategic plan in June 2005.
- **The option of a Juvenile Drug Court should be explored.**
- The school system currently provides drug education and information to targeted high-risk youth, through the Life Guides program, and through student assistance teams in each school. **Education regarding prevention should be available to all grades for all youth.**
- Funding barriers to substance abuse treatment, especially for youth without Medicaid, limit access to consumers needing care. Given the high costs of community and public safety when no treatment is available, it is recommended that **CPCYF and UWCC jointly explore alternative funding options, in partnership with the Alcohol and Drug Abuse Council.** Youth need a program that provides transportation, as well as support and accountability. Drug Courts do provide this, but youth must first commit a crime.
- **There needs to be better information on options** widely available to all residents.

Priority #4: Increased Family Involvement/Activities for Families

The need for increased family involvement was an area identified by the survey as a concern, as well as in some of the focus groups. The high number of County residents who commute out of the County to work, the increases in substance abuse, and the lack of activities for youth lend support to this issue as being a priority for the county.

Barriers and Challenges:

- Parent’s employment outside the county;
- Low income families working multiple jobs;
- Rural nature of community lacks easy access to programs and activities;
- Lack of information on programs in venues across all neighborhoods; and
- Parents lack motivation to become involved.

⁹ MSDE, Maryland Adolescent Behavior Survey, 2002.

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Recommendations:

- Explore opportunities to **partner with local programs to offer parent-youth programs.**
- **Develop a public awareness campaign to parents**, possibly with helpful hints on raising healthy children distributed widely.

Priority #5: Need for Affordable Medications and more Accessible Health Care Resources for Seniors.

The Cecil County Department of Aging, (CCDA) operates an information and referral service for seniors. Clearly, the need for affordable and accessible health and medical services and medications is one that is a State and National policy issue.

Barriers and Challenges:

- Rural community with little public transportation;
- Lack of sufficient pharmacy assistance programs or funds to cover medications, especially for persons with chronic illnesses; and
- Lack of transportation to health care resources.

Recommendations:

- **Explore options for expanding eligibility to local pharmacy assistance programs .**
- **Identify models of low cost, or sliding scale health care for seniors** through partnerships with hospitals and providers.

Finally, information gleaned from interviews with key informants, focus groups and the planning committee indicates the need for systemic improvements across agencies and services.

Recommendations for Systemic Improvements:

- There is a strong need for both collaboration and coordination across service systems, including cross training of key service providers in the public and private sector.
- There is a need to promote greater public awareness of available resources. This could be incorporated into the planning of a local access mechanism for county children, youth and families, an initiative currently being pursued by the CPCYF, which a preliminary plan due to be presented to the state in June 2005.
- There is a need to explore opportunities for pooled funding for services that cross agency and disability categorical distinctions.
- There is a need to plan for the increased presence of seniors in the population, without compromising funding and services for children and youth.