



2017

MAINE KIDS COUNT

Maine's **only** comprehensive report of the physical, social, economic and educational well-being of Maine children

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Introduction

The Maine KIDS COUNT Data Book is the most comprehensive collection of data regarding children in Maine.

For over 20 years, the Maine Children’s Alliance has worked to improve the lives of Maine’s children, youth and families through research, collaboration and advocacy.

We know that with the right resources, support and access to opportunity, all of our children can reach their full potential—*which benefits all of us, both now and later*. However, in our efforts to create a Maine that works better for more children and families, we have to start with the data, which is why we continue to produce the Maine KIDS COUNT Data Book.

The Maine KIDS COUNT Data Book presents a wide-range of indicators, spanning throughout a child’s life to reveal the status and well-being of children across the state. This data provides a snapshot of how policies and practices are working for Maine children and families across a variety of contexts including health, education and socioeconomic circumstances. It also reflects the strengths of Maine children and families, and the many challenges they face.

In the 2017 Maine KIDS COUNT Data Book, the data signals some significant improvement on certain indicators. Alcohol, marijuana and cigarette use continued to decline, keeping up this trend from previous years. Graduation rates have improved slightly and child poverty decreased, although not to pre-recession rates. While this is good news, the data also highlights that infant mortality has increased, child and teen suicide has risen, and Maine now lags behind the nation in the rate of children with health insurance.

In publishing this Data Book, our goal is to equip parents, providers, advocates, and policy makers with the tools to make data-informed decisions when it comes to Maine kids. As lawmakers, community leaders and concerned adults, it is up to us to work together to make Maine the best place to be a kid.



Claire Berkowitz, Executive Director

What is Maine KIDS COUNT?

Maine KIDS COUNT, a project of the Maine Children’s Alliance, is part of the national KIDS COUNT network, a state-by-state effort funded by the Annie E. Casey Foundation (AECF) to track the status of children across the United States.

Since 1994, the Maine KIDS COUNT project has published the annual Maine KIDS COUNT data book using the most recent data available on the well-being of children in the areas of physical and emotional health, social and economic status, and child care and education. The indicators for this data book have all met the following criteria for inclusion:

- › The indicator must be from a *reliable source*
- › The indicator must be *available and consistent* over time
- › The indicator must be *easily understandable* to the public
- › The indicator must reflect an *important outcome or measure* of children’s well-being
- › The indicators, as a group, should represent children of *all ages*

In addition to publishing the Maine KIDS COUNT Data Book, we continue to maintain an online database of on the Annie E. Casey Foundation’s KIDS COUNT Data Center (datacenter.kidscount.org). Visitors can find national, state and county-level indicators on such topics as education, employment and income, health, poverty and youth risk factors. The graphs, maps and rankings created on the Data Center site can be easily shared as images on a web site or blog, posted on social networking sites, or emailed as an attachment.

How to Use This Book

In order to assess our present standing and to evaluate our progress over time, it is essential to understand what is being measured and how.

The **DEFINITIONS AND SOURCES OF DATA** section, in the back of the book, provides a comprehensive definition of each indicator, an explanation of how and by whom it is collected and measured, as well as web addresses with direct links to data and data sources. Some of the data presented are from several years earlier, as those indicators require a longer time to compile. Furthermore, from time to time, various reporting agencies change how they collect, analyze and/or report their various indicators. We note those changes where appropriate.

Calculating Rates

For every indicator in the book we report a current percentage or rate, a previous percentage or rate, and whenever available, a number.* It is essential to present the indicators as percents or rates in order to enable comparison between groups of different population size (i.e., different counties). Percentages and rates are measures of the probability of an event. They both take into account the total population of children who could experience that event. Whenever possible, the denominator (the population that could experience the event) corresponds to the year for which the event is reported; but when that is not possible, we use the most recent year for which population data are available. Rates that include a “%” sign are percents, or rates per 100 events. Other rates are expressed per 1,000, 10,000, or 100,000 events. The generic formula for calculating rates or percents is:

$$\frac{(\text{number of occurrences}) \times (\text{base rate})}{\text{population}}$$

For example, in December 2015 there were 1,820 Maine children under age 18 in the Department of Health and Human Services care or custody. According to the most recent population estimates provided by the Maine CDC’s Office of Data, Research, and Vital Statistics, there were 258,977 children ages 0-17 in Maine in calendar year 2014. This translates to a rate of 7.0 children in state care or custody for every 1,000 children ages 0-17. This rate is calculated as follows:

$$\frac{(1,820 \text{ children in state care or custody}) \times (1000)}{258,977 \text{ children ages 0-17}} = 7.0$$

* When a number is not available or not applicable, n/a is used.

ACRONYMS USED IN THE DATA BOOK:

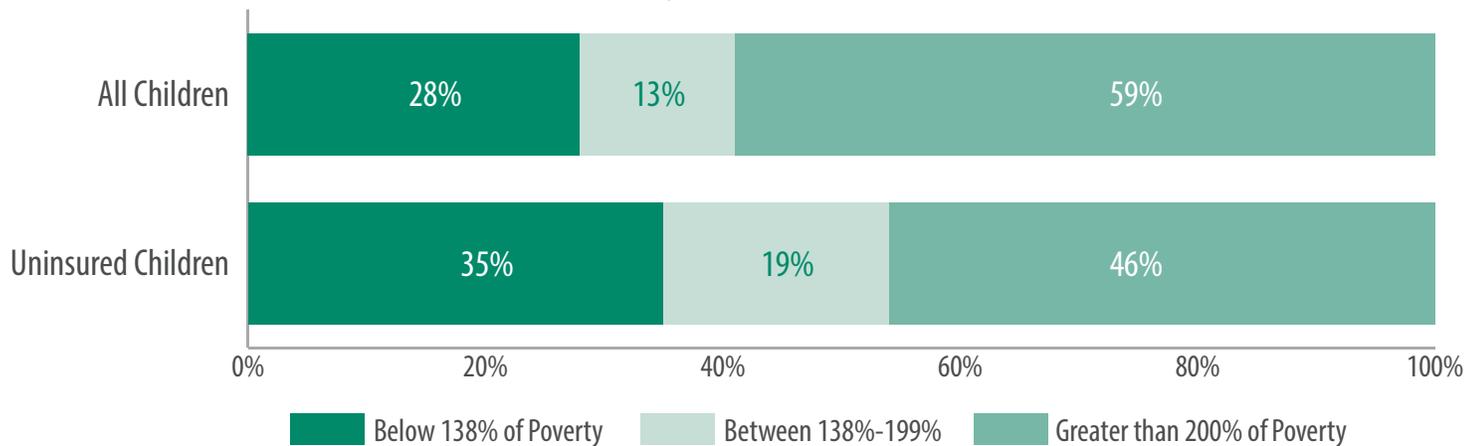
ADD	Attention Deficit Disorder
ADHD	Attention Deficit/Hyperactivity Disorder
BMI	Body Mass Index
CHIP	Children’s Health Insurance Program
CPI	Consumer Price Index
DHHS	Department of Health and Human Services
DOE	Department of Education
DOL	Department of Labor
ESL	English as a Second Language
FFY	Federal Fiscal Year
FPL	Federal Poverty Level
NAEP	National Assessment of Educational Progress
SFY	State Fiscal Year
SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Aid to Needy Families
WIC	Women, Infants and Children Supplemental Nutrition Program
YRBSS	Youth Risk Behavior Surveillance System

PHYSICAL AND MENTAL HEALTH // 2017

Healthy, hunger-free Maine children can grow up to become healthy, capable Maine adults.

HEALTH INSURANCE	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Children without health insurance, 2014 (as % of children ages 0-18)	17,327	6.5%	5.6%	6.2%
Low-income children without health insurance, 2014 (as % of low-income children ages 0-18)	9,352	8.5%	7.3%	8.0%
Children participating in MaineCare, SFY 2016 (as % of children ages 0-18)	131,287	47.6%	47.0%	n/a
<i>Young children ages 0-5 (as % of children ages 0-5)</i>	42,101	53.7%	52.9%	n/a
<i>Older children ages 6-18 (as % of children ages 6-18)</i>	89,186	45.2%	44.7%	n/a

UNINSURED CHILDREN BY FAMILY INCOME LEVEL, 2014



Source: U.S. Census Bureau, 2014 Small Area Health Insurance Estimates

Health Care Coverage

Access to quality, affordable health care coverage is critical for child health and overall well-being. When children have insurance, they can get the preventive care they need to grow and develop, and are more likely to have positive, long-term health outcomes.¹ Research shows that children living without health insurance are more likely to have trouble accessing care when they need it.² Nationally, the rate of uninsured children has decreased dramatically largely in part due to Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act.³ These programs work together to cover eligible children and families who qualify based on family income. In addition, the research shows that health care coverage for children and parents is linked, despite the child's eligibility status.⁴ So it is likely that as more parents received coverage through the ACA, their children received coverage as well.

MAINE DATA HIGHLIGHTS

Despite significant improvements in the national rate of uninsured children, the rate of children living without health insurance in Maine has risen steadily and is now higher than the national rate. In 2014, the rate of uninsured children in Maine rose to 6.5 percent, up from 5.6 percent in the previous year and above the national average of

6.2 percent. Of the over 17,000 Maine children living without health insurance, an estimated 9,000 children – 54 percent – are eligible for health care coverage through MaineCare, Maine's Medicaid/CHIP health insurance program. MaineCare covers children in need of medical assistance based on a disability, are in foster care, are receiving an adoption subsidy, or qualify based on family income. It's clear that quality health care coverage is critical and far too many Maine children are going without it.

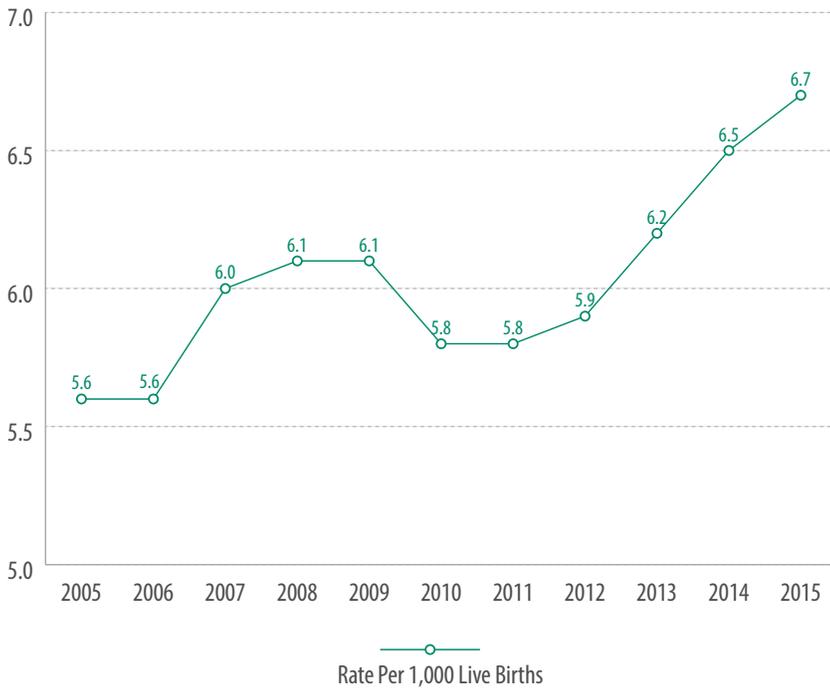
1. Bloom B, Cohen RA, Freeman G. Summary health statistics for U.S. children: National Health Interview Survey, 2011. National Center for Health Statistics. Vital Health Stat 10(254). 2012.

2. Kaiser Commission on Medicaid and the Uninsured. The Uninsured: A Primer - Key Facts About Health Insurance and the Uninsured in the Era of Health Reform. Washington, DC (2016). <http://files.kff.org/attachment/Report-The-Uninsured-A%20Primer-Key-Facts-about-Health-Insurance-and-the-Uninsured-in-America-in-the-Era-of-Health-Reform>

3. Alker, J., Chester, A., Georgetown University Health Policy Institute, Center for Children and Families. Children's Health Coverage Rate Now at Historic High of 95 Percent. Washington, D.C. (2016). <http://ccf.georgetown.edu/wp-content/uploads/2016/11/Kids-ACS-update-11-02-1.pdf>

4. Maine Children's Alliance. Ensuring Health Coverage for Maine Families with Children in 2014: A Health Policy Brief. Augusta, ME (2014). http://www.mekids.org/assets/files/issue_papers/healthcoverage_children_2014.pdf

RISING INFANT MORTALITY RATES IN MAINE 2005-2015



Source: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics

Infant Mortality

While Maine once led the country with low rates of infant mortality, that number has risen in recent years. In 2015, Maine experienced an infant mortality rate of 6.7 deaths per 1,000 live births compared to just 5.6 in 2005. Maine's infant mortality rate is also higher than the national infant mortality rate of 5.9.

A high infant mortality rate is deeply concerning not just because Maine is an aging state, with the number of children declining each year but because infant mortality rates reflect overall child health.¹ The high infant mortality rates in Maine signal larger problems with general access to health care from services to coverage as well as issues in education and poverty.² Several factors likely play a role in Maine's rising infant mortality rate, including cuts in public services and funding.

1. U.S. Center for Disease Control. International Comparisons of Infant Mortality and Related Factors: United States & Europe, 2010. National Vital Statistics Reports. September 2014. https://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_05.pdf
 2. Statement on Infant Mortality. Pediatrics. December 1986, 78 (6) 1155-1160. <http://pediatrics.aappublications.org/content/78/6/1155>

INFANT/TODDLER HEALTH	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Low birth-weight infants, 2013 (as % of live births)	896	7.1%	6.7%	8.0%
Pre-term births, 2013 (as % of live births)	1,023	8.1%	7.7%	11.0%
Immunizations of children ages 19-35 months, 2015 (as % of children ages 19-35 months)	n/a	71.8%	84.7%	72.2%
Families served in Maine Families Home-visiting Program, SFY 2016	2,341	n/a	2,520	n/a

TEEN PREGNANCY	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Births to single teenaged mothers under age 20, 2015 (as % of total live births)	546	4.3%	4.6%	n/a
Births to married teenaged mothers under age 20, 2015 (as % of total live births)	54	0.4%	0.5%	n/a
Repeat teen pregnancies for females under age 20, 2015 (as % of total teen pregnancies)	192	20.7%	22.1%	n/a
Births to single teens who have not completed 12 years of school, 2010-2014 annual avg (rate per 1,000 females ages 10-19)	1,571	4.0	4.5	n/a
Teen pregnancies, 2014 (rate per 1,000 females ages 10-17)	232	3.9	4.2	n/a

MORTALITY	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Infant mortality, 2011-2015 annual average (rate per 1,000 live births)	85	6.7	6.5	5.9
Child deaths 2010-2014 annual average (rate per 10,000 children ages 1-14)	30	1.9	1.4	1.6
Teen deaths, 2010-2014 annual average (rate per 10,000 children ages 15-19)	41	4.8	4.8	4.6

Mental Health

Safe and strong families, schools and communities support and promote child and adolescent mental health so children can play, learn and grow. Adverse childhood experiences (ACEs), toxic stress and trauma among other things can be detrimental to a developing child or adolescent’s mental health. These experiences can manifest themselves in challenging social and emotional behaviors, which negatively impact children in the playground, the classroom and in the community.¹ Research has shown a link between later adolescent alcohol and drug abuse and challenging social and emotional behaviors. Adolescents who use drugs and alcohol are also at an increased risk for suicide.^{2,3} Across the state and country, data shows a dramatic increase in suicide rates as adolescences transition to young adulthood. This is especially true if adolescents and young adults are experiencing problems that seem out of their control or overwhelming such as economic crisis, parental divorce, alcoholism, sexual abuse, bullying, and face challenges dealing with sexual orientation.⁴

MAINE DATA HIGHLIGHTS

In Maine, the child and teen suicide rate has risen to 6.9 per 100,000 deaths as of 2014 which has shaken not just the communities but the entire state. This is a 30 percent increase in the child and teen suicide rate since 2012 and above the national average of 5.4, which has also

risen over the past few years but not as dramatically. In a small state made up of tight-knit communities like Maine, these losses have an even deeper impact.

The data shows a distinct need for the existing mental health services. In 2014, there were 85,193 outpatient hospital visits by Maine children ages 0-19, with a principal diagnosis of mental health or substance abuse diagnosis, up from 80,142 visits in 2013. Overall, Maine needs to support its children, families and communities by strengthening the mental health system from birth through adulthood.

1. U.S. Department of Health and Human Services. 1999. Mental Health: A Report of the Surgeon General. Available at www.surgeongeneral.gov

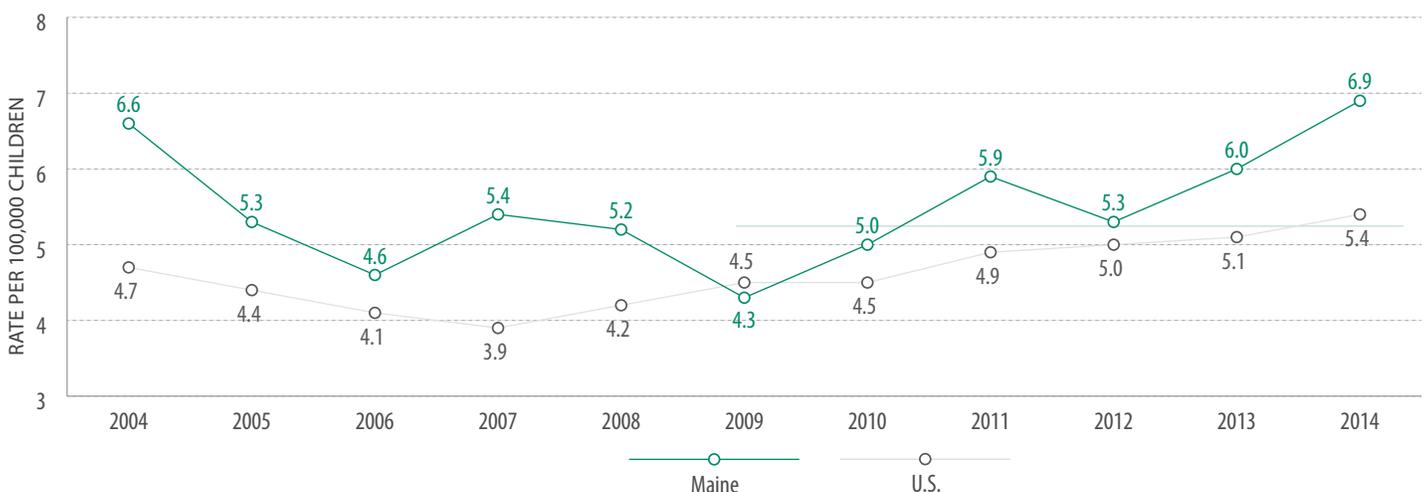
2. Substance Abuse Mental Health Services Administration. March 2000. Patterns of Alcohol Use among Adolescents and Associations with Emotional and Behavioral Problems. Available at www.oas.samhsa.gov

3. Substance Abuse Mental Health Services Administration. July 2002. NHSDA (National Household Survey on Drug Abuse) Report: Substance Use and the Risk of Suicide among Youths. Available at www.oas.samhsa.gov

4. Shore, R. (2005). KIDS COUNT Indicator Brief: Reducing Teen Death Rate.

CHILD AND TEEN SUICIDES

2004-2014, ages 10-19 (rate per 100,000 children ages 10-19)



Sources: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics and Center for Disease Control and Prevention, National Center for Health Statistics

MENTAL HEALTH	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Outpatient hospital visits for mental health/substance abuse diagnoses, 2014 (rate per 1,000 children ages 0-19)	85,913	293.5	265.5	n/a
Outpatient hospital visits for attempted suicide, 2014 (rate per 1,000 children ages 10-19)	814	5.2	5.2	n/a
Children ages 10-14 (rate per 1,000 children ages 10-14)	210	2.8	2.9	n/a
Children ages 15-19 (rate per 1,000 children ages 15-19)	604	7.4	7.3	n/a

CHILD WELFARE	State Number	Current Rate or Percent	Previous Rate or Percent
Children in Department of Health and Human Services care or custody, 2015 (rate per 1,000 children ages 0-17)	1,820	7.0	7.0
Children in Department of Health and Human Services care or custody (rate per 1,000 children ages 0-5)	946	12.1	14.3
Substantiated child abuse and neglect victims, (rate per 1,000 children ages 0-17)	3,247	12.5	13.5
Reports alleging child abuse and/or neglect,	18,177	n/a	18,683
<i>Reports screened out (as % of reports alleging maltreatment)</i>	7,539	41.5%	42.8%
<i>Reports that warranted child protective services (as % of reports alleging maltreatment)</i>	10,638	58.5%	57.2%
<i>Cases assigned to Child Protective Services (as % of reports warranting services)</i>	8,446	79.4%	83.6%
<i>Cases assigned to a contract agency (as % of reports warranting services)</i>	2,177	20.5%	17.8%
Case assessments completed by Child Protective Services,	8,446	n/a	8,991
<i>Cases without findings of maltreatment (as % of completed case assessments)</i>	6,288	74.4%	72.9%
<i>Cases with findings of maltreatment (as % of completed case assessments)</i>	2,148	25.4%	27.1%

Child Welfare

When children experience frequent maltreatment at any point during their childhood, it can have lasting effects from early childhood into adulthood. This is why it is important to have a robust child welfare system to support children and families when necessary during tough circumstances, whether temporary or permanently. For young children, maltreatment and neglect can disrupt brain development which results in impaired physical, mental, social, and emotional learning and development.¹ As they get older, children who experience frequent maltreatment and neglect perform poorly in school, struggle with poor mental health, may commit more crimes, or abuse drugs and alcohol.² As adults, individuals who have experienced frequent child maltreatment and neglect are already at an increased risk of smoking, alcoholism, drug abuse, eating disorders, severe obesity, depression, suicide, sexual promiscuity, and certain chronic diseases.³

MAINE DATA HIGHLIGHTS

Over the past few years, the child welfare system in Maine has faced challenges with the rate of children entering state care through the Department of Health and Human Services (DHHS) increasing by 46 percent between December 2011 and December 2014. However, at 7.0 per 1,000 children ages 0-17, the rate remained stable between 2014 and 2015.

For children in the child welfare system, research shows that kinship care is the most cost-effective and emotionally, psychologically and developmentally beneficial solution.⁴

Since 2009, kinship care has been the most prevalent placement type for children in state care or custody. In 2015, Kinship Care was the most prevalent placement type for children in state care or

custody. Of the 1,820 kids in stated custody, 39 percent lived with a relative, 31 percent lived with a foster family, 16 percent were placed in therapeutic care, and 14 percent resided in other placements. Younger children were less likely to be placed in a therapeutic setting (7%) than older children (26%), while older children were less likely to be placed in foster care than younger children: 16 percent vs. 44 percent. For a description of placement settings, see the definitions section.

1. Child Welfare Information Gateway. 2008. "Long-Term Consequences of Child Abuse and Neglect." www.childwelfare.gov
2. English, D.J. Spring 1998. "The Extent and Consequences of Child Maltreatment." *The Future of Children*, 8(1) 39-53. www.futureofchildren.org
3. National Center for Injury Prevention and Control. "Child Maltreatment Fact Sheet." www.cdc.gov/ncipc/pub-res/CMFactsheet.pdf
4. Annie E. Casey Foundation. "Every Kid Needs a Family: Giving Children in the Child Welfare System the Best Chance for Success." (2015). <http://www.aecf.org/resources/every-kid-needs-a-family/>



Photo via Visual hunt

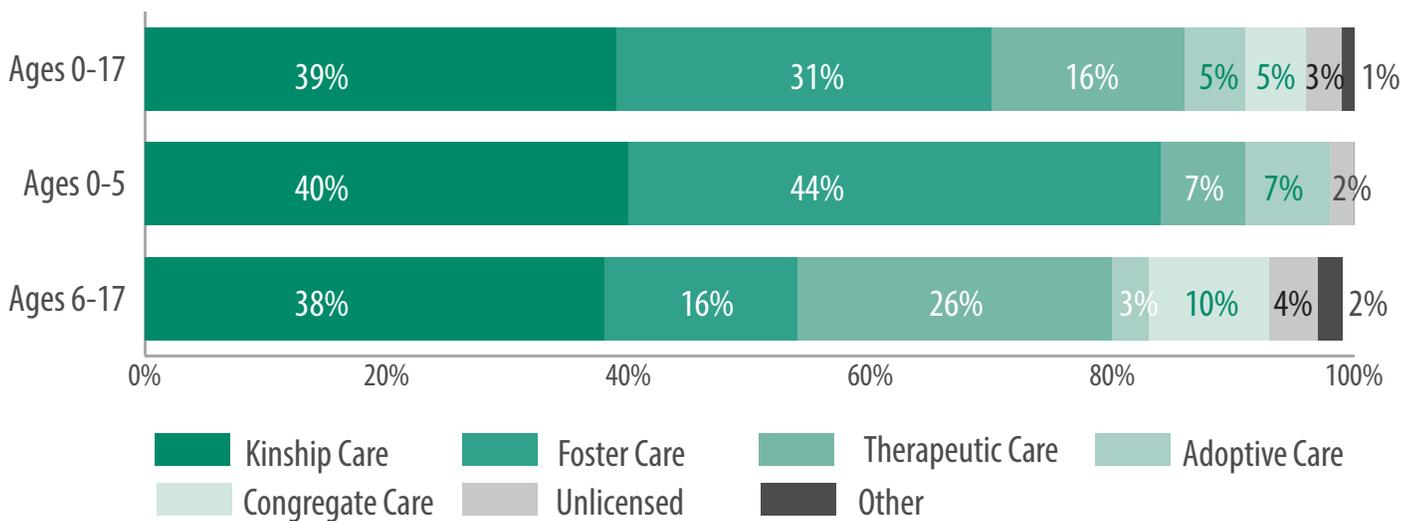
CHILDREN IN DHHS CARE OR CUSTODY

Rate per 1,000 children ages 0-17



CHILDREN IN STATE CARE OR CUSTODY BY PLACEMENT TYPE AND AGE GROUP

Ages 0-17, December 2015



Source: Maine Department of Health and Human Services, Office of Child and Family Services

ADOLESCENT HEALTH AND SAFETY	State Number	Current Rate or Percent	Previous Rate or Percent
Adolescents served in the Maine family planning system, SFY 2016 (rate per 1,000 adolescents ages 15-19)	3,959	48.4	52.0
<i>Females (rate per 1,000 females ages 15-19)</i>	3,480	87.6	96.0
<i>Males (rate per 1,000 males ages 15-19)</i>	479	11.4	10.4
Young adults living with HIV/AIDS, 2015 (rate per 1,000 young adults ages 18-24)	25	0.2	0.2
Chlamydia cases, 2015 (rate per 1,000 children ages 10-19)	965	6.2	5.8
Gonorrhea cases, 2015 (rate per 1,000 children ages 10-19)	54	0.3	0.2
Children and adolescents using services of licensed alcohol and drug abuse treatment providers, 2014 (rate per 1,000 children ages 10-19)	829	5.1	6.8
<i>Children ages 10-14 (rate per 1,000 children ages 10-14)</i>	100	1.3	1.8
<i>Adolescents ages 15-19 (rate per 1,000 children ages 15-19)</i>	729	8.6	11.4
Children in motor vehicle crashes with personal injury, 2015 (as % of all motor vehicle crashes involving children ages 0-19)	1,653	21.2%	21.3%
OUI arrests, 2015 (rate per 1,000 drivers under age 20)	301	8.6	9.4
OUI license suspensions, 2015 (rate per 1,000 drivers under age 20)	191	5.5	5.5
OUI convictions, 2015 (rate per 1,000 drivers under age 20)	71	2.0	2.0



Photo credit: CTJ Online via Visual hunt / CC BY-NC-ND

Adolescent Health and Safety

Adolescence is a developmental period of rapid growth and change. As children increase independence and develop self-knowledge, it is critical that policies and practices are in place to support their health and safety, and that they have the tools to successfully navigate into adulthood. While most adolescents get through these important years unscathed, others can face problems that undermine their physical and emotional well-being, with some not surviving the teen years.¹

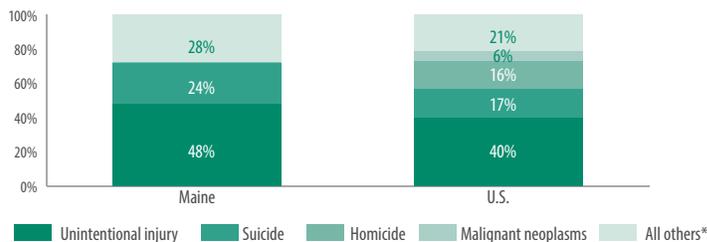
MAINE DATA HIGHLIGHTS

Some of the indicators show that Maine teens are doing well during their teenage years. Between 2008 and 2015, the rate of OUI arrests for Maine adolescents decreased from 21.9 to 8.6 per 1,000 drivers under the age of 20. While the leading cause of death for adolescents ages 15-19 in Maine remains unintentional injury, this is consistent with the national trend. Suicide is the second leading cause of death for both Maine and the U.S. The motor vehicle death rate for young drivers had been steadily decreasing over the last decade, due to safer vehicles, safer roadways, strong seat belt and child safety seat legislation, and graduated drivers licensing policies for teenage drivers.² However, in 2014 Maine saw a spike in teen motor vehicle deaths – time will tell if this is part of a larger trend.

1. Shore, R. July 2003. KIDS COUNT Indicator Brief: Reducing the Teen Death Rate. The Annie E. Casey Foundation.

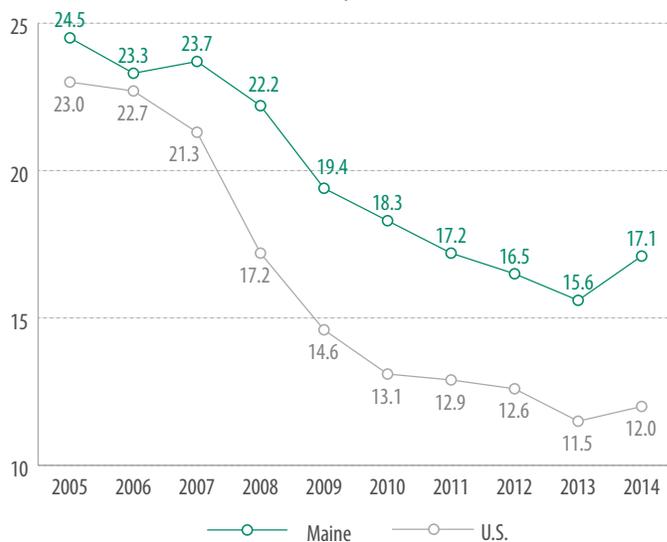
2. Centers for Disease Control and Prevention. Ten Great Public Health Achievements — United States, 2001–2010. MMWR 2011; 60.

LEADING CAUSE OF DEATH IN MAINE AND US
Ages 15-19, 2010-2014



Source: National Center for Health Statistics (NCHS), National Vital Statistics System
*“Leading Cause” categories with counts of less than 10 deaths in Maine have been collapsed into “All Other.”

MOTOR VEHICLE DEATHS, 2005-2014: AGES 15-19



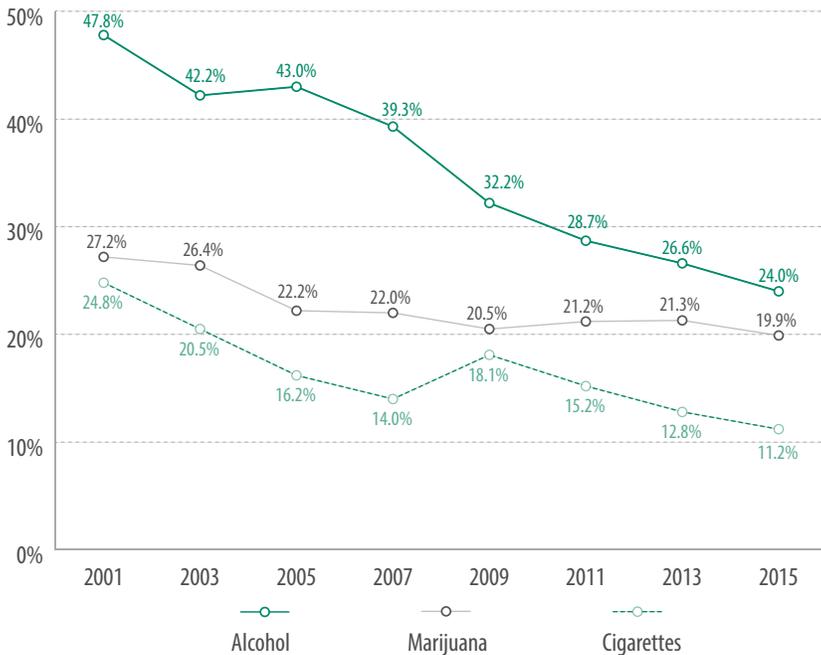
Source: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics and National Center for Injury Prevention and Control, WISQARS



YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM (YRBSS), 2015	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Cigarette use during past 30 days	11.2%	12.8%	10.8%
Marijuana use during past 30 days	19.9%	21.3%	21.7%
Alcohol use during past 30 days	24.0%	26.6%	25.4%

Note: The Youth Risk Behavior Surveillance System (YRBSS) monitors priority health-risk behaviors that contribute to the leading cause of death, injury, illness and social problems among youth at the state and national levels.

ALCOHOL, MARIJUANA AND CIGARETTE USE IN MAINE TEENS 2001-2015, high school students



Source: Youth Risk Behavior Surveillance System (YRBSS)

Vaping & Adolescents

Over the past 15 years, Maine has experienced major declines in underage drug and alcohol use amongst adolescents. However, a new trend has emerged in electronic cigarettes, marketed as a healthier alternative to cigarettes that also come in a variety of flavors. Research shows that like cigarettes, e-cigarettes are detrimental to the developing brain and can cause health problems later.¹

In Maine, 18.4 percent of high school students reported using electronic vapor products during the past 30 days. As e-cigarettes become more popular, Maine should work to educate adolescents and young adults on the serious health risks e-cigarettes pose.

1. U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

Alcohol, Tobacco & Marijuana

Underage or illegal alcohol and drug use negatively affects the developing brain and can lead to health challenges into adulthood. Decades of research shows that addiction commonly begins in adolescence or young adulthood: most adult smokers begin smoking before age 18 and more than 40 percent of adult alcoholics experience alcohol-related symptoms between ages 15-19. The median age at which adults suffering from addiction begin using illegal drugs is 16.¹ With legalization of marijuana and rise in opiate addiction in adults, Maine should promote and strengthen drug education and treatment programs.

MAINE DATA INSIGHTS

More Maine adolescents are leading healthier and safer teenage years.

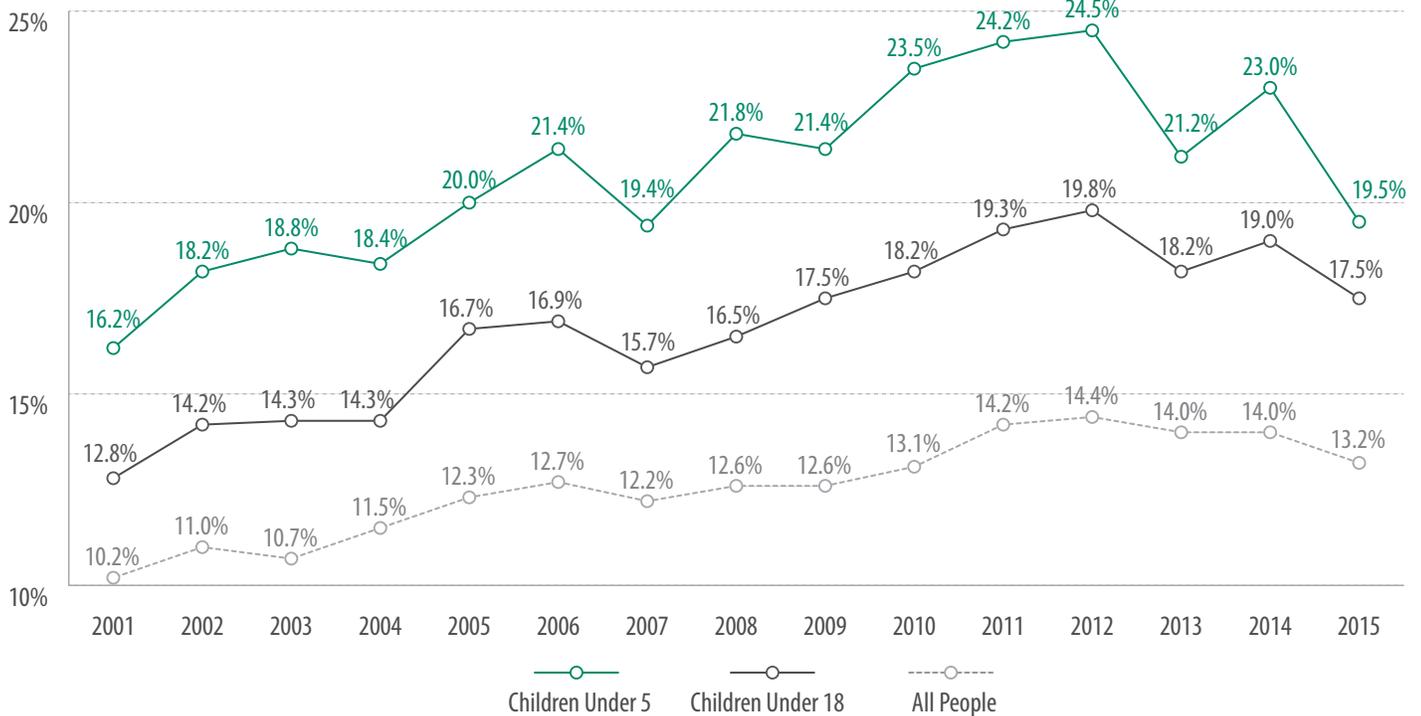
The percentage of high school students who report using alcohol and cigarettes has steadily decreased since 2001—the percentage of high school students who report smoking cigarettes has decreased by 55 percent and the percentage of students reporting drinking alcohol has decreased by 50 percent. While marijuana use amongst high school students has not seen this kind of success, the percentage of students reporting marijuana used did decrease slightly in 2015. This is notable as the first observed decrease since 2009.

1. Substance Abuse and Mental Health Administration, Results from the 2013 National Survey on Drug Use and Health – Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

SOCIAL AND ECONOMIC WELL-BEING // 2017

With the right resources, opportunity and support, Maine's children can thrive.

MAINE'S POVERTY TRENDS, 2001-2015



Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE)

Child Poverty

Growing up in poverty can play a critical role in a child's life. Research finds that child poverty can adversely affect children across all developmental domains, beginning in early childhood and lasting into adulthood.^{1,2} During the early years, child poverty and toxic stress can impact brain development, with consequences later on. These include physical, behavioral, social, and emotional problems. Living in poverty also increases a child's risk for poor health, cognitive, social, emotional, and educational outcomes.³ Children living in poverty are more likely to experience chronic illness which can lead to chronic absenteeism and affect a child's ability to learn.

As adults, children who grew up in poverty are likely to earn less, struggle to maintain steady, stable employment, and engage in crime. This is especially for true for adults who spent long periods of their childhood in poverty, or periods of their childhood in deep poverty.⁴

MAINE DATA HIGHLIGHTS

The latest data reveals that fewer Maine children are living in poverty but Maine is still not at pre-recession child poverty rates. Between 2014 and 2015, the child poverty rate for children under 18 decreased from 19 percent to 17.5 percent. This reflects the national trend – during the same period, the child poverty rates in the U.S. declined from 21.7 percent to 20.7 percent. While this is good news, time will tell if this is a part of a long-term trend.

Right now, child poverty still varies widely across Maine's sixteen counties. Piscataquis County leads the state with the highest child poverty rate at 30.5 percent, while Cumberland County has the lowest child poverty rate at 12.2 percent. In total, over 43,000 Maine children live in poverty and more than 12,000 are under the age of five. Data also shows persistent disparities in child poverty rates across race/ethnicity. Analysis of the American Community Survey's five year estimates of child poverty reveals that more than half of Maine's Black/African American children and 51 percent of Native American children live in poverty. This is a stark contrast to the 17 percent of Maine's white children who live in poverty.

1. Moore, K. and Redd, Z. April 2009. Children in Poverty: Trends, Consequences, and Policy Options. <http://www.childtrends.org/wp-content/uploads/2013/11/2009-11ChildreninPoverty.pdf>

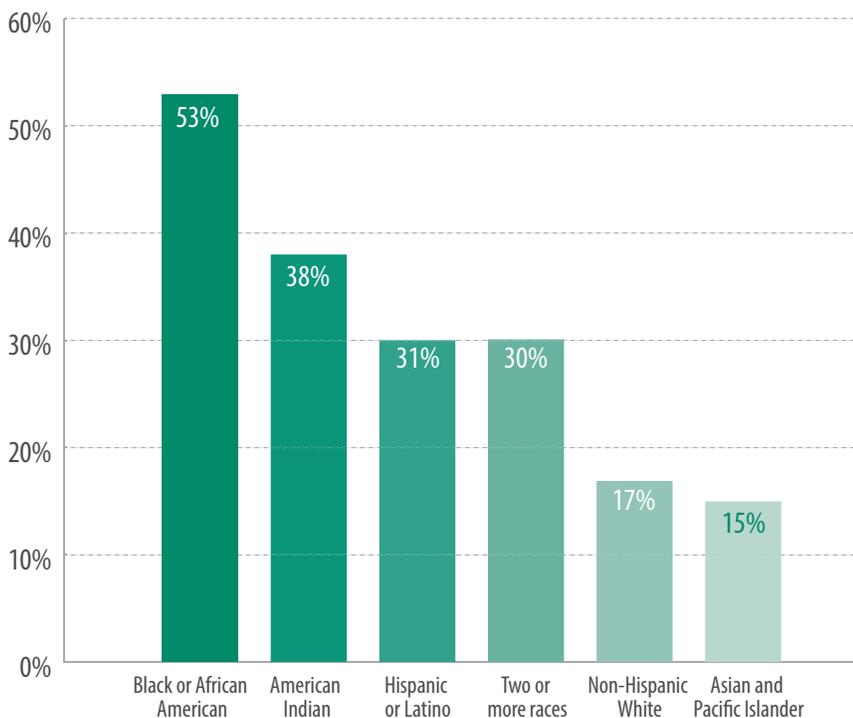
2. Child Trends DATA BANK. December 2015. Children in Poverty: Indicators on Children and Youth. http://www.childtrends.org/wp-content/uploads/2014/01/04_Poverty.pdf

3. Center on the Developing Child (2007). The Impact of Early Adversity on Child Development (InBrief). Retrieved from www.developingchild.harvard.edu.

4. Ratcliffe, Caroline. September 2015. Child Poverty and Adult Success. Urban Institute. <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000369-Child-Poverty-and-Adult-Success.pdf>

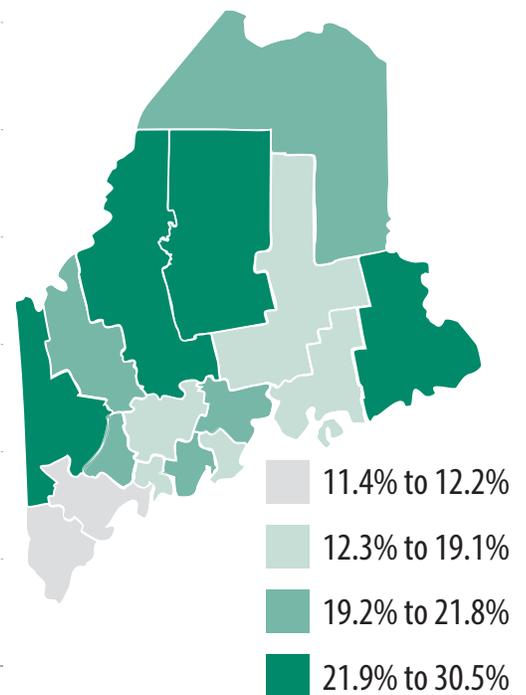
POVERTY	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Children under age 18 in poverty, 2015 (as % of children ages 0-17)	43,683	17.5%	19.0%	20.7%
Children under age 5 in poverty, 2015 (as % of children ages 0-4)	12,196	19.5%	23.0%	22.8%
Children living with food insecurity, 2014 (as % of children ages 0-17)	60,010	23.3%	22.7%	20.9%
HOUSING				
Children in low-income households where housing costs exceed 30% of income, 2015 (as % of children in low-income families)	58,000	59%	59%	62%
Homeless children under age 18, January 2016 (rate per 10,000 children ages 0-17)	245	9.5	5.8	n/a

**CHILD POVERTY IN MAINE BY RACE/ETHNICITY
2011-2015 FIVE YEAR ESTIMATES**



Source: MCA Analysis of U.S. Census Bureau's American Community Survey five year estimates (2011-2015). Tables B01001A-G and B17020A-G

CHILDREN IN POVERTY (PERCENT) 2015



Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE)

"In America, no one should be guaranteed success, but everyone should have a fair chance to succeed."

– Former Senator George Mitchell

MEDIAN INCOME OF FAMILIES WITH CHILDREN



2015 ESTIMATED LIVING WAGE BY FAMILY TYPE

FAMILY TYPE	HOURLY WAGE	ANNUAL INCOME BEFORE TAXES
Single Adult, no kids	\$10.38	\$21,600
Single Adult with 2 kids	\$26.87	\$55,897
Two Adults with 2 kids, only one adult working	\$23.37	\$48,619
Two adults with 2 kids, both adults working (wage per adult)	\$14.76	\$30,697

Source: Massachusetts Institute of Technology Living Wage Calculator

Family Income

Family household income matters for children. Children benefit when parents or guardians can make ends meet. From secure food and housing to quality and reliable child care, family income is one important piece of this puzzle. A recent study on children and families in the Great Smoky Mountains revealed links between increases in family income and improvements in the mental health of both the children and their families.¹

Median family income is a good barometer of how families are faring economically. It divides families' income distribution into two equal groups – half with incomes above the median and half below. Despite significant growth to the economy during the 2000s, the value of the median family's income adjusted for inflation was lower at the end of the decade than at the beginning.² This means a family with an income at the median level earned less in 2010 than in 2000. Fortunately, the value of the median family income has seen some improvement compared to its value in the year 2000 but is still not at pre-recession levels.³

MAINE DATA HIGHLIGHTS

In Maine, the median family income is \$60,500 as of 2015. While this is an increase of 5.2 percent from the previous year, Maine's median family income is still below the estimated livable wage of \$61,393 for a Maine family of four. As a result, many children live in households that are unable to meet basic needs, plan ahead and deal with emergencies. Nationally, the median family income in the U.S. grew 4.2 percent in 2015 and in New England, an average of the median family income grew 7.2 percent.

1. Akee, R., Simeonova, E., Costello, J., and Copeland, W. September 2015. Working Paper 21562: How Does Household Income Affect Child Personality Traits and Behaviors. Cambridge, MA: National Bureau of Economic Research. <http://www.nber.org/papers/w21562.pdf>

2. Mishel, L., Bernstein, J. & Shierholz, H. (2008) The state of working America 2008/2009. Washington, DC: Economic Policy Institute.

3. Jones, J. September 2016. Economic Policy Institute. Working Economics Blog: Nationwide increases in income are visible at the state level. <http://www.epi.org/blog/nationwide-increases-in-income-are-visible-at-the-state-level/>

INCOME AND EMPLOYMENT	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Children in low-income families, 2015 (as % of children under age 18)	98,000	40%	41%	43%
Median income of families with children, 2015	n/a	\$60,500	\$57,500	\$64,700
Median household income, 2015	n/a	\$51,419	\$49,381	\$55,775
Unemployment, 2015 (as % of civilian labor force)	29,901	4.4%	5.6%	5.3%

*Note: Children in low-income families is defined as the share of children under age 18 living in families with incomes less than twice the federal poverty threshold (<200% of poverty). In 2015, the poverty threshold for a family of three (one adult and two children) was \$19,096. Thus, "low-income" represents income of less than \$38,192 for a family of three.

Family Economic Security

Anti-poverty programs and policies can have a powerful impact on children, families and communities by limiting the adverse effects of child poverty on child well-being and future outcomes, and by helping children and families permanently escape poverty. Programs like Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) help families achieve economic independence by filling the gaps during tough economic times, while programs like the Earned Income Tax Credit (EITC) help make work pay.¹ Research shows that a public investment in children and these programs "promotes family stability, improves educational achievement, productivity, and future earnings."²

MAINE DATA HIGHLIGHTS

According to the most recent data, Maine's income support programs are serving significantly fewer children and families,

despite poverty rates decreasing at a much slower rate. For example, in 2015, Maine TANF served a little over 9,000 children under the age of 18, a drastic decline from the almost 24,000 children served in 2011. This is likely due to the implementation of 60-month life-time limit on the program and a stricter sanction policy that covers the entire family in 2012.

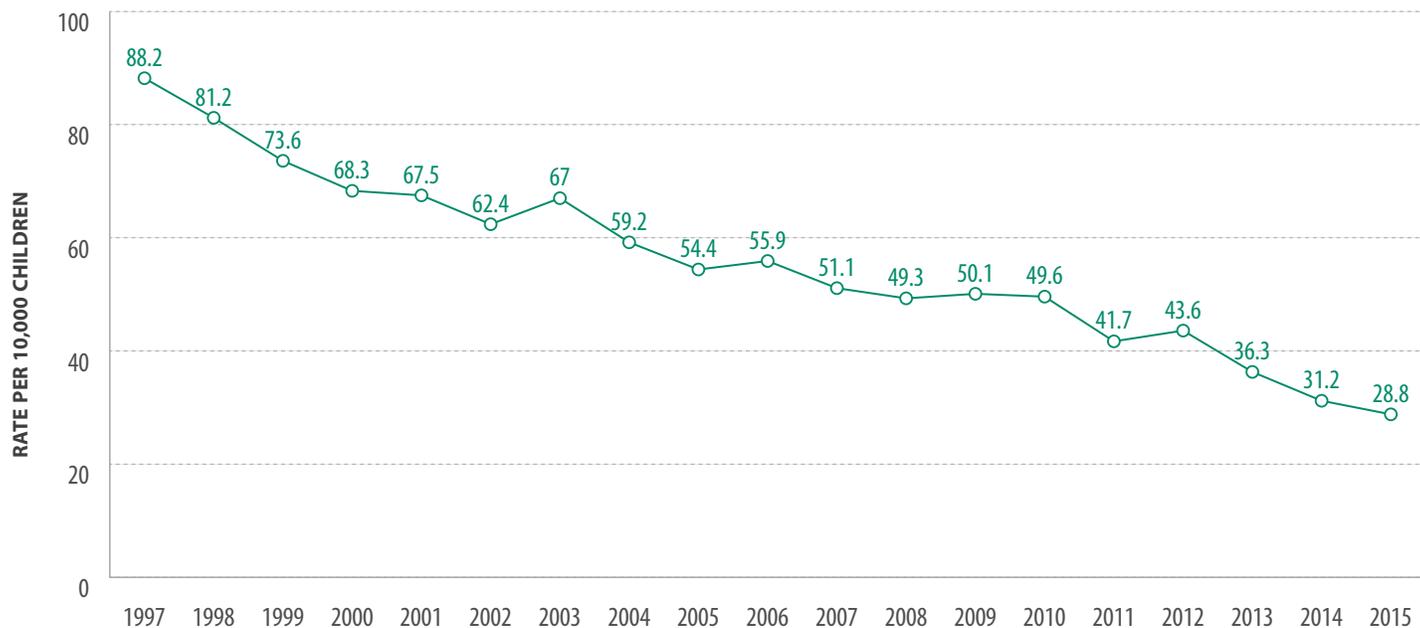
1. Sherman, A., Trisi, D. and Parrott, S. July 2013. Various Supports for Low-Income Families Reduce Poverty and Have Long-Term Positive Effects on Families and Children. Center on Budget and Policy Priorities. <http://www.cbpp.org/sites/default/files/atoms/files/7-30-13pov.pdf>

2. Partnerships for America's Economic Success. November 2008, Issue Brief #8. "Reading, writing and hungry: The consequences of food insecurity on children, and on our nation's economic success." Washington, DC: Food Research and Action Center (FRAC).

INCOME SUPPORTS	State Number	Current Rate or Percent	Previous Rate or Percent
Children receiving TANF, Dec 2016 (as % of children ages 0-17)	7,784	3.0%	3.5%
Children receiving SNAP, Dec 2016 (as % of children ages 0-17)	67,606	26.1%	26.7%
School children eligible for subsidized school meals, 2015-16 (as % of school children)	74,204	48.0%	47.6%
Recipients of WIC benefits, 2015	34,885	n/a	36,852
<i>Women</i>	9,668	n/a	10,245
<i>Infants and Children (as % of all children under age 5)</i>	25,217	38.9%	41.1%
Child support enforcement cases with collection, FFY 2015 (as % of cases)	35,517	65.6%	59.3%

CHILD CARE	State Number	Current Rate or Percent	Previous Rate or Percent
Children served through child care subsidies, FFY 2015	7,474	n/a	8,668
<i>ASPIRE child care (as % of children served)</i>	4,038	54.0%	54.8%
<i>Transitional Child Care (as % of children served)</i>	3,436	46.0%	45.5%
Children served through CCDF child care subsidies, FFY 2016	4,961	n/a	4,263

MAINE ARRESTS OF CHILDREN, AGES 10-17, 1997-2015



CRIME	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Arrests of children, 2015 (rate per 1,000 children ages 10-17)	3,547	28.8	31.2	n/a
Arrests of children for crimes against persons, 2015 (rate per 1,000 children ages 10-17)	56	0.4	0.5	n/a
Domestic assaults reported to police, 2015 (rate per 100,000 of population)	4,907	368.9	381.2	n/a



Photo via Visualhunt.com

EARLY LEARNING AND DEVELOPMENT PROGRAMS	State Number	Current Rate or Percent	Previous Rate or Percent
Number of licensed child care providers, September 2016	1,785	n/a	1,822
<i>Family Child Care Providers (as % of licensed providers)</i>	1,044	58.5%	60.7%
<i>Child Care Centers (as % of licensed providers)</i>	741	41.5%	39.3%
Number of child care providers in Quality Rating and Improvement System (QRIS) September 2016 (as % of licensed providers)	930	52.1%	49.5%
<i>Family Child Care Providers in Quality Rating and Improvement System (QRIS) (as % of family providers)</i>	458	43.9%	41.0%
<i>Child Care Centers in Quality Rating and Improvement System (QRIS) (as % of centers)</i>	472	63.7%	62.6%
Children enrolled in Head Start programs, FFY2016 (as % of eligible children)	3,838	31.5%	28.9%
Children estimated to be eligible for Head Start but not enrolled, FFY2016 (as % of eligible children)	8,358	68.5%	71.1%
Children enrolled in Maine Public 4-Year-Old Preschool Programs, 2015-2016 (as % of children age 4)	5,133	38.8%	36.0%

Early Learning

The early years play a fundamental role in brain development – much like a house, they lay the foundation for all future cognitive, social and emotional development. As a result, it is imperative that all children have quality early learning experiences whether in the home or in a child care setting so they can grow up to be confident, caring and capable adults.¹ In the U.S., working families pursue a number of different avenues to secure affordable, quality care for their child so they are able to work. Their options range from licensed child care programs, and family, friend and neighbor care to public programs such as Head Start and public preschool. Yet, as the cost of child care continues to rise, many families are struggling to make ends meet and afford quality care for their child.

However, new research reveals substantial economic benefits to public investment in quality, early learning experiences. Not only do early childhood programs that begin at birth lead to significantly better life outcomes for children, but they also yield an overall 13 percent annual return on investment.² This is good for children and the economy.

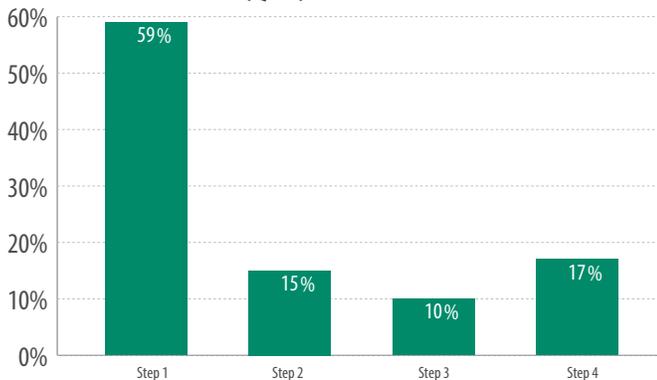
MAINE DATA HIGHLIGHTS

In Maine, there is a considerable need for quality, affordable early care and education programs. As of 2015, 50,000 or 67 percent of children under the age of six lived in families with all available parents in the workforce and were likely in need of child care. For licensed child care, there are 1,785 child care centers and family child care homes in Maine. Of the 930 providers enrolled in Maine's early care and education quality rating system, Quality for ME, only 17 percent meet the highest standard (Step 4). Looking at Maine's public early care and education programs, the state only serves roughly a third of children ages 0-5 who are income-eligible for Head Start. Maine's young public preschool program serves about 38 percent of four-year-olds.

1. National Scientific Council on the Developing Child (2007). The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do. Retrieved from www.developingchild.harvard.edu.

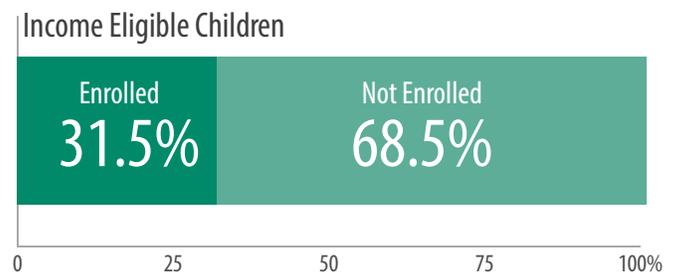
2. García, J. L., Heckman, J. J., Leaf, D. E., & Prados, M. J. (2016). The life-cycle benefits of an influential early childhood program (No. w22993). National Bureau of Economic Research.

CHILD CARE PROVIDERS ENROLLED IN QUALITY RATING AND IMPROVEMENT SYSTEM (QRIS) BY STEP - SEPTEMBER 2016



Source: Quality Rating and Improvement System --- Monthly Enrollment Report

HEAD START PARTICIPATION 2016



Source: U.S. Office of Head Start, 2016 Program Information Report (PIR)

Reading Proficiency

Reading skills are critical for children to experience future success. Children who are reading proficient by the end of the third grade are more likely to graduate from high school, pursue post-secondary education or training, earn more as adults, and successfully transition into adulthood. The reason is, up until the end of the third grade, children are learning to read, but upon entering the fourth grade, they begin reading to learn. As a result, reading becomes an essential skill to master other critical subjects such as math, science, history, and foreign languages. If a child is not reading proficient by the end of the third grade, they are likely to fall behind, perform poorly in school, and not graduate.¹

MAINE DATA HIGHLIGHTS

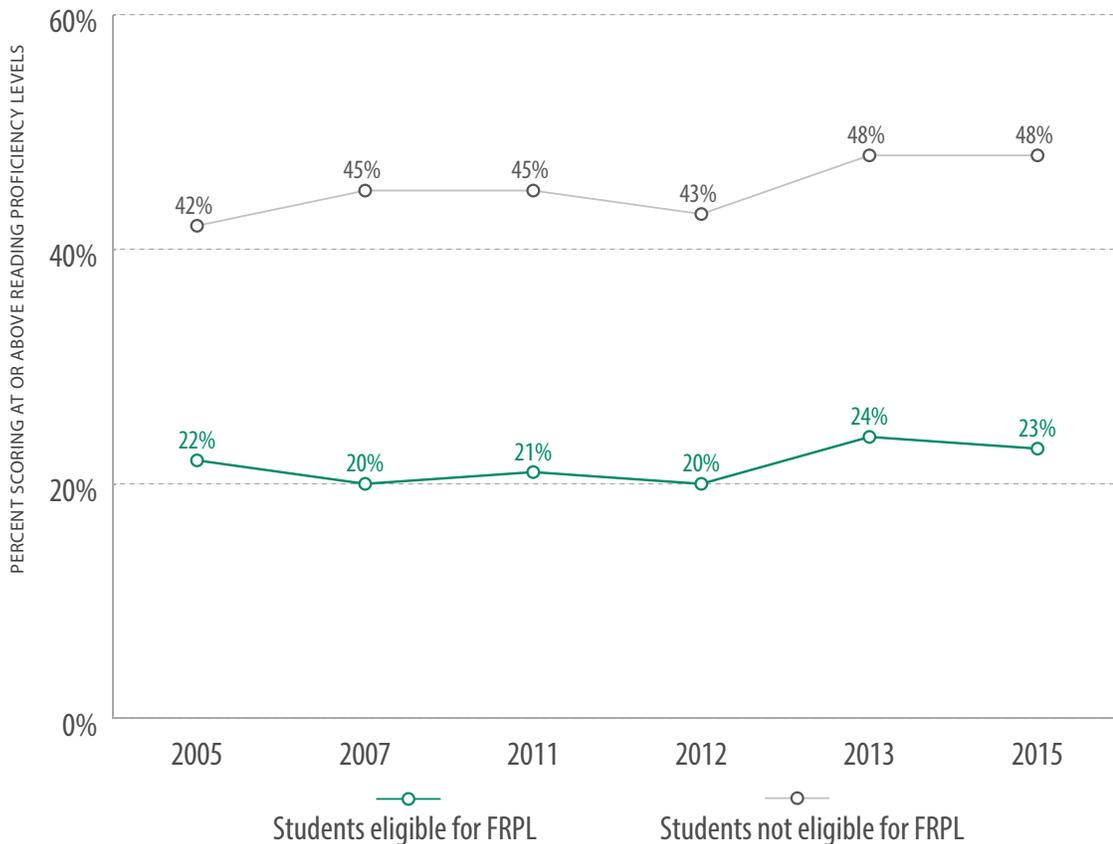
Maine’s reading proficiency levels have remained relatively constant over the past decade. With only about a third of Maine’s 4th grader – 36 percent – scoring at or above reading proficiency levels on the National Assessment of Educational Progress (NAEP), too many Maine students are not equipped with skills necessary to achieve

academic success. Looking at reading proficiency by free and reduced lunch eligibility, there is a clear link between income and reading proficiency.² Two percent of low-income students scored at or above reading proficiency levels compared to 48 percent of students who were not low-income. This is concerning, not just because the stark difference in reading proficiency by income but because there has been little to no change over the past decade, solidifying the achievement gap. All Maine children deserve a chance at success, this starts with making sure they have the resources, programs and support to become reading proficient by the end of the third grade.

1. Annie E. Casey Foundation, Early Warning: Why Reading by the End of Third Grade Matters, May 2010.

2. Annie E. Casey Foundation, Early Warning Confirmed: A Research Update on Third-Grade reading, November 2013. <http://www.aecf.org/m/resourcedoc/AECF-EarlyWarningConfirmed 2013.pdf>

FOURTH GRADE READING PROFICIENCY BY FREE/REDUCED LUNCH ELIGIBILITY



Source: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), 2015.

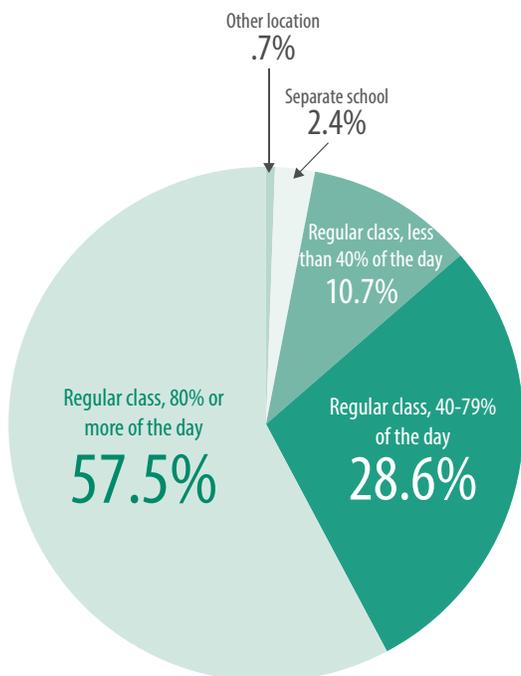
ACADEMIC ACHIEVEMENT	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
4th grade students scoring at or above reading proficiency levels, 2015 (as % of 4th grade students taking NAEP reading test)	36%	37%	35%
<i>Students eligible for FRPL</i>	23%	24%	21%
<i>Students not eligible for FRPL</i>	48%	48%	52%
8th grade students scoring at or above math proficiency levels, 2015 (as % of 8th grade students taking NAEP reading test)	35%	40%	32%
<i>Students eligible for FRPL</i>	23%	24%	20%
<i>Students not eligible for FRPL</i>	45%	51%	49%

ENGLISH LANGUAGE LEARNERS	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Children who are English Language Learners, 2015-2016 (as % of public school students)	5,181	2.8%	2.9%	n/a

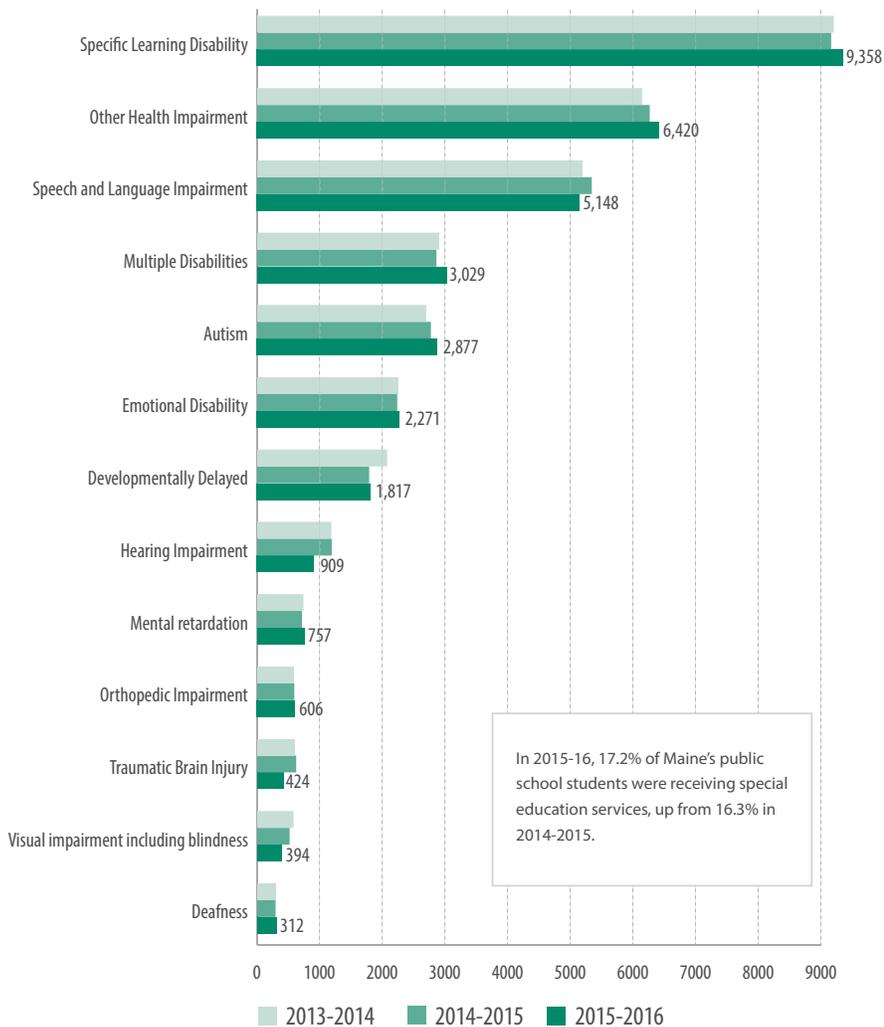
DROPOUTS	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
High school dropouts, 2014-2015 (as % of high school students)	1,217	2.1%	2.8%	n/a
<i>Public high school dropouts (as % of public school students)</i>	1,157	2.2%	2.9%	n/a
<i>Selected private high school dropouts --with 60% or more publicly funded students (as % of selected private high school students)</i>	60	1.2%	1.4%	n/a

GRADUATES	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Public high school graduates, Class of 2015 (as % of graduating class)	12,364	87.6%	86.5%	n/a

SPECIAL EDUCATION SETTING, 2015-2016



STUDENTS WITH DISABILITIES 2013-14 TO 2015-16, GRADES K-12



Special Education

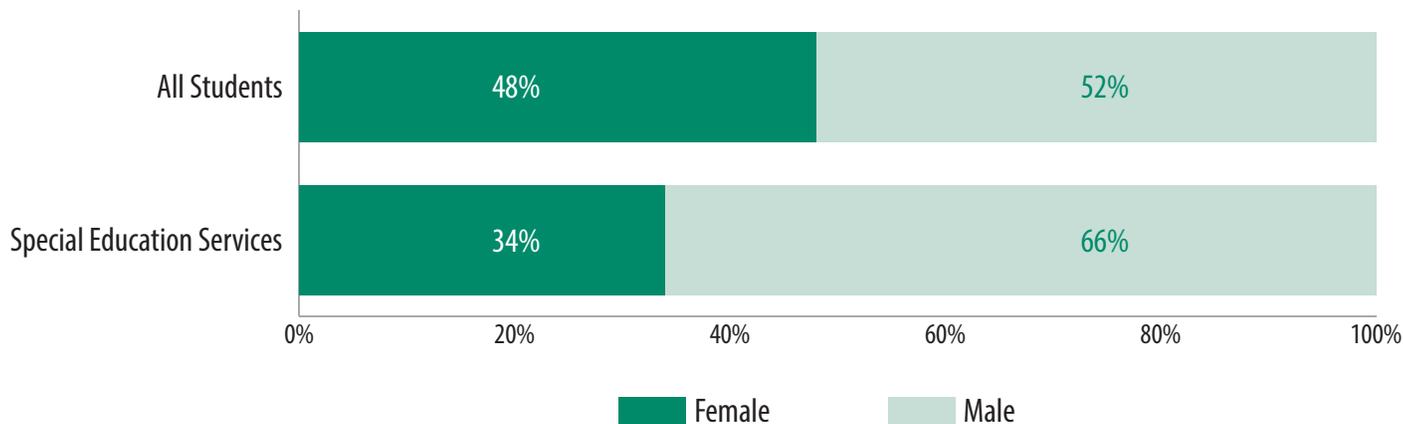
Special education and related services play an integral part in educating children with special needs and in improving their long-term outcomes. These services improve student achievement and graduation rates, increase participation in post-secondary education, and increase employment participation and wages.¹

MAINE DATA HIGHLIGHTS

In 2015-2016, 17.2 percent of Maine's public school students were receiving special education services, up from 16.3 percent in 2014-2015. The top three special education identifications included specific learning disabilities, other health impairments, and speech and language impairments, which is consistent with data from the previous three school years. For the students receiving special education services, more than half of the students spend 80 percent of the day or more in a regular classroom, and an additional 28.6 percent spend between 40-79 percent of the day in a regular classroom.

1. American Youth Policy Forum and Center on Education Policy, 2002. Twenty-Five Years of Educating Children with Disabilities. Available at www.aypf.org.

GENDER OF STUDENTS RECEIVING SPECIAL EDUCATION SERVICES



Disconnected Youth

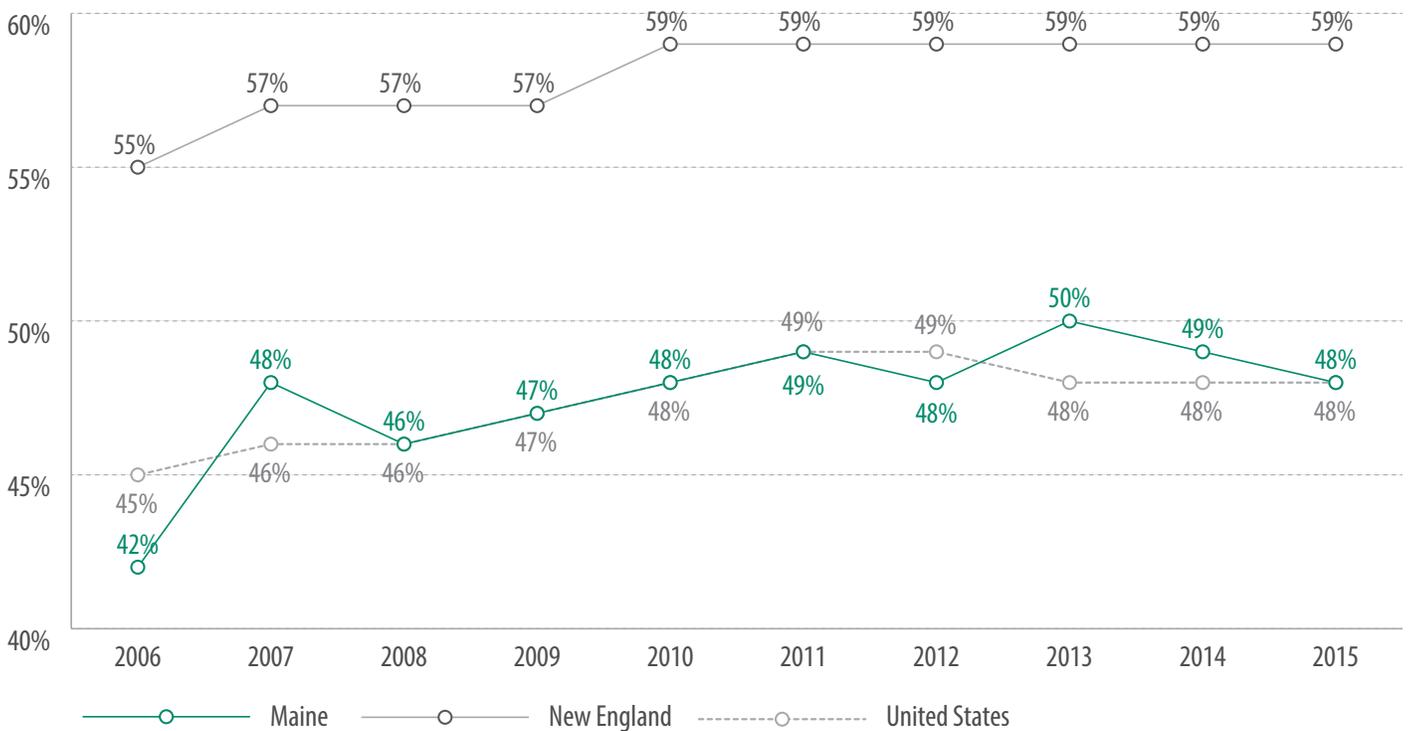
The transition from adolescence into adulthood is difficult for most young people as they begin to take on new roles and responsibilities in this new phase of their life. For adolescents who are neither in school nor employed, otherwise known as “disconnected youth,” this phase is even more challenging because they are already disconnected from the roles and relationships that support a healthy and positive transition into adulthood. As disconnected youth, these young people are more likely to have difficulty entering the job market, earn lower wages than their peers and struggle with stable employment.¹

MAINE DATA HIGHLIGHTS

In an aging state like Maine, it is especially important to reduce the rate of disconnected youth. As they enter adulthood, young people become Maine’s workforce, leaders and parents, and it is critical that they are capable of taking on these important roles and responsibilities. As of 2015, 6.7 percent of Maine teens ages 16-19 were not attending school or working, up from 6 percent in the previous year. This is just under the national rate of 6.9 percent. For young adults ages 18-24 in Maine, 48 percent were enrolled in or completed college, tied with the national average.

1. The Annie E. Casey Foundation. Youth and Work: Restoring Teen and Young Adult Connections to Opportunity, KIDS COUNT Policy Reports (March 2012).

YOUNG ADULTS AGES 18-24 ENROLLED IN OR COMPLETED COLLEGE



Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2015 American Community Survey.

DISCONNECTED YOUTH	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Teens ages 16-19 not attending school and not working, 2015 (as % of children ages 16-19)	4,275	6.7%	6.0%	6.9%
YOUNG ADULTS				
Young adults enrolled in or completed college, 2015 (as % of adults ages 18-24)	54,000	48%	49%	48%

COUNTIES AT A GLANCE // 2017

DEMOGRAPHICS	STATE	Androscoggin	Aroostook	Cumberland	Franklin	Hancock
Total Population, 2014	1,330,089	107,440	69,447	287,797	30,296	54,696
Age 4	13,238	1,307	617	2,878	279	494
Under age 5	64,779	6,553	3,288	14,129	1,380	2,346
Under age 18	258,977	23,641	12,981	56,538	5,633	9,500
18-24 years old	112,622	9,534	5,577	25,750	3,175	4,219
25-64 years old	714,983	57,087	36,099	158,247	15,672	29,213
65 years and older	243,507	17,178	14,790	47,262	5,816	11,764

PHYSICAL AND MENTAL HEALTH						
Children without health insurance, 2014	6.5%	5.7%	7.4%	5.7%	6.9%	9.3%
Low-income children without health insurance, 2014	8.5%	6.7%	7.6%	9.7%	8.1%	12.4%
Children 0-18 participating in MaineCare, SFY 2016	47.6%	57.6%	59.0%	33.8%	50.9%	46.2%
Maine Families home visiting: Families served, FY 2016	2,341	190	222	209	158	161
Low birth-weight infants, 2013	7.1%	8.1%	8.7%	7.1%	4.9%	5.7%
Pre-term births, 2013	8.1%	8.2%	8.5%	8.1%	6.0%	7.4%
Infant mortality, 2011-2015*	6.7	7.8	8.1	5.7	6.9	6.4
Child deaths, 2010-2014**	1.9	3.1	2.4	1.3	2.3	1.7
Teen deaths, 2010-2014**	4.8	7.7	4.0	2.7	2.7	7.2
Children in DHHS custody, December 2015*	7.0	5.7	9.3	5.0	6.6	5.8

SOCIAL AND ECONOMIC STATUS						
Children under 18 in poverty, 2015	17.5%	21.8%	21.8%	12.2%	21.4%	16.2%
Children living with food insecurity, 2014	23.3%	24.5%	26.4%	20.4%	24.2%	25.0%
Children receiving TANF, Dec 2016	3.0%	5.8%	3.7%	2.3%	2.4%	1.0%
Children receiving SNAP, Dec 2016	26.1%	37.4%	34.2%	18.5%	28.0%	21.3%
School children eligible for subsidized school meals, 2015-16	48.0%	64.9%	54.2%	34.8%	49.9%	43.1%
Hourly Living wage, 2015	\$26.87	\$26.39	\$25.78	\$28.06	\$25.98	\$26.88
Median household income, 2015	\$51,419	\$48,930	\$37,104	\$63,191	\$42,859	\$48,601
Unemployment, 2015	4.4%	4.1%	6.0%	3.4%	4.8%	5.7%

EDUCATION						
Four-year-olds in public preschool, 2015-2016	38.8%	64.1%	83.0%	11.3%	59.5%	28.7%
Children under 6 with all available parents in workforce, 2015	68.9%	73.8%	62.5%	72.6%	77.3%	71.0%
K-12 school enrollment, 2015-2016	176,310	15,671	9,005	38,377	3,844	6,447
High school graduation rate, 2015	87.6%	83.0%	90.3%	91.4%	90.9%	84.4%

NOTE:

* Rate per 1,000
 ** Rate per 10,000

*** Rate per 100,000
 **** Data has been suppressed to preserve confidentiality
 n/a not available or not applicable

<i>Kennebec</i>	<i>Knox</i>	<i>Lincoln</i>	<i>Oxford</i>	<i>Penobscot</i>	<i>Piscataquis</i>	<i>Sagadahoc</i>	<i>Somerset</i>	<i>Waldo</i>	<i>Washington</i>	<i>York</i>
121,112	39,676	34,170	57,238	153,414	17,026	35,045	51,163	39,051	31,808	200,710
1,287	356	290	528	1,503	149	343	476	414	316	2,001
6,045	1,777	1,389	2,597	7,329	717	1,631	2,387	1,959	1,551	9,701
24,010	7,263	6,010	11,173	28,466	3,023	6,845	10,117	7,671	6,093	40,013
10,378	2,657	2,190	4,039	17,538	1,050	2,319	3,625	2,889	2,351	15,331
65,324	20,882	17,338	30,951	82,026	8,937	19,036	27,767	20,810	16,362	109,232
21,400	8,874	8,632	11,075	25,384	4,016	6,845	9,654	7,681	7,002	36,134

5.3%	7.9%	9.8%	7.3%	0.7%	8.1%	5.8%	6.9%	7.9%	9.1%	5.8%
6.6%	9.6%	12.8%	8.3%	8.4%	8.8%	8.4%	7.3%	9.3%	8.3%	8.5%
50.1%	49.9%	47.4%	60.6%	49.7%	63.0%	41.4%	60.2%	54.0%	68.3%	38.1%
251	109	58	94	272	31	70	53	58	204	201
6.5%	6.5%	6.4%	7.6%	6.8%	4.4%	5.7%	8.7%	4.7%	8.7%	7.7%
7.4%	6.5%	9.6%	6.7%	8.8%	5.8%	9.6%	9.1%	5.3%	7.7%	9.4%
8.4	5.3	6.7	4.6	8.4	13.2	6.0	7.8	8.7	5.9	4.2
1.6	2.2	1.1	1.7	1.9	3.2	2.3	1.9	2.1	3.1	1.5
5.5	6.7	6.5	10.1	3.6	7.8	2	5.0	5.0	9.1	4.3
10.1	4.7	3.7	6.3	8.0	11.2	4.5	9.6	8.5	10.5	6.4

18.0%	17.9%	20.2%	25.6%	19.1%	30.5%	17.2%	25.9%	21.3%	28.8%	11.4%
22.8%	21.8%	23.8%	25.0%	24.2%	28.4%	21.8%	26.2%	24.8%	27.2%	21.0%
4.1%	1.9%	1.9%	3.5%	3.4%	3.6%	1.2%	3.9%	2.9%	3.6%	2.0%
27.2%	23.9%	23.6%	36.1%	28.4%	37.5%	20.5%	37.1%	30.2%	37.5%	18.8%
45.8%	44.9%	51.3%	65.5%	48.6%	61.9%	39.0%	69.5%	61.8%	63.2%	37.5%
\$26.35	\$27.36	\$26.87	\$25.84	\$25.92	\$25.64	\$27.04	\$26.22	\$26.53	\$25.79	\$27.71
\$50,408	\$47,489	\$50,152	\$42,674	\$44,647	\$36,463	\$55,645	\$40,165	\$43,198	\$35,576	\$61,340
4.2%	4.1%	4.4%	5.5%	4.8%	5.8%	3.5%	6.6%	5.1%	6.6%	3.9%

55.9%	31.7%	41.4%	41.3%	50.6%	55.7%	35.9%	57.4%	57.5%	75.3%	13.3%
69.6%	62.9%	58.7%	56.2%	68.8%	58.2%	73.3%	61.4%	58.6%	60.4%	71.9%
16,194	4,903	3,922	7,819	19,358	2,111	4,680	7,401	5,071	4,088	27,419
88.2%	89.7%	87.4%	87.8%	90.0%	91.1%	84.5%	87.8%	86.7%	88.9%	87.7%

DEFINITIONS AND SOURCES OF DATA // 2017

DEMOGRAPHICS

SOURCE: Population estimates for calendar year 2014 were from the Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics.

PHYSICAL AND MENTAL HEALTH

HEALTH INSURANCE

Children without health insurance is the estimated number and percent of children ages 0-18 who were not covered by any kind of public or private health insurance. These data are model-based enhancements of the American Community Survey (ACS) estimates created by incorporating additional information from administrative records, intercensal population estimates, and decennial census data. These data represent calendar years 2014 and 2013.

SOURCE: U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE) <http://www.census.gov/did/www/sahie/index.html>

Low-income children without health insurance is the estimated number and percent of children ages 0-18 who lived in families with incomes less than twice the federal poverty threshold (< 200% of poverty) and who lacked health insurance. These data are model-based enhancements of the American Community Survey (ACS) estimates created by incorporating additional information from administrative records, intercensal population estimates, and decennial census data. In 2014, the poverty threshold for a typical family of three was \$19,073. Thus, "low-income" represents income of less than \$38,146 for a family of three (one adult, 2 children). These data represent calendar years 2014 and 2013.

SOURCE: U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE) <http://www.census.gov/did/www/sahie/index.html>

Children participating in MaineCare is the number and percent of individual children ages 0-18 participating in MaineCare in state fiscal year (SFY) 2016 (July 1, 2015 – June 30, 2016) and (SFY) 2015 (July 1, 2014 – June 30, 2015). These data are reported by age group and by the child's county of residence at the end of the SFY or the end of the child's participation in the program. Note that the 2016 statewide figure includes 1,910 who were out-of-state or whose residence is unknown.

SOURCE: Maine Department of Health and Human Services, Office of MaineCare Services.

INFANT/TODDLER HEALTH

Low birth-weight infants is the number and percent of live births in which the newborn weighed less than 2500 grams, (5.5 pounds). These data represent calendar years 2013 and 2012. Note: More recent state-level data were not available at the time of publication.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics; National rate from Centers for Disease Control, National Center for Health Statistics Report, Vol. 64, No. 1, "Births: Final Data for 2013." http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf

Pre-term births is the number and percent of pre-term births in which the newborn was born at less than 37 weeks gestation. These data represent calendar years 2013 and 2012. NOTE: More recent state-level data were not available at the time of publication.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics; National rate from Centers for Disease Control, National Center for Health Statistics Report, Vol. 64, No. 1, "Births: Final Data for 2013." http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf

Immunizations of children is the estimated vaccination coverage of children ages 19-35 months with the combined (4:3:1:3*:3:1:4) vaccine series includes ≥4 doses of DTaP, ≥3 doses of poliovirus vaccine, ≥1 dose of measles-containing vaccine, full series of Hib vaccine (≥3 or ≥4 doses, depending on product type), ≥3 doses of HepB, ≥1 dose of varicella vaccine, and ≥4 doses of PCV. These data represent calendar years 2015 and 2014.

SOURCE: Centers for Disease Control and Prevention, National Immunization Survey, 2015 and 2014. <https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/pubs-presentations.html>

Families served in Maine Families Home Visiting Program is the number of families served by this program. These data represent state fiscal years where 2016 (July 1, 2015-June 30, 2016) and 2015 (July 1, 2014 – June 30, 2015).

Source: Maine Families

TEEN PREGNANCY

Births to single teenaged mothers is the number of births to single teenaged mothers under age 20. These data are also reported as a percent of live births. Births are reported by the mother's place of residence at the time of birth. These data represent calendar years 2015 and 2014.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics.

Births to married teenaged mothers is the number of births to married teenaged mothers under age 20. These data are also reported as a percent of live births. Births are reported by the mother's place of residence at the time of birth. These data represent calendar years 2015 and 2014.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics.

Repeat teen pregnancies is the number of females under age 20 who became pregnant and who had already been pregnant at least once before in their lives. These data are also reported as a percent of teen pregnancies. These data represent calendar years 2015 and 2014.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics.

Births to single teens who have not completed 12 years of school is the number and rate of births to single teens ages 10-19 who have not completed 12 years of school. The rate is per 1,000 females ages 10-19. These data are averaged over the five-year period from 2010-2014 and from 2009-2013, and are reported by the mother's place of residence at the time of birth.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics.

Teen pregnancies is the number and rate of all reported live births, induced abortions, and fetal deaths occurring to females ages 10-17. The rate is per 1,000 females ages 10-17. These data represent calendar years 2014 and 2013. Note: Previously published 2013 figures were revised by the Source.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics.

MORTALITY

Infant mortality is the number and rate of deaths of infants under 1 year of age. The rate is per 1,000 live births. These data are averaged over the five-year period from 2011-2015 and from 2011-2014 and are reported by place of residence, not place of death.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics; National rate from the Annie E. Casey Foundation's KIDS COUNT State-Level Data Online website. <http://datacenter.kidscount.org/>

Child deaths is the number and rate of deaths of children ages 1-14 from all causes. The rate is per 10,000 children ages 1-14. These data are averaged over the five-year period from 2010-2014 and from 2009-2013 and are reported by the child's place of residence, not the place of death.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics; National rate from the Annie E. Casey Foundation's KIDS COUNT State-Level Data Online website. <http://datacenter.kidscount.org/>

Teen deaths is the number and rate of deaths of teens ages 15-19 from all causes. The rate is per 10,000 children ages 15-19. These data are averaged over the five-year period from 2010-2014 and from 2009-2013 and are reported by the child's place of residence, not the place of death.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics; National rate from the Annie E. Casey Foundation's KIDS COUNT State-Level Data Online website. <http://datacenter.kidscount.org/>

MENTAL HEALTH

Outpatient hospital visits for mental health or substance abuse diagnoses is the number and rate of outpatient hospital visits of children ages 0-19 with a principal diagnosis of mental disease/disorder, alcohol/drug use or alcohol/drug-induced organic mental disorders. The rate is per 1,000 children ages 0-19. These data represent calendar years 2014 and 2013 (January-December) and count hospital visits, not individual children.

SOURCE: Maine Health Data Organization.

Outpatient hospital visits for attempted suicide is the number and rate of outpatient hospital visits of children ages 10-19 with a principal diagnosis of an injury and an E Code categorizing the cause of injury as suicide/self-inflicted (E950.0-E958.9). The rate is per 1,000 children ages 10-19. These data represent calendar years 2014 and 2013 (January-December) and count hospital visits, not individual children.

SOURCE: Maine Health Data Organization.

Child and teen suicides is the suicide rate of children and teens ages 10-19. These data represent rolling five-year averages from 2000-2004 through 2010-2014. The rate is per 100,000 children ages 10-19.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics; National rate from the Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death on CDC WONDER Online Database. <http://wonder.cdc.gov/cmfi-icd10.html>

CHILD WELFARE

Children in Department of Health and Human Services care or custody is the number and rate of children ages 0-17 in the care or custody of the Department of Health and Human Services (DHHS) in December 2015 and December 2014. The rate is per 1,000 children ages 0-17. These children were ordered into DHHS custody as a result of a child protection hearing where the child is found to be in jeopardy, a juvenile hearing where it would be contrary to the child's health and welfare to remain in the care or custody of the parents, or a divorce and/or custody hearing where neither parent has been found able to provide a home in the best interest of the child.

SOURCE: Maine Department of Health and Human Services, Office of Child and Family Services, Division of Child Welfare Services.

Definitions of Child Welfare Placement Types:

ADOPTIVE CARE: Care that occurs with a foster family that is in process of adopting the child.

CONGREGATE CARE: Care that occurs in a homeless shelter, emergency facility, or children's residential facility.

FOSTER CARE: Parental care and supervision which is provided within a family setting in a private dwelling on a regular, 24-hour a day basis by qualified foster parent(s). The foster parents hold a license as a family foster home for children required by state law.

KINSHIP CARE: Family foster care provided to children in the care or custody of DHHS who are related by blood, marriage, or adoption to the caretakers. Kinship care is a preferred placement.

THERAPEUTIC CARE: Family foster care that utilizes the foster home setting and the foster parents as primary agents in improving the behavioral and emotional functioning of foster children.

UNLICENSED CARE: A placement that occurs when (a.) a relative is identified and immediate placement is recommended, (b.) when a child places himself in an unlicensed home and that placement is being considered, or (c.) a previous relationship exists between a child and an unlicensed family with indications that it would be in the child's best interest to be placed in that home.

OTHER CARE: Care not covered in the above descriptions, including semi-independent living, professional parent model, and intermediate care facility.

Substantiated child abuse and neglect victims is the number and rate of individual victims of child abuse and neglect ages 0-17 for whom assessment led to a finding of a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these by a person responsible for the child (22 MRSA §4002). The rate is per 1,000 children ages 0-17. These data represent calendar years 2015 and 2014.

SOURCE: Maine Department of Health and Human Services, Office of Child and Family Services, Division of Child Welfare Services.

Reports alleging child abuse and/or neglect is the number of written or verbal requests for Child Protective Services intervention in a family situation on behalf of a child in order to assess or resolve problems being presented. Cases were screened out when evidence of serious family problems or dysfunction was evident but the situation did not contain an allegation of abuse or neglect. Cases deemed appropriate for referral meet the standards contained in 22 MRSA §4002 as defined under the definition for substantiated child abuse and neglect victims. Of the cases deemed appropriate for referral to services, some are referred to Child Protective Services and others are referred to community agencies that contract with the Department of Health and Human Services to provide services to families. These data represent calendar years 2015 and 2014.

SOURCE: Maine Department of Health and Human Services, Office of Child and Family Services, Division of Child Welfare Services.

Case assessments completed by Child Protective Services is the number of case assessments completed during 2012 and 2011 of those cases referred to Child Protective Services. The results of case assessments are cases with findings of maltreatment or cases without findings of maltreatment. These data represent calendar years 2015 and 2014.

SOURCE: Maine Department of Health and Human Services, Office of Child and Family Services, Division of Child Welfare Services.

ADOLESCENT HEALTH AND SAFETY

Adolescents served in the Maine family planning system is the number and rate of adolescents ages 15-19 served in the Maine family planning system during state fiscal year (SFY) 2016 (July 1, 2015 – June 30, 2016) and during SFY 2015 (July 1, 2014 – June 30, 2015). The rate is per 1,000 children ages 15-19. These data are also reported by number and by rate for gender.

SOURCE: Family Planning Association of Maine. Region 1 Title X Data System.

Young adults living with HIV/AIDS is the number and rate of reported cases of youth ages 18-24 living with the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). The rate is per 1,000 young adults ages 18-24. These data represent calendar years 2015 and 2014.

SOURCE: Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention, HIV, STD and Viral Hepatitis Program.

Chlamydia cases is the number and rate of reported cases of Chlamydia among children and adolescents ages 10-19. The rate is per 1,000 children ages 10-19. These data represent calendar years 2015 and 2014.

SOURCE: Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention, HIV, STD and Viral Hepatitis Program.

Gonorrhea cases is the number and rate of reported cases of gonorrhea among children and adolescents ages 10-19. The rate is per 1,000 children ages 10-19. These data represent calendar years 2015 and 2014.

SOURCE: Maine Department of Human Services, Bureau of Health, HIV, STD and Viral Hepatitis Program

Children and adolescents using services of licensed alcohol and drug abuse treatment providers is the unduplicated number and rate of children ages 10-19 using services of Maine alcohol and drug abuse treatment providers. These data include children whose primary problem is substance abuse, affected others (such as children of parents with substance abuse problems requiring therapy), and evaluation only. The rate is per 1,000 children ages 10-19. These data represent calendar years 2014 and 2013. NOTE: More recent state-level data were not available at the time of publication.

SOURCE: Maine Department of Health and Human Services, Office of Substance Abuse, Treatment Data System (TDS).

Children in motor vehicle crashes with personal injury is the number and percent of children ages 0-19 injured in a motor vehicle

crash where a young person was involved. Children in motor vehicle crashes include young drivers, vehicle passengers, and pedestrians or bicyclists. These data represent calendar years 2015 and 2014.

SOURCE: Maine Department of Transportation, Safety Office.

OUI Arrests, License Suspensions and Convictions is the number and rate of arrests, license suspensions, and convictions of drivers under age 20 for Operating Under the Influence. License suspensions represent administrative suspensions issued by the Bureau of Motor Vehicles and suspensions issued by the courts. Convictions represent drivers convicted for Operating Under the Influence. The rate is per 1,000 drivers under age 20. Arrest, suspension and conviction data represent years 2015 and 2014.

SOURCE: Department of the Secretary of State, Bureau of Motor Vehicles. <http://www.state.me.us/sos/bmv>

Youth Risk Behavior Surveillance System data is selected results from the Maine and National Youth Risk Behavior Surveys. Youth Risk Behavior Surveys monitor priority health-risk behaviors that contribute to the leading causes of death, injury, illness, and social problems among youth at the state and national levels.

SOURCE: 2015 and 2013 Maine and national rates from the Youth Risk Behavior Surveillance System – Centers for Disease Control. <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

SOCIAL AND ECONOMIC STATUS

POVERTY

Children under age 18 in poverty is the estimated number and percent of children under age 18 living in poverty. In 2015, which represents the current rate, the poverty threshold for a typical family of three was \$19,096. These data represent calendar years.

SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, <http://www.census.gov/hhes/www/saipe/>

Children under age 5 in poverty is the estimated number and percent of children under age 5 living in poverty. In 2015, which represents the current rate, the poverty threshold for a typical family of three was \$19,096. These data represent calendar years.

SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, <http://www.census.gov/hhes/www/saipe/>

Children living with food insecurity is the estimated number and percent of children living in households that lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods. Map the Meal Gap's child food insecurity rates are determined using data from the 2014 Current Population Survey on children under 18 years old in food insecure households; data from the 2014 American Community Survey on median family incomes for households with children, child poverty rates, home ownership, and race and ethnic demographics among children; and 2014 data from the Bureau of Labor Statistics on unemployment rates. These data represent calendar years 2014 and 2013.

Source: Feeding America Map the Meal Gap, <http://map.feedingamerica.org/>.

HOUSING

Children in low income households where housing costs exceed 30 percent of income is the estimated number and percent of children living in low income households where more than 30 percent of the monthly income was spent on rent, mortgage payments, taxes, insurance, and/or related expenses. The 30 percent threshold for housing costs is based on research on affordable housing by the U.S. Department of Housing and Urban development (HUD). According to HUD, households that must allocate more than 30 percent of their income to housing expenses, are less likely to have enough resources for food, clothing, medical care or other needs. These data represent 2015 and 2014.

Source: Annie E. Casey Foundation, KIDS COUNT Data Center <http://datacenter.kidscount.org>

Homeless children under age 18 is the estimated number and percent of children under age 18 who were counted in the Maine State Housing Authority's Annual Point in Time Surveys in January 2016, which represents the current figures, and January 2015, the previous rate.

SOURCE: Maine State Housing Authority Annual Point in Time Survey – Statewide <http://www.mainehousing.org/policy-research/research-reports#PIT>

INCOME AND EMPLOYMENT

Estimated livable wage is the estimated hourly wage required to meet basic expenses for various household types: single adult no kids, single adult with two kids, two adults with two kids (only one adult working), two adults with two kids (both adults working) These data represent calendar year 2015.

SOURCE: Massachusetts Institute of Technology Living Wage Calculator, <http://livingwage.mit.edu/>

Children in low income families is the estimated number and percent of children under age 18 who live in families with incomes less than twice the federal poverty threshold (<200% of poverty). In 2015, which represents the current rate, the poverty threshold for a typical family of three was \$19,096. Thus, "low-income" represents income of less than \$38,192 for a family of three. These data represent calendar years 2015 and 2014.

SOURCE: Annie E. Casey Foundation's, KIDS COUNT Data Center. <http://datacenter.kidscount.org>

Median income of families with children is the estimated median annual income for families with related children under age 18 living in the household. "Related children" include the householder's (head of household) children by birth, marriage, or adoption; as well as other persons under age 18 (such as nieces and nephews) who are related to the householder and living in the household. The median income is the dollar amount that divides the income distribution into two equal groups – half with income above the median and half with income below it. These data represent 2015 and 2014.

SOURCE: Population Reference Bureau, analysis of data from the U.S. Census Bureau, American Community Survey, 2015 and 2014. <http://datacenter.kidscount.org>

Median household income is the estimated median household income. These estimates are modeled from combined census estimates, the 2013 American Community Survey, and other administrative and economic data. The median income is the dollar amount that divides the income distribution into two equal groups – half with income above the median and half with income below it. These data represent calendar year 2015 and 2014.

SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates <http://www.census.gov/hhes/www/saipe/>

Unemployment is the estimated annual monthly average number and percent of people in the civilian labor force who are unemployed. The unemployment rate is calculated by dividing the average number of unemployed people by the average number of people in the civilian labor force. These data represent calendar years 2015 and 2014.

SOURCE: Maine Department of Labor, Center for Workforce, Research and Information, Average Annual Labor Force Estimates for Maine & Counties <http://www.maine.gov/labor/cwri/laus.html>

INCOME SUPPORTS

Children receiving TANF is the number and percent of children ages 0-17 who were receiving Temporary Aid to Needy Families in December 2016 and December 2015.

SOURCE: Maine Department of Human Services, Office of Family Independence <http://www.maine.gov/dhhs/ofi/reports/reports.html>

Children receiving SNAP Benefits is the number and percent of children ages 0-17 who were receiving SNAP benefits (formerly Food Stamps) in December 2016 and December 2015. Note: 2016 state number and percent include 37 children whose county is unknown, who are not Maine residents, who are not in state, or who have no data.

SOURCE: Maine Department of Health and Human Services, Office of Family Independence <http://www.maine.gov/dhhs/ofi/reports/reports.html>

School children eligible for subsidized school lunch is the number and percent of school children eligible to receive subsidized school lunch through the National School Lunch Program, which is a meal entitlement plan primarily funded through federal dollars. All elementary and junior high schools are required to participate in the program. In Maine, high schools have the option of participating. School children are eligible for free school lunches if their family income does not exceed 130% of the federal poverty level. They are eligible for reduced price school lunches if their family income falls between 130% and 185% of the federal poverty level. These data represent the 2015-2016 and 2014-2015 school years.

SOURCE: Maine Department of Education, School Nutrition Program. <https://neo.maine.gov/doe/neo/nutrition/Reimbursement/ED534/District>

Recipients of WIC benefits is the number of individuals receiving WIC (Women's, Infant's and Children's Supplemental Nutrition Program) benefits. WIC provides specific nutritious foods and nutrition education to low-income pregnant and breastfeeding women, infants, and children up to age five. Recipients must be at or below 185% of poverty and be at medical or nutritional risk. These data represent calendar years 2015 and 2014.

SOURCE: Maine Department of Health and Human Services, WIC Program.

Child support enforcement cases with collection is the number of cases for which the state child support enforcement agency successfully collected child support payments due in federal fiscal year (FFY) 2015 (October 1, 2014-September 30, 2015) and FFY 2013 (October 1, 2013-September 30, 2014). The U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Support Enforcement defines a child support case as a parent (mother, father, or putative father) who is now or eventually may be obligated under law for the support of a child or children receiving services under the child support programs, Title IV-D of the Social Security Act.

SOURCE: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Support Enforcement. Child Support Enforcement

Children served through TANF child care subsidies is the number of children served through ASPIRE and TANF Transitional child care during federal fiscal year (FFY) 2015 (October 1, 2014 – September 30, 2015) and FFY 2014 (October 1, 2014 – September 30, 2015). These data are also reported as a percent of the total number of children served through child care subsidies for each type of child care subsidy. Children up to age 12 are eligible for subsidized child care if their parents are working or in education training, and have incomes at or below 85% of the state median income.

SOURCE: Maine Department of Health and Human Services, Office of Family Independence

Children served through CCDF child care subsidies is the number of children served through CCDF vouchers during federal fiscal year (FFY) 2016 (October 1, 2015 - September 30, 2016) and FFY 2015 (October 1, 2014 – September 30, 2015). Children up to age 12 are eligible for subsidized child care if their parents are working or in education training, and have incomes at or below 85% of the state median income.

SOURCE: Maine Department of Health and Human Services, Office of Child Care and Head Start

CRIME

Arrests of children is the number and rate of children ages 10-17 arrested during calendar years 2015 and 2014. The rate is per 1,000 children ages 10-17. The annual arrest data count all arrests of youth for offenses, including repeated offenses by the same individual.

SOURCE: Maine Department of Public Safety, Crime in Maine Reports. http://www.state.me.us/dps/cim/crime_in_maine/cim.htm

Arrests of children for crimes against persons is the number and rate of arrests of children ages 10-17 for crimes against persons. The rate is per 1,000 children ages 10-17. Crimes against persons include murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault (does not include other assaults). The annual arrest data count all arrests of youth for crimes against persons, including repeated offenses by the same individual. These data represent calendar years 2015 and 2014.

SOURCE: Maine Department of Public Safety, Crime in Maine Reports. http://www.state.me.us/dps/cim/crime_in_maine/cim.htm

Domestic assaults reported to police is the number and rate of assaults reported to police that were perpetrated by family or household members including couples who are married or living together in a romantic relationship, who are the natural parents of the same child or other adult family members related by blood or marriage. The rate is per 100,000 of the population. These are not unduplicated counts and may include numerous assaults affecting the same individuals. These data represent calendar years 2015 and 2014.

SOURCE: Maine Department of Public Safety, Crime in Maine Reports. http://www.state.me.us/dps/cim/crime_in_maine/cim.htm

EDUCATION AND LEARNING

EARLY LEARNING AND DEVELOPMENT PROGRAMS

Licensed child care providers is the number of licensed child care homes and child care centers in September 2016. These data are also reported as a percent of the total number of licensed child care providers for each type of licensed child care and those enrolled in the Quality Rating and Improvement System (QRS).

SOURCE: Maine Quality Rating and Improvement System (QRS). http://www.qualityforme.org/QRS_Enrollment/State.aspx

Head Start Program is the number of state and federally-funded children in Head Start programs throughout the state during federal fiscal year (FFY) 2016 (October 1, 2015 - September 30, 2016) and FFY 2015 (October 1, 2014 - September 30, 2015). Eligible children were estimated as the number of children under age 5 in poverty. Unmet need was calculated by subtracting the number of funded children from the estimate of eligible children.

SOURCE: Head Start Data: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, Program Information Report. Children under age 5 in poverty: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) <http://www.census.gov/hhes/www/saipe/>

Children enrolled in Maine public preschool programs is the number and percentage of four-year-old children enrolled in a public preschool program offered through a school administrative unit during the 2015-2016 and 2014-2015 school years. Children must be four years of age by October 15 of the entering school year in order to be eligible for a public preschool program.

SOURCE: Maine Department of Education, Data Warehouse. http://dw.education.maine.gov/DirectoryManager/Web/Maine_report/MaineLanding.aspx

ACADEMIC ACHIEVEMENT

4th grade students scoring at or above the reading proficiency level is the percentage of 4th grade students who met or exceeded the proficient level on the National Assessment of Educational Progress (NAEP) 4th reading test in 2015 and 2013.

Source: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP).

8th grade students scoring at or above the math proficiency level is the percentage of 8th grade students who met or exceeded the proficient level on the National Assessment of Educational Progress (NAEP) 4th math test in 2015 and 2013.

Source: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP).

Children who are English Language Learners is the number and percent of children attending public schools who are receiving English as a second language services or bilingual educational services. These data represent the 2015-2016 and 2014-2015 school years.

SOURCE: Maine Department of Education, Data Warehouse http://dw.education.maine.gov/DirectoryManager/Web/Maine_report/MaineLanding.aspx

High school dropouts is the number and percent of students who have withdrawn or been expelled from high school before graduation or completion of a program of studies and who have not enrolled in another educational institution or program. The individual was enrolled in school at some time during the previous school year and was not enrolled on October 1 of the current school year, or was not enrolled on October 1 of the previous school year although expected to be in membership (i.e., was not reported as a dropout the year before). This calculation is referred to as an “event” dropout rate. Data represent the 2014-2015 and 2013-2014 school year for public schools and private schools with 60% or more publicly-funded students.

SOURCE: Maine Department of Education <http://www.maine.gov/education/gradrates/gradrates.html>

Public high school graduation, Class of 2015 is the number and percent of students who entered ninth grade for the first time in the fall of 2011 and received a “regular” diploma in 2015. For this calculation the denominator contains the cohort of all first time ninth graders from four years earlier plus all transfers into this cohort minus all transfers out (e.g. death, moving to another Maine school). The numerator contained only “regular” diploma recipients from the four year cohort. “Regular” diplomas include diplomas received by SWD students granted five/six years by their IEP, and Limited English Proficient (LEP) students granted five/six years as part of their documented Personal Learning Plans. In both of these cases the students met the requirements of the Maine Learning Results. These five/six year “regular” diploma recipients are tabulated separately allowing them to be extracted in order to produce a four-year cohort graduation rate. This approach satisfies both the NGA and NCLB graduation requirements while aligning with Maine’s practice of allowing SWD and LEP students more than four years to meet Maine’s “regular” diploma standards. The data represent public school graduates only.

SOURCE: Maine Department of Education <http://www.maine.gov/education/gradrates/gradrates.html>

STUDENTS WITH DISABILITIES

Students with disabilities is the number and percent of students enrolled in schools and individual education programs who are ages 3-21 and who have disabilities requiring the provision of special education services during the 2015-2016 school year. The child count is completed by school administrative units, approved state operated/state supported schools, and Child Development Services sites. The percent of students receiving special education services is calculated by dividing the number of special education students by the number of regular education students enrolled in pre-kindergarten through grade 12 counted on October 1.

SOURCE: Maine Department of Education, Data Warehouse http://dw.education.maine.gov/DirectoryManager/Web/Maine_report/MaineLanding.aspx

DISCONNECTED YOUTH

Teens not attending school and not working is the estimated number and percent of teens ages 16-19 who are not enrolled in school (full- or part-time) and not employed (full- or part-time). These data represent calendar years 2015 and 2014.

SOURCE: U.S. Census Bureau, American Community Surveys, 2015 and 2014, TABLE: B14005

YOUNG ADULTS

Young adults enrolled in or completed college is the number and percent of young adults ages 18 to 24 enrolled in college or who have completed college. These data represent 2015 and 2014.

Source: Annie E. Casey Foundation’s, KIDS COUNT Data Center. <http://datcenter.kidscount.org>





Photo via Visualhunt.com



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BETTER DATA LEADS TO BETTER SOLUTIONS.

**LET'S BUILD A BRIGHTER
FUTURE FOR OUR KIDS**

#KIDSCOUNT

A black and white photograph of two children, a girl and a boy, working together on a small robot. The girl is in the foreground, looking down at the robot, and the boy is behind her, smiling. They are both wearing casual clothing.

In the work that we do, it is imperative that we use data to inform our decisions and help children and their families access the resources they need. While it can be difficult to find trusted information, the Annie E. Casey Foundation's KIDS COUNT Data Center is an excellent resource. The Data Center allows users to access indicators relating to education, poverty, health and youth risk factors. And, the data can be filtered by state, county, and congressional district. Explore data over time, compare Maine data with other states as well as regionally and nationally. Make maps, charts, graphs and more! Visit the Data Center today to make our data work for Maine kids!

<http://datacenter.kidscount.org>

ACKNOWLEDGEMENTS

The publication of the KIDS COUNT Data Book would not be possible without the cooperation of the state and non-state agencies that track the data highlighted in this report. We would like to thank their staff for sharing these important data with the Maine KIDS COUNT project this year.



"There can be no keener revelation of a society's soul than the way in which it treats its children."

- Nelson Mandela

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ATTN: KIDS COUNT Data Book Order

The Maine Children's Alliance advocates for sound public policies to improve the lives of all Maine's children, youth and families.



The 2017 Maine Kids Count Data Book is generously funded by The Annie E. Casey Foundation

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