2021 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

Now more than ever, the Maine Children's Alliance is committed to providing data to inform policy and advocacy to support the health and well-being of children and families.

The Maine KIDS COUNT Data Book went to print as the state marked a full year since its first COVID-19 cases. The coronavirus pandemic and resulting economic downturn have resulted in serious concerns about the immediate and long-term impacts on children and families. It has also reminded us that our health and well-being are interconnected. The Maine Children's Alliance is committed to prioritizing funding and policy solutions that respond to the needs of the moment.

In Maine, as elsewhere, the impacts of the pandemic fell disproportionately on certain populations – people who have historically faced inequitable challenges due to race, poverty, disability, or geography. We hold hope that 2020 marks a turning point in public understanding of historic and persistent systemic racism. This awareness must result not merely in changed attitudes, but in policy changes and investments that eliminate racial disparities evident in systems, including education, housing, health care, and employment.

The Maine Children's Alliance board and staff are deepening our work toward becoming an anti-racist policy advocacy organization. We will continue to disaggregate data to expose disparities and to prioritize policies that address these disparities. We will do more to ensure that those most impacted are central to the policy process and to creating solutions that will advance their well-being.

This year presents a particular challenge in demonstrating the current state of child and family well-being. Figures in the Data Book are typically from the previous year or earlier. In this book, 2019 figures can serve as a baseline before the onset of the public health crisis. Wherever possible, we have included and highlighted available 2020 data that more closely reflects the current situation for children and families.

Many thanks to all of you that use the information in this book toward advancing the Maine Children's Alliance vision that all Maine children have the opportunity to reach their full potential and thrive.

We are grateful to be part of the national KIDS COUNT Network supported by the Annie E. Casey Foundation. We also thank the Ellis L. Phillips Foundation for their support of this report.

Stephanie Eglinton, 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 Children's Alliance (MCA) has published Maine KIDS COUNT products 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 education. The Maine KIDS COUNT Data Book is the most comprehensive collection of data regarding children in Maine.

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

The Annie E. Casey Foundation has an extensive KIDS COUNT Data Center (http://datacenter.kidscount.org) which provides access to hundreds of measures of child well-being. Visitors can find indicators on such topics as education, employment and income, health, poverty, and youth risk factors. Each state KIDS COUNT grantee provides community level information to the national Data Center. MCA provides county-level data (http://datacenter.kidscount.org/ME) on most of the indicators from the Maine KIDS COUNT Data Book, as well as some additional indicators. This data can be displayed in a number of report formats, including:

- **Profiles** – detailed information about Maine or any Maine county,
- **Graphs** – indicators graphed over time for one or more Maine counties,
- **Maps** – color-coded maps of Maine counties for selected indicators,
- **Rankings** – all the counties within Maine ranked according to an indicator, and
- **Raw Data** – delimited text files containing Maine data for your own offline use.

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, reporting agencies change how they collect, analyze and/or report indicators. We note those changes where appropriate.

For every indicator in the book, we report a current percentage or rate, a previous percentage or rate, and whenever available, a number. When a number or rate is not available or not applicable, N/A is used. It is essential to present the indicators as percentages or rates to enable comparison between groups of different population size (i.e., different counties).

Calculating Rates

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 percentages, 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 percentages is:

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

For example, on December 31, 2020, there were 1,068 children in Maine in foster care. The rate for this is calculated as follows:

$$\frac{\text{(1,068 children ages 0-5) x (1000)}}{\text{76,863 children in Maine ages 0-5}} = \text{Rate of 13.9 per 1,000}$$

MAINE CHILDREN AND FAMILIES

The Impact of the COVID-19 Crisis

The coronavirus pandemic caused widespread harm to the health and well-being of children and families. Parents have been forced to juggle work alongside assuming new responsibilities for their children's care and education.

Many parents chose to leave the workforce; others lost their jobs. Without stable employment, health care coverage for both parents and children is more tenuous, as is the ability to pay for basic needs like food and housing. Children faced disruptions to their schooling and separation from friends and other trusted adults. The elevated family stress coupled with isolation has contributed to an increase in mental health issues experienced by children and adolescents.

This public health crisis and resulting economic crisis have highlighted the inadequacies and inequities in systems that were already not serving the needs of all children and families. This moment provides the opportunity to respond not just by returning to "normal," but by rebuilding systems of child care, health, education, housing, and employment that are centered in equity and better serve all the children and families who depend on them to thrive.

Early Care & Education

1. **The child care system faltered**, affecting children, families, and the economy
   - **Approximately 66% of child care providers in Maine were not able to secure enough relief funding** or loans to cover their revenue losses and increased operating costs (Maine Association for the Education of Young Children survey)
   - **9% of child care businesses in Maine were closed** the second week of January 2021, mostly due to staff needing to quarantine or COVID-19 exposure and infection of children, parents or staff (COVID-19 Impacts on DHHS Services)
2. **Head Start providers struggled to maintain contact with families.** Most Head Starts in Maine and the nation were closed in the second quarter of 2020. During that time, a national survey of Head Start providers found that about 40% lost touch with some of the children they served. Approximately two in five Head Start families lacked access to home Internet, or smart phone service, making virtual learning not possible. (Head Start in the COVID-19 Era)
3. **Pre-kindergarten and kindergarten enrollments plummeted.** Fall 2020 enrollment in Maine **declined 16%** in these two grades, with over 3,000 children missing out on critical early learning opportunities that lay the foundation for their future learning and development. (Maine Department of Education)
4. **Children in special education and English Language Learning experienced barriers to receiving services.** Remote and hybrid schooling was especially challenging for students needing personalized learning, leaving these students more at risk of falling behind academically. Reduced in-person schooling also created an increased burden on parents who needed to facilitate their children's specialized learning. (US Government Accountability Office)
5. **Fewer recent high school graduates started college**
   - At the University of Maine, the number of entering in-state students fell 11% in fall 2020 (In Rural America Fears About the Future Abound as Fewer Students Go to College)
   - For senior high school classes statewide, 8,643 completed their FAFSA student aid application in fall 2020, compared to 9,370 the previous year - **a drop of 8%** (FAFSA Tracker)

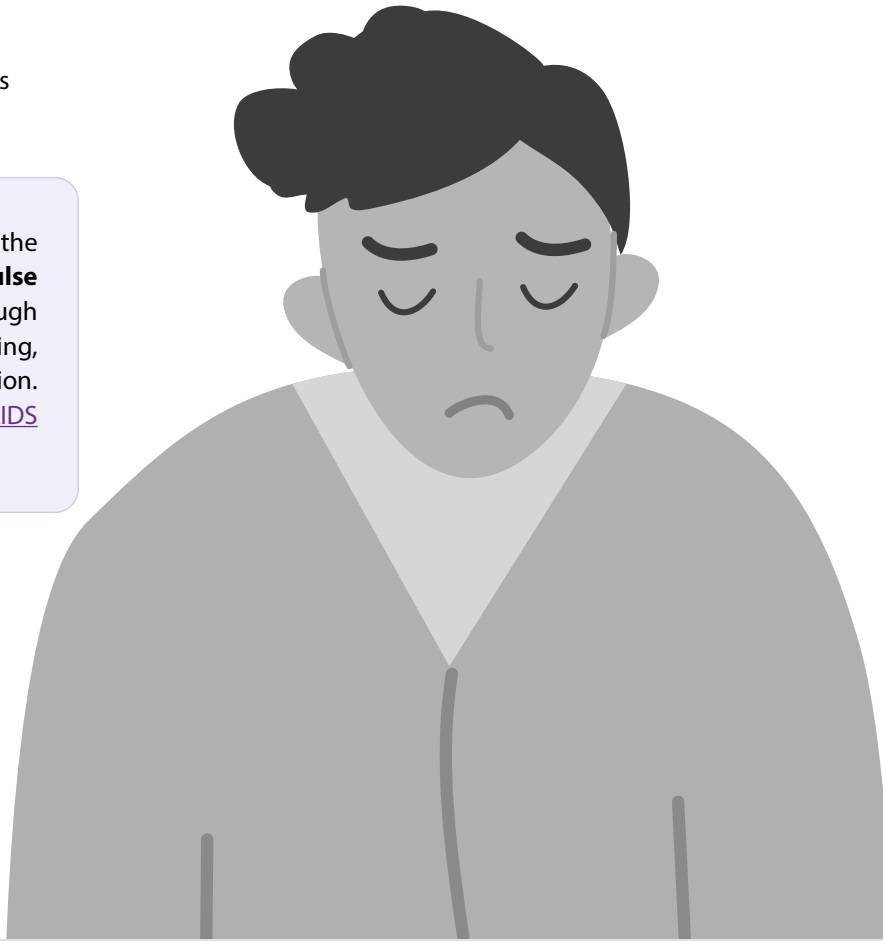
Health, Safety & Well-being

1. **Teen mental health has become a growing crisis** Maine teens were already struggling emotionally, based on pre-pandemic data (2019):
   - **16% of Maine youth ages 12-17** experienced a major depressive episode (Behavioral Health Barometer)
   - **32% of Maine high school students** felt sad or hopeless two weeks or more (Maine Integrated Youth Health Survey)
   - **16% of students** seriously considered attempting suicide (Maine Integrated Youth Health Survey)

   National data during the 2020 pandemic showed the need for youth mental health supports:
   - **25% of students** felt much less connected to classmates, adults, and school than before (The State of Young People During COVID-19)
   - **More than 50%** were much more concerned than usual about their own and their family's physical and emotional health (The State of Young People During COVID-19)
   - The age group **most likely to experience severe symptoms** of anxiety and depression were youth ages 11-17 (COVID-19 and Mental Health: A Growing Crisis)

2. **Youth living apart from their families experienced disproportionate impacts of COVID-19** Young people living in congregate facilities – whether incarcerated, in residential treatment out-of-state, or in foster care – were at greater risk of contracting COVID-19, lost access to family visitation, and faced increased barriers to returning to their homes and communities. (Congregate Care During COVID-19)
3. **Children missed routine pediatric care appointments, due to initial health and safety concerns with visiting doctor's office.** This put children behind in important, routine early care, including vaccinations, well-child visits, and developmental and lead screenings. (Maine Centers for Disease Control)

One important new source of data on the impact of the pandemic is the **U.S. Census Bureau's Household Pulse Survey**. Begun in late April 2020 and continuing through 2021, this survey includes key questions about housing, food, employment, health, mental health and education. Select indicators from this source are available on the KIDS COUNT Data Center.



The Impact of the COVID-19 Crisis (continued)

Family Economic & Food Security

1. **Access to school meals became more difficult**
   With remote and hybrid scenarios for students, distributing and gathering school meals applications, as well as accessing school meals that needed to be picked up, or delivered, became barriers to participation.
   - For fall 2020, children enrolled and eligible for school meals **dropped by 14,000 students**
   - The rate of students eligible for free and reduced meals is **38%** - **down from 44%** (Maine Department of Education Data Warehouse)

2. **Women lost jobs and left the workforce at higher rates than men**
   The pandemic has had a disproportionate impact on women, who are more likely to work in jobs affected by the crisis and more likely to provide care for school-age children learning remotely. Leaving the workforce affects both immediate earnings as well as lifetime earnings. Single women heading households have faced especially difficult logistical and economic stressors, without another adult in the home to help with income or care of children.
   - **57% of net job loss** in Maine during the pandemic was among women (Maine Department of Labor)
   - Nationally, **women were more likely to leave the workforce** and not be counted as unemployed. From February through September 2020, the number of women in the workforce age 20 & over declined by 3.22 million women, while for men it declined by 2.22 million men (US Bureau of Labor Statistics)

US Census Household Pulse Survey, KIDS COUNT Data Center: COVID -19

As of December 21, 2020, among adults living in households with children in Maine:

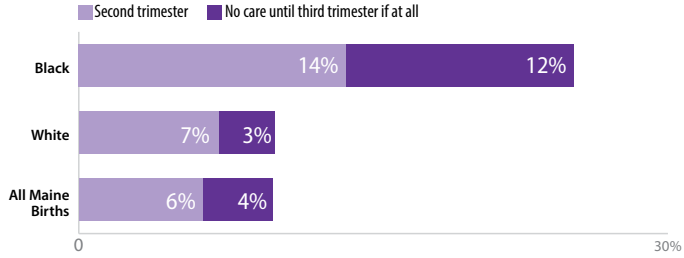
- **2% have little or no confidence** in their ability to pay next rent or mortgage on time
- 9% sometimes or often **did not have enough food** in the past week
- In May, **56% delayed getting medical care** because of the coronavirus pandemic and as of December, 31% continued to experience delays in obtaining medical care
- **23% felt down, depressed, or hopeless** for more than half of the days or nearly every day for the past week
- **10% do not have a digital device** and reliable internet usually available for their children's schoolwork

Maternal and Infant Health Equity

With an older population, and fewer babies born each year in Maine, getting every infant off to a good start is critical for Maine's future success. That starts with equitable care. Health equity means everyone has access to care regardless of income, geography or race and ethnicity. It is important to the health and well-being of all Maine children that equitable health care is available for: prenatal and post-partum care for mothers; appropriate neonatal care for high-risk births; evidence-based programs that support new parents in the home, including safe sleep practices; and early intervention services for infants with special needs. This early and equitable care for both mother and child is critical to getting all babies off to a healthy start.

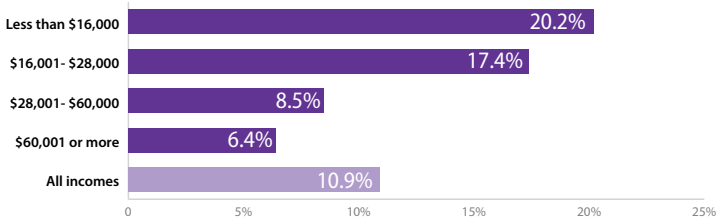
Prenatal care: When pregnant women have consistent care throughout their prenatal months, positive health outcomes are more likely for both mothers and newborns. In Maine, 90 percent of women received some prenatal care. Unfortunately, there were racial disparities in the rates of women who received adequate prenatal care. Black women in Maine were less likely to benefit from prenatal care in the first trimester; in 2019, 75 percent of Black women and 91 percent of white women had prenatal care in the first trimester. In Maine, 4 percent of women did not receive prenatal care until the third trimester or not at all, including 12.4 percent of Black women and 3.5 percent of Non-Hispanic white women. Disparities exist by education attainment as well, with women with less than a high school education more likely to give birth to a very low birthweight baby in a hospital that did not offer a full range of neonatal services.[1] Early prenatal care for pregnant women can provide important information about the physical and behavioral risk factors affecting both mother and child. Health care policy and quality improvement efforts should aim to broaden access and elevate the quality of prenatal care to all pregnant women across our state, as well as ensure women with high-risk pregnancies are connected to hospitals where they can give birth with care equipped for their needs.

BLACK WOMEN IN MAINE ARE THREE TIMES MORE LIKELY NOT TO RECEIVE PRENATAL CARE UNTIL THE THIRD TRIMESTER, IF AT ALL



Source: Prenatal Care in First Trimester, Maine Department of Human Services, Office of Vital Statistics, No Prenatal Care until Third Trimester if at all, KIDS COUNT, KIDS COUNT-births-to-women-receiving-late-or-no-prenatal-care-by-race Note that prenatal care among other races is not available because small numbers make the data uncertain.

MOTHERS WITH INCOMES BELOW $16,000 ARE TWICE AS LIKELY TO EXPERIENCE POST-PARTUM DEPRESSION AS ALL OTHER MOTHERS



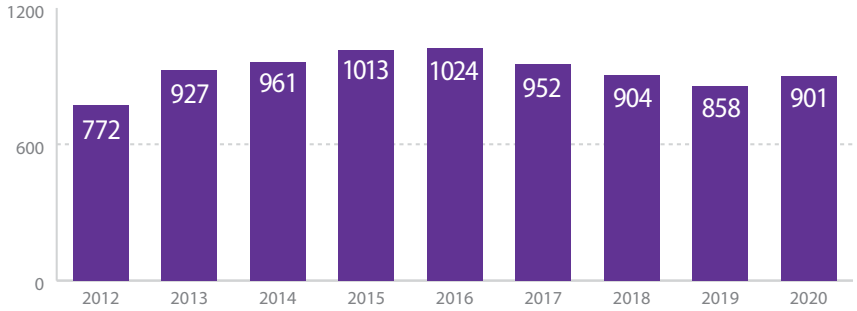
Source: Maine Pregnancy Risk Assessment Monitoring System (PRAMS), 2018 https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/prams/prams-dashboard.shtml

Maternal mental health

When a mother suffers from depression during or after pregnancy, there can be negative impacts on both mother and child.[2] Untreated depression during pregnancy can cause complications such as premature birth and low birthweight. A mother who experiences depression post-partum may be less able to care for herself and her newborn. Women in lower-income households are more likely to experience post-partum depression symptoms after birth. In Maine, between January 2016 and June 2020, there were 36 maternal deaths, from the time of birth to one year post-partum. Fifteen of these were related to mental health, substance use disorder, or domestic violence. Addressing issues like maternal depression and unmet behavioral health needs can help reduce these instances.[3]

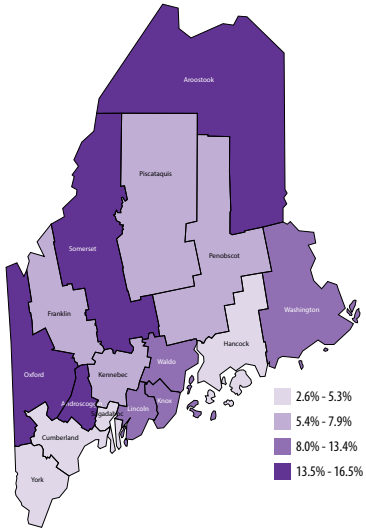
Babies born exposed/affected to substances: In each of the last six years, approximately one in fourteen babies in Maine was born exposed to or affected by substances. In five counties in 2020, it was one in seven infants.[4] This means that while the mother was pregnant, she was either using alcohol or drugs, or she was being treated for substance use disorder using medication assistance, which passed on to the baby.[5] Some infants born drug exposed/affected undergo medication assisted treatment, while others are monitored at the hospital. According to the state's 2020 Report on Substance Abuse in Maine,[6] "substance use during pregnancy can cause a host of short-term and long-term developmental delays to the fetus and child." Prevention and treatment efforts to curtail substance use disorder, especially among child-bearing women, are important to reducing the number of babies who start life with health complications.

THE NUMBER OF BABIES BORN EXPOSED/AFFECTED TO SUBSTANCES ROSE IN 2020 AFTER 3 YEARS OF DECLINE



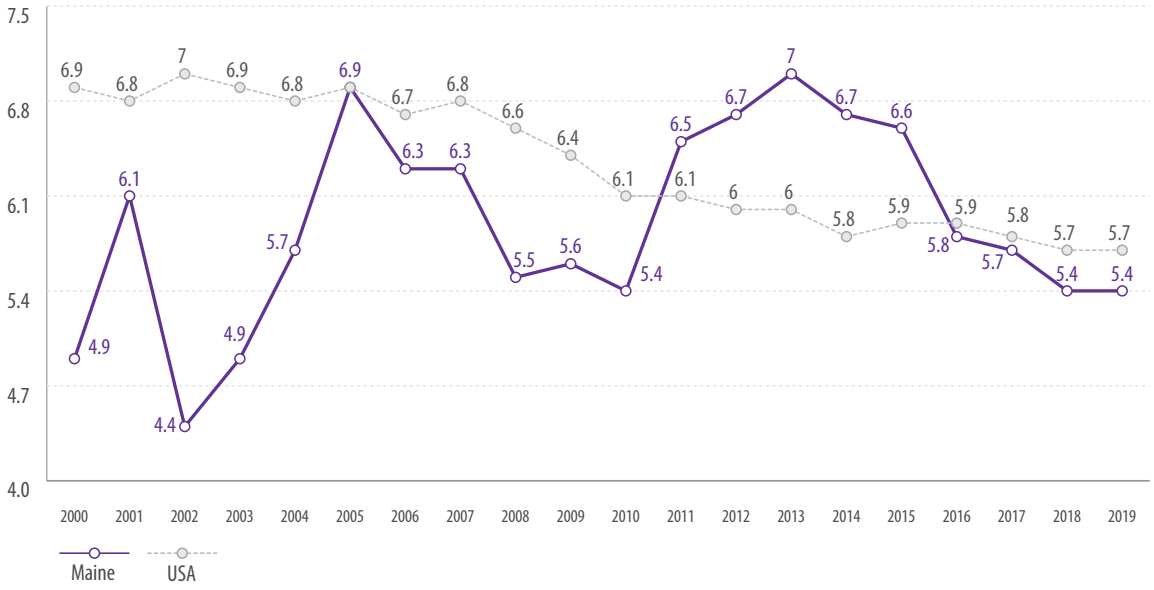
Source: Maine Department of Health and Human Services (DHHS), Office of Child and Family Services, (OCFS), 2020

IN SOME COUNTIES, MORE THAN 1 IN 7 BABIES WERE BORN DRUG EXPOSED/AFFECTED*



*These counties are Aroostook, Androscoggin, Washington, Oxford, and Somerset Source: Maine Department of Health and Human Services (DHHS), Office of Child and Family Services, (OCFS), 2020

INFANT MORTALITY HAS BEEN SUBSTANTIALLY REDUCED IN MAINE, AND IS NOW BELOW THE NATIONAL RATE



Source: KIDS COUNT, 1-yr Infant mortality data, rate per 1,000 births https://datacenter.kidscount.org/data/line/6051-infant-mortality?loc=1&loct=2#2/21/true/37,871,870,573,869,36,868,867,133,38/asc/any/12719

Infant mortality: In the early 2000s, Maine led the country with low rates of infant mortality. But for the period of 2011-2016, rates steadily increased to a high of 7 per 1,000 births. In 2018 and 2019, Maine's annual infant mortality rate was 5.4, again below the national rate of 5.7 per 1,000 births. Some factors which may have contributed to improvements include: MaineCare expansion; a state safe sleep campaign; and the Perinatal Quality Collaborative, which established greater cooperation between hospitals to ensure more high-risk births happen in the hospitals best equipped for newborn care. Equity issues are evident in this indicator, with racial disparities in rates of infant mortality that mirror national trends reflecting systemic inequality.[7] When evaluating infant mortality by race in Maine, it is important to use 5-year rates, as small numbers make the data less certain. Between 2015-2019, the rate of mortality for Black infants in Maine was 64 percent higher than the rate of mortality for white infants. Alleviating health disparities will require a deliberate and sustained effort to address social determinants of health, such as poverty, segregation, environmental degradation, and racial discrimination.[8]

MORTALITY	*State Number*	*Current Rate or Percent*	*Previous Rate or Percent*	*National Rate or Percent**
Infant mortality (rate per 1,000 live births), 2015-2019 annual average	71	5.8	6.0	5.8
Child deaths (rate per 10,000 children ages 1-14), 2015-2019 annual average	27	1.4	1.4	1.6
Teen deaths (rate per 10,000 children ages 15-19), 2015-2019 annual average	35	4.5	4.6	4.9

* Note: national rate is for single year 2018

INFANT/TODDLER HEALTH	*State Number*	*Current Rate or Percent*	*Previous Rate or Percent*	*National Rate or Percent**
Low birthweight infants (as % of live births), 2019	870	7.4%	7.2%	8.3%
Pre-term births (as % of live births), 2019	1,062	9.0%	8.6%	10.0%
Prenatal care began in the first trimester, 2019	10,061	90.1%	89.1%	77.5%
Babies born exposed/affected to substances (as % of live births), 2020	901	7.9%	7.3%	unknown
Mother told she had depression during pregnancy, 2018**	2,214	18.0%	15.9%	13.5%
Post-partum depression symptoms, 2018**	1,341	10.9%	13.4%	13.2%
Child breastfed ever (mothers with children ages 0-5), 2018 **	10,861	88.3%	90.7%	87.8%
Mother smoked cigarette in last trimester, 2018**	1,476	12.0%	13.7%	7.5%
Immunizations of children ages 24 to 35 months (as % of children ages 24-35 months), Quarter 4 of calendar year 2019	9,855	69.8%	76.7%***	70.4%****
Exemptions from immunizations for students entering kindergarten, 2019-2020	790	5.9%	6.2%	2.5%
Families served in the Maine Families Home Visiting Program (as % of children ages 0-24 months), FFY 2020	1,833	7.5%	8.0%	N/A
Children screened for blood lead poisoning (as % of children ages 12-24 months), 2019	7,450	60.3%	51.8%	70%*****
Children with blood lead poisoning (as % of children ages 0-36 months who were screened), 2019	292	2.3%	288	2.6%

* The national rate is the year prior to the state rate
** Data derived from Pregnancy Risk Assessment Monitoring System, 2018
*** Quarter 4 of calendar year 2017, as quarter 4 of calendar year 2018 was not available
**** National data was changed in 2018 to report on all vaccinations by age 24 months
***** National data is 2018, children 12-24 months with Medicaid

Home Visiting: Unfortunately, most parents in Maine are not accessing this important free support. In Federal Fiscal Year (FFY) 2020, only 7.5 percent of parents with a child under age two had at least one home visit from the Maine Families Home Visiting Program, down a full percentage point in three years. We should consider different approaches to ensure more pregnant women are aware of and participate in home visiting. This critical service provides support and education to new parents about the importance of positive interactions with their children. This can lead to stronger bonds between children and their parents, important to early healthy development, and resulting in improved educational, health, and well-being outcomes for children.[9]

Early Intervention Services for infants with developmental delays: In Maine, too many children start early intervention services closer to age three than the recommended age of under one year. Maine is tied for 50th in the nation for infants receiving early intervention services for developmental delays. Only 77 Maine children were identified and started services prior to their first birthday.[10] Early intervention can help children make progress toward achievement of age-appropriate developmental milestones, be more prepared for kindergarten and beyond, have more positive interactions with their peers, and reduce the need for services during their school years.[11]

Lead screening and lead poisoning: Nationally, all children with Medicaid coverage should receive blood lead screening tests at age two. Yet in 2019, only 70 percent of these children received a screening.[12] Maine's rate of children at age two receiving lead screening increased from 52 to 60 percent between 2018-2019 - or nearly 1,000 more children. One likely cause for this improvement was passage of legislation in 2019, requiring all Maine children, regardless of insurance coverage, to receive blood lead testing at ages one and two. Higher levels of screening mean more children with elevated blood lead levels are identified early and interventions can be made to mitigate exposure.[13] The pandemic, however, resulted in many children missing well-child visits that would typically include lead screenings. Nationally, blood lead screening was down 34 percent between January and May 2020, compared to the previous year.[14] Maine's Department of Health and Human Services is working with medical care providers to catch up on these important well-child visits and lead screenings in 2021.

FOOTNOTES

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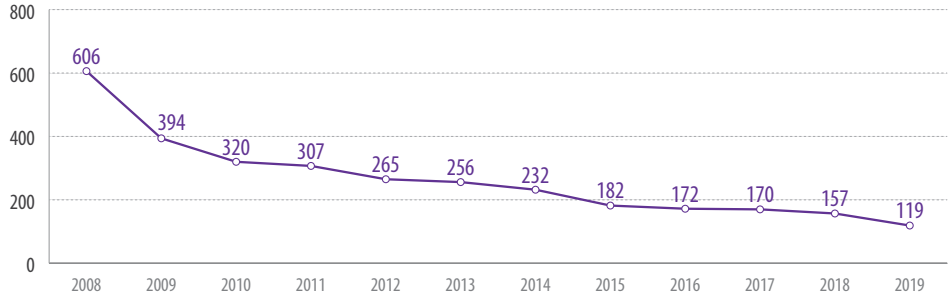
13. National Low Income Housing Coalition. From the Field: Maine Passes Lead Poisoning Prevention Act (July 2019) https://nlihc.org/resource/field-maine-passes-lead-poisoning-prevention-act
14. Courtney JG, Chuke SO, Dyke K, et al. Decreases in Young Children Who Received Blood Lead Level Testing During COVID-19 — 34 Jurisdictions, January–May 2020. MMWR Morb Mortal Wkly Rep 2021;70:155–161. DOI: http://dx.doi.org/10.15585/mmwr.mm7005a2

Teen Pregnancy

YOUNG TEEN PREGNANCY RATES CONTINUE TO DECLINE FOR FEMALES AGES 17 AND UNDER



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

TEEN PREGNANCY	*State Number*	*Current Rate or Percent*	*Previous Rate or Percent*
Young teen pregnancies (rate per 1,000 females ages 10-17), 2019	119	2.1	2.7
Births to teenaged mothers under age 20 (as % of total live births), 2019	340	2.9%	3.4%

In 2019, the pregnancy rate for females ages 17 and under was 1 in 500. Similarly, the number of births to teens under age 20 decreased from 468 births in 2017 to 340 in 2019 - a 27% drop in just two years. Reduced sexual activity, more effective contraception, and information about pregnancy prevention are all factors in this reduction.

Source: Pew Research, Why is the Teen Birth Rate Falling? https://www.pewresearch.org/fact-tank/2019/08/02/why-is-the-teen-birth-rate-falling/

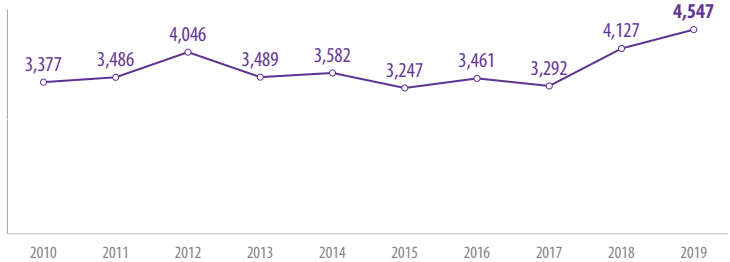
Child Welfare

When children experience maltreatment at any point during their childhood, it can have lasting effects into adulthood. For young children, maltreatment and neglect can disrupt brain development, resulting in impaired physical, mental, social, and emotional learning and development.[1] Even as adults, individuals who have experienced frequent child maltreatment and neglect are at an increased risk for negative health outcomes.[2] It is critical to have a robust child welfare system to support and strengthen children and families experiencing crisis, to keep children in their homes or reunify them whenever possible, and to provide alternative permanency plans when children cannot safely stay with their families.

IN MAINE

Child Protection: In Maine during 2019, there were 4,547 substantiated victims of child abuse, up from 3,292 children in 2017, an increase of 38 percent in two years and the highest number since 2003. The 2019 rate of child maltreatment in Maine was 18.3 per 1,000 children – nearly double the national average of 8.9.[3] One potential factor contributing to such an increase is heightened public awareness around child abuse and neglect, following the high-profile deaths of two young girls in 2018 who had child welfare system involvement at the time of their deaths. It is not uncommon for this increased awareness to result in increased reports of child abuse and neglect.

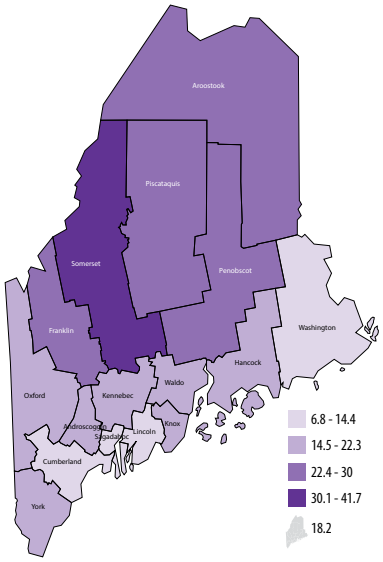
THERE WERE MORE VICTIMS OF CHILD ABUSE IN 2019 THAN ANY YEAR IN THE PAST 10 YEARS



Source: Maine Department of Health and Human Services, Office of Child and Family Services, 2010-2019

THE RATES OF CHILD ABUSE VARY WIDELY BY COUNTY

The rate per 1,000 children in Franklin County was more than three times the rate in Cumberland County.



Source: Maine Department of Health and Human Services, Office of Child and Family Services, 2019. Data is rate per 1,000 children.

State custody: A total of 1,246 children entered foster care in Maine in 2019, compared to 820 in 2017, an increase of 52 percent in two years. There were 2,204 children in foster care on the last day of December 2020, up from 1,791 children in foster care on the last day of December 2018, representing a 23 percent increase. Comparing Maine to the national rate, on September 30, 2019, the state's rate of children in foster care of 8.4 per 1,000 children was well above the national rate of 5.8.[4] And Maine's rate of 8.9 per 1,000 children as of December 2020 was even higher.

Children who are two or more races or Native American are more likely to be in foster care in Maine. Research has shown several possible causes for racial disparities in the foster care system: disproportionate and varying needs of children and families of color, especially due to higher rates of poverty; racial bias and discrimination; child welfare system factors; and geographic context.[5]

Kinship placements are an important option for children who come into state custody, allowing them to stay with relatives when they cannot safely stay with their parents. Some families do this informally, while others do this formally in coordination with the state. According to a report to the Maine Legislature from the Department of Health and Human Services in August 2020, the rate of children in a formal kinship plan has varied between 43 and 51 percent between January 2019 and July 2020.[6]

When it can be safely accomplished, best practice is to work with parents when children have been removed from the home, to address safety concerns and work toward reunification for the family. For 2018, in Maine there were fewer reunifications than there were adoptions, with 367 reunifications compared to 395 adoptions. The rates of reunification versus adoption have shifted over time. In fact, as recently as 2013-2015, reunifications exceeded adoptions in Maine. Nationally, Maine's reunification rate in 2018 was the 45th lowest of all the states.[7]

For children in foster care who cannot safely return home, the best permanency plan is adoption. In Maine, 510 children in foster care were waiting to be adopted as of September 2019, up from 482 in September 2018, a 6 percent increase.[8] There were 294 children adopted from foster care in 2019, compared to 395 in 2018. This represents a 25 percent decrease in the number of adoptions, and the lowest number since 2014.

CHILD MALTREATMENT AND FOSTER CARE	*State Number*	*Current Rate or Percent*	*Previous Rate or Percent*	*National Percent*
Children in foster care (rate per 1,000 children ages 0-17, Point in time 12/31/20)	2,204	8.9	8.6	5.8*
Children in foster care (rate per 1,000 children ages 0-5, Point in time 12/31/20)	1,068	13.9	13.6	7.5*
Children ages 0-17 entering foster care, 2019	1,246	5.0	4.3	9.2
Reports alleging child abuse and/or neglect, 2019	27,087	N/A	24,889	3,960,823**
Reports that warranted child protective assessments (as % of referrals), 2019	14,333	52.9%	52.5%	56.0%**
Cases with findings of maltreatment (as % of completed case assessments), 2019	3,057	27.6%	26.7%	N/A
Substantiated child abuse and neglect victims (rate per 1,000 children ages 0-17), 2019	4,547	18.3	16.5	8.9
Exits of children from foster care to reunification, FFY18	367	41.6%	44.3%	55.4%
Exits of children from foster care to adoption, FFY18	395	44.6%	42.6%	24.8%,
Of those who reunify % <12 months, FFY 18	196	53.4%	43.1%	63.0%
Of those who are adopted % < 24 months, FFY 18	149	37.8%	30.4%	36.4%
Of those exiting, median time in foster care (in months), FFY 18	19.9	20.9	N/A	14.7
Youth in foster care ages 12 & up in home settings (not group homes or institutions), FFY 18	964	98.3%	98.4%	96.1%

* National data is FFY 2019

** National data is FFY 2018 from Child Trends https://www.acf.hhs.gov/cb/report/child-maltreatment-2019

For short- and long-term positive outcomes for Maine's children, it is critical that we work to prevent child abuse and neglect and reduce the number of children who come into state custody. Of Maine children who have experienced maltreatment, 25 percent had caretakers where drug use was a risk factor and 17 percent had caregivers where abuse of alcohol was a risk factor.[9] For families already struggling with these risk factors, the COVID-19 crisis has likely exacerbated those issues. For families already involved in the child welfare system, visitation was limited and exits from foster care to adoption or family reunification were delayed because of the pandemic.

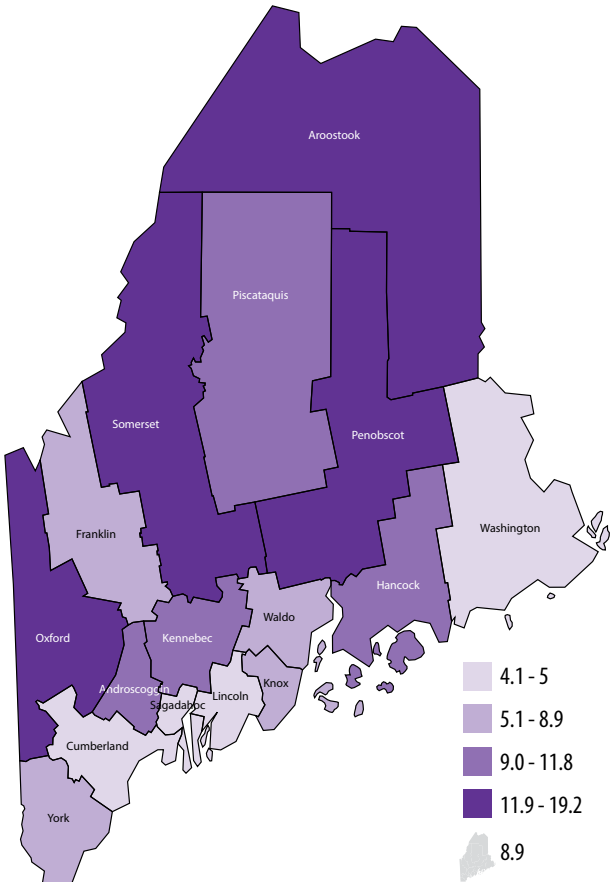
We can do more to support families at risk through prevention and early intervention services and programs like Temporary Assistance for Needy Families (TANF), housing and childcare vouchers, home visiting, and MaineCare coverage. When possible, we should prioritize family rehabilitation and reunification, while also preventing delays for permanent alternative placements for children when reunification is not possible.

FOOTNOTES

1. Administration for Children and Families. Child Maltreatment 2019. https://www.acf.hhs.gov/cb/report/child-maltreatment-2019
2. Centers for Disease Control. Child Abuse and Neglect: Consequences. 2018. https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html
3. State data for calendar year 2019 is from Maine Office for Children and Families (4,547 victims out of 248,842 children under age 18 in Maine). National data is for FFY 19. Administration for Children and Families. Children's Bureau. Child Maltreatment 2019 https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2019.pdf
4. Administration for Children and Families. Adoption and Foster Care Statistics. https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/afcars
5. Child Welfare Information Gateway. Racial Disproportionality and Disparity in Child Welfare. November 2016. https://www.childwelfare.gov/pubs/issue-briefs/racial-disproportionality/
6. Maine Department of Health and Human Services. Office of Child and Family Services. Caseload and Placement Report. August 2020. https://legislature.maine.gov/doc/4529
7. Administration for Children and Families. Children's Bureau. Child Welfare Outcomes Report Data. Outcome 3: Exit of Children from Foster Care. https://cwoutcomes.acf.hhs.gov/cwodatasite/exitedCare/index
8. Administration for Children and Families, AFCARS State Data Tables 2010 Through 2019. https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport27.pdf
9. Administration for Children and Families. Child Maltreatment 2019. https://www.acf.hhs.gov/cb/report/child-maltreatment-2019

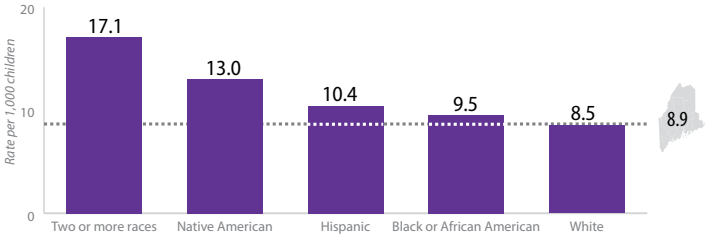
THE RATE OF CHILDREN IN FOSTER CARE IS FOUR TIMES HIGHER IN SOME COUNTIES AS COMPARED TO OTHERS

Maine's state rate of children in foster care masks wide county level variations. The rate of children in foster care in 2020 varies by county from 4.1 to 19.2 per 1,000 children.



Source: Maine Department of Health and Human Services Office of Child and Family Services, 12/31/20

CHILDREN WHO ARE TWO OR MORE RACES OR NATIVE AMERICAN WERE MORE LIKELY TO BE IN FOSTER CARE

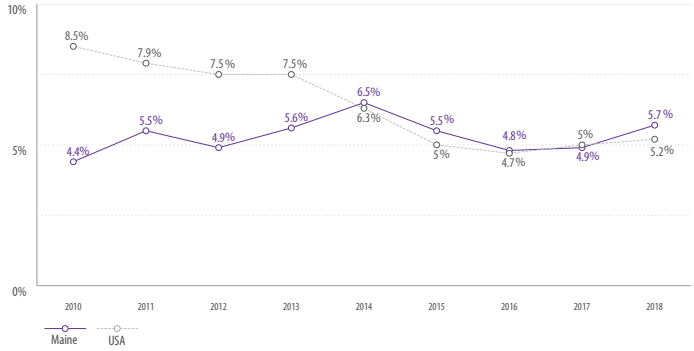


Source: Maine Department of Health and Human Services, Office of Child and Family Services, December 31, 2020.
Asian and Native Hawaiian children are not shown because small numbers are suppressed. These children and the 78 children for whom race/ethnicity was not known are included in the total Maine rate per 1,000 children.

Health Care Coverage

Access to quality, affordable health care is critical for child health and 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 without health insurance are more likely to have significant trouble accessing care when they need it.[2] Nationally, the rate of uninsured children has decreased dramatically in recent years due in large part to Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act (ACA).[3] These programs work together to cover eligible children and families who qualify based on family income. In addition, research shows that health care coverage for children and parents is linked.[4] When parents do not have access to health insurance, their children are more likely to be uninsured, regardless of eligibility.

IN 2018, MAINE'S RATE OF UNINSURED CHILDREN ROSE ABOVE NATIONAL RATES



Source: US Census Small Area Health Insurance Estimates (SAHIE), 2010-2018 https://www.census.gov/data-tools/demo/sahie/#/?s_statefips=23&s_agecat=4&s_year=2018&s_searchtype=s

IN MAINE

Despite Medicaid expansion, the rate of uninsured children increased in 2019 to 5.2 percent nationally and to 5.7 percent in Maine. This means approximately 14,500 Maine children do not have health insurance coverage. The loss of public coverage can be attributed to a range of factors, including large cuts in federal outreach and enrollment assistance and efforts to undermine the ACA; a "chilling effect" created by the federal public charge rule; and red tape barriers that make it harder for families to enroll or stay enrolled in Medicaid/CHIP.[5] With more than half of Maine children receiving health care coverage through private insurance, it is likely that the COVID-19 crisis is having an impact on children's health insurance coverage, as parents have lost employment, and with it, their health insurance. Increasing eligibility and outreach efforts for public options like CHIP will be important to ensuring children have access to the continuous care that is critical to their healthy development.

FOOTNOTES

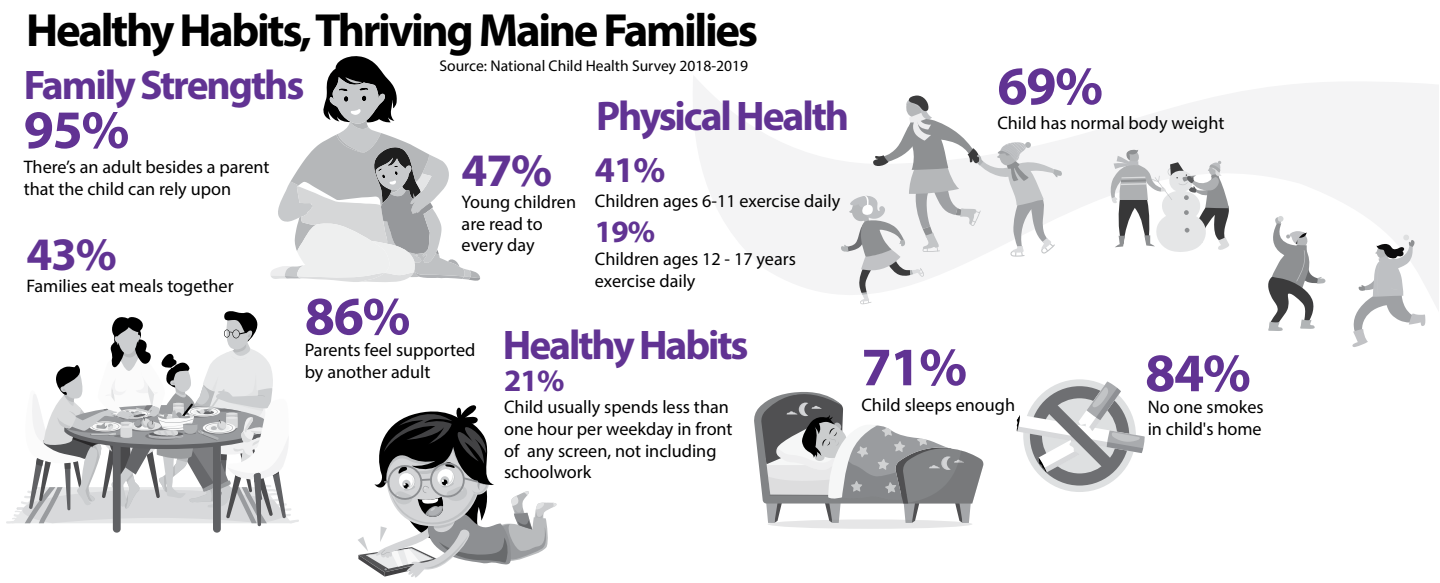
1. Bloom B, Cohen RA, Freeman G. Summary health statistics for U.S. children: National Health Interview Survey, 2011, National Center for Health Statistics. Vital Health Stat 10(254). 2012.

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). files.kff.org/attachment/Report-The-Uninsured-A%20Primer-Key-Facts-about-Health-Insurance-and-the-Unisured-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) ccf.georgetown.edu/wp-content/uploads/2016/11/Kids-ACS-update-11-02-1.pdf

4. Institute of Medicine (US) Committee on the Consequences of Uninsurance. Washington (DC): National Academies Press (US); 2002 https://www.ncbi.nlm.nih.gov/books/NBK221008/

5. Alker, J. and Corcoran, A. Georgetown University Health Policy Institute, Center for Children and Families. Children's Uninsured Rate Rises by Largest Annual Jump in More Than a Decade. Washington, D.C. (2020) https://ccf.georgetown.edu/wp-content/uploads/2020/10/ACS-Uninsured-Kids-2020_10-06-edit-3.pdf



HEALTHY HABITS	*Current Rate or Percent*	*Previous Rate or Percent*	*National Rate or Percent*	*National Ranking*
FAMILY STRENGTHS				
There is an adult besides a parent that this child can rely on in the child's school, neighborhood, or community who knows this child well and who he or she can rely on for advice or guidance, ages 6-17	94.7%	96.2%	88.8%	5th
Children ages 0-5 who are read to every day	46.9%	55.4%	35.3%	5th
Parents feel supported by another adult that they could turn to for day-to-day emotional support with parenting or raising children	85.8%	75.7%	75.5%	5th
No one smokes in the child's home	83.6%	84.7%	85.7%	35th
Families eat meals together	43.4%	44.0%	43.7%	22nd
PHYSICAL HEALTH				
Children engage in vigorous physical activity every day, ages 6 -17	29.8%	28.7%	22.3%	4th
Children engage in vigorous physical activity every day, ages 6-11	40.8%	34.3%	28.3%	3rd
Children engage in vigorous physical activity every day, ages 12-17	19.1%	23.3%	16.5%	12th
Child has normal body weight, ages 10-17	69.2%	66.5%	62.3%	4th
HEALTHY HABITS				
Child sleeps recommended, age-appropriate number of hours, ages 4 months-17 years	71.1%	75.6%	65.3%	8th
Child spends under an hour in front of a screen, not including schoolwork, ages 0-17	21.2%	N/A	16.2%	4th

Source: National Survey of Children's Health, 2018-2019, previous survey in 2016-2017

OTHER HEALTH MEASURES	*State Number*	*Current Percent*	*Previous Percent*	*National Percent*
Children with MaineCare ages 1-3 who had developmental screening at their annual well-child visit, FFY19	5,269	35.0%	29.6%	38.7%
Insured children with a dental visit ages 0-20, 2019	111,848	66.9%	67.5%	N/A

Oral health

Oral health is a key indicator of overall health; dental care in children is important to ensuring their healthy development. Approximately 57,500 Maine children had a dental visit in 2019 through commercial insurance and another 54,500 through MaineCare. This includes fluoride varnish delivered by a primary care provider and dental related services at a federally qualified health center. Most children with dental insurance did have a dental visit at least once in a year - 61 percent of children with MaineCare and 73 percent of children with commercial insurance. Less is known about rates of dental care for children without health insurance coverage.

Source: KIDS COUNT Data Center, https://datacenter.kidscount.org/data/tables/10834-children-under-age-21-that-received-a-dental-service-by-insurance-type?loc=21&loct=5#detailed/5/3284-3299/true/1729,37,871,870/6893,4032,6894/21068,21069 Maine Partnership for Children's Oral Health provided the data. The data comes from the Maine Health Data Organization's All Payer Claims Dataset.

Mental Health

Mental health is important to overall health and well-being. In the early years, infants and toddlers learn social emotional skills like forming relationships, exploring their environment, and managing their emotions. During this developmental period, children may experience developmental delays or experience neglect, trauma, or ongoing stress that impacts their ability to form relationships, learn, and thrive. As a child grows, disorders may develop, including difficulties with play, learning, speaking, and coping with emotions. Early identification and treatment of difficulties are important to supporting children experiencing mental health challenges.

In 2020, youth are facing challenges from the COVID-19 crisis that affect their mental health: uncertainty, grief, isolation, and disruptions to their routines and lifestyles.[1] It is an important time to find safe, alternative ways for youth to socialize and feel connected within the family and community. Therapy via telehealth is another important tool in responding to increased mental health needs for youth struggling during this crisis.

MENTAL HEALTH	*State Number*	*Current Percent*	*Previous Percent*	*National Percent*
Children with an autism spectrum disorder (ages 3-17 years)*	9,083	4.3%	3.5%	3.0%
Children with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) (ages 3-17 years)*	22,895	10.8%	12.3%	9.5%
Children with anxiety problems (ages 3-17 years)*	34,678	16.5%	16.1%	10.1%
Children with depression (ages 3-17 years)*	12,858	6.1%	6.2%	4.8%
Children with behavior or conduct problems (ages 3-17 years)*	21,980	10.3%	11.3%	8.4%
Two or more Adverse Childhood Experiences (ACEs) (ages 0-17 years)	49,674	20.2%	22.5%	18.2%
Children who received mental health treatment or counseling in last 12 months (ages 3-17)	27,998	13.1%	16.2%	10.4%

Source: National Survey of Children's Health, 2018-2019, compared to the 2016-2017 survey
* Includes "parents report that their child has this condition currently" and "parents ever told that their child has this condition."

IN MAINE

Between 2016-2019, approximately 14,000 youth in Maine ages 12-17 experienced a major depressive episode, or 16.1 percent, above the national average of 14 percent. Of these, approximately 8,000 received care, a rate of 60 percent, above the national average of 43 percent.[2] According to the National Child Health Survey, a survey of parents with children ages 0-17, Maine continues to have the highest rate in the nation of "children with current anxiety problems," both in the 2016-2017 and 2018-2019 surveys. Young people with anxiety and depression need access to counseling and, at times, higher intensity services, such as brief stays in residential treatment facilities, or hospitalization - without long waits in the emergency room. Both out-patient counseling and high intensity treatment are important components of a fully functioning continuum of care for children and youth with mental health issues.

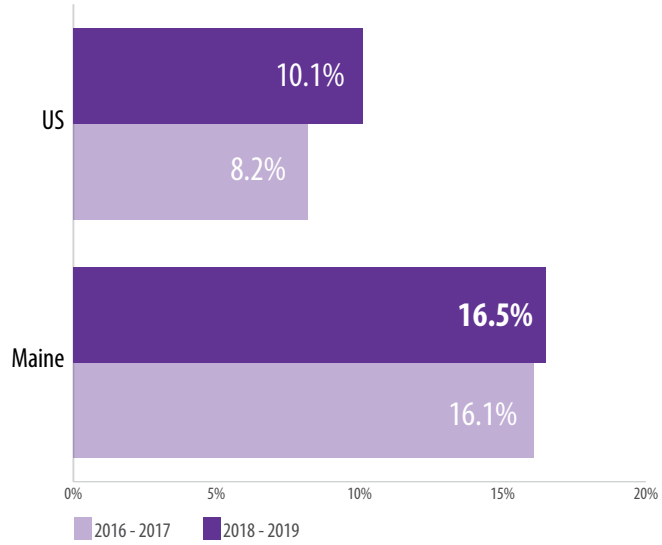
During the COVID-19 crisis, the number of Maine youth in out-of-state residential treatment was 61 and in-state treatment was about 250 youth (December 31, 2020) – the same as the previous year. For youth in congregate settings like these, the risk of contracting COVID-19, as well as the impact of isolation from family and community, should have been prioritized in efforts to reduce the number of youth in care. While significant reductions were made in the number of youth in corrections, the same cannot be said for those in mental health residential treatment. Maine should follow the new Families First Prevention Services Act standards of limiting residential treatment stays to six months in most circumstances. It is important to the well-being of youth in out-of-state treatment that the state create and commit to a plan to bring these youth back into Maine for their care, where they can also be better connected to family and community.

FOOTNOTES

1. Loades ME, Chatburn E, Higson-Sweeney N, et al. Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. J Am Acad Child Adolesc Psychiatry. 2020;59(11):1218-1239.e3. doi:10.1016/j.jaac.2020.05.009 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7267797/

2. Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Maine, Volume 6:Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. HHS Publication No. SMA–20–Baro–19–ME. Rockville, MD: Substance Abuse and Mental Health Services Administration (2020) https://www.samhsa.gov/data/sites/default/files/reports/rpt32836/Maine-BH-Barometer_Volume6.pdf

PARENTS OF ONE IN SIX CHILDREN IN MAINE REPORT THEIR CHILDREN HAVE ANXIETY PROBLEMS, THE HIGHEST RATE IN THE COUNTRY



Source: The National Survey of Children's Health, 2018-2019 compared to 2016-2017

MAINECARE MENTAL HEALTH TREATMENT	*State Number*	*Current Rate or Percent*	*Previous Rate or Percent*	*National Rate or Percent*
Youth with MaineCare who were treated with concurrent antipsychotic medications (as % of children with any prescribed antipsychotic medication ages 1-17), FFY 2019	1,517	1.3%	1.4%	2.7%
Youth with MaineCare hospitalized for treatment of mental illness who had a follow-up visit within 7 days of discharge (as % of youth hospitalized for mental illness, ages 6-20), FFY 2019	1,042	37.4%	N/A	44.2%
Youth in mental health residential treatment in-state (rate per 10,000 children), 12/31/2020	250	21.2	21.2	N/A
Youth in mental health residential treatment out-of-state (rate per 10,000 children), 12/31/2020	61	5.2	5.2	N/A
Children and adolescents using MaineCare services for outpatient mental health services (children ages 10-19), 2019	12,016	8.0%	8.0%	N/A

Adverse Childhood Experiences (ACEs)

According to the National Survey of Children's Health, almost 50,000 Maine youth have experienced two or more Adverse Childhood Experiences (ACEs), such as divorce, violence in the home, death of a parent or other events that can create trauma and toxic stress. Research has shown a link between multiple ACEs and challenging social and emotional behaviors in adolescence and continued health problems into adulthood. Children build resilience to counteract these adverse experiences through positive relationships at home, at school and feeling as if they matter in the community. For many, access to mental health services and community supports are critical to ensure children and adolescents thrive and reach their full potential.

Citation: K. McLaughlin. The Long Shadow of Adverse Childhood Experiences. American Psychological Association. (2017) https://www.apa.org/science/about/psa/2017/04/adverse-childhood

Teen Suicide

In Maine and nationally, the suicide rate for teens is concerning. In the U.S., suicide rates among youth ages 10-19 rose 57 percent between 2007 and 2019, with greater increases for female teens than males. The Centers for Disease Control and Prevention (CDC) recommends responding to this by identifying individuals and populations most at risk; providing access to evidence-based interventions and ensuring timely follow-up after hospitalization; as well as ongoing comprehensive prevention efforts for all age groups.

IN MAINE

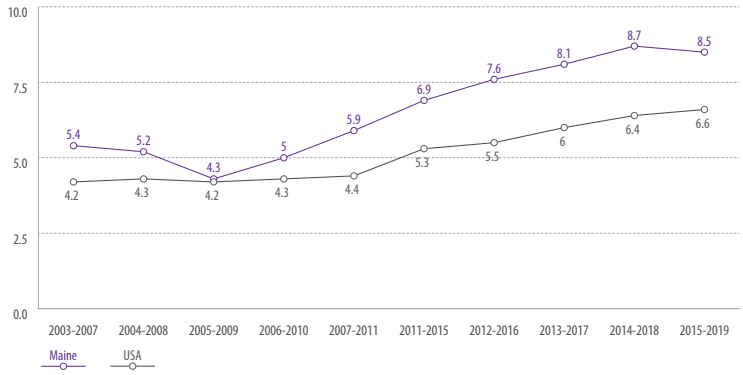
In Maine, the child and teen suicide rate has risen from 5.4 to 8.5 per 100,000 deaths, comparing 5-year annual averages in 2003-2007 with 2015-2019. The rate for 2015-2019 was slightly lower than the previous rate of 8.7 - the first decline since 2008. Although the number of suicides varies each year, the average number of suicides per year for youth under age 20 in Maine was well above the national average of 6.6 per 100,000.

Life events can seem out of control or overwhelming for adolescents and young adults experiencing problems, such as family conflict, bullying, mental health issues, and challenges dealing with sexual orientation/identity. It will take a targeted effort to reach youth most at risk and connect them with peers and adults who care. With increased family and economic stressors, as well as social and peer isolation because of the COVID-19 crisis, it is important right now to ensure that youth experiencing mental health issues get the treatment and support they need to safely navigate this crisis.

If you or anyone you know are struggling with thoughts of suicide, call the National Suicide Prevention Lifeline at:

1-800-273-8255 or Text HOME to **741741**

MAINE'S TEEN SUICIDE RATE CONTINUES TO BE ABOVE THE NATIONAL RATE



Sources: Maine Department of Health and Human Services, Office of Vital Statistics and National Centers for Disease Control and Prevention, Center for Health Statistics. CDC WONDER Online Database

TEEN SUICIDE	*State Number*	*Current Rate or Percent*	*Previous Rate or Percent*
Teen suicide (rate per 100,000 ages 10-19), 2015-2019 5-year annual average	13	8.5	8.7
Young teen suicide (rate per 100,000 ages 10-14)	1	1.9	1.9
Older teen suicide (rate per 100,000 ages 15-19)	12	14.7	15.0

Adolescent Health & Safety

Adolescence is a developmental period of rapid growth and change. As children explore and increase their independence, 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 many adolescents get through these important years unscathed, others can face problems that undermine their physical and emotional well-being.[1] Some of these challenges include substance use, sexual activity, abuse, and gender and sexual identity. It is important that we carefully watch trends in adolescent health and safety, to respond to needs by providing relevant programs and services that support youth through this critical and difficult period of their lives. Culturally appropriate support for youth of color is particularly important, given the additional stressors they face as a result of historic and systemic inequities and racist behavior directed toward them.

IN MAINE

In Maine, between 2017-2019, rates of students feeling like they had support from a teacher and mattered in their community remained consistent. Yet rates of students feeling they had the support of someone other than a parent or teacher fell significantly, from 65.8 percent to 50.7 percent. This is a concerning trend for young people who count on the support of other adults to weather the challenges of adolescence. For youth of color in Maine, an alarming number report experiencing racially driven bullying related to school. The pandemic has exacerbated adolescent stress for all students, so schools and communities will need to respond by meaningfully engaging with all students to mitigate the harshest impacts of this year. Schools play an important role in providing a space where youth can feel they matter, and where they can connect with adults who care – both protective factors for youth experiencing challenges and stress during the adolescent years.

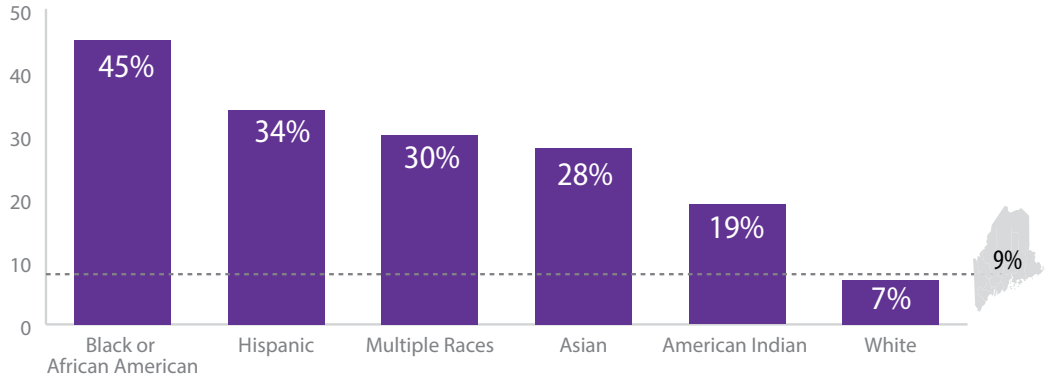
FOOTNOTES

1. E. Balocchini, G. Chiamenti and A. Lamborghini. Adolescents: which risks for their life and health? Journal of Preventive Medicine and Hygiene. 2013 Dec; 54(4): 191–194 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4718319/#:~:text=The%20most%20prevalent%20risks%20adolescents,%2C%20and%20suicide%3A%2012%25

MAINE INTEGRATED YOUTH HEALTH SURVEY, (MIYHS)	*Current Percent*	*Previous Percent*
Number of high school students surveyed	35,156	35,504
Percentage of high school students reporting	63.6%	64.2%
Prescription drugs not prescribed for them (OxyContin, Percocet, etc.) by a doctor past 30 days	5.0%	5.9%
Offered/sold/given illegal drug by someone on school property during past 12 months	22.5%	19.5%
Ever having had sexual intercourse	38.4%	38.0%
Using a condom during last intercourse, of those students who are sexually active	59.5%	60.7%
In a physical fight one or more times during the last 12 months	16.9%	15.3%
Experienced physical dating violence during the past 12 months	8.6%	8.5%
Bullied on school property during the last 12 months	23.3%	21.9%
Felt sad or hopeless for two weeks or more	32.1%	26.9%
Seriously considered attempting suicide	16.4%	14.7%
Attempted suicide	8.9%	7.4%
Reported 4 or more Adverse Childhood Experiences*	21.3%	N/A*
I have support from at least one teacher	80.5%	81.5%
I have support from someone other than parents or teachers	50.7%	65.8%
In my community I feel like I matter to people	56.6%	57.3%

*Adverse Childhood Experiences question was revised, so years are not comparable

INCIDENTS OF RACISM IN SCHOOL, ON THE BUS, OR WALKING TO SCHOOL HAPPEN TO 1 IN 3 HIGH SCHOOL STUDENTS OF COLOR IN MAINE



Source: Maine Integrated Youth Health Survey, (MIYHS), 2019

One third of all students of color in Maine report that someone has made racial comments or attacked them based on their race or ethnicity while either at school or on their way to or from school. Black students were the most likely to report such incidents.

Alcohol, Marijuana, Vaping and Tobacco Use

Under-age alcohol and drug use can be harmful to the developing brain and lead to health challenges into adulthood. Individuals are most likely to begin using drugs during adolescence and young adulthood. For some youth, experimentation becomes unhealthy and can lead to becoming addicted. Vaping is an emerging and concerning trend in youth tobacco use, as most electronic cigarettes contain nicotine. According to the CDC, vaping nicotine products are highly addictive, can harm the developing adolescent brain, and can increase risk for future addiction to other drugs.[1] In 2019, according to the Youth Risk Behavior Survey (YRBS), one third of the nation's high school students reported e-cigarette use. Of students who vape, over 80 percent reported using flavored e-cigarettes.[2] Evidence-based public health campaigns are a useful tool in educating youth and parents, as is increasing access to substance use education and treatment in schools and communities.

IN MAINE

After nearly twenty years of declining rates of Maine teens using alcohol, marijuana, and tobacco, in 2019, while smoking continued to trend down, alcohol use remained stagnant, and marijuana use increased. According to the YRBS, marijuana use for youth in Maine rose from 18.8 to 22.3 percent between 2017-2019. The percent of high school students who report smoking cigarettes has continued downward to 6.8 percent in 2019. Data began being collected about vaping electronic cigarettes in 2015. Maine has mirrored the nation in the increase of youth vaping, as rates doubled in the state from 15.2 percent to 30.3 percent between 2017-2019.

While marijuana remains illegal for those under age 21, medical and recreational marijuana are now legal for adults in Maine. Given likely increased access, as well as changing attitudes toward marijuana since legalization, youth usage may continue to rise. According to the National Survey on Drug Use and Health, Maine had the seventh highest rate in the country of marijuana use among ages 12-17. Of the states with youth rates as high as Maine or higher, only one was not among the 14 states that have legalized recreational marijuana for adults.[3]

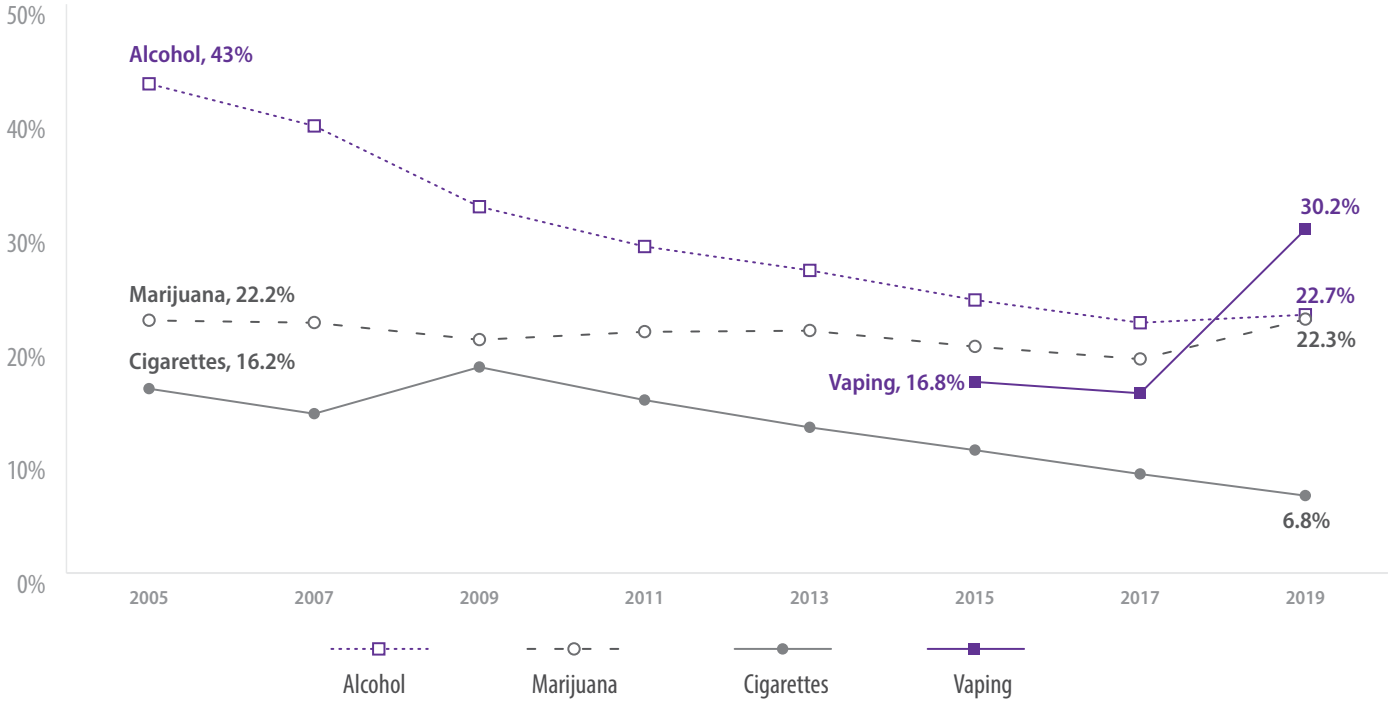
FOOTNOTES

1. Centers for Disease Control and Prevention. Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html
2. Wang TW, Neff LJ, Park-Lee E, Ren C, Cullen KA, King BA. E-cigarette Use Among Middle and High School Students — United States, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1310–1312. DOI: http://dx.doi.org/10.15585/mmwr.mm6937e1
3. ProCon.org. Legal Medical and Recreational Marijuana States https://marijuana.procon.org/legal-recreational-marijuana-states-and-dc/

YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM (YRBS Survey)

TOBACCO, VAPING, MARIJUANA, ALCOHOL USE	*State Percent*	*Previous Percent*	*National Percent*
Cigarette use during past 30 days, 2019	6.8%	8.7%	6.0%
E-cigarettes (vaping) during past 30 days	30.2%	15.3%	32.7%
Marijuana use during past 30 days	22.3%	18.8%	21.7%
Alcohol use during past 30 days	22.7%	22.0%	29.2%

VAPING DOUBLED, WHILE MARIJUANA TRENDED UPWARD MORE SLOWLY IN 2019



Source: Youth Risk Behavior Surveillance System, 2019

Juvenile Justice

When youth are incarcerated, there are short- and long-term negative effects for both the youth and the community. Incarcerated youth often lack access to the behavioral health and positive adult supports that could help strengthen their development and address challenging behaviors. Formerly incarcerated youth are more likely to recommit crimes, resulting in poor outcomes for themselves, and less safety in their communities. The Annie E. Casey Foundation report, No Place for Kids, concluded that juvenile incarceration is, amongst other things, dangerous and ineffective.[1] National rates of juvenile incarceration have been trending down for two decades, and juvenile crime and juvenile arrests have also fallen during that time, by over 50 percent nationwide. As an alternative to incarceration, many states, including Maine, have moved towards alternative sentencing, such as restorative justice practices.

IN MAINE

The number of youth incarcerated in Maine dropped from 318 to 45 detained or committed between 1997-2018 and to 29 youth on the last day of December 2020. The number of youth arrested in Maine also declined, by 55 percent between 2012-2019. Notably, the number of youth under age ten arrested fell from 33 to 13 between 2017-2019. Maine's rate of arrest for violent offenses is among the lowest in the country and has declined 31 percent since 2012.[2] In Maine and elsewhere, more youth are being diverted from the court system, and if they come into the court system, typically receive sentences that do not include incarceration. Diversion to community-based treatments is an important and cost-saving alternative, that allows youth to stay connected to family and peers, without the trauma of incarceration.

Due to historic and systemic racism in Maine and the nation, there is disproportionality in the race and ethnicity of youth detained or committed to Maine's only youth correctional facility, Long Creek Youth Development Center. Overall, 3.3 per 1,000 of all youth ages 12-17 had an admission to Long Creek, or 295 youth in 2019. Youth who were two or more races, Asian, or non-Hispanic white had rates below the state rate, while Hispanic youth had rates slightly above the state rate, and American Indian and Black youth had rates well above state rates. For the number of youth tried and committed to Long Creek between 2015-2018, while the total number of commitments dropped from 73 to 17, the racial disparity worsened. Admissions for white youth fell 57 percent, while admissions for Black youth only decreased by 30 percent.[3]

In mid-March 2020, when the risk of COVID-19 in congregate settings became clear, Maine Department of Corrections quickly took steps to reduce the number of youth incarcerated in Maine. Within several weeks, 20 youth who could be safely discharged were released to their families or communities. By placing youth in community-based alternatives instead of admitting them for short detainments, Maine was able to reduce admissions by 55 percent.

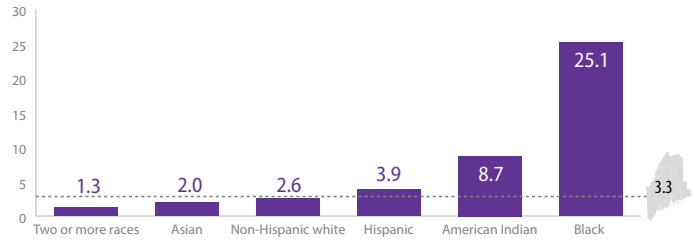
FOOTNOTES

1 At Onset of the COVID-19 Pandemic. Dramatic and Rapid Reductions in Youth Detention. Annie E. Casey Foundation Blog Post. April 2020. https://www.aecf.org/blog/at-onset-of-the-covid-19-pandemic-dramatic-and-rapid-reductions-in-youth-de/

2. Youth detention admissions fell by half in two months. Philanthropy News Digest. June 2020. https://philanthropynewsdigest.org/news/youth-detention-admissions-fell-by-half-in-two-months-survey-finds

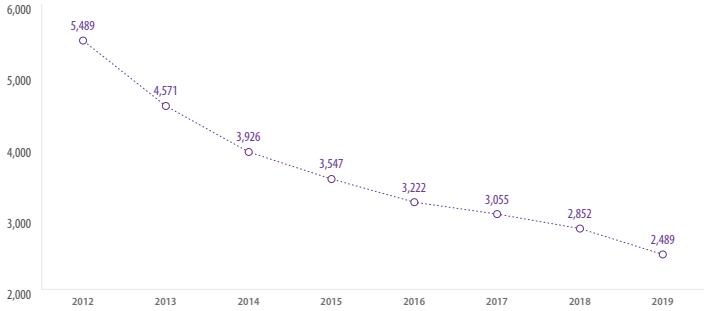
3. Urban Institute. Data Snapshot of Youth Incarceration in Maine. April 2020 https://www.urban.org/sites/default/files/publication/102137/data-snapshot-of-youth-incarceration-in-maine_1.pdf

DUE TO SYSTEMIC RACISM, BLACK AND AMERICAN INDIAN YOUTH IN MAINE ARE MORE LIKELY TO EXPERIENCE INCARCERATION



Source: Admissions to Long Creek Rate per 1,000 youth ages 10-17, 2019, Maine Department of Corrections, Juvenile Justice.
Includes both short-term detainments and long-term commitments.

THE NUMBER OF JUVENILE ARRESTS FELL BY 3,000 BETWEEN 2012-2019



Source: Maine Department of Public Safety, Uniform Crime Reports, 2019 https://www.maine.gov/dps/msp/about/maine-crime/2019

JUVENILE JUSTICE	*State Number*	*Current Rate or Percent*	*Previous Rate or Percent*
Arrests of children (rate per 1,000 children ages 10-17), 2019	2,489	21.2	24.1
Arrests of children for violent crimes (rate per 100,000 children ages 10-17), 2019	45	38.2	39.8
Domestic assaults reported to police (rate per 100,000 of population), 2019	3,689	274.4	276.4
Committed in juvenile corrections (rate per 100,000 children ages 10-17), 12/31/2020	21	17.8	27.1
Detained in juvenile corrections (rate per 100,000 children ages 10-17), 12/31/2020	8	6.8	16.9

Poverty

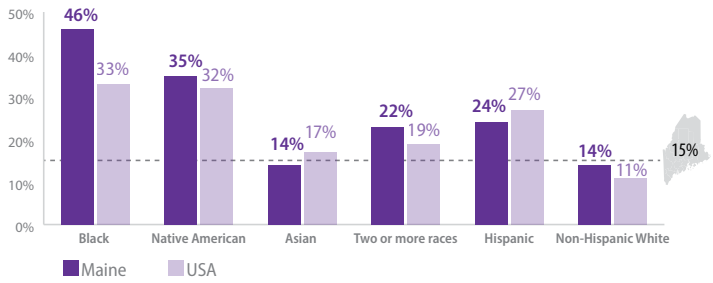
Growing up in poverty can dramatically impact a child's life, affecting all developmental domains, beginning in early childhood and lasting into adulthood.[1] Living in poverty increases a child's risk for poor health, cognitive, social, emotional, and educational outcomes.[2] Adults who grew up in poverty are more likely to earn less, struggle to maintain steady, stable employment, and have more chronic health issues. By increasing ways to make work pay and expanding the safety net to more families, we can increase the likelihood that children grow up outside the harmful effects of poverty and have greater opportunity to meet their full potential.

IN MAINE

Nationally and in Maine child poverty fell in 2019. The poverty rate for children in Maine was 13.8 percent, down from the previous year's 14.8 percent.[3] Since 2012, the number of children in poverty in Maine has declined by a third - from 51,386 children in 2012 compared to 33,026 in 2019. The 2019 child poverty rate in Maine was the lowest since 2005. Despite this, Maine's rate was still higher than the other New England states, except Rhode Island. Given the impact of COVID-19 on the economy in 2020, it is unclear how this trend will be affected. Of the 33,000 children living in poverty in our state in 2019, over 12,600 children were living in deep poverty, with family incomes below $12,875 for a family of four - or less than 50 percent of the federal poverty level for a family of four of $25,750.

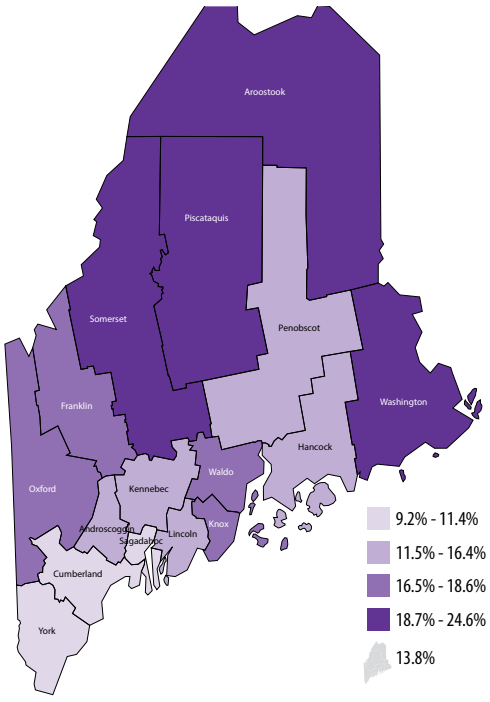
Wide variations in child poverty persist by county and by race. In 2019, both Cumberland and York Counties had poverty rates below 10 percent. The county with the next lowest percent of children in poverty was Sagadahoc at 11.4 percent. None of the other thirteen counties had rates below the state average of 13.8 percent and four counties had child poverty rates above 20 percent.

CHILDREN OF COLOR EXPERIENCED HIGHER RATES OF POVERTY IN MAINE AND THE NATION



Source: MCA Analysis of U.S. Census Bureau's American Community Survey five-year estimates (2015-2019). Tables B170011A-I

TWO COUNTIES HAD CHILD POVERTY RATES BELOW 10 PERCENT, WHILE FOUR COUNTIES HAD RATES ABOVE 20 PERCENT



Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE, 2019)

In Maine and the nation, due to systemic and historic inequities, children of color experience higher rates of poverty. In Maine, the poverty rate for Black children of 45.6 percent was more than one third above the national average of 33.2 percent.[4] Comparing 5-year averages for poverty among Black children across all 50 states, Maine had the highest Black child poverty rate in the country.

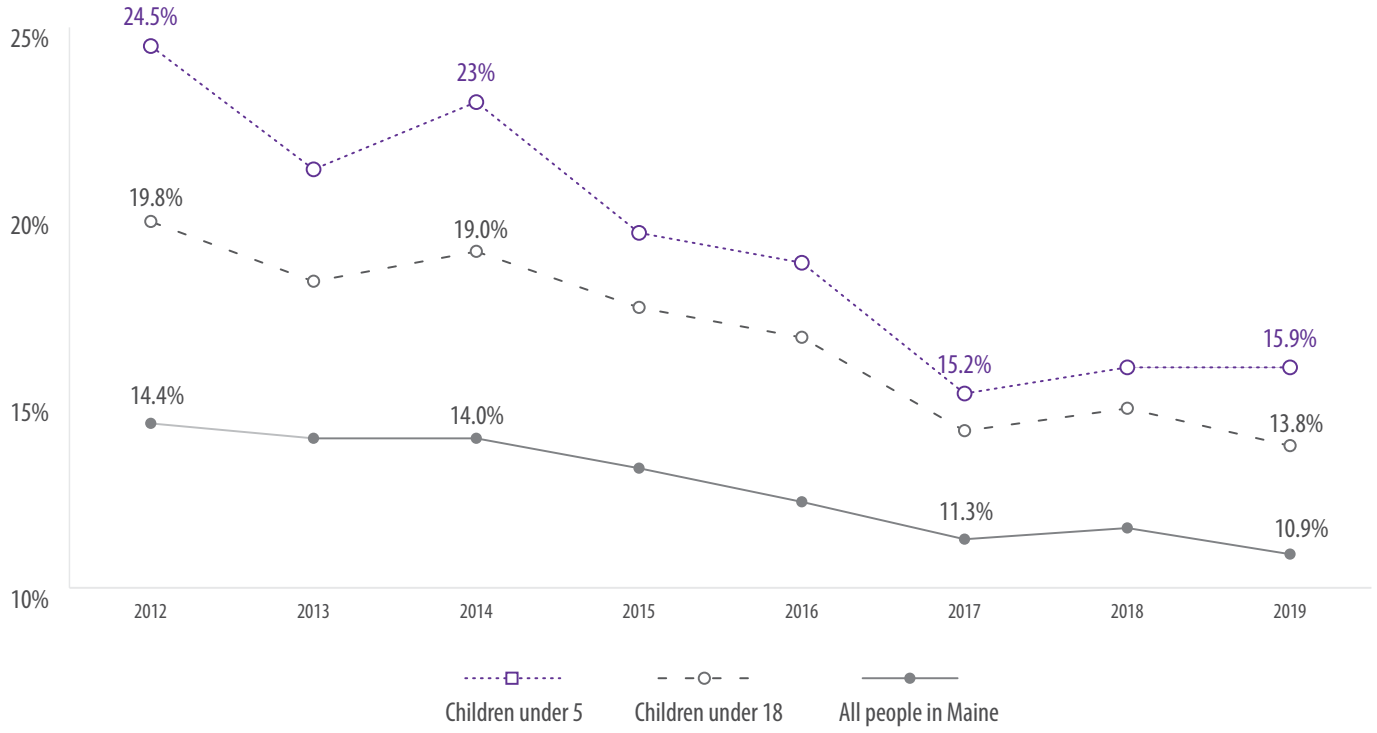
For the 5-year period, 2015-2019, non-Hispanic white children in Maine also had a higher rate of poverty than national averages, at 13.5 percent compared to 11.1 percent. Non-Hispanic white children represent 88 percent of the population in Maine, and 78 percent of all children in poverty.

FOOTNOTES

1. Moore, K. and Redd, Z. April 2009. Children in Poverty: Trends, Consequences, and Policy Options. www.childtrends.org/wp-content/uploads/2013/11/2009-11ChildreninPoverty.pdf
2. Harvard Center on the Developing Child at Harvard University (2014). A Decade of Science Informing Policy. h46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2015/09/A-Decade-of-Science-Informing-Policy.pdf
3. Small Area Income and Poverty Estimates (SAIPE) one year data
4. American Community Survey, 5-year averages 2015-2019

POVERTY	*Number*	*Current Percent*	*Previous Percent*	*National Percent*
Children under age 18 in poverty (as % of children ages 0-17), 2019	33,026	13.8%	14.8%	16.8%
Children under age 5 in poverty (as % of children ages 0-4), 2019	9,521	15.9%	15.9%	18.2%
Children under age 18 in deep poverty (as % of children ages 0-17), 2019	12,622	5.3%	6.2%	7.0%
Children food insecure at some point during the year, 2017-2019	52,000	20.0%	21.0%	16%

MAINE'S OVERALL CHILD POVERTY RATE HAS BEEN DECREASING SINCE 2012
2017 WAS THE YEAR WITH THE LOWEST POVERTY RATE FOR CHILDREN UNDER AGE 5



Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE, 2019)

Housing

Having a safe, stable home is a basic need for all children. Homelessness, unstable housing, and evictions have dire consequences for children's health, education, and future earning potential.[1] Maine's most recent point-in-time measurement of January 28, 2020, counted 250 children in homeless shelters. Families with children who are doubled up or living in substandard housing are harder to count. By increasing affordable housing opportunities, more families would be able to experience the benefits of safe, stable housing.

Financial relief in housing was a critical support during the COVID-19 crisis. As of December 31, 2020, Maine Housing reported that over 22,000 households applied for rent relief, including 9,351 households that were approved for emergency COVID-related rent relief. An additional 9,692 households had applied and were waiting for a decision.[2]

FOOTNOTES

1. Children's Defense Fund. The State of America's Children® 2020 Housing and Homelessness. The Affordable Housing Crisis Leaves Children Vulnerable https://www.childrensdefense.org/policy/resources/soac-2020-housing/
2. Maine Housing. COVID-19 Rent Relief Statistics. https://www.mainehousing.org/quicklinks/highlights/covid-19-rent-relief-statistics

HOUSING	*State Number*	*Current Rate or Percent*	*Previous Rate or Percent*	*National Rate or Percent*
Children in low-income households where housing costs exceed 30% of income (as % of children in low-income families), 2019	43,000	53%	53%	60%
Homeless children accompanied by a parent or guardian (rate per 10,000 children ages 0-17), January 28, 2020	236	9.5	11.2	28.8
Homeless children unaccompanied by a parent or guardian (rate per 10,000 children ages 12-17), January 28, 2020	14	1.6	1.2	3.3
Students enrolled in public school (Pre-K-12), who were homeless, (rate per 1,000 children enrolled), school year 2020-2021	1,335	7.7	8.5	29.4
Children enrolled in Head Start who were homeless at any time, (rate per 1,000 children enrolled), school year 2018-2019	245	65.6	59.3	15.8

Family Income

Family income is critical to achieving and maintaining financial stability. Children benefit when parents can provide for their families, from securing adequate food and housing to accessing quality and reliable child care. Income has implications for a family's mental and physical health, too.[1] Families with more disposable income can better afford medical care and a healthy lifestyle—benefits that also extend to their children.[2] In contrast to many low-wage jobs, higher-wage jobs tend to be more stable and flexible, provide benefits such as paid leave and health insurance, and have fewer occupational hazards. During the COVID-19 crisis, low-wage workers have faced higher risks of infection and less flexibility in their work schedules to support remote learning for their children.

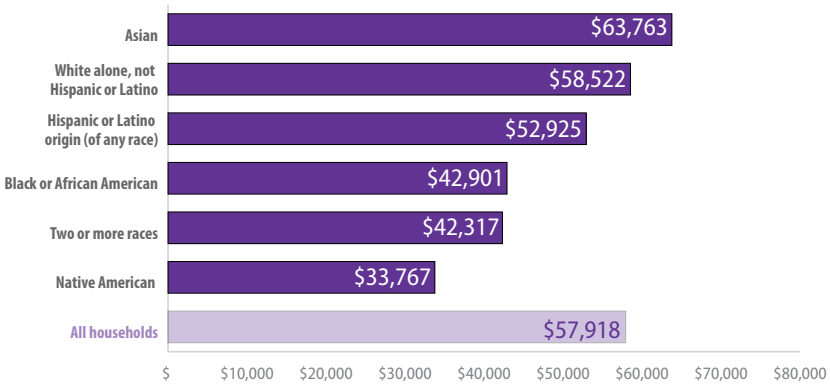
IN MAINE

At $75,600, Maine's median family income in 2019 was over $5,000 higher than in 2018, but still below the 2019 national median income for families with children of $78,000.[3] The 2019 median family income was above Maine's estimated livable wage of $63,710 for a single adult with two children. However, there was wide variation in median income by county. For instance, in Cumberland County, household incomes were nearly twice as high as household incomes in Washington County. Policies that increase wages and supports for families to make a living wage are critical to provide stability for families and households.

FOOTNOTES

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. www.nber.org/papers/w21562.pdf
2. Urban Institute and Virginia Commonwealth University. How Are Income and Wealth Linked to Longevity? April 2015. http://webarchive.urban.org/UploadedPDF/2000178-How-are-Income-and-Wealth-Linked-to-Health-and-Longevity.pdf
3. Annie E Casey Foundation KIDS COUNT, 2019 https://datacenter.kidscount.org/data/tables/65-median-family-income-

DUE TO SYSTEMIC INEQUITIES, NATIVE AMERICAN, BLACK AND PEOPLE OF TWO OR MORE RACES HAD MEDIAN HOUSEHOLD INCOMES $15,000-$25,000 LOWER THAN THE MEDIAN HOUSEHOLD INCOME OF ALL HOUSEHOLDS



Source: US Census 5-yr ACS, Table 2015-2019 Table S1903 for Maine.
Note: Household includes households with and without children.

INCOME AND EMPLOYMENT	*State Number*	*Current Rate or Percent*	*Previous Number or Percent*	*National Number or Percent*
Children in low-income families* (as % of children under age 18), 2019	81,000	34%	35%	38%
Median income of families with children, 2019	$75,600	N/A	$70,400	$78,000
Median household income, 2019	$58,824	N/A	$55,579	$65,712
Monthly unemployment rate, December 2020	33,223	4.9%	3.0%	6.7%
Teens not working or in school, 2015-2019	2,085	3.3%	3.5%	5.0%

*Low income families earn less than 200% of federal poverty thresholds.

LIVING WAGE	*Hourly wage*	*Annual income before taxes*	*Previous per hour*	*National per hour*
Living wage for single adult with two children, 2019	$30.63	$63,710	$29.01	$29.02

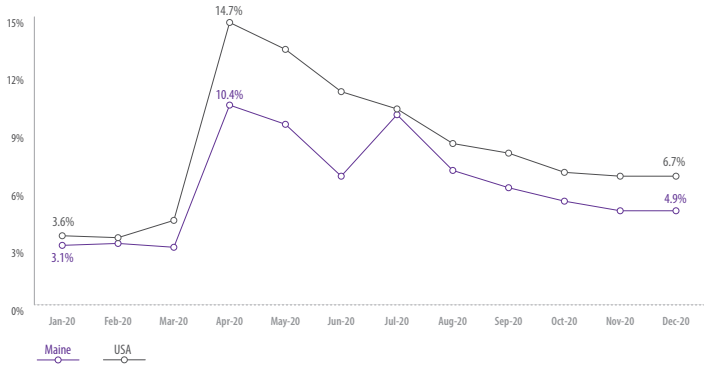
Unemployment

Unemployment directly impacts family economic security and child poverty. The effect of the coronavirus pandemic is evident from the high unemployment rates between April and December 2020. Increased unemployment benefits during the crisis have helped mitigate the impact of unemployment on child poverty.[1] Another influence on family economic security is parents leaving the workforce altogether. Between February and September 2020, 3.22 million more women nationally were out of the workforce, and not counted as unemployed, compared to 2.22 million more men.[2]

FOOTNOTES

1. Economic Policy Institute. Working Economics Blog. Over 13 million more people would be in poverty without unemployment insurance and stimulus payments. September 2020. https://www.epi.org/blog/over-13-million-more-people-would-be-in-poverty-without-unemployment-insurance-and-stimulus-payments-senate-republicans-are-blocking-legislation-proven-to-reduce-poverty/
2. U.S. Bureau of Labor Statistics. TED: The Economics Daily. Labor force participation rate down, employment–population ratio little changed in September. October 2020. https://www.bls.gov/opub/ted/2020/labor-force-participation-rate-down-employment-population-ratio-little-changed-in-september.htm

UNEMPLOYMENT SKYROCKETED FOR MAINE AND THE NATION IN APRIL 2020 AND IN DECEMBER WAS STILL OVER 50% HIGHER THAN JANUARY 2020



Source: Maine Department of Labor, https://www.maine.gov/labor/cwri/laus.html

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 long-term outcomes. Programs like Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP) help families achieve economic stability and 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 public investment in children and these programs promotes family stability, improves educational achievement, productivity, and future earnings.[2]

IN MAINE

Maine's income support programs are serving significantly fewer children and families than before the 2012 implementation of a 60-month lifetime limit on programs and a stricter sanction policy that covers the entire family. In December 2011, there were 23,922 children on TANF. By the following year, more than a third of those children no longer had TANF benefits. By December 2019, just 6,692 children received the benefit – at the same time more than 12,000 children were living in deep poverty.

Safety net programs provide an essential support for families who are struggling financially, buffering the effects of poverty. Before COVID-19, poverty overall was declining, as was enrollment in income support programs. Prior to 2020, the number of families with TANF was trending downward. Yet due to increased need during the pandemic, comparing December 2019 to 2020, TANF enrollment increased by 525 children, from 6,692 to 7,217. Conversely, given the complications of providing school meals during remote and hybrid school models, as well as barriers to applying and enrolling, 14,400 fewer children are receiving school meals for 2020-2021 than in the previous school year.

Child care subsidies provide an important support for working parents. Approximately 11,800 children in Maine benefitted from subsidies in 2020. The Child Care Development Block Grant (CCDBG) subsidy program serves working parents earning 85 percent or less of median income by household size. The TANF child care subsidy programs serve parents with very low incomes and who are either in school or beginning to transition to work.

Effective child support collection is another significant means of increasing income for single parents. The Maine 2019 child support rate was 76.1 percent, up from 56 percent in 2013 and above the national average of 63.3 percent. In 2019, of the 42,939 families entitled to child support in Maine, 32,682 received it.

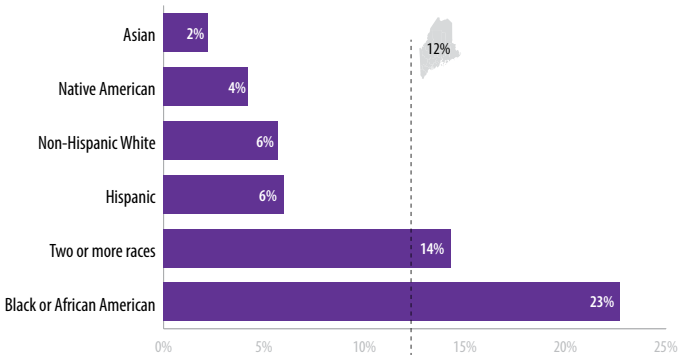
FOOTNOTES

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. https://www.cbpp.org/research/various-supports-for-low-income-families-reduce-poverty-and-have-long-term-positive

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 Percent*	*Previous Percent*
Children receiving TANF (as % of children ages 0-17), Dec 2020	7,217	2.9%	2.7%
Children receiving SNAP (as % of children ages 0-17), Dec 2020	53,963	21.7%	23.3%
School children eligible for subsidized school meals (as % of school children), school year 2020-2021	64,168	38.0%	43.7%
Child support enforcement cases with collection (as % of cases), FFY 2019	32,682	76.1%	76.1%

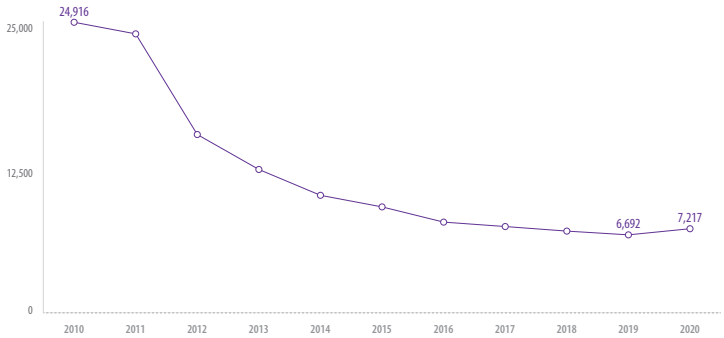
A HIGHER PERCENTAGE OF CHILDREN WHO ARE BLACK OR TWO OR MORE RACES HAVE CHILD CARE SUBSIDIES; FOR ALL RACES COMBINED ABOUT 1 IN 8 CHILDREN HAD SUBSIDIES



This is calculated as the number of children of each race/ethnicity with a TANF or CCDBG child care subsidy divided by the estimated number of children ages 0 -11 of each race/ethnicity. For the Maine rate, the 1,682 children with CCDBG child care subsidies for whom race was not identified are included in the total number of subsidies.

Source: Maine Department of Health and Human Services; TANF FFY 2020 from the Office for Family Independence, and CCDBG SFY 2020 from the Office of Child Care and Head Start

THE NUMBER OF CHILDREN WITH TANF DROPPED BY TWO THIRDS BETWEEN 2012 AND 2019, BUT INCREASED 8% FROM DECEMBER 2019 TO DECEMBER 2020



Source: Maine Department of Health and Human Services, Office for Family Independence https://www.maine.gov/dhhs/ofi/about-us/data-reports

NUTRITION AND CHILD CARE SUPPORTS	*State Number*	*Previous State Number*
Recipients of WIC benefits, 2020	26,464	28,139
Women	7,138	7,613
Infants and Children	19,326	20,526
Children served through TANF child care subsidies, FFY 2020	3,774	5,077
Children served through CCDBG child care subsidies, SFY 2020	8,034	6,581

Early Learning

The early years play a fundamental role in brain development – much like a house, they lay the foundation for all future cognitive and social and emotional development. As a result, it is critical that all children have quality, early learning experiences in the home and in child care settings so they have the best opportunity to grow up to be confident, caring and capable adults. Families pursue many different avenues to secure affordable, quality care for their children. Their options range from licensed child care programs, 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 struggle to access affordable, quality care for their children. In 2020 particularly, parents experienced education and child care disruptions for their children as a result of the COVID-19 pandemic.

We now know that healthy brain architecture is dependent on nurturing relationships with adults, and enriching learning opportunities starting at birth. Research has revealed substantial long-term economic benefits to public investment in quality, early learning experiences for children. Not only do early childhood programs that begin at birth lead to significantly better life outcomes for children, they can also yield up to a 13 percent annual return on investment.[1] Quality, affordable early care is a sound investment for Maine children and good for our collective economy.

IN MAINE

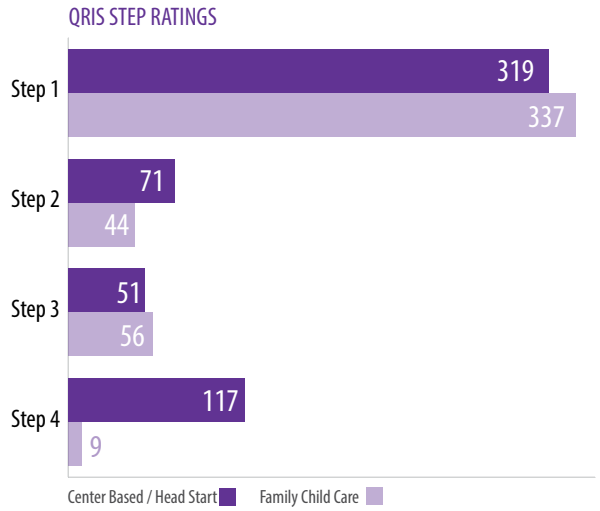
In Maine, the need for more high-quality, affordable early care and education programs has become a significant problem. For 2015-2019, 71 percent of children under the age of six lived in families with all available parents in the workforce and were likely in need of full-time child care. Capacity was significantly impacted by the COVID-19 pandemic. As of December 2020, there were 1,640 licensed child care centers and family providers in Maine – representing 21 fewer child care centers and 65 less family child care programs than the previous year. Although 1,004 child care providers were enrolled in Maine's early care and education quality rating system (QRIS), just 14 percent of all child care programs met the highest standard, including 8 percent of family child care providers and 21 percent of the child care centers. Head Start programs offer high-quality care and comprehensive services, yet only 39 percent of Maine children ages 0-5 who were income-eligible were enrolled in 2019.

In the fall of 2020, amid the pandemic, many parents did not enroll their 4-year-olds in public pre-kindergarten (also known as public preschool), out of health concerns or logistical challenges. This resulted in a decline in the percent of 4-year-olds enrolled in pre-kindergarten from 47 percent to 36 percent, a drop of 1,457 students statewide. The availability of public preschool classrooms varies widely by county.[2] For instance, in the fall of 2020, children in Aroostook County attended public preschool rate at a rate of 74 percent, more than four times the rate of Cumberland County. It is critical to child development and parents' ability to work that we do more to expand access to quality early learning experiences like Head Start and public pre-kindergarten programs for young children across the state, to ensure all Maine children have a strong foundation for future success.

FOOTNOTES

1. 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.
2. Annie E. Casey Foundation. KIDS COUNT Data Center. Public preschool enrollment in Maine. https://datacenter.kidscount.org/data/tables/5081-public-preschool-enrollment?loc=21&loct=5#ranking/5/any/true/1729/any/11507

MOST CHILD CARE PROVIDERS PARTICIPATE IN THE QRIS SYSTEM AT STEP 1; 117 CHILD CARE CENTERS ARE AT THE HIGHEST STEP 4

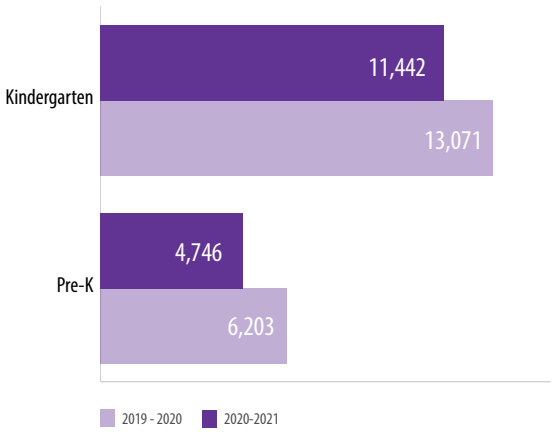


Source: Maine Department of Health and Human Services, Office of Child and Family Services, OCFS Dashboard December 2020, Child Care | OCFS | Maine DHHS

EARLY LEARNING AND DEVELOPMENT PROGRAMS	*State Number*	*Current Percent*	*Previous Number/ Percent*
All parents of children under age 6 in the workforce, 2015-2019	52,824	70.7%	71.1%
Number of licensed child care providers, December 2020	1,640	N/A	1,726
Family Child Care (as % of licensed providers)	844	51.5%	52.7%
Child Care Centers (as % of licensed providers)	796	48.5%	47.3%
Number of child care providers at step 3 or 4 in Quality Rating System (QRIS) (as % of licensed providers), December 2020	233	14.2%	13.9%
Family Child Care Providers at step 3 or 4 in QRIS (as % of licensed family providers), December 2020	65	7.7%	7.7%
Child Care Centers at step 3 or 4 in QRIS (as % of licensed centers)	168	21.1%	21.1%
Children enrolled in Head Start programs (as % of eligible children), FFY 2019	3,733	39.2%	37.5%
Children enrolled in Pre-Kindergarten, Maine Public Schools Four-Year-Old Program (as % of children age 4), 2020-2021	4,746	35.6%	46.6%
Children receiving early intervention through Child Development Services, Part C (as % of children ages 0-12 months), FFY 2019	77	0.64%	0.60%
Children receiving early intervention through Child Development Services, Part C (as % of children ages 0-36 months), FFY 2019	1,010	2.72%	2.46%
Children receiving early intervention through Child Development Services Part B (as % of children ages 3-5 years), 2019-2020	2,397	6.0%	9.2%

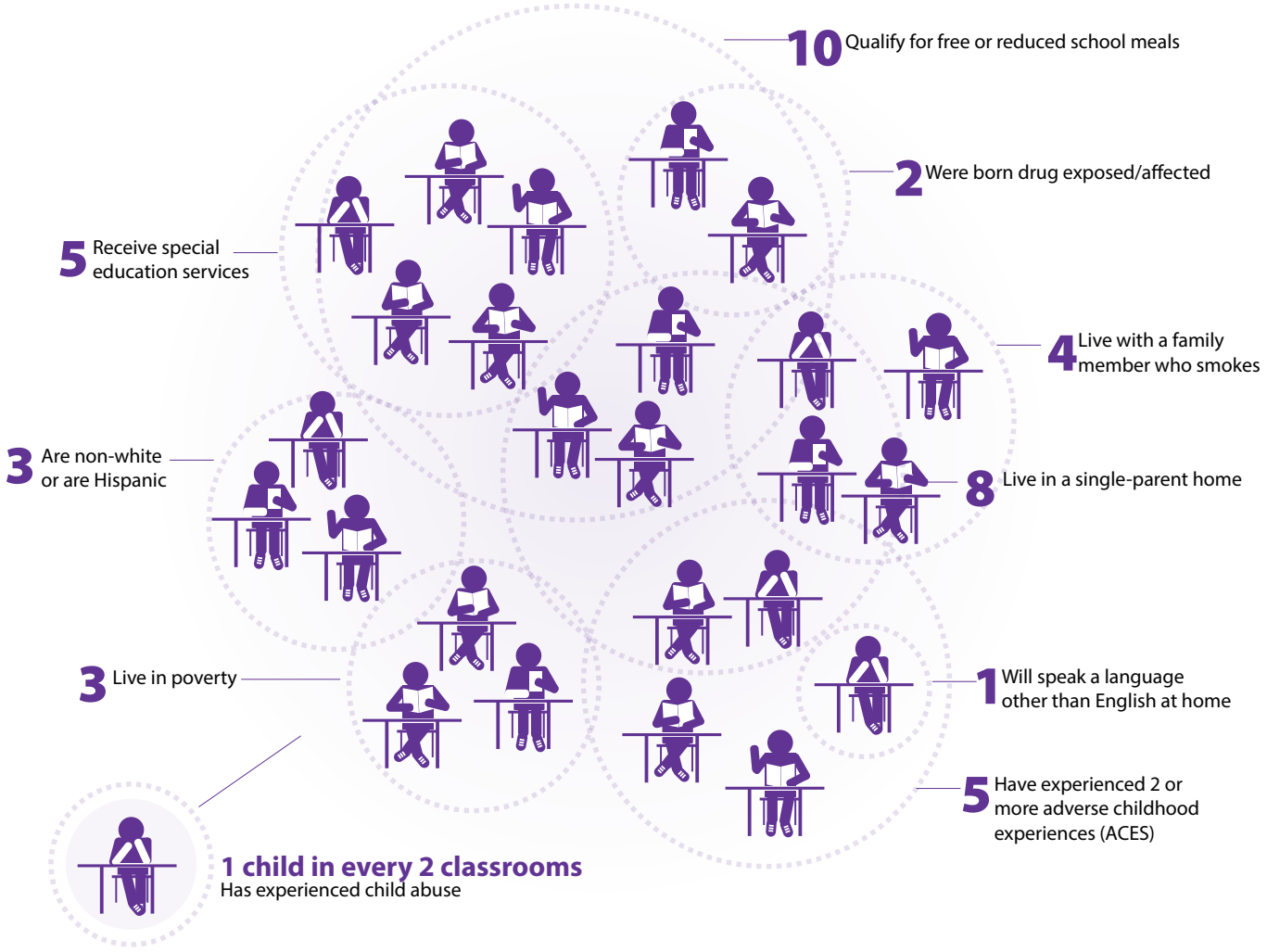
In 2020, pre-kindergarten enrollment fell to 2014 levels statewide, a decrease of 23% or 1,457 students. For some counties such as Hancock, there were less than half as many students enrolled in preschool in 2020 as there were in 2019.

Kindergarten enrollment decreased statewide by 12% or 1,629 students.



Source: Maine Department of Education, Data Warehouse, Public School Enrollment 2019-2021

A Hypothetical Classroom of 25 First Graders in Maine



Reading and Math Proficiency

Reading and math skills are foundational tools for future learning and success for children. Students who are reading proficient by the end of 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.[1] Up until the end of the third grade, children are learning to read, but an important transition happens upon entering the fourth grade, when 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. All children deserve a chance to succeed, and this starts by making sure they each have the resources, programs and supports to achieve the critical marker of reading proficiency by the end of third grade. As technology continues to transform our economy, the demand also grows for a workforce with math and science skills and training. Just as reading proficiency is an important part of a solid educational foundation, so too is ensuring kids have early access to high-quality math education.

IN MAINE

In 2019, Maine Educational Assessment (MEA) test results reflected that 56 percent of Maine students were proficient in reading by March of 4th grade. Fourth grade reading scores improved over five percentage points from 51 percent, after holding steady between 51 to 53 percent from 2016-2018.

For Maine students who were economically disadvantaged, 43 percent scored at or above 4th grade reading proficiency, compared to 67 percent of students living in higher income households. Research supports an important connection between family income and reading proficiency.[2]

The math scores of Maine students in general are cause for concern, with just 36 percent of all 8th grade students showing proficiency, down from 39 percent the previous year. As with 4th grade reading, wide disparities in 8th grade math scores exist across income levels. Finally, because of historic inequities and systemic barriers, students of color face additional barriers to success in academic achievement, with the differences more pronounced in 8th grade math scores than in 4th grade reading. All Maine children deserve the opportunity to reach their full potential, and that starts with a solid foundation in educational proficiency. Clearly, more must be done so all Maine students can master the critical skills necessary to achieve academic success.

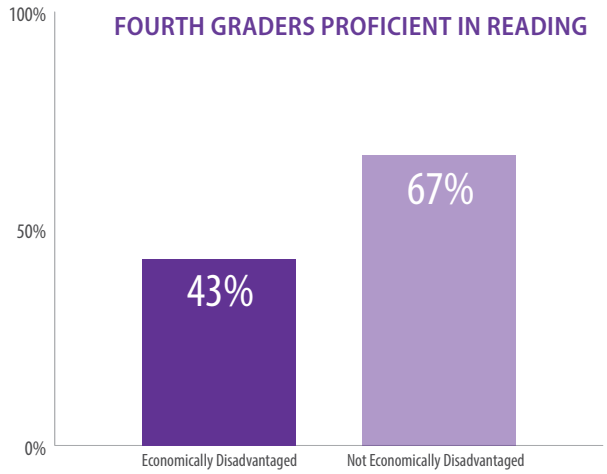
Learning loss due to school disruption in 2020-2021 is a serious concern. Standardized testing requirements were waived in 2020, so the full impact of the COVID-19 crisis on learning is not fully known. Those students already facing challenges are likely to experience the greatest losses. In addition to addressing social and emotional issues, schools will need to develop increased opportunities to support students to meet learning targets.

FOOTNOTES

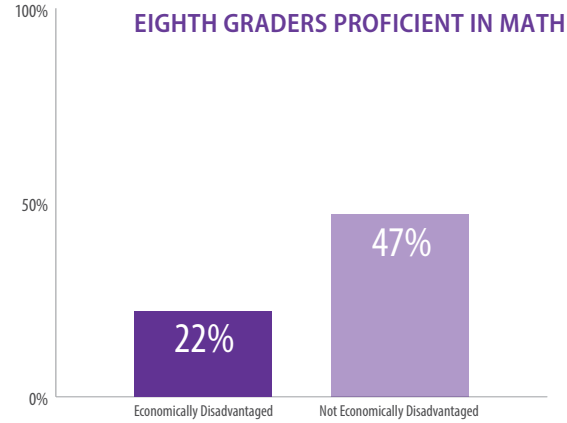
1.Annie E. Casey Foundation. Early Reading Research Confirmed: A Research Update on the Importance of Third-Grade reading. November 2013. https://www.aecf.org/resources/early-warning-confirmed/

2.Ibid

STUDENTS WHO LIVE IN HIGHER INCOME HOUSEHOLDS ARE MORE LIKELY TO BE PROFICIENT THAN STUDENTS WHO LIVE IN ECONOMICALLY DISADVANTAGED HOUSEHOLDS



Source: Maine Department of Education and Educate Maine, 2018-2019



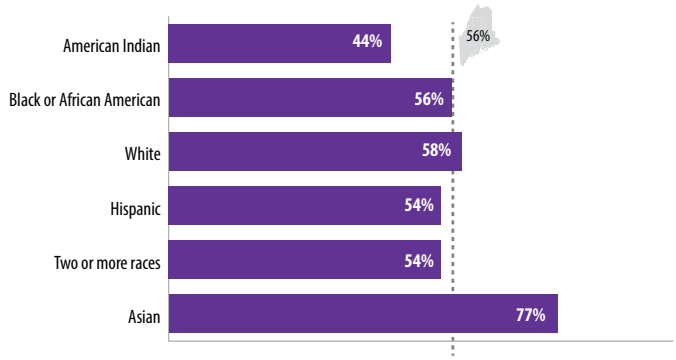
Source: Maine Department of Education and Educate Maine, 2018-2019

ACADEMIC ACHIEVEMENT	*State Number*	*Current Percent*	*Previous Percent*
4th grade students scoring at or above reading proficiency levels (as % of 4th grade students taking MEA reading test), 2019	7,478	56.2%	51.3%
Economically disadvantaged students*	2,509	43%	39%
*Students who are not economically disadvantaged**	4,969	67%	62%
8th grade students scoring at or above math proficiency levels (as % of 8th grade students taking MEA math test), 2019	4,780	36.5%	38.7%
Economically disadvantaged students*	1,169	22%	23%
*Students who are not economically disadvantaged**	3,611	47%	50%
Chronic Absenteeism, absent 18 or more days (as % of all students), 2018-2019	30,390	16.8%	16.5%
Economically disadvantaged students*	19,670	25.3%	24.4%
*Students who are not economically disadvantaged**	10,720	10.4%	9.5%
Children who are English Language Learners (as % of students), 2020-2021	5,339	3.1%	3.2%

*Determined by whether the student is eligible for free or reduced meals

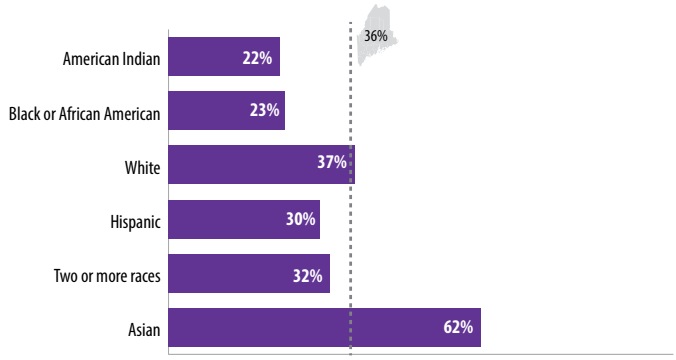
RACIAL DISPARITIES IN PROFICIENCY ARE GREATER IN 8TH GRADE MATH THAN IN 4TH GRADE READING*

FOURTH GRADERS PROFICIENT IN READING



Source: Maine Department of Education and Educate Maine, Analysis of statewide data from Maine Education Assessment (MEA), March 2019
*English Language Learners are not included.

EIGHTH GRADERS PROFICIENT IN MATH

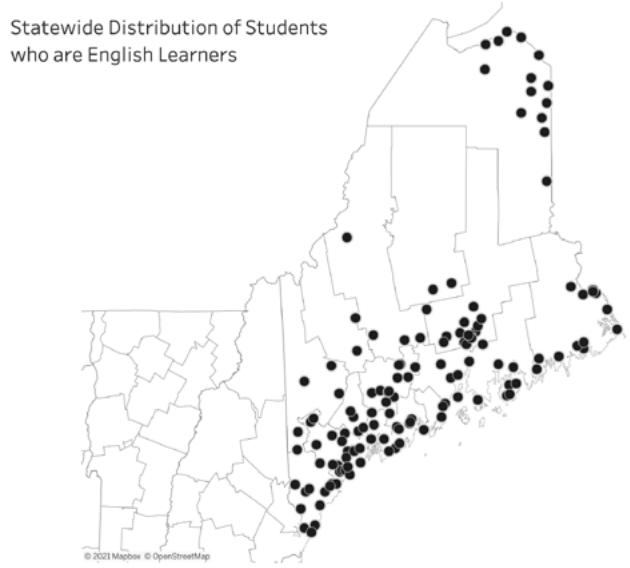


Source: Maine Department of Education and Educate Maine, Analysis of statewide data from Maine Education Assessment (MEA), March 2019
*English Language Learners are not included.

English Language Learners (ELL)

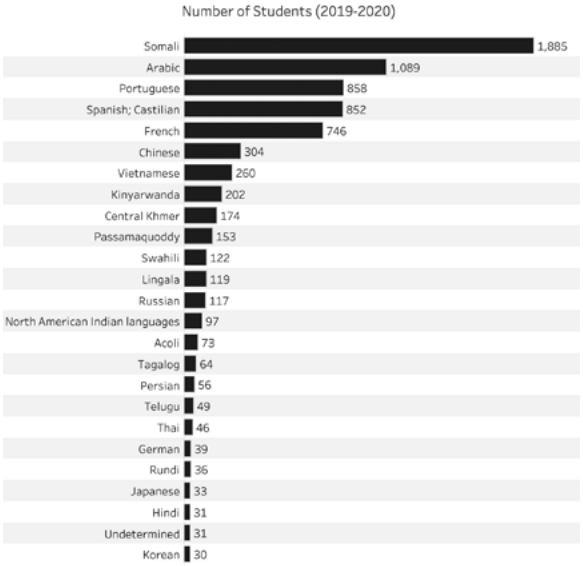
Students who are enrolled as English Language Learners live and learn across our state. In the fall of 2020, there were 5,339 students in Maine participating in English Language Learning. Unlike many states, there is not a single second language that is spoken at home by more than half of all students, so Maine's ELL programs must be adaptable to teach students who speak a variety of other languages. The pandemic has been especially difficult for ELL students to get the instruction they need to succeed. The parents of ELL students may not have the English language skills to support their children's learning at home.

STATEWIDE DISTRIBUTION OF STUDENTS WHO ARE ENGLISH LANGUAGE LEARNERS



Source: Maine Department of Education English Learner Data Dashboard https://www.maine.gov/doe/englishlearnerdatadashboard

LANGUAGES SPOKEN AT HOME OTHER THAN ENGLISH, MAINE PUBLIC SCHOOL STUDENTS



Source: Maine Department of Education English Learner Data Dashboard https://www.maine.gov/doe/englishlearnerdatadashboard

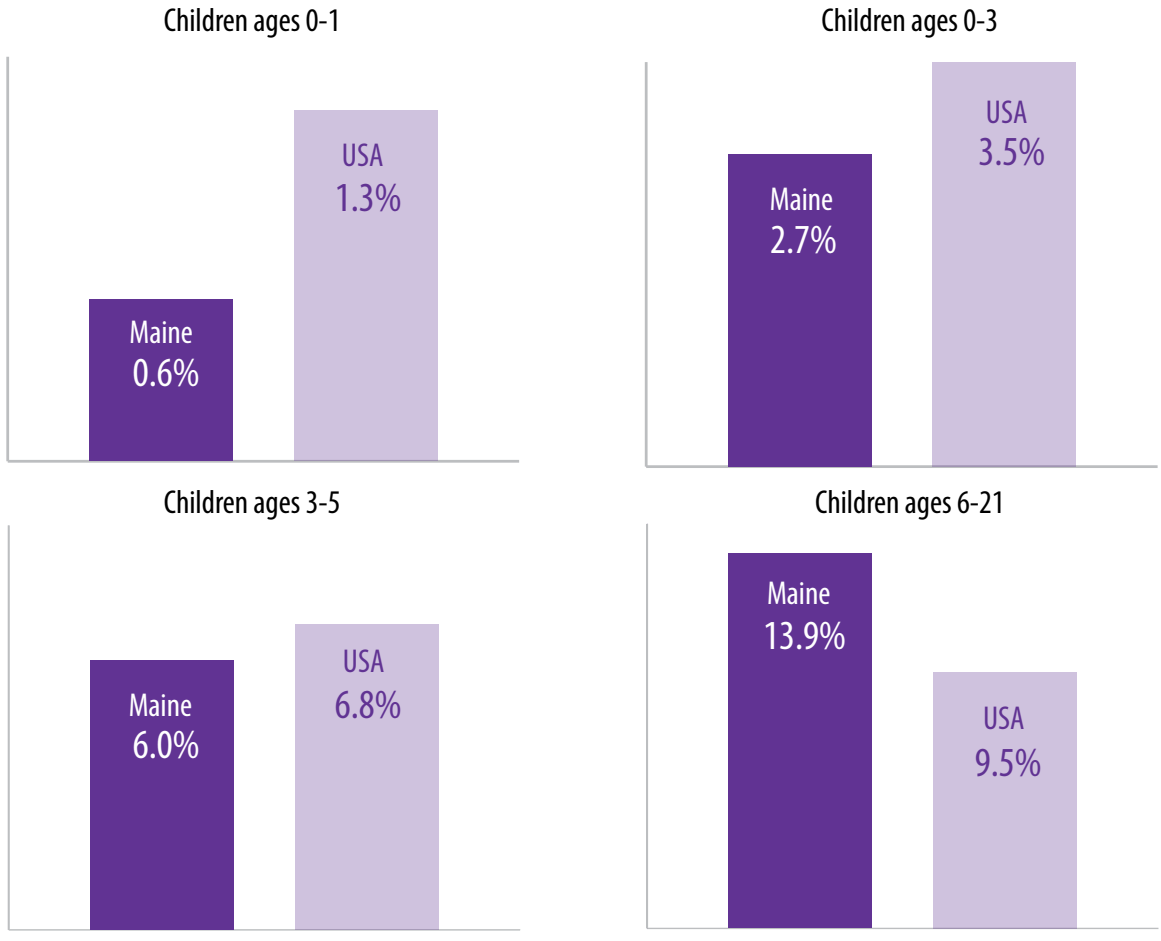
Special Education

Special education and related services play an integral role in educating children with special needs and improving their long-term outcomes. These services are intended to improve student achievement and graduation rates, increase participation in post-secondary education, and increase employment and wages. Brain research indicates how important it is to address learning issues as early as possible, preferably before age three and certainly before entering grade school, so children can get the services they need to thrive in school and beyond.[1]

IN MAINE

Maine successfully identifies school-age children needing special education services and develops individualized education plans (IEPs) to support their learning. However, Maine needs to improve in identifying and offering critical early intervention services to younger children. In 2019-2020, there were 30,758 students ages 6-20 enrolled in Maine public schools with an identified disability. Of the 162,777 students in grades 1-12, Maine has the highest rate in the nation for students receiving special education services.[2] School-aged children in Maine relying on this specialized learning have faced much greater challenges to learning during the

IN MAINE, THERE IS A LOW RATE OF PROVIDING EARLY INTERVENTION SERVICES FOR THE YOUNGEST CHILDREN AND A HIGH RATE OF SPECIAL EDUCATION SERVICES FOR SCHOOL AGE CHILDREN



*Rates for these graphs are calculated as a percent of all children, not all children enrolled in public schools
For the graph of ages 6 -21, the denominator includes youth ages 18-21, even though most youth who do not have a disability have graduated by age 18
Source: Child Development Services (under age 1) and (under age 3). US Department of Education, IDEA 618, Part B Child Count and Education Environments Table 1 (ages 3-5) and Table 8 (ages 6- 21) 2019-2020.

COVID-19 crisis. These students may rely more on the routine of regular in person attendance and experience greater disruption with schools in remote or hybrid learning models. In these scenarios, special education services can be more difficult for teachers to implement and parents to facilitate.

For the youngest children, Maine served less than 1 percent of children under age one in 2019, as just 77 children were identified and connected to services to address developmental delays.[3] Comparing nationally, Maine was tied for last place among all 50 states with the lowest rate for serving infants under age one with disabilities.[4] Maine's Child Development Services (CDS) reported they served 2.72 percent of children ages 0-3, a rate that put Maine 41st for children ages 0-3, compared to the national rate of 3.5 percent. This rate for early intervention services placed Maine 5th out of the six New England states for this age group.[5] National research suggests that the prevalence of developmental delays and disabilities among children under age 3 who could benefit from early intervention services is between 13 and 20 percent.[6]

The rate for receiving CDS services for ages 3-5 was not much better. In 2019, Maine was 32nd for serving children ages 3-5 with disabilities. For children exiting services, 57 percent had a primary disability of speech and language impairment, 16 percent had other health impairment, and 15 percent had autism.[7] For FFY 2019, Maine served just 6 percent of preschool students, or 2,397 children. This was a drop of more than a third over the previous year, when Maine served 9.2 percent of preschoolers.[8] Maine CDS served a proportionate number of children by race as is represented in the overall child population.

Maine also needs to increase the number of children receiving developmental screenings in health and other settings to improve early identification. Of the 28 states that reported FFY 2019 claims to Medicaid for annual developmental screenings for children ages 1-3, just 35 percent of children with MaineCare received developmental screenings. This is slightly above the national median rate of 33 percent. Yet neighboring states Massachusetts and Rhode Island showed significantly better rates of 78 and 66 percent, respectively.[9]

Data from the Maine Department of Education shows a significantly disproportionate number of American Indian students identified with a disability and placed in school-age special education services. In Maine, approximately 27 percent of American Indian students are in special education compared to just under 19 percent for all students. Nationally, American Indian students also have the highest rates. Since research does not support that race and ethnic disproportionality in special education is due to differences in socioeconomic status between groups,[10] efforts to reduce disparities for school age children receiving services should be focused on more widespread screening for developmental delays among all young children before they enter school.

FOOTNOTES

1. Lange, Stephen and Brent Thompson. At Risk for Learning Disabilities. International Journal of Special Education. 2006. https://files.eric.ed.gov/fulltext/EJ843624.pdf
2. US Department of Education, IDEA 618, Table 8 (ages 6 -20). IDEA Section 618 Data Products: Static Files (ed.gov)
3. IDEA Infant and Toddler Coordinators Association. 2019 Child Count Data Charts. https://www.ideainfanttoddler.org/pdf/2019-Child-Count-Data-Charts.pdf
4. Ibid
5. Ibid
6. US Department of Education. IDEA Section 618 Data Products: Static Tables. https://www2.ed.gov/programs/osepidea/618-data/static-tables/index.html
7. Child Development Services. Annual Report to the Legislature. February 2020. page 15 https://legislature.maine.gov/doc/3919
8. US Department of Education, IDEA 618, Table 7 (ages 3-5). IDEA Section 618 Data Products: Static Files (ed.gov)
9. Centers for Medicare and Medicaid Services. Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set) for Federal Fiscal Year 2019 Reporting. https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-child-chart-pack.pdf
10. Child Trends. 5 Things to Know About Racial and Ethnic Disparities in Special Education, 2017. www.childtrends.org/child-trends-5/5-things-know-racial-ethnic-disparities-special-education

SPECIAL EDUCATION BY DISABILITY	*State Number*	*Current Percent*
Specific learning disability	9,745	31.7%
Other health impairment	6,770	22.0%
Speech or language impairment	4,346	14.1%
Multiple disabilities	3,319	10.8%
Autism	3,102	10.1%
Emotional disturbance	2,328	7.6%
Intellectual Disability	848	2.8%
Hearing impairment	127	0.4%
Traumatic brain injury	49	0.2%
Orthopedic impairment	42	0.1%
Visual impairment	38	0.1%
Developmental delay	29	0.1%
Deaf-blindness	15	0.05%
Total students with disabilities grades 1 -12	**30,758**	

Source: Maine Department of Education 2018-2019 school year https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/SpED%20Disability.xlsx

High School Completion

In the last 25 years, the number of jobs that require no more than a high school degree has declined, both in Maine and nationally. Today, to obtain a job that pays a living wage and supports a family, a credential or college degree is typically needed. Research tells us that child health and well-being improve when family income increases and family economic security stabilizes, as families face fewer challenges in providing for their children's needs.[1] To ensure our youth can go on to higher education and jobs that pay a living wage, it is critical that they start with a solid educational foundation by graduating from high school.

IN MAINE

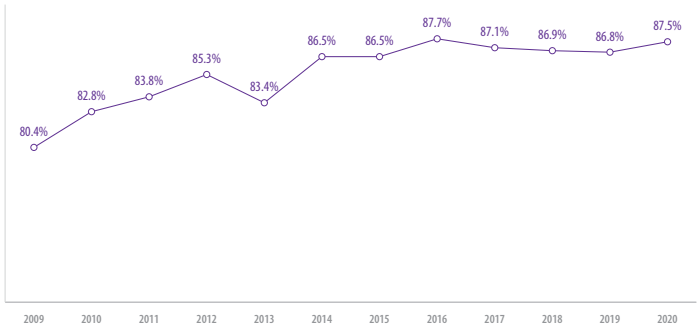
While Maine's high school graduation rates have improved over time, there are still populations that have lower than average graduation rates. Because of systemic racism and historic inequities, American Indian and Black youth in Maine are more likely to live in poverty and in communities where high school graduation is less likely. Groups experiencing greater barriers to graduation include youth enrolled in special education services, youth who are homeless, or youth in foster care. While the 4-year average high school graduation rate is below state averages for each of these populations, when given the time and support they need, more of these students can graduate.

FOOTNOTES

1. Center on Budget and Policy Priorities. Economic Security Programs Help Low-Income Children Succeed Over Long Term, Many Studies Find. July 2017. https://www.cbpp.org/research/poverty-and-inequality/economic-security-programs-help-low-income-children-succeed-over

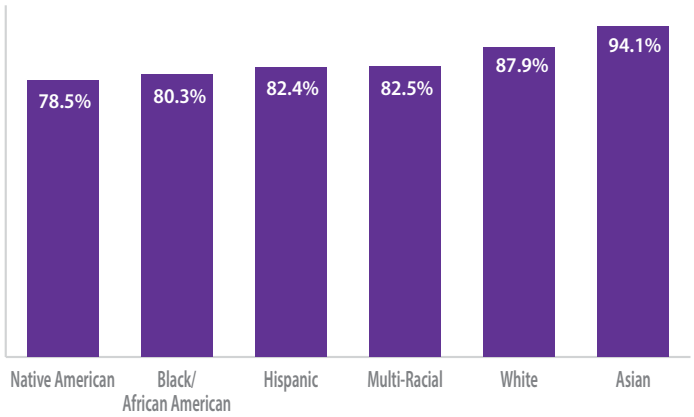
HIGH SCHOOL COMPLETION	*State Number*	*Current Percent*
All high school graduates (as % of graduating class), Class of 2019	12,522	87.5%

HIGH SCHOOL GRADUATION RATES ARE IMPROVING



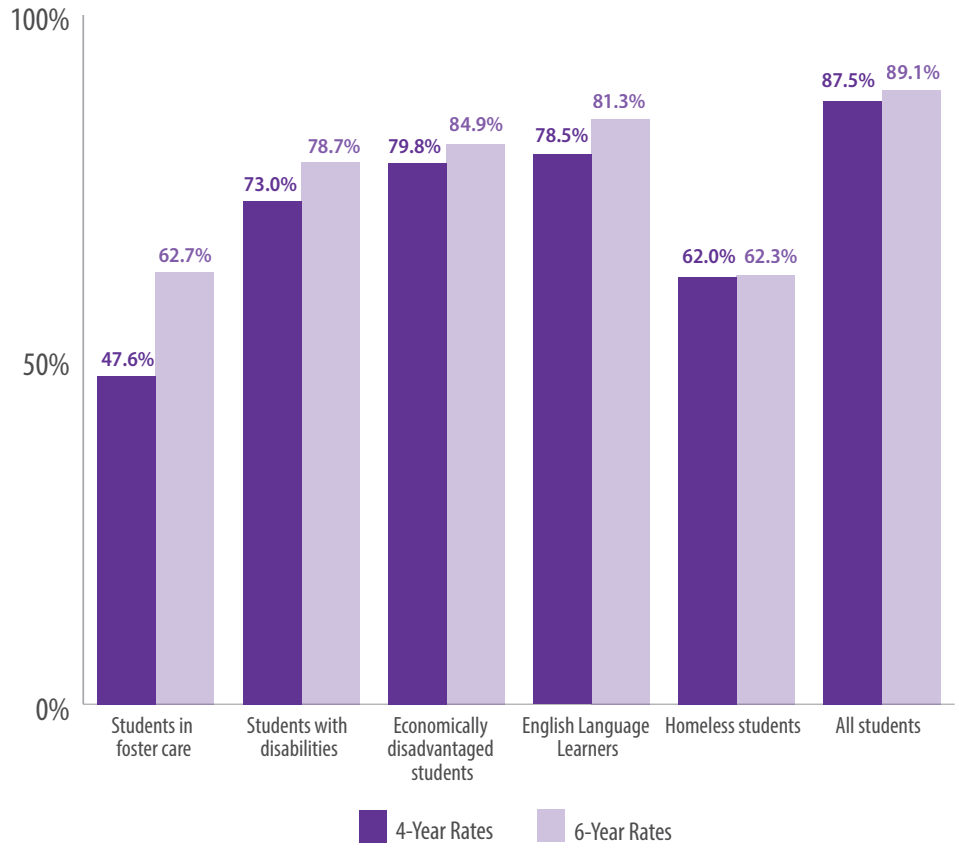
Source: Maine Department of Education, 2018-2019

FOR EVERY RACE AND ETHNICITY, HIGH SCHOOL GRADUATION RATES EXCEED 75%



Source: Maine Department of Education, 2018-2019

STUDENTS IN FOSTER CARE, WITH DISABILITIES, LEARNING ENGLISH, AND THOSE WHO ARE ECONOMICALLY DISADVANTAGED OFTEN NEED MORE TIME TO GRADUATE



Source: Maine Department of Education, 2018-2019 https://www.maine.gov/doe/dashboard under tab academic performance, high school graduation rates

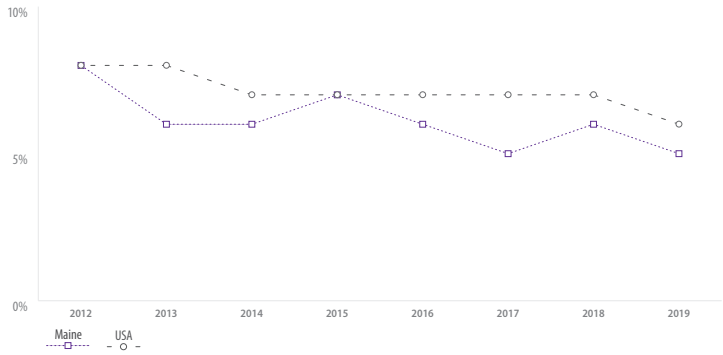
Youth and Young Adults

The transition from adolescence into adulthood is difficult for most young people, as they begin to take on unfamiliar roles and responsibilities in this new phase of their lives. For adolescents who are neither in school nor employed - otherwise known as "disconnected youth" - this phase is even more challenging, because they are not as likely to benefit from the relationships that provide support for a healthy and positive transition into adulthood. As disconnected youth, these young people are more likely to have difficulty entering the workforce, earn lower wages than their peers, and struggle with stable employment.[1] To most effectively reach out to these youth, it is important to understand who is disconnected; why they are disconnected; how to authentically engage them; and what programming and resources are available to support individuals, parents/guardians, and organizations that work with these youth.[2]

IN MAINE

Given Maine's older population, it is especially important to ensure that every youth is connected to school or work and prepared for success. As they enter adulthood, young people become Maine's workforce and future leaders and parents. It is critical for our shared success that they are capable of transitioning into engaged citizens and community members. In Maine, the percent of teens ages 16-19 not attending school or working, had been as low as 3.1 percent in 2019. This was better than the national rate of 4.8 percent. For young adults ages 18-24 in Maine in 2019, approximately 50 percent were enrolled in or completed college, nearly equal to the national average of 49 percent. In Maine, programs and services that provide support and connect youth to college, training, and career options are important for their success. For this group, plans for independent living, college, or career goals may have been disrupted due to the impact of the pandemic on life and the economy. For those not in school or working, the stress of the moment, as well as uncertainty around the future, is likely even more challenging.

MAINE YOUTH AGES 16-19 ARE LESS LIKELY TO BE DISCONNECTED FROM WORK AND SCHOOL THAN YOUTH IN THE UNITED STATES OVERALL



Source: US Census, American Community Survey 1-year data, Table B14005

FOOTNOTES

1. The Annie E. Casey Foundation. Youth and Work: Restoring Teen and Young Adult Connections to Opportunity. KIDS COUNT Policy Reports (March 2012). *This counts youth not in school and not in labor force; does not include students who are in school or are unemployed and actively looking for work.
2. Youth.gov, Opportunity Youth https://youth.gov/youth-topics/opportunity-youth

YOUTH AND YOUNG ADULTS	*State Number*	*Current Percent*	*Previous Percent*	*National Percent*
Teens not attending school and not working (as % of children ages 16-19), 2019	1,947	3.1%	3.5%	4.8%
Young adults enrolled in or completed college (as % of adults ages 18-24), 2019	53,000	50%	47%	49%
College enrollment immediately after high school (as % of high school graduates), 2019	7,895	61%	62%	63%
Students completing a two- or four-year degree within 6 years of high school graduation, 2019	5,274	62%	62%	60%

COUNTIES **AT A GLANCE** // 2021

DEMOGRAPHICS	State	*Androscoggin*	*Aroostook*	*Cumberland*	*Franklin*	*Hancock*
Total population, 2019	1,344,212	108,277	67,055	295,003	30,199	54,987
Under age 5	63,537	6,237	3,200	14,007	1,312	2,364
Under age 18	248,624	23,304	12,215	54,174	5,340	9,237
18-24 years old	107,150	9,249	4,947	25,151	2,900	3,667
Live births, 2019	11,770	1,161	619	2,672	211	398
K-12 school enrollment, 2020-2021	172,474	16,052	9,008	37,549	3,601	6,367
School children eligible for free and reduced meals, 2020-2021	38.0%	60.9%	42.2%	26.3%	38.3%	32.8%
HEALTH						
Children under age 19 without health insurance, 2018	5.7%	4.6%	8.3%	4.7%	6.0%	7.9%
Low-income children without health insurance, 2018	7.9%	5.4%	9.3%	9.3%	7.8%	12.0%
Children ages 0 -18 participating in MaineCare, SFY 2020	44.8%	54.9%	57.4%	32.0%	47.3%	43.7%
Low birth-weight infants, 2019	7.4%	8.3%	8.9%	6.3%	10.9%	10.8%
Babies born drug exposed/affected, 2020	7.7%	14.4%	15.2%	2.6%	6.6%	5.3%
Infant mortality, 5-year average, 2015-2019*	5.8	4.7	7.4	5.5	7.6	4.5
Immunization rate, ages 24-35 months, CYQ4 2019	69.8%	65.5%	79.1%	64.5%	73.7%	69.9%
Prenatal care in first trimester, 2019	90.1%	86.3%	90.6%	89.9%	87.2%	92.0%
Children in foster care, 12/31/120*	8.9	10.2	19.2	4.4	8.1	10.5
Substantiated child abuse. 2019*	18.3	17.5	29.5	6.8	24.7	16.8
Child deaths, 5-yr annual average, 2015-2019**	1.4	1.3	2.3	0.9	2.4	0.8
Teen deaths, (ages 15-19), 5-yr annual average, 2015-2019**	4.5	4.2	5.6	2.9	5.9	5.8
Child and teen suicides, 5-year annual average, 2015-2019***	8.5	10.7	5.4	5.9	16.6	18.1
SOCIAL AND ECONOMIC						
Child poverty, 2019	13.8%	15.3%	20.2%	9.2%	16.6%	14.2%
Children receiving TANF, December 2020	2.9%	4.5%	4.2%	2.6%	2.3%	1.6%
Children receiving SNAP, December 2020	21.7%	31.4%	29.4%	14.9%	24.3%	18.1%
Median household income, 2019	$58,824	$58,958	$40,675	$75,254	$51,136	$58,926
Teens ages 16-19 not in school and not working, 2015-2019	3.3%	1.4%	2.0%	1.1%	3.2%	0.3%
EDUCATION						
Four-year-olds in public preschool, 2020-2021	35.6%	51.0%	73.8%	18.2%	33.8%	18.0%
4th grade reading proficiently MEA, 2019	56.2%	43.2%	57.0%	65.3%	49.9%	54.5%
Child care at QRIS Level 3 or 4, Dec 2020	14.2%	13.9%	12.0%	13.4%	21.4%	8.2%
High school graduation rate, 2018-2019	87.4%	80.3%	87.1%	89.0%	81.2%	89.3%

NOTES: s= suppressed; number too small to show *Rate per 1,000 ** Rate per 10,000 ***Rate per 100,000

Kennebec	*Knox*	*Lincoln*	*Oxford*	*Penobscot*	*Piscataquis*	*Sagadahoc*	*Somerset*	*Waldo*	*Washington*	*York*
122,302	39,772	34,634	57,975	152,148	16,785	35,856	50,484	39,715	31,379	207,641
6,019	1,656	1,549	2,496	7,086	710	1,726	2,373	1,734	1,443	9,625
23,343	6,947	5,838	10,484	27,066	2,805	6,778	9,449	7,267	5,939	38,438
9,986	2,578	2,140	3,783	16,114	1,025	2,220	3,531	2,754	2,233	14,872
1,106	298	246	526	1,247	112	323	417	358	276	1,793
15,843	4,742	3,831	7,779	18,931	2,019	4,560	6,885	4,707	4,004	26,358
36.6%	36.3%	31.4%	52.8%	39.5%	54.4%	25.2%	64.0%	40.8%	56.3%	28.8%
5.2%	7.3%	8.4%	5.7%	6.4%	6.9%	5.7%	6.0%	6.0%	9.1%	4.6%
6.4%	10.0%	11.6%	6.3%	7.8%	7.8%	9.7%	6.4%	7.7%	9.1%	7.1%
46.9%	45.9%	43.9%	56.9%	47.7%	61.0%	33.3%	57.8%	51.3%	64.6%	34.7%
6.6%	6.4%	10.6%	7.8%	7.5%	4.5%	5.0%	9.8%	5.3%	5.8%	7.5%
6.7%	10.1%	12.2%	14.3%	7.9%	6.3%	4.0%	16.5%	8.7%	13.4%	3.9%
4.7	7.5	7.1	4.0	5.9	3.0	6.9	8.8	5.2	6.9	6.2
79.7%	73.3%	55.9%	72.4%	75.5%	59.6%	35.1%	75.2%	56.6%	79.5%	64.8%
91.3%	91.3%	83.7%	90.9%	93.6%	88.4%	83.6%	89.9%	89.1%	92.0%	91.1%
11.7	5.6	5.0	13.1	11.9	11.8	4.1	17.9	8.9	4.5	6.1
22.4	18.0	9.9	19.9	24.6	30.3	12.0	42.2	20.5	14.5	19.3
1.2	1.8	0.9	1.7	2.1	0.9	1.5	1.6	1.4	1.3	1.2
3.6	7.1	5.9	4.8	6.3	LNE	3.3	4.7	5.3	8	3.6
5.7	14.6	17.6	6.1	10.8	0	5.2	0	9	22.7	7.8
13.9%	17.5%	16.4%	17.6%	13.9%	23.8%	11.4%	22.6%	18.6%	24.6%	9.9%
3.3%	1.6%	2.1%	3.4%	3.4%	3.6%	1.6%	3.4%	2.8%	3.7%	1.9%
23.1%	18.8%	19.7%	31.1%	24.3%	34.7%	14.4%	31.2%	24.9%	31.9%	14.8%
$55,358	$55,910	$58,619	$50,344	$50,702	$43,509	$65,841	$45,333	$51,073	$39,068	$66,803
0.9%	3.6%	8.6%	6.3%	2.0%	2.6%	s	3.8%	4.4%	4.8%	2.7%
36.8%	32.4%	33.4%	51.4%	41.0%	48.1%	30.2%	58.5%	26.1%	62.8%	29.0%
53.7%	56.8%	41.9%	50.7%	55.8%	49.1%	54.7%	45.7%	51.8%	61.7%	59.7%
14.3%	15.9%	18.8%	16.9%	8.9%	11.1%	14.3%	20.6%	34.0%	23.3%	11.6%
85.4%	90.2%	86.8%	85.5%	88.4%	87.6%	86.6%	83.4%	85.4%	92.2%	91.1%

DEFINITIONS AND **SOURCES OF DATA** // 2021

DEMOGRAPHICS

SOURCE: Birth and population estimates for calendar year 2019 are from the Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics. Unless otherwise noted, the denominators for age groups are derived from these population estimates.

PHYSICAL AND MENTAL HEALTH

MORTALITY

Infant mortality is the number and rate of deaths of infants under one year of age. The rate is per 1,000 live births. For state of Maine comparison to national data, one year rates are used. Data are reported by place of residence, not place of death. Maine county level data are averaged over the five-year period, from 2015-2019. A five-year time frame is used because small numbers make the data more uncertain.

SOURCE: Maine Department of Health and Human Services, Center for Disease Control and Prevention, Data, Research, and Vital Statistics; National rate from the Annie E. Casey Foundation, KIDS COUNT. Infant Mortality

Child deaths / Teen deaths is the number and estimated rate of deaths of children from all causes. Child deaths is the rate per 10,000 children ages 1-14. Teen deaths is the rate is per 10,000 children ages 15-19. For Maine and county data, these data are averaged over the five-year period from 2015-2019. A five-year time frame is used because small numbers make the data more uncertain. National rate is the average over five single years from the Annie E. Casey Foundation, KIDS COUNT. Data are reported by the child's place of residence, not place of death.

SOURCE: Maine Department of Health and Human Services, Center for Disease Control and Prevention, Data, Research, and Vital Statistics Office of Data, Research and Vital Statistics; National rate from the Annie E. Casey Foundation. KIDS COUNT Child Death Rate; Teen Death Rate

INFANT/TODDLER HEALTH

Low birth-weight infants is the number and percentage of live births in which the newborn weighed less than 2500 grams (5.5 pounds). Data is for calendar year 2019.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics Maternal & Births Outcomes; National rate from the Annie E. Casey Foundation, KIDS COUNT Low birth-weight babies

Pre-term births is the number and percentage of pre-term births in which the newborn was born at less than 37 weeks gestation. Maine data is for calendar year 2019; National data is for calendar year 2018.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics Maternal & Births Outcomes; National rate from the Annie E. Casey Foundation, KIDS COUNT Preterm births in US

ACRONYMS USED IN THE DATA BOOK:

ACE	Adverse Childhood Experience
ADD	Attention Deficit Disorder
ADHD	Attention Deficit/Hyperactivity Disorder
ASPIRE	Additional Support for People in Retraining and Employment (through TANF)
CCDBG	Child Care Development Block Grant
CHIP	Children's Health Insurance Program
CY	Calendar year, January 1 – December 31
DHHS	Department of Health and Human Services
DOE	Department of Education
DOL	Department of Labor
ELL	English Language Learner
FFY	Federal Fiscal Year, October 1- September 30
FPL	Federal Poverty Level
IDEA	Individuals with Disabilities Education Act
IEP	Individual Education Plan
MEA	Maine Educational Assessment
MIYHS	Maine Integrated Youth Health Survey
OCFS	Office of Child and Family Services
QRIS	Quality Rating and Improvement System
SFY	State Fiscal Year, July 1- June 30
SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Assistance for Needy Families
WIC	Women, Infants and Children Supplemental Nutrition Program
YRBS	Youth Risk Behavior Survey

Babies born exposed/affected to substances is the number of infants and estimated percent of infants born in Maine where a healthcare provider reported to the Maine Department of Health and Human Services, Office of Child and Family Services (OCFS), that there was reasonable cause to suspect the baby may be either affected by illegal substance abuse, demonstrating withdrawal symptoms resulting from prenatal exposure (illicit or prescribed), or have fetal alcohol spectrum disorders. This measure potentially excludes instances where the infant was exposed to substances and did not show withdrawal symptoms after birth, instances where the birth of an infant affected by substances was not reported to OCFS, and any other instances in which there were discrepancies between reporters when interpreting the law. Data is for calendar year 2020.

SOURCE: Maine Department of Health and Human Services, Office of Child and Family Services; and posted to the Annie E. Casey Foundation, KIDS COUNT Babies born exposed/affected

These four indicators: **Mother told she had depression during pregnancy; Mother reports post-partum depression symptoms; Mother self-reports smoking in the year following birth;** and **Child breast fed ever** are from the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is a project of the National Center for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS most recent survey data is for calendar year 2018.

SOURCE: Maine Department of Health and Human Services, Center for Disease Control PRAMS Dashboard

Immunizations of children is the estimated percentage of vaccination coverage of children ages 24-35 months with the combined **(4:3:1:3*:3:1:4)** vaccine series which 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. Data for Maine is for quarter 4, calendar, 2019 (October – December 2019); and it is compared to Maine data for quarter 4 calendar, 2017. National data is for calendar year 2019.

SOURCE: Maine Department of Health and Human Services, Center for Disease Control and Prevention (Immunization Rate Assessment Reports); National data from CDC Morbidity and Mortality Weekly Report (MMWR), October 23, 2020 Note that in 2018, the National Immunization Survey methodology changed from coverage 19 to 35 months of age to coverage by 24 months. Vaccination Coverage by Age 24 Months

Kindergarten Immunization Exemptions is the percent of kindergartners with an exemption from vaccination for any or all required immunizations in the 2019-2020 school year.

SOURCE: Maine Department of Health and Human Services, Center for Disease Control and Prevention School Immunization Report; National rate from CDC Vaccination Exemption Dashboard

Families served in the Maine Families Home Visiting Program is the number of families served by this organization. Data is for FFY 2020 and posted to the Annie E. Casey Foundation, KIDS COUNT Home visiting

SOURCE: Maine Families

Children ages 12-24 months screened for blood lead poisoning/ Children ages 0-36 months with blood lead poisoning. Data is for calendar year 2019. ***Children screened*** is the number and estimated rate of children ages 12-24 months given a blood test to measure the level of lead in their blood. ***Children with blood lead poisoning*** is the estimated number of children who were screened positive, defined as at or above 5 micrograms per deciliter (mcg/dL) as well as **38** percent of unconfirmed cases of the children with unconfirmed 5-<10 mcg/dL tests. The estimated percentage of lead poisoning reflects the estimated number of children ages 0-36 months with elevated blood lead levels among the number screened.

SOURCE: Maine Department of Health and Human Services, Center for Disease Control Tracking Network Lead Poisoning

TEEN PREGNANCY

Young teen pregnancies is the number and estimated 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. Data is for calendar year 2019.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics; and posted to the Annie E. Casey Foundation, KIDS COUNT Young teen pregnancies

Births to teenaged mothers is the number of births to single teenaged mothers under age 20. This data is also reported as a percentage of live births. Births are reported by the mother's place of residence at the time of birth. Data is for calendar year 2019.

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

CHILD WELFARE

Children in foster care (also known as state custody) is the number and estimated rate of **children ages 0-17** and the number and estimated rate of **children ages 0-5** in foster care or state custody of the Department of Health and Human Services (DHHS) on December 31, 2020. The rate is per 1,000 children ages 0-17 and ages 0-5. These children were ordered into DHHS custody as a result of a child protection hearing where the child was 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; National data is from US Department of Health & Human Services, Administration for Children & Families, The Adoption and Foster Care Analysis and Reporting System (AFCARS) FFY 2019 AFCARS 27 Children in Foster Care

Children entering foster care is the number of children and estimated rate per 1,000 children ages 0-17 who entered foster care during FFY 2019.

SOURCE: US Department of Health & Human Services, Administration for Children & Families, The Adoption and Foster Care Analysis and Reporting System (AFCARS), Administration for Children and Families AFCARS State Tables 2010-2019

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 to assess or resolve problems being presented.

Reports that warranted child protective services is the number of written or verbal requests that Child Protective Services decided further assessment was needed to determine if child maltreatment had occurred.

Cases with findings of maltreatment are cases that after assessment meet the standards contained in 22 MRSA §4002 as defined under the definition for substantiated child abuse and neglect victims. A case may include several children in a family, or there may be multiple confirmed cases about the same individual child. Maine data is for calendar year 2019 and national data is for FFY 2018.

SOURCE: Maine Department of Health and Human Services, Office of Child and Family Services, Division of Child Welfare Services; National data from Child Trends at Child Trends State-level Child Welfare Data

Substantiated child abuse and neglect victims is the number and estimated 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. Maine data is for calendar year 2019 and national data is for FFY 2019.

SOURCE: Maine Department of Health and Human Services, Office of Child and Family Services, Division of Child Welfare Services; National data from U.S. Department of Health and Human Services, Administration for Children and Families Child Maltreatment 2019

Exits of children from foster care to reunification and **Exits of children from foster care to adoption** are the number and estimated rate of children who exit foster care to either reunification with parents or other relatives; or are adopted. The rate is expressed as the percentage of all children who exited foster care to reunification and the percentage of children exiting to adoption. It does not add to 100 percent as there are other options such as emancipation or guardianship. Data is for FFY 2018. As a measure of quality, this data also shows, of those who reunify, the percentage who do so within 12 months. For adoption, this timeliness is shown as the percentage of children who are adopted within two years, as adoption typically involves a period of placement in the home as a foster child until adoption is finalized. **The median length of time in foster care** until exit is also shown in months.

SOURCE: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Outcome 3 Exits of Children from Foster Care

Youth in foster care, ages 12 & up in home settings (not group homes or institutions) is the number and estimated rate of children in foster care ages 12 and up who are living in a family setting, not a group home or institution. The federal Family First Prevention Services Act of 2018 (Family First Act) prioritizes that youth in foster care live with families rather than in group homes or congregate care settings.

SOURCE: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Outcome 7, Placement of Young Children in Family Settings

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. Data is for calendar year 2018.

SOURCE: U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE Data) US Census SAHIE 2018

Low-income children without health insurance is the estimated number and percent of children ages 0-18 who lived in families with low incomes. This is defined as less than twice the federal poverty threshold (< 200% of poverty) and who lacked health insurance. The 2018 federal poverty threshold was $25,100 for a family of two adults and two children, so a family of four earning less than $50,200 was considered low income. Data is for calendar year 2018.

SOURCE: U.S. Census Bureau, Small Area Health Insurance Estimates US Census SAHIE 2018 ; the 2018 federal poverty thresholds by family size Poverty Threshold 2018

Children participating in MaineCare is the number and estimated percentage of individual children ages 0-18 participating in MaineCare in SFY 2020. This data is reported by age group, ages 0-5, and ages 6-18 at the end of the state fiscal year or the end of the child's participation in the program.

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

HEALTHY HABITS

Healthy Habits Survey Questions - All of the indicators in this section are from the National Survey of Children's Health 2018-2019. National Survey of Children's Health (NSCH) is sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration, an Agency in the U.S. Department of Health and Human Services. The NSCH examines the physical and emotional health of children ages 0-17 years of age. Data is for 2018-2019. The previous survey was conducted in 2016-2017.

SOURCE: National Survey of Children's Health

OTHER HEALTH MEASURES

Children with MaineCare ages 1-3 who had developmental screening at their annual well-child visit is the number and percentage of children with Medicaid (MaineCare) ages 1-3, FFY 2019. It is one of the measures in the Children's Health Care Quality Measures to strengthen the quality of care provided to and health outcomes of children in Medicaid and the Children's Health Insurance Program (CHIP). The core set includes a range of children's quality measures encompassing both physical and mental health. The national rate shown is the mean, not the median of all states.

SOURCE: National Committee for Quality Assurance Children's Health Care Quality Measures (NCQA): Child Core Set, Federal Office of Medicaid, FFY 2019, Table DEV-CH-2019 Performance on the Child Core Set Measures, FFY 2019

Insured children with a dental visit is the number and percentage of children, ages 0-20 with either MaineCare or other dental insurance who had a dental visit in 2019. Because it is based on claims data, it includes fluoride varnish delivered by a primary care provider and dental related services at a federally qualified health center. Only children who had continuous coverage 11 months of the year either through MaineCare or private insurance are included.

SOURCE: The data comes from the Maine Health Data Organization's All Payer Claims Dataset Maine provided by the Partnership for Children's Oral Health. Posted to Annie E. Casey Foundation, KIDS COUNT, Children Under Age 21 Who Received a Dental Service

MENTAL HEALTH

There are seven mental health indicators in this section from the National Survey of Children's Health. These include prevalence of **autism spectrum disorder, ADHD, anxiety, depression, conduct problems, Adverse Childhood Experiences and youth receiving mental health counseling**. The National Survey of Children's Health (NSCH) is sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration, an agency in the U.S. Department of Health and Human Services. The NSCH examines the physical and emotional health of children ages 0-17 years of age. Data is for 2018-2019. The previous survey was conducted in 2016-2017.

SOURCE: National Survey of Children's Health

Youth with MaineCare who were treated with concurrent antipsychotic medications is the number and percentage of children with Medicaid (MaineCare) ages 1-17 who were prescribed any antipsychotic medication and were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year. This measure is reported by Maine and 34 other states. The data is for FFY 2019. The national rate shown is the mean, not the median of all states.

SOURCE: National Committee for Quality Assurance Children's Health Care Quality Measures (NCQA): Child Core Set, Federal Office of Medicaid, FFY 2019, Table APC-CH Performance on the Child Core Set Measures, FFY 2019

Youth with MaineCare hospitalized for treatment of mental illness who had a follow-up visit within 7 days of discharge is the number and percentage of youth with Medicaid (MaineCare) ages 6-20 who were hospitalized for mental illness and had a related follow-up appointment within 7 days of discharge from the hospital. This measure is reported by Maine and 44 other states. The data is for the FFY 2019. The national rate shown is the mean, not the median of all states. The method of data collection changed in 2019 to exclude appointments the same day as discharge, so years cannot be compared.

SOURCE: National Committee for Quality Assurance Children's Health Care Quality Measures (NCQA): Child Core Set, Federal Office of Medicaid, FFY 2019, Table FUH-CH Performance on the Child Core Set Measures, FFY 2019

Youth in mental health residential treatment in-state and out of state is the number and estimated rate per 10,000 children ages 10-17 who were in in-state and out-of-state residential treatment settings, known as PNMI's (Private Non-Medical Institutions) on December 31, 2020.

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

Children and adolescents using MaineCare services for outpatient mental health services is the number and estimated percentage of children ages 10-19 who had MaineCare claims for outpatient mental health services. Data is for calendar year 2019.

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

Teen suicide is the average annual number and estimated rate of children and teens ages 10-19 who commit suicide. These data represent five-year averages from 2008-2012 to 2015-2019. The rate is per 100,000 children ages 10-19. These data are also reported by ages 10-14 and ages 15-19. A five-year time frame is used because small numbers makes the data more uncertain.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistic, posted to Annie E. Casey Foundation KIDS COUNT, Teen Suicide 2015-2019; National: Center for Disease Control and Prevention, build a query from CDC Wonder

ADOLESCENT HEALTH AND SAFETY

The fourteen indicators in the table and one question about racist incidents related to school which is graphed by race are from the Maine Integrated Youth Health Survey, High School Students, 2019. Maine Integrated Youth Health Survey (MIYHS) is a collaboration between the Maine Department of Health and Human Services and the Maine Department of Education. Its purpose is to quantify the health of students by direct student survey. Data is from school year 2019. The previous survey was in 2017.

SOURCE: Maine Integrated Youth Health Survey (MIYHS), 2019

ALCOHOL, MARIJUANA, VAPING AND TOBACCO USE

These four indicators are from the National Center for Disease Control, Youth Risk Behavior Surveillance System (YRBSS). These surveys monitor priority health-risk behaviors that contribute to the leading causes of death, injury, illness, and social problems among high school students at the state and national levels. Data is for calendar year 2019. The previous survey was in 2017.

SOURCE: National Center for Disease Control Youth Risk Behavior Surveillance System, 2019

CRIME

Arrests of children is the number and estimated rate of children ages 10-17 arrested. The rate is per 1,000 children ages 10-17. The annual arrest data count all arrests of youth for offenses. Repeat offenses by the same individual are counted more than once. Data is for calendar year 2019.

SOURCE: Maine Department of Public Safety Crime in Maine Reports 2019

Arrests of children for violent crimes is the number and estimated rate of arrests for violent crimes per 100,000 children ages 10-17. Violent crimes include murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault. (It does not include other assaults.) Repeat offenses by the same individual are counted more than once. Data is for calendar year 2019.

SOURCE: Maine Department of Public Safety Crime in Maine Reports 2019

Juveniles committed in juvenile corrections is the number and estimated rate per 100,000 children ages 10-17 who were committed to Long Creek Youth Development Center, Maine's only juvenile detention center, on December 31, 2020. Committed means a youth has been sentenced for an offense in juvenile court and committed to the Department of Corrections. Courts may impose indeterminate sentences to a youth's 18th birthday or extend to no later than their 21st birthday. The court may also impose a determinate sentence of no more than 30 days or, for youth in the drug treatment court program, a stay not to exceed seven days. The youth committed for an indeterminate sentence must remain in the facility until a decision is reached that he or she has successfully completed the program and is ready for release to the community.

SOURCE: Maine Department of Corrections, Juvenile Services

Juveniles detained in juvenile corrections is the number and estimated rate per 100,000 children ages 10-17 who were detained at the Long Creek Youth Development Center, Maine's only juvenile detention center, on December 31, 2020. Detained means a youth is incarcerated prior to a judicial hearing because the juvenile is determined not be safe in the community while awaiting a court hearing. In some cases, juveniles are detained immediately after an arrest, while others are detained because of non-compliance with conditions of a release or probation. Most detainments are for less than one week.

SOURCE: Maine Department of Corrections, Juvenile Services

Domestic assaults reported to police is the number and estimated 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. Repeat offenses by the same individual are counted more than once. Data is for calendar year 2019.

SOURCE: Maine Department of Public Safety Crime in Maine 2019

SOCIAL AND ECONOMIC STATUS

HOUSING

Children in low-income households where housing costs exceed 30% of income is the number and estimated percentage of children living in low-income households where more than 30 percent of the monthly income was spent on rent, mortgage payments, taxes, home-owner's insurance, and/or related housing expenses. Low-income households are households with incomes less than 200 percent of the federal poverty level. In 2019, the poverty threshold for a family of two adults and two children was $25,750 in 2019, so a family of four would be classified as low-income in 2019 with an annual income less than $51,500. Data is for calendar year 2019.

SOURCE: Annie E. Casey Foundation, KIDS COUNT Children in low-income households with high housing cost

Homeless children accompanied by a parent or guardian and **Homeless children unaccompanied by a parent or guardian** are the number and estimated rate per 10,000 children who are counted on the annual point in time homeless survey conducted in every state on January 28, 2020. ***Accompanied Children*** includes children ages 0-17 in families who are homeless and residing at a shelter for homeless families or are unsheltered. ***Unaccompanied Children*** includes children ages 12-17 who are homeless and residing at a shelter for homeless unaccompanied youth or are unsheltered.

SOURCE: (Report) Maine Housing Point in Time Homeless Survey

Children enrolled in school, pre-K – grade 12 who were homeless or doubled up on October 1, 2019 is the number and rate per 1,000 children of children enrolled in a Maine public school grades pre-kindergarten to grades 12 unsheltered, living in a homeless shelter, or sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason based on an annual count on October 1, 2020.

SOURCE: Maine Department of Education, Data Warehouse, Student Enrollment Data

Children enrolled in Head Start who were homeless or doubled up at any time is the number and rate per 1,000 children of children enrolled in Head Start 2018-2019 school year who were reported by their school as having experienced any days of homelessness during the school year. Homelessness includes children who are unsheltered, living in a homeless shelter, or sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.

SOURCE: US Department of Health and Human Services, Administration for Children and Families, Head Start Program Information Report

POVERTY

Poverty thresholds for various years are from the U.S. Department of Health and Human Services, U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs Poverty Thresholds

Children under age 18 in poverty / Children under age 5 in poverty are the estimated number and percentage of children, based on data for calendar year 2019, with the following characteristics: Both measures under age 18 and under age 5 in poverty use the 2019 poverty threshold for a family of two adults and two children which was $25,750.

SOURCE: U.S. Census Bureau Small Area Income and Poverty Estimates 2019 SAHIE Poverty Estimates 2019

Children under age 18 in deep poverty is children who live in families with incomes less than 50 percent of the federal poverty level. In 2019, the 50 percent poverty threshold for a family of two adults and two children was one half of $25,750 which is $12,875.

SOURCE: Annie E. Casey Foundation, KIDS COUNT Children in deep poverty

Children living with food insecurity is the estimated number and percentage of children under age 18 living in households, where in the previous 12 months, there was an uncertainty of having, or an inability to acquire, enough food for all household members because of insufficient money or other resources. Data is for calendar years 2017-2019.

SOURCE: US Census Current Population Survey, Food Security Supplement. Estimates represent a three-year average; posted to the Annie E. Casey Foundation, KIDS COUNT Children living in households that were food insecure

INCOME AND EMPLOYMENT

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. In 2019, the poverty threshold for a family of two adults and two children was $25,750. Thus, low-income for a family of four would be defined as having an income less than $51,500. Data is for calendar year 2019.

SOURCE: Annie E. Casey Foundation, KIDS COUNT Children in low-income families

Median income of families with children is the estimated median annual income for families with children under age 18 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. Data is for calendar year 2019. **Median household income** includes households without children.

SOURCE: US Census Bureau, Small Area Income and Poverty Estimates SAIPE Median Income Estimates

LIVING WAGE BY FAMILY TYPE

Living wage by family type is the estimated hourly wage required to meet basic expenses for various household types. Data shown is for living wages for a single adult with two children. Data is for calendar year 2019.

SOURCE: Massachusetts Institute of Technology Living Wage Calculator MIT Living Wage Calculator

Unemployment is the estimated monthly average number and percentage of people in the civilian labor force who are unemployed and actively looking for work. The unemployment rate is calculated by dividing the average number of unemployed people by the average number of people in the civilian labor force. (The civilian labor force includes those with work and those actively looking for work.) Data is derived from the Local Area Unemployment Statistics (LAUS) program. LAUS is a Federal-State cooperative program that develops monthly estimates of the labor force, employment, unemployment, and unemployment rates. Data is for the month of December 2020. Monthly data was used rather than annual data since unemployment had steep increases during 2020.

SOURCE: Maine Department of Labor, Center for Workforce, Research and Information Monthly Unemployment Estimates

FAMILY ECONOMIC SECURITY

Children receiving TANF is the number and estimated percentage of children ages 0-17 who were receiving Temporary Assistance for Needy Families (TANF) in December 2020.

SOURCE: Maine Department of Human Services, Office for Family Independence TANF Estimates

Children receiving SNAP is the number and estimated percentage of children ages 0-17 who were receiving Supplemental Nutrition Assistance Program (SNAP) benefits, formerly called Food Stamps, in December 2020.

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

School children eligible for subsidized school lunch is the number and percentage of school children eligible to receive subsidized school lunch through the National School Lunch Program, a meal entitlement plan primarily funded through federal dollars. School children are eligible for free school lunches if their family income does not exceed 130 percent of the federal poverty level. They are eligible for reduced price school lunches if their family income falls between 130 percent and 185 percent of the federal poverty level. In 2020, the poverty threshold for a family of two adults and two children was $26,200. Data is for the 2020-2021 school year.

SOURCE: Maine Department of Education, School Nutrition Program

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 percent of poverty and be at medical or nutritional risk. Data is shown for number of mothers, and for number of children and estimated percentage of all children under age five, for calendar year 2020.

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

Child support enforcement cases with collection is the number of cases and percentage of cases for which the state child support enforcement agency successfully collected child support payments due in FFY 2019. The 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

Children served through TANF's ASPIRE and Transitional child care subsidies is the number of children served through these two types of child care subsidies during SFY 2020. Children up to age 12 are eligible for subsidized child care if their parents are receiving TANF and are either in education training (ASPIRE and Parents as Scholars) or are working (Transitional). Data is for FFY 2020.

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

Children served through CCDBG child care subsidies is the number of children served through Child Care Development Block Grant (CCDBG) vouchers. Child care subsidies are provided through a federal block grant program to states to subsidize child care for low-income families. Children up to age 12 are eligible for subsidized child care if their parents are working or in education training programs and have incomes at or below 85 percent of the state median income. Data is for SFY 2020.

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

EDUCATION AND LEARNING

EARLY LEARNING AND DEVELOPMENT PROGRAMS

Number of licensed child care providers is the number of licensed child care homes and child care centers as of December 2020. Data is also reported as a percent of the total number of licensed child care providers for each type of licensed child care; as well as the number and percent of child care providers enrolled in the Quality Rating and Improvement System (QRIS) at the two highest levels, step 3 or step 4.

SOURCE: Maine Department of Health and Human Services, Office of Child and Family Services, Data Dashboard for Early Childhood Education, December 2020 OCFS Early Childhood Education Dashboard

Children under age 6 with all available parents in the work force is the number and percentage of children 5 years and younger with all parents in the family working. For children living in a married-couple family, this means that both parents are in the labor force. For children living in a single-parent family, this means the resident parent is in the labor force. The civilian labor force includes persons who are employed and those who are unemployed but looking for work. Data is for calendar year 2019.

SOURCE: Annie E. Casey Foundation, KIDS COUNT Children under age 6 with all parents working

Children enrolled in Head Start Programs is the number of state and federally-funded children in Head Start programs throughout the state during FFY 2019. Eligible children were estimated as the number of children under age five in poverty.

SOURCE: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, Program Information Report Head Start Program Information Report

Children enrolled in Maine Public Four-Year-Old-Programs is the number and estimated percentage of four-year-old children enrolled in a public preschool program offered through a school administrative unit during the 2020-2021 school year. 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 Student Enrollment Data

Children receiving early intervention through Child Development Services (Part C and Part B) is the number and estimated rate of children ages 0-12 months (Part C); ages 0-36 months (Part C); and ages 3-5 (Part B) who receive services through Child Development Services. The Federal Individuals with Disabilities Education Act (IDEA) makes it possible for states to offer free early intervention services for young children with developmental delays and sometimes for other children with specific health conditions that will probably lead to a delay. Maine provides both Early Intervention (birth-3 years) and Free Appropriate Public Education (3-5 years) through Child Development Services (CDS), which is under the Department of Education. Data is for FFY 2019.

SOURCES: IDEA Part C Child Count and Settings Survey, Infant and Toddlers Coordinators Report Birth to Age 3; 2019: Early Intervention ages 0-3 and U.S. Department of Education, IDEA Section 618 Data Products: Part B, Table 1, 2019-2020 Early Intervention Services ages 3-5

4th grade students scoring at or above the reading proficiency level and **8th grade students scoring at or above the math proficiency level** is the percent of students who met or exceeded the proficient level in reading/math for their respective grade level on the Maine Educational Assessment (MEA) 4th grade reading test / 8th grade math test in March 2019. Data is also reported for children who are economically disadvantaged and not economically disadvantaged and is reported by race, excluding those in who are English Language Learners. No students took these tests in March 2020 due to mass school closures at the beginning of the pandemic.

SOURCE: Maine Department of Education, data request from Educate Maine, shared with MCA 4th grade and 8th grade achievement

Chronic Absenteeism is the percentage of students in Maine schools who were chronically absent, defined as absent 18 or more days or 10% or more of the days enrolled. Chronic absenteeism includes being absent for any reason – excused or unexcused. Data is for all schools that reported in the 2018-2019 school year. Data is also reported by students who are economically disadvantaged or not.

SOURCE: Maine Department of Education, ESSA Dashboard, and choose the tab "student behavior" Chronic Absenteeism

Children who are English Language Learners is the number and percentage of children attending public schools who are receiving English as a Second Language services or bilingual educational services. These data represent the 2018-2019 school year.

SOURCE: Maine Department of Education English Language Learner Dashboard

Children who are in special education by race is the number and percentage of students by race for grades 1-12 who are enrolled in public school and who have been identified as having a disability which requires special education services during the 2019-2020 school year.

SOURCE: Maine Department of Education Special Education Stats National data from 2020 Annual Report to Congress on the Individuals with Disabilities Education Act (IDEA), Exhibit 26, page 48

Children who are in special education by type of disability is the number of students ages 6-20 who are enrolled in public school and who have been identified as having a disability which requires special education services in 2019. Data is reported by the type of disability and among the students with an identified disability, the percent that have each type of disability.

SOURCE: Maine Department of Education school year enrollment by type of disability Special Education Stats

HIGH SCHOOL COMPLETION

High school graduates, Class of 2019 is the number and percentage of students who entered ninth grade for the first time in the fall of 2015 and received a "regular" diploma in the spring of 2019. The data includes public schools and private schools with 60 percent or more publicly-funded students. Data is reported by students who are economically disadvantaged or not and is also reported by race and by populations of students who are in foster care, with disabilities, English language learners, and students who are homeless.

SOURCE: Maine Department of Education, Graduation Rates

YOUTH AND YOUNG ADULTS

Teens not attending school and not working is the estimated number and percentage of teens ages 16-19 who are not enrolled in school (full- or part-time) and not employed (full- or part-time). Data is for calendar year 2019. County data for this measure is for the period 2015-2019 because small numbers in the U.S. Census Survey make the numbers more uncertain.

SOURCE: U.S. Census Bureau, American Community Surveys, 1-year estimates, 2019, TABLE BI4005; and 2015-2019 5-yr averages posted to Annie E Casey KIDS COUNT Teens 16-19 not in school and not working

Young adults enrolled in or completed college is the number and estimated percentage of young adults ages 18-24 enrolled in college or who have completed college. Data is for calendar year 2019.

SOURCE: Annie E. Casey Foundation, KIDS COUNT Young adults ages 18-24 in or completed college

College enrollment immediately after high school is the number and estimated percentage of students who enrolled in a two- or four-year post-secondary institution in the academic year immediately following graduation or by August 14th of the following year. Data is for November 2019.

SOURCE: Student Clearinghouse, report run for Maine Department of Education, March 2020 College enrollment right after high school

College completion within six years is the number of Maine young adults who graduate from either two-year or four-year public or private institution within six years. The percentage is of the students who enroll within a year of high school graduation who go on to graduate a two-year or four-year college within six years. The data is for 2019, about the high school class of 2013.

SOURCE: Educate Maine College completion within 6 years

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

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