

2011 HARFORD COUNTY RUNAWAY RESEARCH STUDY



RUNAWAY REPORT



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Harford County Runaway Research Project

Introduction

The U.S. Department of Health and Human Services (1989) defines “runaway” as “a youth away from home at least overnight without the permission of his or her parent(s) or legal guardian” (Bass, 1992, pg. 2). The rate of runaways in America is extremely hard to estimate, as many go unreported; much of the literature found today focuses on runaway and homeless youth as whole. The National Runaway Switchboard (2010) *estimates* between 1.6 and 2.8 million youth run away per year. Before the age of 18, one out of every seven children will run away; approximately 5,000 runaway and homeless youth die from assault, illness and suicide (Pergamit et al., 2010).

Reasons Why Youth Run Away

Abuse

While there are a variety of reasons that youth run away, many have cited conflict with parents or guardians as the top reason (Westat, Inc., 1997). Neglect, abandonment, and physical, sexual or emotional abuse have all been cited as some of the reasons youth run away (Runaway Homeless Youth Act: Reports to Congress 2009). Molnar et al. (1998) cite 34% of runaway youth report some sort of sexual abuse prior to running away, and 43% reported physical abuse. In 1992, Feitel studied 150 homeless and runaway youth in New York City to document psychosocial backgrounds and to determine how many had behavioral and emotional disorders. Feitel found 12.5% of youth had been physically abused, 20% reported having been subjected to emotional abuse, and half reported that they were afraid of being hit, or were physically abused in the past.

Early abuse has shown to elevate the victimization among runaway and homeless youth on the street. A study done by Tyler and Beal (2010) examined the context of the environment of homeless young adults using the four constructs of victimization theories in order to investigate their usefulness in explaining the potential risk for physical and sexual victimization. The study found that running away at a young age and repeat runners were both associated with being victims of physical abuse. Higher sexual victimization rates were found in females and gay, lesbian, and bisexual youth compared to males and heterosexual youth. Studies have shown that such victimization could be associated with close friends who are involved in delinquent behavior (Tyler & Beal, 2010).

Substance Use

Previous studies have shown that a large percentage of runaways and homeless are abusing alcohol and drugs, with repeat runners being more likely to have a history or substance abuse than first-time runners (Thompson & Pillai, 2006). The more street time a youth is exposed to, the increased likelihood they will be involved in risky behaviors (Tyler & Beal, 2010). A study conducted in Baltimore City examined street youth perspective of health and access to care. A

mixed-gender focus group ranked drugs as one of the five most important health problems. Because of the wide access to drugs in the area, many of the youth spoke of their knowledge of street drugs and its purpose, such as its use in dealing with stressful situations while on the streets (Ensign & Gittelsohn, 1998). Feitel's (1992) research discovered out of the 150 youth interviewed for the study, 41% were recorded as fulfilling the criteria for alcohol and drug abuse.

The National Association of Social Workers survey has shown that many parents of runaways suffer from substance abuse themselves. Results found 29% of the parents of the runaways had problems with alcohol, while 24% of parents were drug abusers (Bass, *Helping Vulnerable Youth* 1992). While further research is needed to examine if there is a direct correlation between the parents' substance abuse to the runaway child, it is interesting to note that the second-most common risk factor was the youths' substance dependency, right below the physical or sexual abuse at home (Hammer, Finklehor, & Sedlak, 2002).

Mental Health

Runaway and homeless youth also tend to have a great more emotional and health problems compared to youth who have never run away (Feitel et al. 1992). Similar to the general population, many runaways tend to exhibit mental health problems that are not properly being treated for. Such health problems could come from unstable households where they are being abused emotionally, physically or sexually. These problems range from conduct disorder to a host of other diagnosable mental health issues such as depression, attention deficit disorder, and post-traumatic stress disorder (PTSD) (Feitel et al., 1992). Because runaway youth are not easily accessible, it is difficult to diagnose such a sample, unless they were previously diagnosed before running. According to the 2008 – 2009 report to Congress on the runaway and homeless youth programs, mental health was the third-most critical issue identified in focusing on the immediate needs of runaway and homeless youth.

Many studies focusing on mental health of runaways found higher rates of depressive symptoms, suicidal thoughts and conduct disorder in these youth (Chen et al., 2006; Feitel et. al., 1992). A study focusing on the longitudinal effects of runaways' mental health concluded that four to five years later, those youth who ran away were more likely to have depressive symptoms than those of non-runaways (Tucker et. al., 2010). According to the U.S. Department of Health and Human Services, 32% have attempted suicide at some point in their lives (Westat Inc., 1997). The mental state of these youth could be explained by the physical, emotional and sexual abuse many of them have sustained throughout their lives; such acts would also cause to elevate the number diagnosed with PTSD. In a sample of 140 homeless and runaway youth, it was found that almost three quarters had reported having past or present symptoms of depression; more than a third said that they had been depressed their entire life (Feitel et. al., 1992).

Economy

Over the past few years, we have seen an increased number of youth running away and government officials proposing that the recession is playing a major role in this increase (Urbina, 2010). Many of the day-to-day stress that families experience has been exasperated by the recession, and such pressures have filtered down to the youth. We have seen that many of the problems experienced by youth closely mirror that of the American population:

Shelter providers reported to NASW that 41% of their clients were from families with long-term economic problems. Close to half were from households with absent fathers. About one-third of the youths had no means of support. Consistent with generally excessive high school dropout rates, more than half had serious educational or school problems (Bass, 1992, p. XIV).

Literature Review

There are a number of articles relating to homeless youth, yet very little research has been done directly relating to runaways; much of the literature combines the study of homeless youth with runaways. The literature reviews on this topic mainly consist of articles involving the harmful behaviors of youth, the challenges that face them, as well as the immediate needs of both runaway and homeless youth. One study that was particularly relevant was a longitudinal study done by Milburn et. al., (2007). This study examined the rate and timing of returning home over 24 months among samples of newly homeless youth. The study showed that more newly homeless youth returned home within 24 months (Milburn et. al.).

Nationally, runaway youth are 50% male and 50% female, with a greater amount of females seeking help through shelters and/or hotlines (Hammer, Finkelhor, & Sedlak, 2002). Youth have been reported running away at all ages, but the majority of youth were older teens between the ages of 15– 17 (Sedlak et. al., 2002). Throughout all of the studies, it was found that whites were among the majority of those who ran away, accounting for about 60% of the population (Sedlak et. al.).

Hammer et al.'s study (2002) also looked at the characteristics of runaway/thruway episodes, examining at what time of the year youth were most likely to run, the distance and duration of each episode, and finally, the outcome of the child. Children were more likely to run in the summer months (39%) compared to all of the other seasons (20%). Such an increase could be due to the favorable weather conditions as well as the lack of school-related activities. As expected, most runaways tend to stay at a friend's house while they are missing, and when asked who knew where they were while missing, the majority of youth say a friend knew (Pergamit et. al., 2010).

Methods

While much of the national statistics combines both groups, the local datum is focused only on runaways in the immediate Harford County area. Researchers were given Missing Person Report Forms of youth who were missing between the years of 2008 thru 2010 (April of 2008 through September of 2010). Reports were compiled in a database specifically looking at the

categories of: race, sex, age, zip code, school, any medication as well as any medical/physical problems. The sample consisted of youth 18 years and under who were reported missing to the Harford County Sheriff’s Department. A total of 247 report forms were analyzed, and the categories were then divided into groups that consisted of youth 18 and under enrolled in school, and groups 17 and under. The data was further analyzed to look at repeated runaways as a separate subgroup in the overall data.

Results

18 years and younger, no repeat runaways, enrolled in school

Results were divided into several categories in order to analyze the data from 2008, 2009 and 2010. First, results were analyzed with missing persons who were 18 years or younger, enrolled in school that had not run away more than one time. A total of 247 youth met these criteria. For this sample, more youth were found missing in 2008 (38%). The majority missing were female (58%), 17 years of age (32%) and white (49%). Table 1, 2 and 3 provide further information on gender, age and race.

Table 1: Gender No Repeats With 18-YearOlds Included

Year	Male	Female	Unknown	Total
2008	38	56	1	95
2009	36	47	3	86
2010	25	41	0	66
Total	99	144	4	247

Table 2: Age by Year No Repeats With 18-Year-Olds Included

Year	Age 7-12	Age 13	Age 14	Age 15	Age 16	Age 17	Age 18 +
2008	4	4	14	18	19	25	11
2009	4	2	2	10	18	39	11
2010	2	6	8	15	19	14	2
Total	10	12	24	43	56	78	24

Table 3: Race & Ethnicity No Repeats Including 18-Year-Olds

Year	White	AA/Black	Hispanic	Asian	Unknown
2008	54	28	0	0	13
2009	38	33	7	2	6
2010	31	29	3	0	3
Total	123	90	10	2	22

Youth were mainly reported missing from the Bel Air, Edgewood and Abingdon areas (Table 4). Areas where only two or less youth was reported missing was classified under “Other.” These areas included Churchville, Darlington, Delta, Fallston, Millington, Monkton, Putty Hill, Whiteford, White Hall, Severna, Street, Towson and Port Deposit. The most common zip code where youth was reported missing was 21040 (Table 5 identifies specific zip codes where five or more youth were missing). The most common school found to have missing youth was Edgewood High School (Table 6 identifies where five or more youth were registered to attend school).

Table 4: Place of Residence No Repeats Including 18-Year-Olds

Year	Abingdon	Bel Air	Belcamp	Edgewood	Forest Hill	Havre de Grace	Jarrettsville	Joppa	Other
2008	13	20	6	28	2	3	4	7	12
2009	11	11	5	36	4	0	2	4	13
2010	7	11	3	25	1	1	2	5	11

Table 5: Zip Codes No Repeats Including 18-Year-Olds

Year	21001	21009	21014	21015	21017	21040	21085	Other
2008	4	14	8	12	4	25	6	22
2009	6	9	4	7	5	34	4	17
2010	4	6	3	7	3	24	5	26

Table 6: Schools No Repeats Including 18-Year-Olds

Year	Patterson Mill	Edgewood Middle	Joppatowne H.S.	North Harford H.S.	C. Milton Wright H.S.	Edgewood H.S.	The Arrow Project	Other
2008	4	6	9	5	11	11	6	43
2009	5	4	9	5	6	11	2	42
2010	3	3	9	4	3	12	1	41

The majority of youth did not have any physical or medical issues (62%). However, of those that did, the most common were ADD/ADHD (11%). Other diagnoses included bipolar disorder (7%) and depression (5%). Other medical issues included Asthma (6%) and Diabetes (1%). Common medications prescribed for these issues included Abilify, Concerta, Depakote, Lexapro, birth control and asthma inhalers.

17 years and younger, no repeat runaways

Second, results were analyzed with missing persons who were 17 and younger who had not run away more than one time. A total of 223 youth met these criteria. Results were similar to previous results. More youth were found missing in 2008 (37%). Youth missing were more likely to be female (59%), 17 years of age (35%) and white (47%). The same zip (21040) and school

(Edgewood High School) were found to have the most missing youth. See Tables 7 through 12 for further details.

Table 7: Gender No Repeats Under 17

Year	Male	Female	Unknown	Total
2008	31	52	1	84
2009	32	40	3	75
2010	24	40	0	64
Total	87	132	4	223

Table 8: Age No Repeats Under 17

Year	Age 7–12	Age 13	Age 14	Age 15	Age 16	Age 17
2008	4	4	14	18	19	25
2009	4	2	2	10	18	39
2010	2	6	8	15	19	14
Total	10	12	24	43	56	78

Table 9: Race and Ethnicity No Repeats Under 17

Year	White	AA/Black	Hispanic	Asian	Unknown
2008	46	25	0	0	13
2009	30	31	6	2	6
2010	29	29	3	0	3
Total	105	85	9	2	22

Table 10: Place of Residence No Repeats Under 17

Year	Abingdon	Bel Air	Belcamp	Edgewood	Joppa	Other
2008	11	19	5	24	7	18
2009	10	8	3	34	3	17
2010	7	10	3	25	4	15

Table 11: Zip Codes No Repeats Under 17

Year	21001	21009	21014	21015	21040	21085	Other
2008	3	12	7	12	22	6	28
2009	6	8	3	5	32	3	18
2010	4	6	3	7	24	4	16

Table 12: Schools No Repeats Under 17

Year	Edgewood Middle	Joppatowne H.S.	C. Milton Wright H.S.	Edgewood H.S.	Other
2008	6	7	9	11	51
2009	4	8	5	11	47
2010	3	8	3	12	38

The majority of youth did not identify having a medical or physical problem (63%). For those that did, the most frequent diagnosis was ADD/ADHD (11%). Other diagnoses included bipolar disorder (7%), depression (5%) and Oppositional Defiant Disorder (1%). Medically, asthma (5.8%) was the most common diagnosis. Common medications included Abilify, Adderall, Depakote, birth control and asthma inhalers.

Repeat Runaway Youth

Finally, results were analyzed for those youth who were missing more than one time. A total of 54 youth met these criteria. Due to some youth missing multiple times during a year or multiple years, ages and year missing were not calculated. The majority of youth who went missing more than one time were female (67%), white (44%), from Bel Air (32%), from zip code 21040 (26%), and enrolled in C. Milton Wright High School (22%). The majority did not have any medical or physical problems (67%). The most common diagnosis was ADD/ADHD (11%). Bipolar disorder (6%) and depression (7%) were also identified as diagnoses. See Tables 13 through 16 for further details.

Table 13: Race for Repeat Runaways

Race	Total
White	24
AA/Black	20
Hispanic	4
Unknown	6

Table 14: Place of Residence for Repeat Runaways

City	Total
Aberdeen	5
Abingdon	3
Bel Air	17
Bel Camp	3
Edgewood	15
Joppa	3
Other	8

Table 15: Zip Code of Repeat Runaways

Zip Code	Total
21001	5
21009	3
21014	7
21015	9
21017	3
21040	14
21085	3
Other	10

Table 16: School of Repeat Runaways

School	Number
Patterson Mill	3
N. Harford H.S.	3
C. Milton Wright H.S.	12
Aberdeen H.S.	5
Edgewood H.S.	9
Other	22

Discussion

The Harford County data closely resembles that of the national average of runaway youth. Overall, those individuals who run away tend to be evenly distributed amongst genders, and on average, youth between the ages of 15 – 17 are more likely to run away. Racially, the local data is consistent to that of the national data in that the bulk of the runaways are white youth. The National Runaway Switchboard states that half of all runaways will likely run two or more times (Pergamit et al., 2010). Since the local data only represents youth that were reported to the authorities over a three-year span, it is difficult to conclude the number of repeat runaways.

Studies have shown that many of these runaways abuse drugs or alcohol or struggle with mental illness (A Coordinated Response to Youth Homelessness). Our data set does not report substance abuse history, so no correlation can be made on this particular category. Out of those individuals who reported having medical problems, the majority were diagnosed with ADD/ADHD, bipolar disorder or depression. Consistent with the national research on mental health and runaway/homeless youth, depression is reported as the most common disorder (Feitel et al, 1992; Tucker et al., 2011; Thompson & Pollio, 2006; Bender et al., 2010; Chen et al., 2006). The local data does not account for PTSD, so no comparison could be made on that particular diagnosis. More research is needed to track the mental health issues that runaway and homeless youth have nationally to make a better comparison on a local level.

Limitations

Overall, the data collected and analyzed is comparable to the national data that is available. Because of the limited amount of information obtained from the Missing Person Form, further analysis is needed to examine some of the reasons why youth in the Harford County area run away, how long they are gone and where they typically go. Future research on how these individuals are performing in school, as well as any substance abuse in the household would also prove helpful in indentifying some of the major trends in local runaways. On a national level, further studies are needed focusing primarily on youth who run away separate from homeless youth.

The national research focuses on gender issues and orientation as some of the reasons why youth leave their home, including overall statistics on the gay, lesbian, and transgender groups of runaway and homeless youth. Future research is needed to examine such information on a local platform. Such information would better prepare the county in providing specific interventions catered to that population if it is needed. Because the researchers are only relying on the missing persons reports, useful information such as school truancy and criminal behavior cannot be reported. Also, the local datum collected only focuses on the youth who were reported as running away/missing. Specifics on why these youth ran or the state of the parents or guardian(s) were not reported to the researchers.

Resources and Programs

National

With the array of problems that homeless and runaway youth experience, there are also many programs designed to help combat these issues. The federal government has set up three different funded programs for youth and their families in hopes of reducing the amount of homeless and runaway youth. The first program provides services to the youth directly by providing emergency shelter, food, clothing, counseling and health care referrals. The program is referred to as the Basic Center Program. The goal of this program is also to reunite youth with their families or provide acceptable alternative placement. The Basic Center provides emergency services to youth up to the age of 18, at which time staff try to reunite the child with their family or provide other appropriate housing options. In previous years, the federal government averaged \$130,997 annual grant to basic centers (Runaway Homeless Youth Act: Report to Congress, 2009).

The second program is geared toward older homeless youth who are looking for long- term help. The Transitional Living Program is designed to help homeless individuals between the ages of 16 and 21 who cannot return home (Runaway Homeless Youth Act: Reports to Congress 2009). This program provides youth with housing, life skills training, counseling, and support for education and employment. This particular program is not designed to help out runaway youth who can return home, but for those youth who are considered throwaways, where the parents do not want the child back. The program works under three models: 1) Group Homes, 2) Host-home Approach or 3) Supervised Apartments. Transitional Living Program provides long-term residential services for up to 21 months using one or more of the preceding models. Many

programs combine all three models and phase into the less supervised one as the youth becomes more self-sufficient. In 2009, the federal government funded an average of \$189,904 to grants using the transitional living program (Runaway Homeless Youth Act: Reports to Congress 2009).

The third federally funded program is designed to make contact with runaway and homeless youth who are at risk for sexual abuse or exploitation. This program is known as Street Outreach program; outreach teams go out in the streets and provide at-risk youth with basic necessities similar to Basic Center Program, but they give referrals for mental health and substance abuse counseling. The goal of this program is to defend youth against sexual exploitation, abuse and other dangers by building relationships with them. Outreach workers try to educate youth of the services provided to them, in hopes that they will take advantage of these resources. In 2009, programs that adopted the Street Outreach Program were awarded an average of \$98,780 in annual grant funds (Runaway Homeless Youth Act: Report to Congress 2009).

Walsh and Donaldson (2010) examined the National Safe Place program and how it focused on meeting the immediate needs of runaway and homeless youth. National Safe Place is a program designed to provide access to immediate help and supportive resources for youth in crises by providing a network of sites where trained volunteers can assist them with their needs, in hopes of diffusing their current problems. National Safe Place works with partners in the community and provides access points for youth to go to in order to receive help. Such access points could be at fast food restaurants, convenient stores, and community buildings, anywhere that is easily accessible and a youth would deem safe. Each location displays the Safe Place logo on the outside of the building, so that youth can walk in and ask for help. Currently, there are 138 Safe Place programs across the nation, with more than 17,000 access sites (Walsh & Donaldson). At the current time, there are no such programs here in the state of Maryland, but there is one in the District of Columbia.

In the case that a runaway youth is not able to get to a safe place or there are no such programs around, another resource is the National Runaway Switchboard. The National Runaway Switchboard is a toll-free number that runaway youth or youth who are thinking about running can call and talk with a trained volunteer. This 24-hour service is used to help educate runaways about available resources as well as offer solution-focused interventions. In 2010, there were approximately 1,954 calls to the National Switchboard from the state of Maryland; this is a slight increase from the 1,895 calls from the previous year (http://www.1800runaway.org/learn/research/2010_nrs_call_statistics/).

State

A national non-profit agency that offers resources in Maryland is Safe Families for Children (<http://www.safe-families.org/default.aspx>). This national agency is dedicated to providing a network of agencies and churches who offer temporary foster care to families who are in crisis but who do not qualify for foster care (Safe Families, 2010). Winner of the 2010 Drucker Award

for Nonprofit Innovation, this nonprofit's network in Maryland, includes the Baptist Family and Children's Services (<http://www.baptistfamily.org/>).

Local

There are several resources that can be used for local runaway youth according to Maryland School Mental Health Alliance's Crisis Resource Guide (Bellamy, n.d.). Harford County Core Service Agency Inc (CSA) offers child and adolescent respite, complaint resolution, information and referrals. They can be reached at 410-803-8726. The Harford County Mobile Crisis Team is another resource that can be used for runaways with mental health issues. They can be reached at 410-638-5248. Family Tree is a non-profit agency that is dedicated to eliminating and preventing child abuse and neglect by strengthening families. Located in Edgewood, is offers support, education, parenting groups, referrals and crisis intervention. Family Tree can be reached at 410-679-6436; the 24 hour Stress Line is 1-800-243-7337. United Way of Central Maryland First Call for Help, 1-800-492-0618, can also provide emergency services and referrals for counseling.

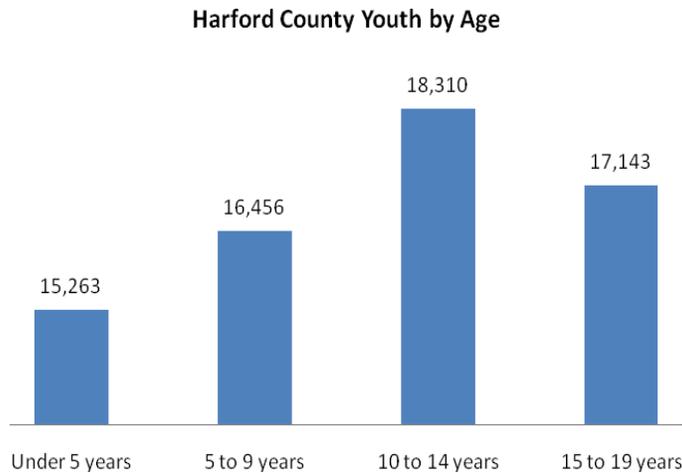
While all of the above interventions can be helpful, research has shown that many of these programs only provide short-term benefits and may not be treating the underlying problem (Slesnick et al., 2009). More research is needed to examine the longitudinal benefits of such programs. Overall, there are many programs already in place that are designed to meet the immediate needs of runaway and homeless youth; but to better meet the needs of our local youth, we have to first look at the data surrounding them so we can provide them with the appropriate intervention(s).

Conclusion

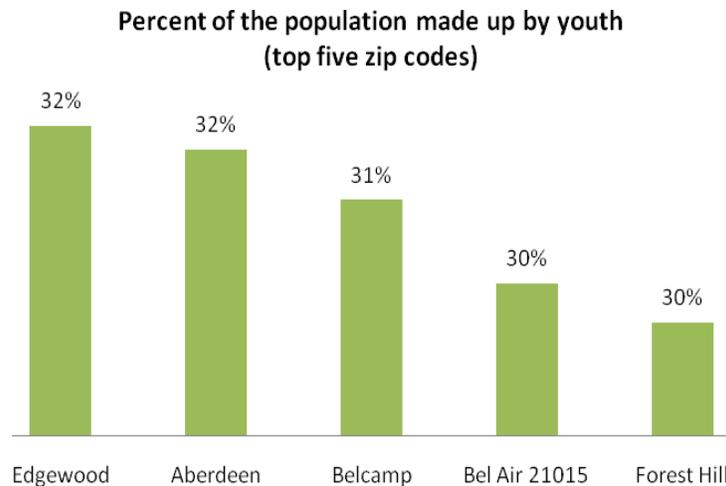
While the information from the local data is limited, there are interventions available that would help in combating the issues that may plague runaway youth in the area. Programs designed to provide youth with resources for their current situation, such as health referrals, counseling and substance abuse treatment, would be helpful. A better knowledge of what the local youth are running from is needed to address these issues further. Local collaborations with established youth services and the educational system are imperative for such programs to work. Once such a system is set up, local reports should be reexamined to do comparative analysis on the data and see if these programs are having a positive effect.

Data Profile of Harford County Youth

In Harford County, approximately 27% of the population is age birth to 19, this equates to over 67,000 youth (Census Bureau 2009, 5 Year Estimates). The greatest segment of youth is between the ages of 10 and 14.

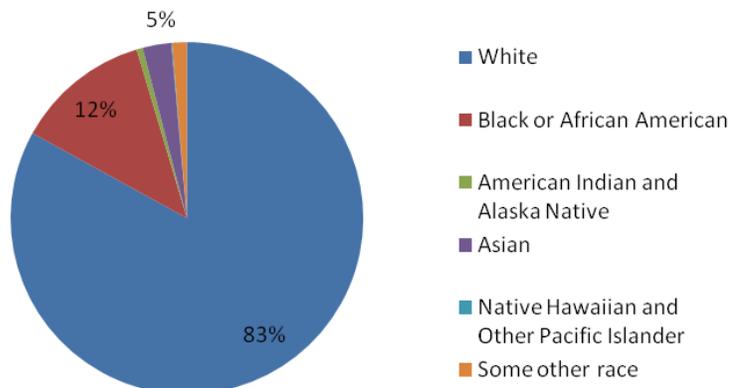


The majority of youth reside in Bel Air’s two zip code areas: over 10,000 in zip code 21014 and an additional 8,000 youth in 21015. As a percent of the population, Edgewood has the largest youth population (32%) (Claritas Demographic Update, 2009).



The majority of Harford County’s population is white (83%), followed by Black or African American (12%). All other races account for 5% of the population. Individuals that are Hispanic or Latino make up 2.7% of the population (Census Bureau 2009, 5 Year Estimates).

Harford County Population by Race

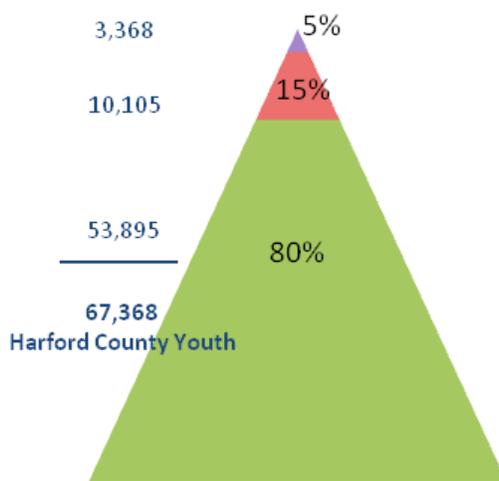


System of Care

Based on System of Care literature, it is estimated that 20% of the youth population would benefit from support services at some point during childhood. This equates to approximately 13,500 youth in Harford County. Support services may include counseling, case management, behavioral supports or another form of treatment that would help the child to be able to better function in their home, school and community (*Building Systems of Care*, Pires, 2002).

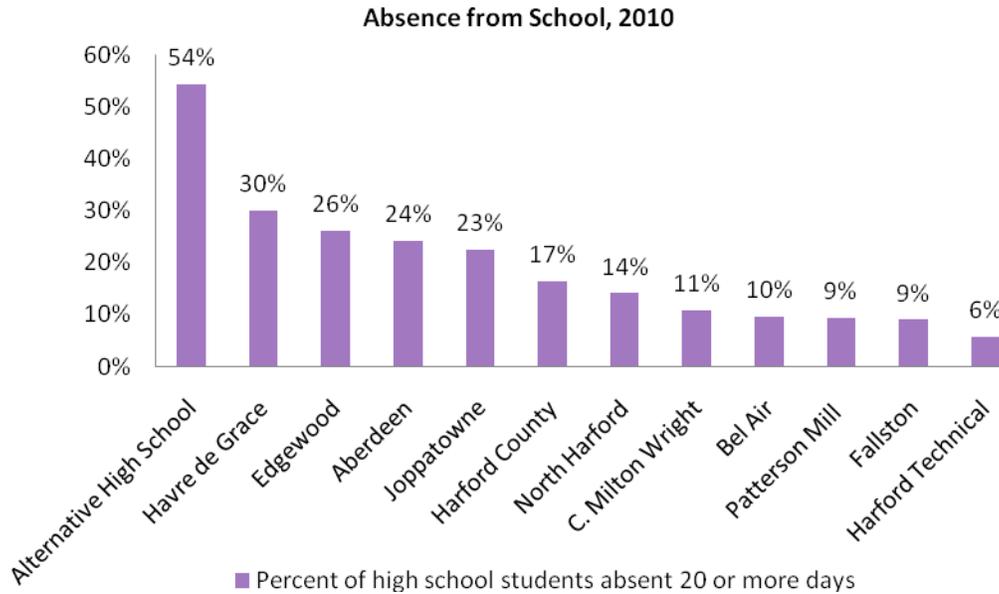
As represented in the triangle below, prevalence estimates tell us that the top 5% of youth will present the highest level of need. Services required will be the most intensive and expensive, therefore it is of benefit to our youth and community as a whole to intervene in a child’s life before their needs escalate to this level. Youth that are most likely to end up in the top tier of the triangle are those that present multiple risk factors or are involved in multiple service systems.

Figure A.

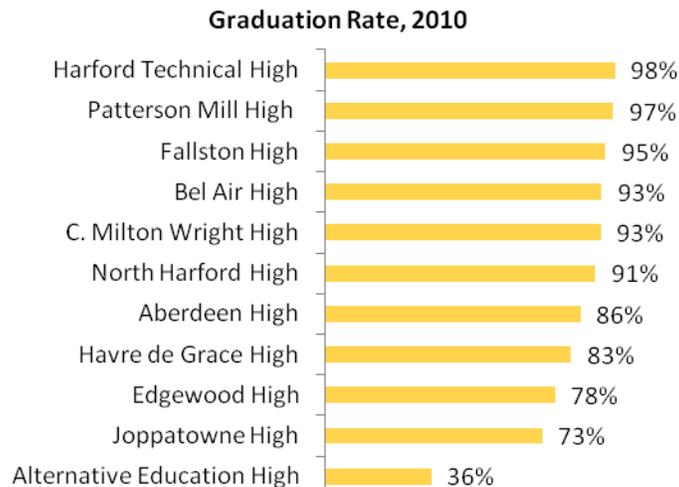


(*Building A System of Care*, Pires, 2002)

In recent years, there has been a concerted effort in Harford County to curb the prevalence of school absence. It is notable that between 2009 and 2010, the overall percent of Harford County high school students absent 20 or more days of school decreased from 18.9%, slightly above the state average, to 16.5%, below the state average. In Harford County, the following high schools had over one quarter of their student body absent from school 20 or more days: Alternative High School, Edgewood and Havre de Grace (Maryland Report Card, 2010).

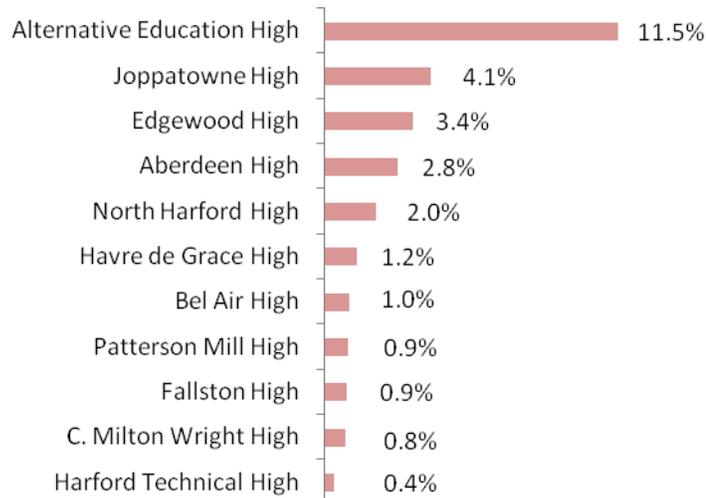


Harford County’s rate of graduation in 2010 was 88%, just above the state average. It is noteworthy that the school with the highest rate of graduation is Harford Technical High School where 98% of seniors received a diploma in 2010.



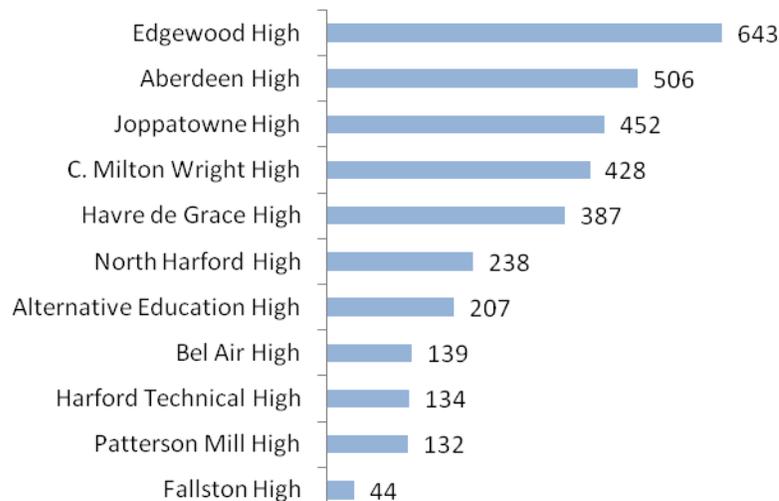
The percent of youth dropping out of school has been on a downward trend in both the county and state since 2006. Currently, Harford County’s rate of dropout is 2.1%, compared to the state’s rate of 2.5%. The school with the highest rate of dropout was the Alternative High School, which experienced 11.5% of student’s grades 9-12 dropping out in 2010 (Maryland Report Card, 2010).

Dropout Rate 2010

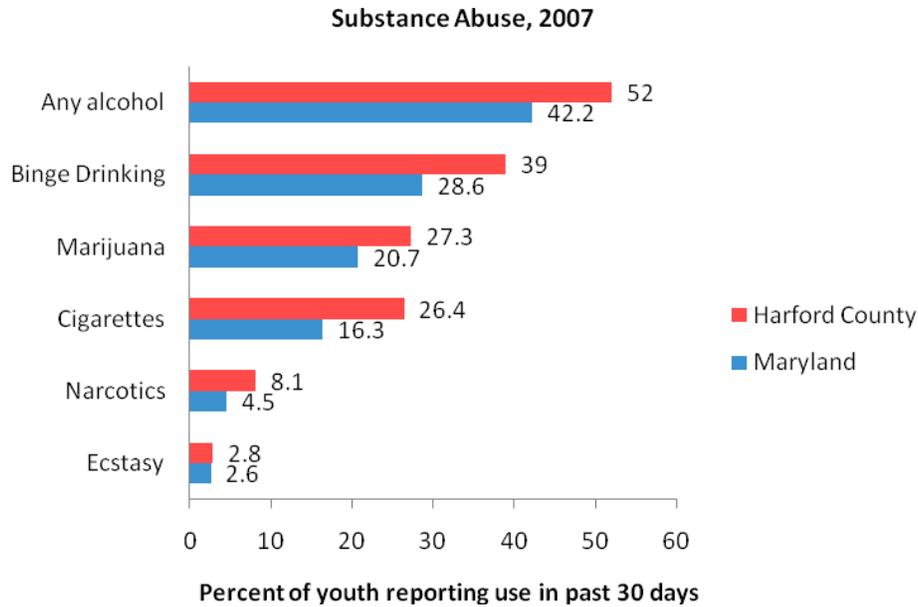


Overall, the number of suspensions in school has been on a decline from 4,252 in 2009 to 3,310 in 2010. Below is a breakdown of where suspensions occur by high school. The greatest number of suspensions in 2010 took place at Edgewood, followed by Aberdeen and Joppatowne high schools (Harford County Public Schools, 2011).

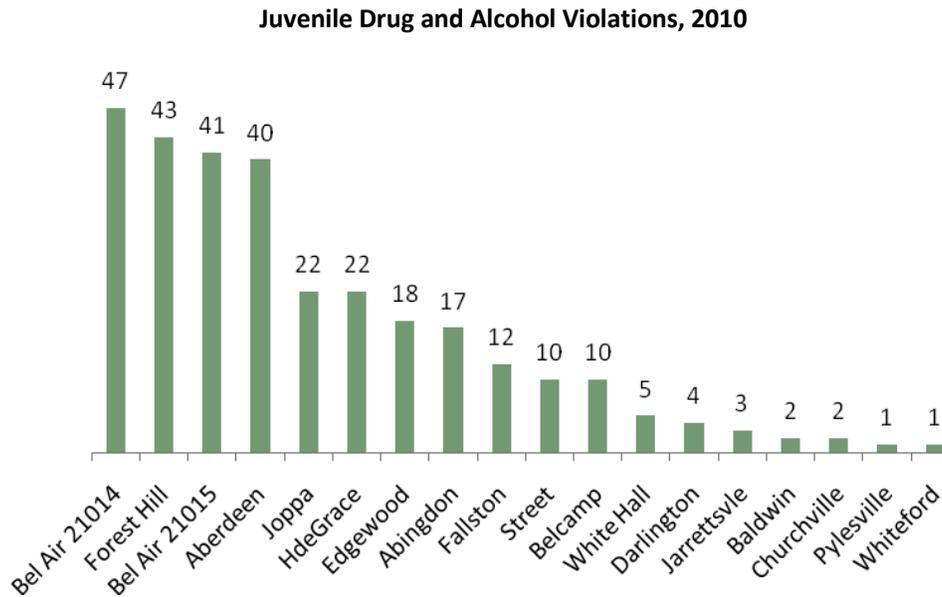
Suspensions by School, 2010



A risk factor that is of particular concern to Harford County is substance abuse. The latest Maryland Adolescent Survey (2007) found that Harford County high school seniors reported using cigarettes, alcohol, marijuana, narcotics and Ecstasy at rates higher than the state average (Maryland State Department of Education, 2008).

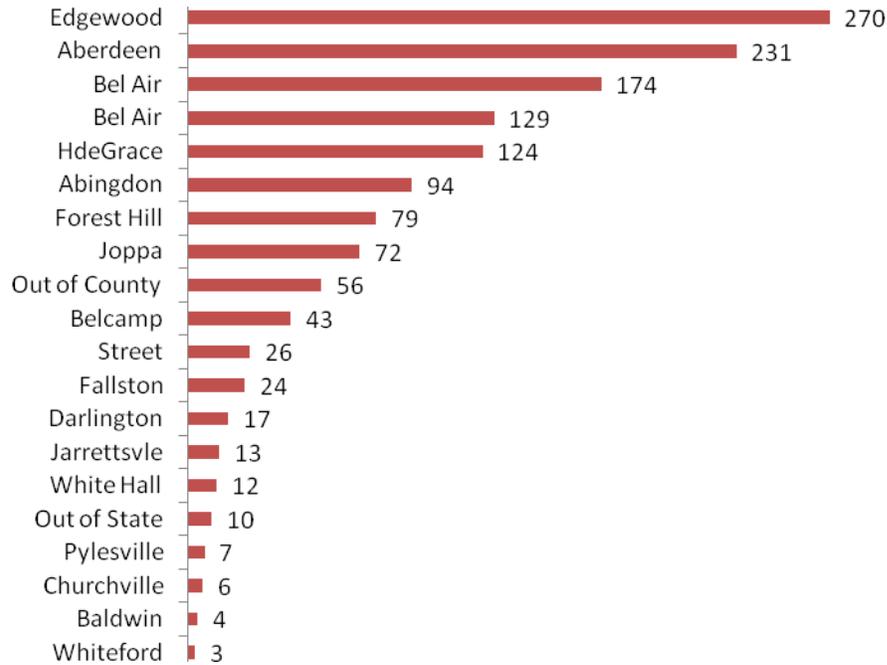


In 2010, the Department of Juvenile Services reported 300 drug and alcohol violations among youth in Harford County. The greatest number of arrests occurred in Bel Air 21014 (47) followed by Forest Hill (43) and Bel Air 21015 (41) (Department of Juvenile Services, 2010).



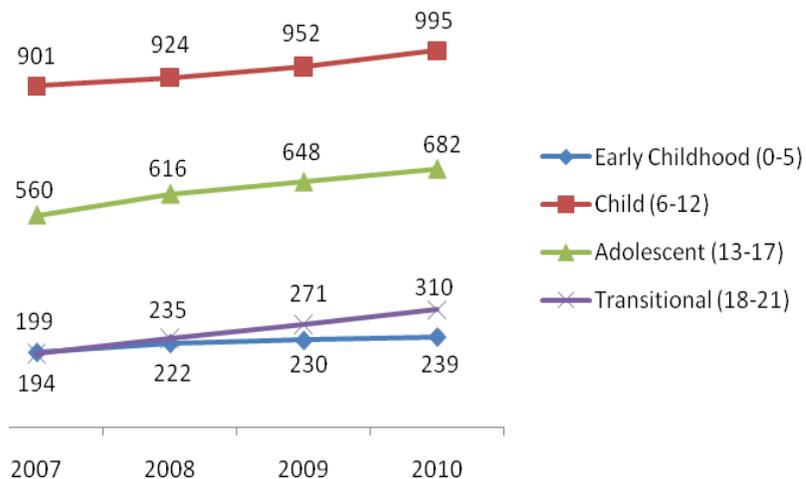
The total number of juvenile offense arrests has been on a downward trend since 2007. In 2010, there were a total of 1,394 juvenile arrests, compared to 1,775 in 2007. The most common offenses were assaults (336), thefts (223) and possession of a controlled dangerous substance (167) (Harford County Department of Juvenile Services, 2010).

Juvenile Offense Arrests by Location, 2010



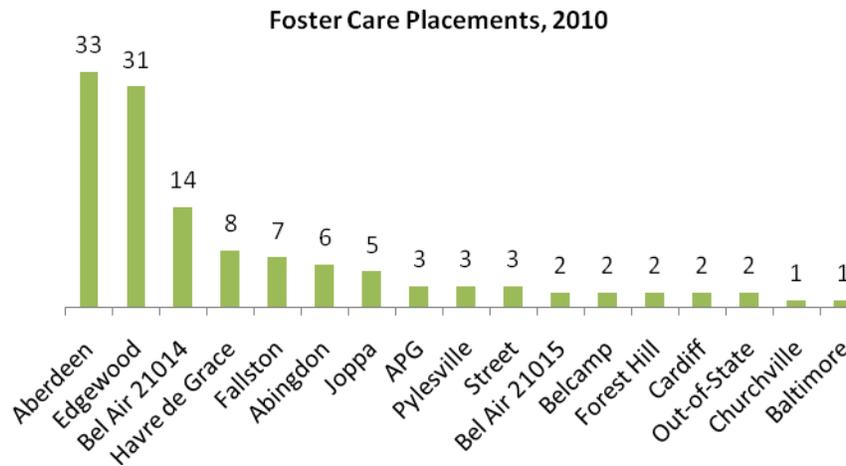
Harford County continues to experience an increasing need for public mental health services. In 2010, 2,226 children and adolescents were served by Harford County’s public mental health system, compared to 1,854 in 2007. Almost half of all public mental health consumers are youth. Among those served, the majority require outpatient services (Harford County Office on Mental Health, Core Service Agency, 2011).

Youth Involvement in the Public Mental Health System



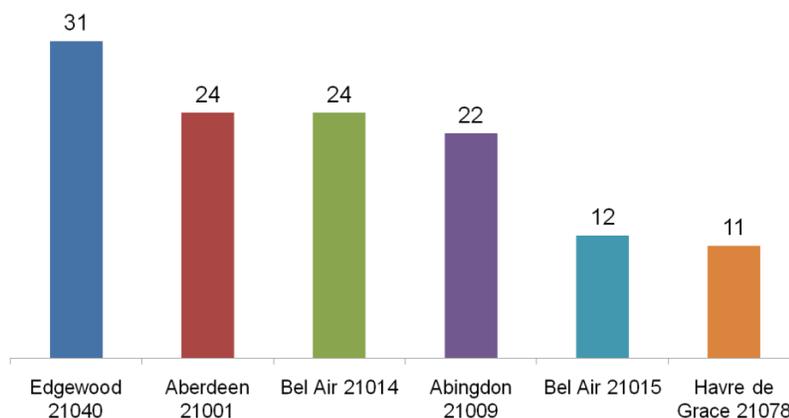
Youth who experience an out-of-home placement are at a higher risk than their peers for needing additional support services. An out-of-home placement may be an adoption, foster care, group home, independent living program, residential treatment center or juvenile detention. The percent of Harford County youth (birth to 21) placed out of their home by the Department of Social Services in 2009 was 0.43%, in comparison to the state average of 0.55% (DHR Child Welfare Results Report, 2009 & American Community Survey, 2006-2008).

The majority of out-of-home placements are foster care placements. In 2010, the greatest number of youth placed in foster care came from Aberdeen (33), followed by Edgewood (31) and Bel Air 21014 (14) (Harford Department of Social Services, 2010).



Youth involved in the juvenile justice system may also experience an out-of-home placement if they are sent to a correctional facility or treatment center. Between April 2008 and December 2009, 31 Edgewood youth involved in the juvenile justice system experienced an out-of-home placement. Similarly, Aberdeen and Bel Air zip code 21014 each had 24 DJS-involved youth placed out of their home in the same year (Harford Department of Juvenile Services, 2010).

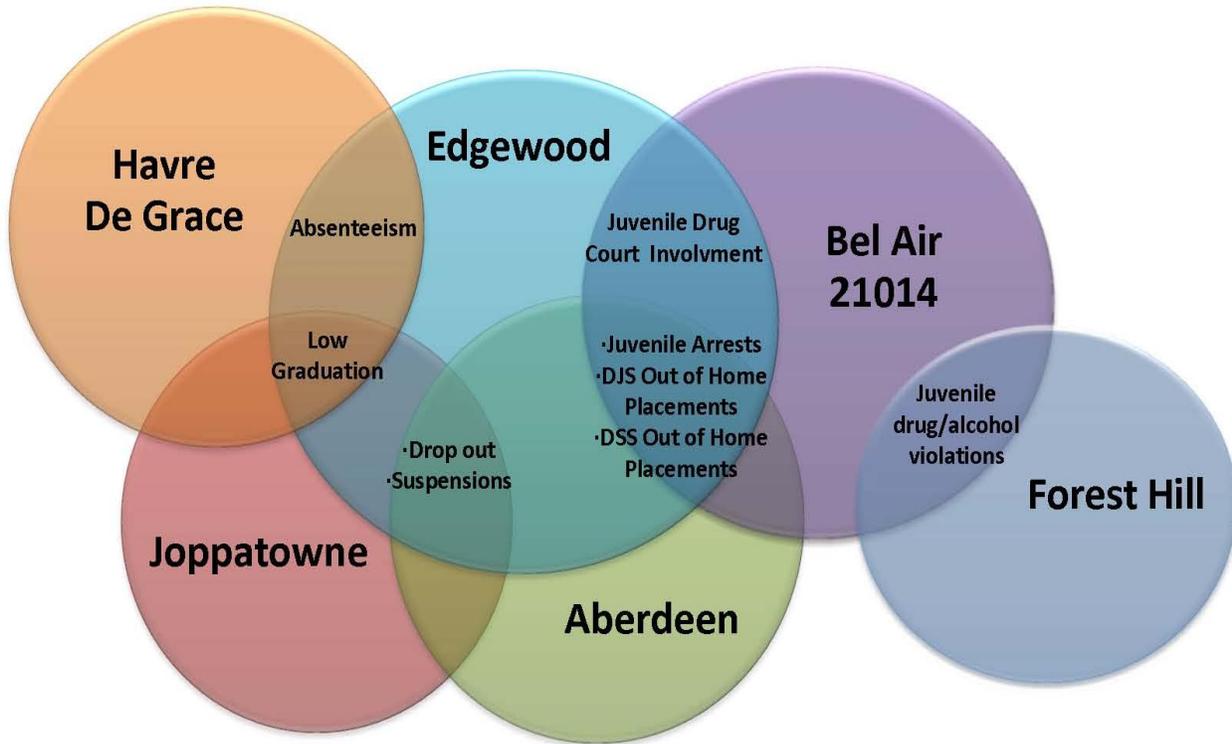
Juvenile Service Out-of-Home Placements, April 2008-December 2009



Highest Prevalence of Risk Factors by Zip Code

Based on 2010 and 2011 data these zip codes were among the top 3 in prevalence of the following risk factors:

Figure B.



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