Kennedy Krieger Institute

2025 Community Health Needs Assessment

Kennedy Krieger

Kennedy Krieger Institute
2025 Community Health Needs Assessment (CHNA)

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June 30, 2025

Dear Maryland Community,

Much has changed in healthcare since the signing of the Affordable Care Act in 2010, which initiated the requirement for non-profit hospitals to engage in completing a Community Health Needs Assessment (CHNA). In 2013, Kennedy Krieger posted our first CHNA. This report was done in collaboration with many contingents at the local, state, and community levels. Healthcare has evolved, but we continue to hear from the community about similar needs. As we have journeyed through a global pandemic (2020-2023) navigating as effectively as possible as a resilient, mission-driven organization, we have continued to explore and engage with community partners on how to improve the health and wellness of the Maryland disability population, many of whom are served by Kennedy Krieger.

From the very start of the CHNA requirement, in 2013, we have identified our community as the State of Maryland. The uniqueness of our organization in Maryland, and across the United States, is manifested by the fact that we are an "'N'-of-one" organization with the knowledge, skills, services, and programs to serve people with a vast array of neurological and developmental disorders, in addition to those at risk of those disorders.

This CHNA, Kennedy Krieger's fifth, was approved by the Institute's Board of Directors on June 4, 2025. The Institute met the goals and objectives associated with the 2022 CHNA priorities, in addition to identifying new and modified actions to address needs presented by the community.

While as a nation we acknowledge the workforce has changed, we are excited to report that our recruitment and retention efforts have resulted in a mission-driven workforce team of over 3,100 staff members who serve nearly 30,000 unique patients and students each year through 80+ clinical, school and community programs and hundreds of research studies, while training ~1,000 clinical professionals.

Through our priority areas, we have focused on community partnerships and exploring how to address and integrate health and wellness into various community sectors. We have provided a summary of our 2022 progress toward addressing the CHNA Priority areas, in addition to our 2025 CHNA full report. Through the community, which includes families of the population we serve, focusing on building their knowledge and approaches to health and wellness will facilitate improved coordination with what happens in our healthcare systems. Helping to bridge the information gap – a gap that is often not translated – can support families, individuals, and others in addressing social determinants that impact health outcomes.

Mental and behavioral health needs for children and teens, and specifically for those with developmental and/or other disabilities, continue to present as needs across our state, made more challenging by the shortage of specialized providers to serve this population.

Kennedy Krieger, now and into the future, is committed to reaching out to sectors across Maryland to leverage resources as we all work towards improving the health of Maryland's children, youth, and adults with disorders of the neurological system and those at greatest risk.

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Executive Summary

Kennedy Krieger Institute (Kennedy Krieger) conducted its last Community Health Needs Assessment (CHNA) in 2022, during the recovery phase following the peak of the COVID-19 pandemic. Throughout this challenging period, Kennedy Krieger not only supported our immediate community but also collaborated with partners across Maryland to continue vital work. As we addressed the priority needs identified in 2022, various groups contributed to capacity building, equitable access to health services, progression to adult life, and advocacy. Our efforts to improve health outcomes for individuals with disorders of the developing nervous system also benefit the general population.

From July 1, 2022, into 2025, we collected and analyzed data to understand trends and changes in the health needs of our community. This ongoing assessment helps us identify persistent issues and emerging areas of concern.

This 2025 Community Health Needs Assessment highlights several priority areas crucial for enhancing community health outcomes. These priorities are centered around our core domains: Health Advocacy, Health & Well-Being, and Enhancing Partnerships.

Priority Areas

Strengthening Workforce Capacity: Enhancing the skills and capabilities of healthcare professionals to effectively meet the diverse needs of the community.

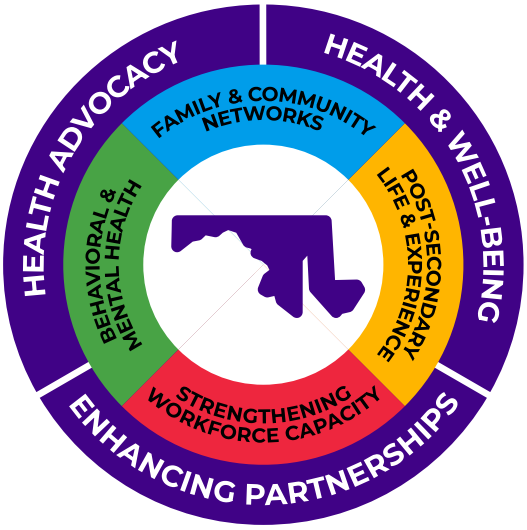
Behavioral & Mental Health: Addressing the growing need for mental health services and support systems within the community.

Post-Secondary Life & Experience: Facilitating the transition from adolescence to adulthood by ensuring access to resources and opportunities that promote a healthy lifestyle.

Family & Community Networks: Strengthening family and community connections to create a supportive environment for individuals.

These priority areas form a comprehensive strategy aimed at addressing both immediate and long-term health needs within the community. By focusing on these key areas, Kennedy Krieger strives to improve overall health and well-being for Marylanders with disorders of the nervous system and related disabilities.

Kennedy Krieger Institute
2025 Community Health Needs Assessment:
Community Priorities



2022 Community Health Needs Assessment Outcome Highlights

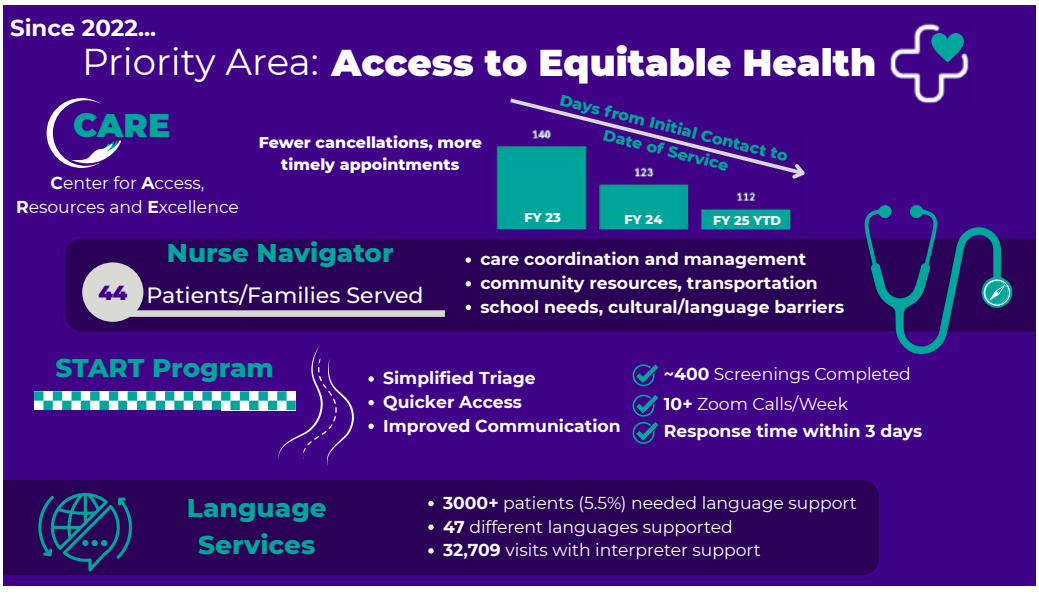
Our work through partnerships across the Maryland community since our 2022 CHNA has achieved and surpassed what was developed in our implementation action plan. Outcome highlights in each of the priority needs areas are presented in Figures 1 through 4.

Figure 1. 2022 Priority Area: Capacity Building – Outcome Highlights

Lessons Learned: Alternative learning strategies

Areas for Growth: Expansion of constituent input

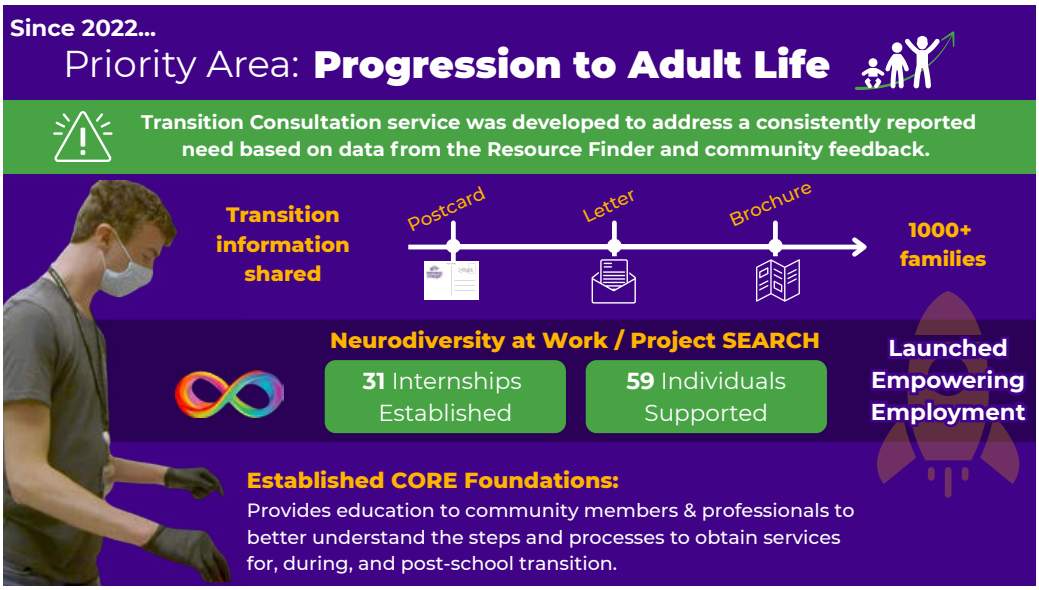
Figure 2. 2022 Priority Area: Access to Equitable Health Outcome Highlights



Lessons Learned: Leveraging the health and public health workforce

Areas for Growth: Building greater advocacy in understanding health

Figure 3. 2022 Priority Area: Progression to Adult Life Outcome Highlights



Lessons Learned: Strategies must be infused into existing processes and programs

Areas for Growth: Increase collaboration across programs and locations

Figure 4. 2022 Priority Area Outcome Highlights: Advocacy Outcome Highlights

Lessons Learned: Methods of implementation in partnership with community partners

Areas for Growth: Expand reach and strategic involvement of community partners

Introduction

Purpose and Scope

The Community Health Needs Assessment (CHNA) aims to identify and prioritize health needs within a community. This process helps hospitals and other healthcare organizations understand the specific health challenges faced by the populations they serve. The goal is to use this information to develop strategies and interventions that improve community health outcomes.[1,2] The Catholic Health Association defines CHNA as "a systematic process involving the community, to identify and analyze community health needs, and to plan and act upon community health needs."[3] The assessment must include input from the community and public health experts, and be shared widely with the public. The Catholic Health Association leveraged their rich historical history in Catholic health care and addressing community needs, and took the lead in generating educational guidance for how to create and implement a CHNA with a relevant action plan. The purpose and scope of many hospital CHNAs was initially developed from this framework. The scope of the assessment should take into account the hospital's target population and encompass a percentage of its service area. Kennedy Krieger serves the entire state of Maryland, including children, youth, and adults with nervous system disorders – and those at risk – from the state's diverse communities due to the uniqueness and breadth of our specialized services.

Institutional oversight for conducting a CHNA resides within the Internal Revenue Service (IRS) of the United States Government. The requirements were initiated in 2010 as part of the Patient Protection and Affordable Care Act of 2010 (PPACA), and carry legal ramifications related to compliance. CHNAs are required by all non-profit hospitals who hold a 501(c)(3) tax-exempt status, thus the IRS oversight. Programs serving the defined hospital community's needs using the tax-exempt savings can be referred to as community benefit programs. These programs are essentially the drivers for the implementation of action plans for the CHNA. Linking programs to each identified priority is key to improving community health through the needs assessment.

Despite Kennedy Krieger's unique population and specialty services, we were able to utilize the approach and methodology outlined by the Catholic Health Association.[3] In doing so, we ensured that our CHNA was more than simply a survey, which often only represents a small portion of the community served. Kennedy Krieger used strategies to ensure that input from patients, family, and community members were from diverse and representative samples within our service area, and acquired input from experts in public health. The process used for planning our CHNA is as follows:

Kennedy Krieger defines its community as the state of Maryland.

Kennedy Krieger Institute Overview

Kennedy Krieger Institute is a comprehensive nonprofit, Maryland-licensed pediatric rehabilitation and specialty hospital, school, research and clinical training center located primarily in Baltimore, Maryland.

Mission, Vision, and Core Values

Our Mission To transform the lives of children, youth and adults with, and those at risk for, disorders of the developing nervous system, through innovative, equity-based and culturally relevant clinical care, research, education, community partnership, advocacy, and training. Diversity, cultural and linguistic competency, and inclusion are foundational in services the Institute provides.

Our Vision We envision a world where Kennedy Krieger will continue to lead with intention, through innovation, to provide equitable, relevant, and effective clinical care, research, educational interventions, training, and advocacy services, in partnership with the community, to improve the lives of all individuals who have, or are at risk for, disorders of the nervous system.

Our Values We value each individual. We are teams of compassionate, dedicated, and skilled clinicians, scientists, educators, staff members, advocates, and trainees, working in partnership with patients, students, families, and community members to advance our mission. Our approach is person- and family-centered, and culturally congruent to ensure that all those we serve have access to the resources they need – clinical care, research, education, community programs, advocacy, and training – to live fully inclusive, valued, and meaningful lives.

Our approach is child-, person-, and family-centered and interdisciplinary, to ensure that children and young adults from all backgrounds have the opportunity to access the highest quality treatments, education, and community programs to achieve the best possible outcomes.

Institutional History and Evolution

Since our beginning in 1937, Dr. Winthrop Phelps, the organization's founder, and his colleagues understood that by bringing together the disciplines of medicine, therapy, research, and education, they could profoundly change the lives of children with complex developmental disabilities and injuries. At a time when there were few proven treatment options, the concept of providing individualized care and education in the same setting was groundbreaking. It was during this time that landmark legislation championed by the Kennedy administration produced the first federally-funded grant, which allowed Kennedy Krieger to focus on the following three program areas of greatest concern: recruitment of high-caliber students and personnel from all disciplines to the field of intellectual disability; providing broader training and concepts for all Johns Hopkins medical, nursing, and professional personnel who interact with individuals with disabilities; and helping to foster interdisciplinary understanding of developmental disabilities in the medical school, the university, and the community. The original mission sought to transform the environment by developing new treatments, therapies, and approaches for integrating children with special needs into the community. We continue this journey today, in 2025, through a transformed lens, seeking partnerships to identify treatments to eliminate some disorders and develop treatments to address chronic diseases that impact children and adults with developmental disabilities at higher rates than others.

It is essential for Kennedy Krieger to understand what drives health. As an anchor institution in Maryland, how we contribute to the health and well-being of the population we support, and the general community, is vitally important as we strive to achieve health and wellness.

Organizational Structure and Leadership

A Maryland asset, Kennedy Krieger Institute, Inc. (the parent organization) comprises several sub-entities: (1) Kennedy Krieger Children's Hospital, Inc.; (2) Kennedy Krieger Education and Community Services, Inc.; (3) Hugo W. Moser Research Institute at Kennedy Krieger, Inc.; and (4) Early Childhood Development and Education Center at Kennedy Krieger, formerly known as PACT Helping Children with Special Needs, Inc. While the CHNA is conducted as a requirement of Kennedy Krieger Children's Hospital, Inc.'s tax-exempt status under the Patient Protection and Affordable Care Act (ACA), all entities are integrated and essential in improving health outcomes. Kennedy Krieger Institute affiliates support one another to accomplish the mission of transforming the lives of children and young adults with disorders of the developing nervous system through groundbreaking research, innovative treatments, and evidence-driven education. The wide range of services

offered under Kennedy Krieger allows us to serve the whole individual at many stages of their lives. We serve patients and families from all over Maryland, across the country, and around the world.

For the fiscal year that ended June 30, 2024, Kennedy Krieger Institute, Inc. and affiliates' consolidated annual operating budget was $381.1 million, and the Kennedy Krieger Children's Hospital's annual budget was $251.6 million. A financial audit was performed for fiscal year 2024 and an unmodified opinion was expressed by PricewaterhouseCoopers, LLP dated September 26th, 2024.

Programs and Services Overview

Research Programs
Through research, across affiliates, Kennedy Krieger employs new approaches in neuroscience and technology that benefit Marylanders and enhance services and educational curriculum.

The Hugo W. Moser Research Institute at Kennedy Krieger, Inc. is a unique center that seeks answers that lead to innovative treatments, improved diagnoses, and educational approaches for those with disorders of the nervous system. We have researchers and scientists who engage in exclusive bench/lab discoveries and those who integrate research into their clinical care and educational approaches. Advancements in the science behind rare and genetic disorders in patients allow us to use molecular genetics to study genes and how cell level functions influence health. Breakthroughs have turned some rare disorders and intellectual disabilities into treatable conditions. We have a large faculty of scientists that devote their time to discovery, and we share what we learn not only with our clinicians, but with others across the country to improve the health and wellness of persons with disabilities.

University Centers for Excellence in Developmental Disabilities (UCEDD)
University Centers for Excellence in Developmental Disabilities (UCEDD) work toward creating an environment where all Americans, including those with disabilities, can fully engage in a healthy life. Disability does not equate to unhealthiness; it is simply a difference in one's ability, as we are all different people and have different abilities. Maryland's UCEDD, prominently situated within Kennedy Krieger, is the Maryland Center for Developmental Disability (MCDD). MCDD serves as the statewide community agent for people with disabilities and their families, linking them with pre-service training, community services, technical assistance, research, evaluations, and information dissemination. The MCDD is also the driver for helping to integrate the voices of people with disabilities into policy and across the community health landscape. MCDD determines its focus by assessing strengths and gaps in services, to assist in addressing priorities with interested parties in Maryland. Kennedy Krieger works with MCDD and other community partners to conduct a comprehensive community health needs assessment (CHNA) focusing on the population served. The MCDD's Faith Community Project, which started in 2020, brings together faith leaders and individuals with disabilities to create inclusive faith spaces. The project seeks to improve the quality of life for those with intellectual, developmental, and other disabilities and their families as they are included in their faith communities.

Leadership Education in Neurodevelopmental Disabilities (LEND) Program
Kennedy Krieger offers training opportunities to develop a workforce that can address the health needs of children and youth with developmental disabilities and other neurological disorders; a population which is often not included by community providers. Kennedy Krieger's extensive training programs are unique in their ability to build specialty provider capacity for the United States workforce. We train over 1,000 individuals in professional areas at all educational levels and in multiple disciplines, including family and self-advocate leadership. Kennedy Krieger is home to one of 52 LEND programs across the U.S. and its territories. Through fellowships and internships, we dedicate resources to train the next generation of specialized, yet well-rounded, healthcare professionals, researchers, educators, and community constituents in understanding neurological and developmental disabilities. Disciplines and areas of professional service include but are not limited to specialty medicine, e.g., genetic neurology, child neurology, neuromuscular medicine, pain medicine, pediatric and adult physiatry, developmental-behavioral pediatrics, sleep medicine, and more.

Kennedy Krieger School Programs
Kennedy Krieger School programs serve close to 500 students annually from ages 5 to 21 years, in multiple day-school settings: kindergarten–eighth grade, high school, and an intensive 12-month special education program serving students with a primary diagnosis of autism spectrum disorder or other related disorders. Our students present with disorders including autism, learning disabilities, speech-language disorders, orthopedic disabilities, traumatic brain injury, and intellectual disabilities. Our approach to special education employs partnerships with our state's local educational agencies, and integrates health and wellness into the educational model to improve outcomes for Maryland children. Our programs delivered more than 60,000 clinical, direct-service sessions of speech-language pathology, occupational therapy, physical therapy, expressive therapy, and counseling for the 2024-2025 school year. Our high school educational programming prepares our students to transition into adulthood and fulfilling lives in their communities upon graduation.

Healthcare Sector/Clinical Services
The healthcare sector of our organization provides services by highly qualified professional staff members through an established interdisciplinary model. We offer services across multiple service delivery models, including inpatient, day treatment, outpatient programs, and through telehealth. The organization serves people with a variety of developmental disorders and injuries. The patient population presents an array of conditions and diseases, ranging from autism spectrum disorder and attention deficit hyperactivity disorder (ADHD) to more rare diseases like adrenoleukodystrophy and acute flaccid myelitis. We saw over 30,000 unique patients in FY 2025 and provided nearly 300,000 visits.

Other Community Programs
Community programs offer the opportunity to provide services in the place where the child and family are most comfortable. These programs often address re-establishing life in the community after a child has been hospitalized or displaced. Our Therapeutic Foster Care (TFC) program provides a continuum of services for children with medical complexity who are experiencing temporary or permanent out-of-home placement. The program provides training and support to the child's assigned caregiver, i.e., the foster parent. Many children served through our TFC program have a history of, or are at risk for, institutional or hospital placement because of their medical or neurological complexity. The TFC program works collaboratively with other state agencies with the goal, as appropriate, of reuniting children with their birth parents.

The Early Childhood Development and Education Center (EDEC) comprises three core center-based early learning programs: Southeast Early Head Start, World of Care, and Early Learning Classrooms. EDEC, formerly PACT: Helping Children with Special Needs, Inc., has retained the core strengths and foci for which it was historically known. EDEC has also embraced the science of inclusion and integration in early childhood education. An important component is providing an inclusive learning environment for children. Kennedy Krieger also supports a Pre-K program embedded in the Center for Autism Services, Science and Innovation (CASSI). All programs recruit and enroll an inclusive population of children with health and developmental concerns and those that are developing typically. We provide a host of services, in addition to educational instruction, to support the child and their family, including physical therapy, occupational therapy, speech language pathology, social work, nursing, and family advocacy.

Community and Population Served

Kennedy Krieger Children's Hospital, Inc. served 727 inpatients between July 1, 2022, and June 30, 2024. Over the last three fiscal years, most inpatients ranged in ages from 2-5 years and 15-17 years. Since fiscal year 2022, the age of our inpatient population has increased. The racial and ethnic composition of Kennedy Krieger's patients closely resemble Maryland's population, according to the 2024 population estimates of the U.S. Census.[1]

Kennedy Krieger outpatient volumes varied but steadily increased during fiscal years 2022, 2023, and 2024. We continue to see patients using telehealth as a service modality predominately in behavioral and mental health arenas. The distribution of patients seen at Kennedy Krieger is weighted more towards males – like data found in the literature for children with special health care needs (NSCH) – compared to the 2022 CHNA.

Table 1: Kennedy Krieger Outpatient Demographics

	Unique Outpatients at Kennedy Krieger Institute			Maryland Population	
	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024	All Marylanders (Source: U.S. Census, 2024 Population Estimates)	Marylanders Under 18 Years Old (Source: U.S. Census, 2024 Population Estimates)
Total	26,113	27,219	28,592	6,263,220	22%
Age					
0–2	8.6%	9.1%	8.2%		
3–5	22.2%	22.8%	23.1%		
6–8	19.7%	19.5%	19.2%		
9–11	18.1%	17.9%	17.8%		
12–14	15.9%	15.8%	15.6%		
15–17	13.9%	13.7%	13.8%		
18–20	7.6%	7.8%	7.9%		
21+	11.2%	11.3%	11.9%		
Race					
White, not Hispanic or Latino	44.9%	43.7%	42.5%	47.1%	39.4%
Black	27.25%	27.6%	27.6%	29.2%	30.3%
Hispanic	3.93%	4.5%	5.2%	11.4%	16.7%
Native Hawaiian/ Pacific Islander	0.1%	0.1%	0.1%	0.1%	0.1%
Asian	3%	3.4%	3.6%	6.5%	5.9%
Two or More Races/Other	6.8%	10.8%	10.5%	5.5%	11.4%
American Indian or Alaska Native	0.2%	0.2%	0.2%	0.1%	0.3%
Unknown	10%	10.9%	11.7%		
Sex					
Male	62%	65.4%	66.2%		49%
Female	38%	35.6%	33.8%		51%

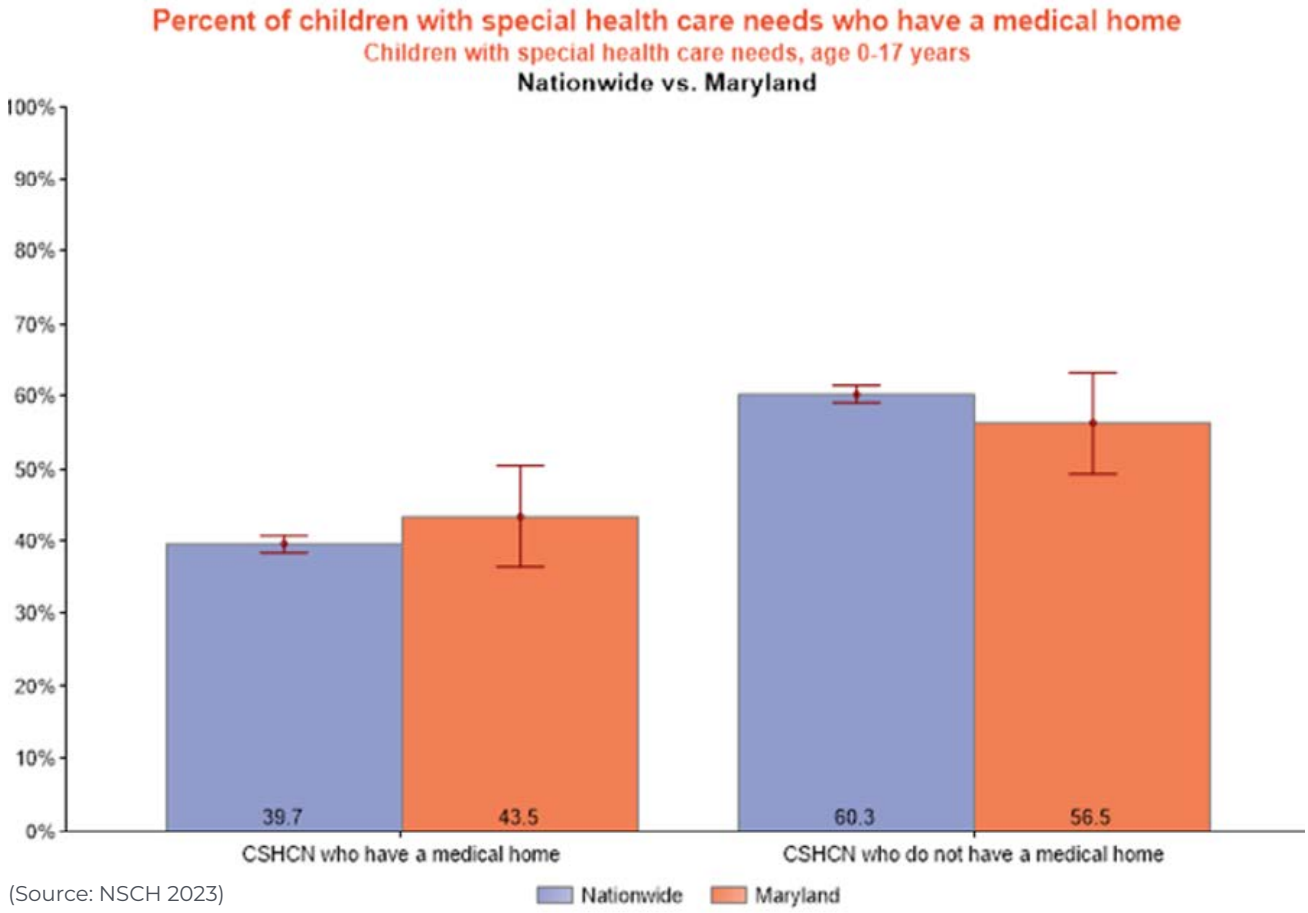
(Source: Kennedy Krieger Institute, 2025)

Description of the Target Population

The mission of Kennedy Krieger supports clinical care, education, training, and discovering innovative interventions for children, adolescents, and adults with disabilities and/or injuries, and those at the highest risk for disorders of the nervous system. In Maryland, 19.7% of children 0 to 17 years of age have a special healthcare need (NSCH, legacy data).[4] The Health Resources Services Administration's definition of children with special health care needs is children under 18 years old who are at risk of a chronic, physical, developmental, behavioral, or emotional condition, who require health and related services of a type or amount beyond what is generally required. This population in Maryland represents youth with a wide range of needs who will contribute greatly to the future of commerce, industry, the arts, and our community. Children with special health care needs experience challenges in social, educational, emotional, and other domains as they work to achieve their full potential in life.[5]

The Annie E. Casey Foundation's Databook shares scores for child outcome domains. Maryland fared well in most with the exception of health, which is the core factor driving an individual's development. We know that after experiencing multiple years of a pandemic, exposure to environmental and social determinants impacts a child's health. As a result, an important health outcome is child well-being, a key driver for the health and wellness of children and youth.

Figure 5. Children with special health care needs, 2023 NSCH



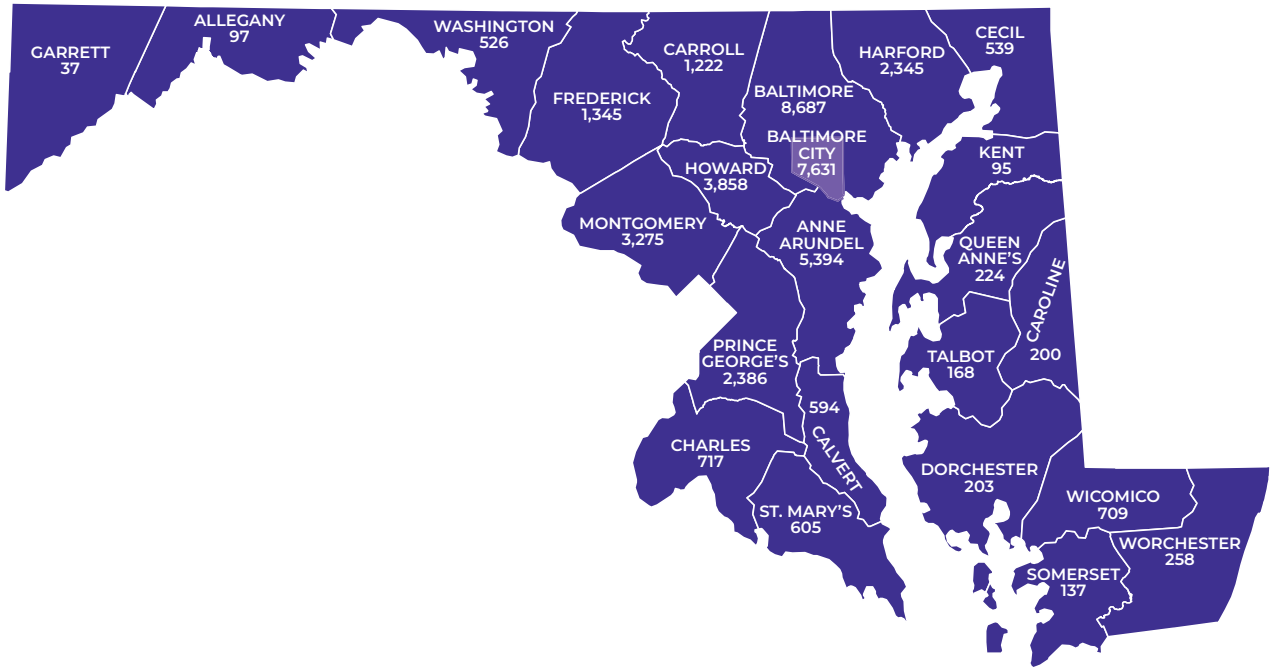
(Source: NSCH 2023)

The National Survey of Children's Health (NSCH) 2023 uses parent reports to count children with special health care needs (CSHCN) (Figure 5).[4] Maryland's State Department of Education expanded eligibility for the Infants and Toddlers Program to include infants weighing less than 3.5 pounds. This change in criteria could have influenced the number of CSHCNs in Maryland compared to 2022. Health and mental health providers share experiences about changes in the overall well-being of people during and post pandemic, although more research is needed to understand how COVID-19, and all the country's policies implemented to manage the pandemic, impacted young children, adolescents, and families.

Geographic Reach/Our Community

Kennedy Krieger Institute serves children, adolescents, and adults from Maryland, across the U.S., and internationally. While the types and numbers of patients we see and the geographic areas from which they come have expanded, we continue to provide services and advocate for the same population we served upon the start of Children's Rehabilitation Institute (CRI) in 1937 – children with cerebral palsy. Like Dr. Phelps, the founder of CRI, Kennedy Krieger continues to invest in Maryland. Over the last three fiscal years (2022-2024), data analysis has shown we have cared for patients from every Maryland county, as illustrated in Figure 6. As a hospital, school, research, and community entity, we view the state of Maryland as our community and seek to expand and strengthen our partnerships to achieve health and wellbeing for all Marylanders.

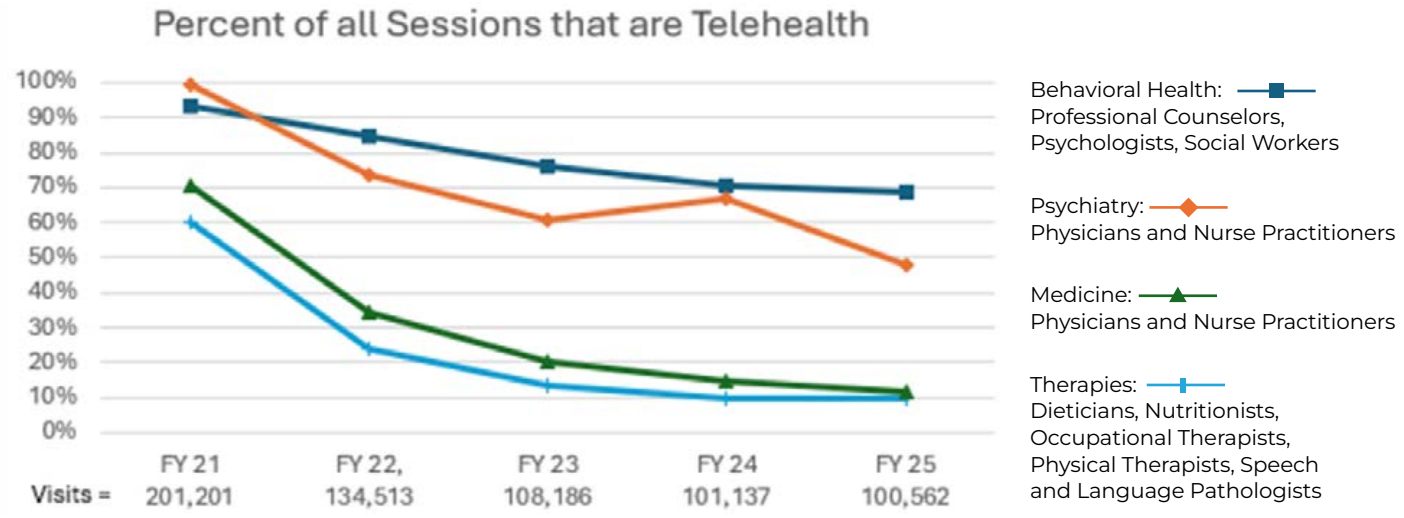
Figure 6. Kennedy Krieger Outpatient Visit distribution by county Fiscal Years 22 – 24



Telehealth has become a vital part of the health landscape since the COVID-19 pandemic, but Kennedy Krieger saw the potential before telemedicine became a global necessity. In 2013, Kennedy Krieger partnered with Atlantic General Hospital on Maryland's Eastern Shore. Not only did the providers establish a systematic evaluation model for consultations for children on the autism spectrum, but they also collected data that supported the need to provide these services in a geographic region with limited provider resources. Data collected demonstrated that family savings included miles saved, gas expenses saved, time off from work saved, and travel hours saved. Lesher et al (2020) validated similar data metrics: total miles saved, travel hours saved, fuel costs saved, and auto costs saved.[6]

While the number of telehealth visits at Kennedy Krieger and healthcare institutions across the country have trended downward since the extraordinary levels due to the emergency health measures taken during the COVID-19 pandemic, Kennedy Krieger continues to offer numerous services through telehealth, particularly behavioral health services (Figure 7). Many of our programs have created effective service delivery pathways that very effectively integrate onsite and telehealth visits. While not all services are suitable for telemedicine, as specialty providers we have been developing and continue to develop telehealth specialty models of care, supported by validated evaluation and intervention approaches. Telehealth remains an especially important access option for patients and families who are outside of our immediate geographic area.

Figure 7. Kennedy Krieger Telehealth Sessions (per annum)



Assessment Approach and Methodology

Kennedy Krieger's 2025 CHNA data assessment team was composed of providers, researchers, and other staff from across the institute, including Kennedy Krieger's MCDD, the sole UCEDD in Maryland. They combed through data from Kennedy Krieger, analyzing trends in the population of patients and students we serve, the trainings we offer, and the research protocols in which we engage. They identified places where we excel but, importantly, they also looked critically for places where needs had not fully been met so that we can use that information to improve.

The data assessment team also looked to our community partners. Partnerships have allowed us to leverage internal and external resources to advocate on behalf of our shared population of children, adolescents, and adults with disabilities and their families. Our team shared data metrics with community partners like payor groups, Parents Place of Maryland, Maryland State Department of Education, needs assessments generated by local health departments, and many community meetings and events. Sharing of data allows all participants to better identify community needs and improve their strategic planning.

The team used publicly available data sources, as represented in Appendix 1. As we have increasingly utilized secondary data and data collected by partners across the state, we better understand the unique needs of each region. The vast amount of information we curated allowed us to formulate the development of the 2025 implementation action plan.

As we continue to develop partnerships and collaborations to do the work, we must find methods to measure value or determine outcomes. The Children's Hospital Association (CHA) is working across their membership to find ways to measure various aspects of clinical and operational processes, by using community health needs assessments.[7]

Community Engagement Strategy

As a core partner across Maryland's communities, Kennedy Krieger participated in key stakeholder events that allowed collection of constituency input, i.e., regional conferences, resource and health fairs, community or regional workshops, agency and organization events, and council meetings. Receiving information in real time and while engaged in true communication is an important community engagement strategy. Constituents felt heard, and their input was acknowledged by someone who would act on the need.

Selected Primary and Secondary Data Sources

For the 2025 CHNA, noted below are selected data sources used to derive priority areas. For a comprehensive listing of data sources, reference Appendix 1: Data Sources and Resources.

1. U.S. Census Data
2. Maryland Report on Part B Indicator 8 of the Individuals with Disabilities Education Act 2018-2019, conducted by ICF International for the Maryland State Department of Education Division of Special Education/Early Intervention Services
3. Maryland Department of Disabilities' State Disabilities Plan 2022-2026
4. Maryland Strategic Plan for Autism-Related Needs 2025-2030
5. Various Maryland Local Health Department Community Health Needs Assessments
6. County Health Rankings and Roadmaps 2025
7. Participation in the Maryland Eastern Shore Consortium of Care Quarterly Meetings 2022-2024
8. Kennedy Krieger Institute Patient/Student Demographic Statistics 2024-2025
9. Healthy People 2030
10. The Annual Disability Statistics Compendium 2025
11. American Board of Medical Specialties (ABMS) 2022-2024 Board Certification Report
12. Data Resource Center for Child & Adolescent Health: National Survey for Children's Health 2022-2023
13. Maryland Center for Developmental Disabilities, Community Advisory Council

Data Limitations and Gaps

According to the National Survey of Children's Health, 20% of children in the United States have a special health care need; this represents more than 14.5 million children.[5] Sixty-one percent have a mental health or behavioral diagnosis. Information about how people with disabilities are impacted by limited access to services is lacking, and too often people with disabilities are left out of the discussion of traditional health concerns, such as high blood pressure, diabetes, and cardiovascular problems. Our public health and medical systems do not collect population characteristics that help us determine if or to what degree chronic health conditions impact people with disabilities. What we do know is that people who have chronic health conditions and disabilities are at a much higher risk of poor health outcomes and exhibit poor behaviors.[8]

University Centers for Excellence in Developmental Disabilities (UCEDDs) are the most versed entity to do the work to close the data gaps that help identify those with disabilities who are at risk of chronic diseases.[9]

Key Findings

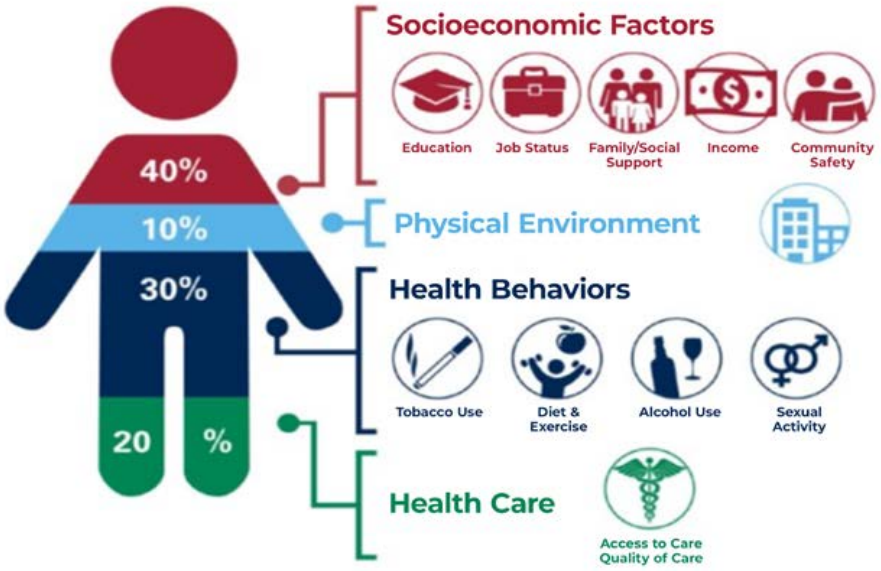
Social and Structural Determinants of Health

Health includes more than health care. It includes where we live, the safety of our neighborhoods that allows outside exercise and play, access to good education, the food we eat, and how easy it is to obtain adequate food.[10] It shows how policies and programs play a significant role in influencing health factors that in turn shape the community's health outcomes. Being able to see all the factors that impact health allows us to understand where we can take action to improve the health of the population we serve.

As shown in Figure 8, the determinants of health include socioeconomic factors, the physical environment, health behaviors, and health care. Research indicates that health behaviors and socioeconomic conditions—often referred to as social determinants—have a greater impact on health outcomes than clinical care alone.[1] These factors collectively shape the quality of life and opportunities available to individuals and communities.

The University of Wisconsin Population Health Institute, with funding from the Robert Wood Johnson Foundation, created a map of every county and state in the country, evaluating health and well-being by various measures, including life expectancy, access to routine medical care, financial hardships, and inequities.[11] The County Rankings website ranks counties from least healthy to healthiest places to live and provides guidance on strategies within communities toward evidence-informed strategies to improve health equity. Population health and well-being is recognizing that the societal responsibility to improve health does not lie in the hands of health professionals or medical entities alone. Well-being is about quality of life and the ability of people and communities. Population health involves optimal physical, mental, spiritual, and social well-being.

Figure 8. Impact of Social Determinants of Health

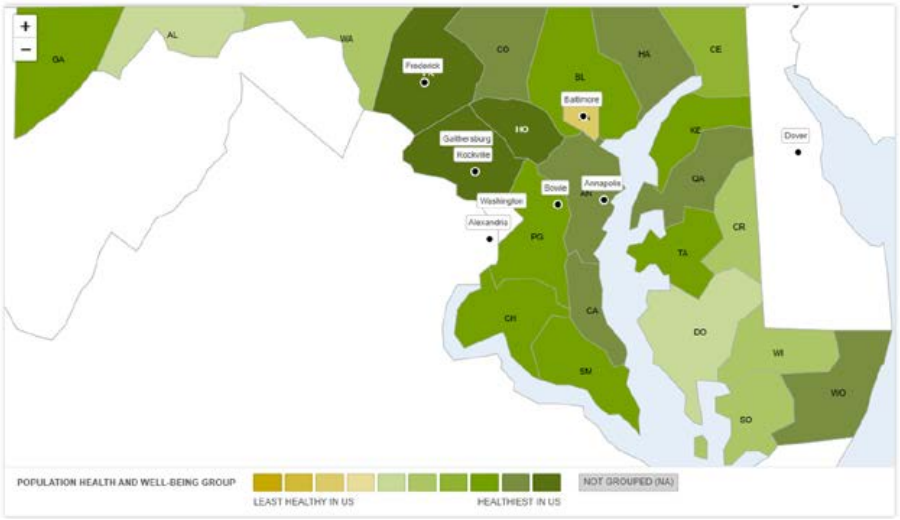


(Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Problems, 2014, Graphic by ProMedica)

Figure 9 shows Maryland counties and their County Health Rankings on population health and well-being. Baltimore City continues to rank amongst the worst areas in the state for health and well-being.

It is important to understand how these social determinants intersect with identified areas of need across Maryland communities and direct health care, highlighting their impact on the health, well-being, and outcomes of individuals with disorders of the developing nervous system and related conditions.

Figure 9. Maryland Population Health and Well-being, County Health Rankings, 2025

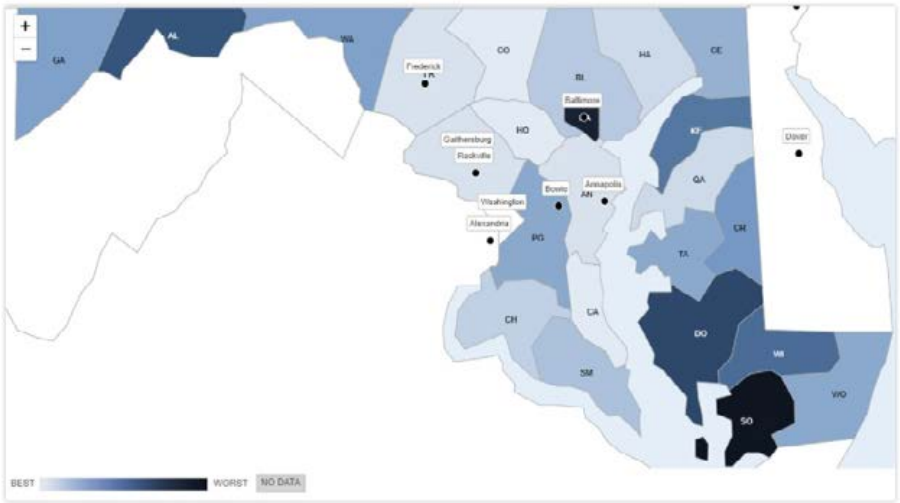


(Source: University of Wisconsin Population Health Institute)

Socioeconomic Conditions

Socioeconomic conditions – such as income, education, and employment – shape the opportunities and resources available to individuals and groups, thereby influencing their social and economic status. These factors greatly influence the health of populations and are critical when addressing the needs of the community. Poverty, influenced by socioeconomic conditions, impacts health; additionally, children who live in poverty are at higher risk for developmental concerns. Baltimore City ranks well below the national average for children under 18 years in poverty, compared to other Maryland counties. Other counties experiencing high poverty rates for children include Allegany and Somerset counties.

Figure 10. Children in Poverty – Maryland, 2025 County Health Rankings & Roadmaps



(Source: University of Wisconsin Population Health Institute)

The County Health Rankings Model displays all factors that contribute to health in the broadest sense.[11] Figure 10 shows the child poverty disparities across our state, but more importantly the report provides strategies to achieve greater health equity for children, youth, and adults at risk for disorders of the developing nervous system.

Education

Early Childhood Education

Early childhood development programs address the development of children with complex medical care and special health care needs to support equitable access to early childhood education. This approach allows us to start early to address social determinants of health that influence one's health and well-being later in life. Investment in quality early childhood education strategies represents an upstream approach to addressing root causes, as opposed to symptoms of poor health. In early childhood education, (1) the early years matter; (2) children learn best through a natural learning environment;[12] (3) social-emotional development and learning in the early years benefits mental health and well-being in adulthood;[13] (4) family engagement is the key predictor for school success; and (5) effective early care and education can be a vehicle for reducing educational and economic burdens and inequities.[14]

Schools provide a direct touchpoint to 95% of our country's youth (M. Cohen, personal communication, June 26, 2024).[15] Lifelong health patterns start when we are young. Transforming learning and flagging items of concern early on and knowing when to refer can change the trajectory of a child's development.

The level of formal schooling a person receives has an impact on health outcomes. People with higher levels of education are typically healthier and live longer.[16] Academic skills often develop more slowly for children in lower socioeconomic homes, which can be attributed to limited access and lower funding for schools, affecting the quality of education being provided. The impact of these factors contributes to long-term effects that can extend into adulthood, affecting job opportunities and overall quality of life. For those with disabilities, these factors are further compounded by the increased need for academic services and support. Early intervention, school funding, and family support are a few steps in the multifaceted approach required to create a more equitable education environment.

On a national level, Healthy People (HP) 2030 outlines goals and objectives focused on education.

The HP objective (AH-D01), Increase the proportion of trauma-informed early childcare settings and elementary and secondary schools, is a developmental high priority public health issue.

- Increase the proportion of elementary and secondary schools and early childcare settings that are trauma-informed (AH-D01)

This objective remains developmental, thus not a core HP 2030 objective. No data will be collected in the developmental phase.

- Reduce the proportion of adolescents and young adults who aren't in school or working (AH-09)

HP 2030: Baseline: 11.5% (2017)
HP 2030: 2023 Data: 10.6% (improving)
HP 2030: Target = 11.2% (revised)

HP objective EMC-D03 is to increase the proportion of children who participate in high-quality early childhood education programs. This objective has a developmental status, which means that while there are evidence-based interventions to address it, there is no baseline data. DH-05 is to increase the proportion of students with disabilities who are usually in regular education programs. Based on current data (2019-2020), the objective is at a baseline of 63.5%.

- Increase the proportion of children who participate in high-quality early childhood education programs (EMC-D03)
  - This objective remains developmental, thus not a core HP 2030 objective. No data will be collected in the developmental phase.
- Increase the proportion of students with disabilities who are usually in regular education programs (DH-05)

HP 2030: Baseline Year 2017-2018 = 63.5%
HP 2030: 2022-2023 = 66.9% (improving)
HP 2030: Target = 73.3%

Kennedy Krieger operates multiple early childhood programs (Figure 11). While our enrollment across four programs represents a small percentage of Maryland children attending early education programs, we are working to establish a model of early childhood education rooted in social and emotional development that can be shared statewide, and potentially nationally, that will facilitate quality readiness for kindergarten and, most importantly, inclusion for all children.

World of Care

World of Care is an accredited childcare program with a Maryland EXCELS Quality Rating of 5. It provides developmentally appropriate, inclusive educational programming for children with and without disabilities, including those with nursing needs and developmental delays. The program offers on-site early intervention and therapeutic services delivered by a multidisciplinary team of early childhood educators, physical and occupational therapists, speech-language pathologists, social workers, family advocates, and registered nurses. Through an integrated service model, the team supports individualized development, education, and healthcare plans. WOC maintains teacher-child ratios that meet or exceed regulatory standards, ensuring high-quality, personalized care for all children—including those with complex medical needs – in a nurturing, inclusive environment.

Early Learning Classrooms (ELC)

Kennedy Krieger Institute's Early Learning Classrooms offer a comprehensive, family-centered educational experience for children ages 3 to 5 years. Also accredited with a Maryland EXCELS Quality Rating of 5, ELC provides an inclusive setting where typically developing children and neurodivergent children learn side by side. The curriculum is designed to enhance social, emotional, functional, and behavioral outcomes, while addressing achievement gaps experienced by children from diverse backgrounds or with developmental disabilities. The program emphasizes equity, inclusion, and early intervention to support each child's unique learning journey.

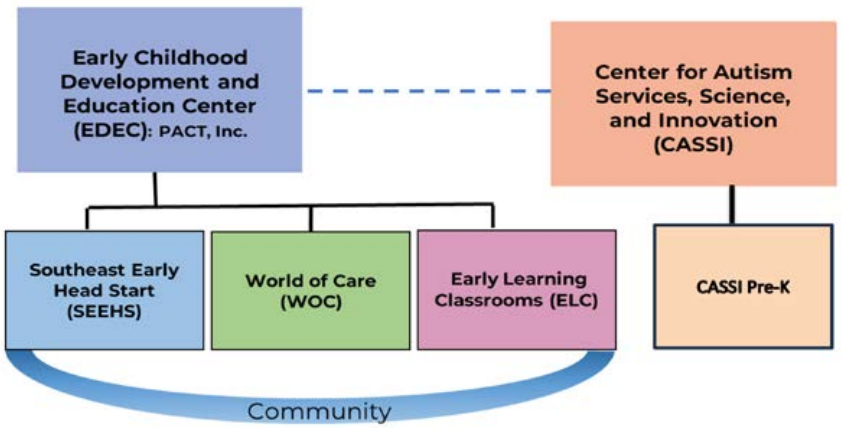
Southeast Early Head Start (SEEHS)

Southeast Early Head Start is a federally funded program serving children from birth to age three years and their families. As a Maryland EXCELS participant, SEEHS delivers high-quality early childhood education through an inclusive, trauma-responsive, and attachment-based model of care. The program supports families facing high-risk factors such as community trauma, housing instability, interpersonal violence, recovery from substance use disorders, and language barriers. A dedicated team – including early childhood teachers, infant mental health specialists, family advocates, and early interventionists – works collaboratively to promote healthy development. SEEHS also provides extensive training and coaching in evidence-based, attachment-informed care models to strengthen the early childhood workforce and expand support for families across Maryland.

CASSI Pre-K

The Prekindergarten (Pre-K) Program located at Kennedy Krieger Institute's Center for Autism Services, Science, and Innovation (KKI CASSI™) has been in operation since 2015. CASSI Pre-K is also a Maryland Excels participant. The program provides access to, and full participation in, a high-quality inclusive educational environment for students of varying ability levels. Therapeutic services are provided to children by on-site therapists (including social workers, psychologists, speech-language pathologists, occupational therapists, and special educators) and other health care providers as needed.

Figure 11. Kennedy Krieger Early Childhood Programs



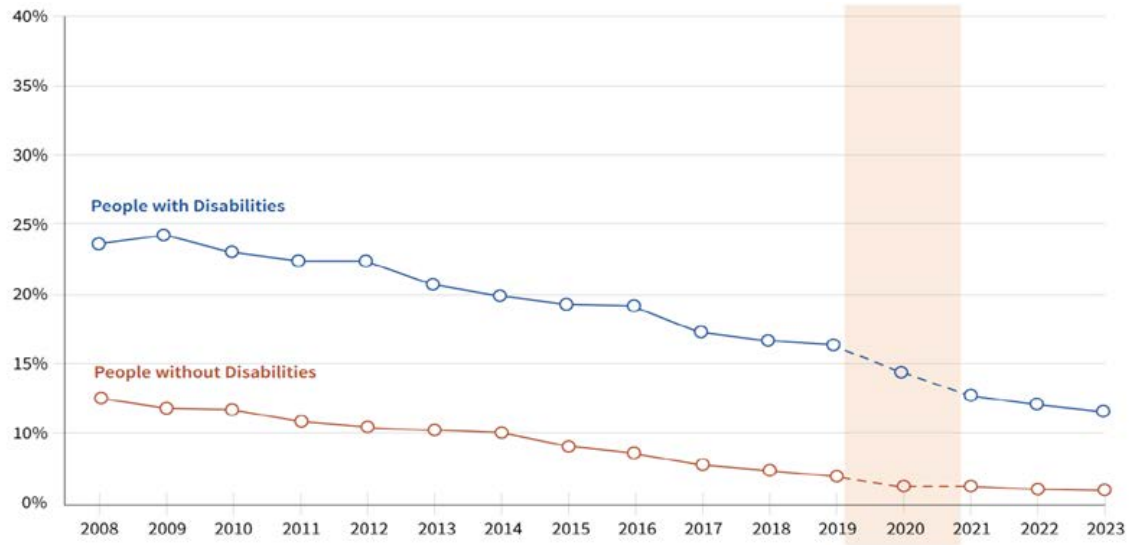
Literacy

Literacy, socioeconomic status, and health outcomes are deeply interconnected. Income level, parental education, housing conditions, and access to resources all influence the literacy level of a person. For those with disabilities, literacy levels are even more critical in ensuring empowerment, independence, and access to resources.

The Maryland State Department of Education's Blueprint for Maryland's Future outlines goals in their 10-year plan focusing on early childhood education expansion, college and career readiness, and other areas.[17]

The Horowitz Center for Health Literacy at the University of Maryland School of Public Health provides guidance for Head Start Early Childhood Programs. Their Health Literacy Guiding Principles to Implement Health Equity were developed along with Head Start's National Center on Health, Behavioral Health, and Safety (NCHBHS) to help Head Start early childhood programs put health literacy into practice.[18] These principles were used to develop health literacy toolkits for Head Start's key program areas, and a family toolkit helps families find accurate health information they can understand and use to engage with healthcare providers and manage their health.

Figure 12. Persons with and without Disabilities with less than a High School Diploma



(Source: Annual Report on People with Disabilities in America: 2025)

The Maryland Developmental Disabilities Council included in their 5-year plan (2025) that more children with and without disabilities will learn together. The Maryland Developmental Disabilities Council's Five-Year Plan includes education and work goals for people with disabilities. A higher percentage of people with disabilities continue to leave school with less than a high school diploma (Figure 12). The dashed years (2019-2021) represent the pandemic period, in which data may be skewed.

Transition

Transition from adolescence to adulthood (e.g. education, health, employment, independent living, etc.) is a topic that has spanned many years, as providers have attempted to resolve the challenges. Our educational and health systems typically do not focus on inclusion for those who have needs that require alternative approaches and resources to achieve the outcomes expected. Providers traditionally have offered anticipatory guidance to families. Working to integrate processes that will prepare and guide the transition into another system is what is needed. Partnership in advocacy and in addressing educational and health needs must become a norm in order to build advocacy among families. We need more studies and projects that include families to help guide how transition for youth with neurodiversity and complex health issues is addressed.

As providers of health and education, we work to prepare children and their families for adulthood, which includes the major bridge from adolescence to adulthood in the areas of health and post-secondary life. A key component in this preparation is including families and the young adult in the process, as opposed to working to prepare young adults. Because of the specific needs of those with health challenges and neurodiversity, transition presents with barriers and gaps as many services and resources that were required upon aging into adulthood, age 18 years, now require one to prove eligibility. The eligibility criteria were established for typically

developing persons, not persons with health or developmental needs. Barriers may include delays in transition, poor coordination of care, loss of insurance coverage, medical complications, and poor health outcomes.[19] Many organizations, health systems, or community entities have created transition programs to help guide families. How do we determine if programming achieves transition readiness? The National Survey of Children's Health (NSCH) has utilized four questions to determine transition readiness.[20] Mulkey et al (2022) support using these questions that serve as a transition outcome measure. Although not psychometrically validated, the NSCH items offer a practical, nationally representative, and policy-relevant approach to monitoring transition preparation across diverse adolescent populations.

NSCH Transition Readiness Questions[20]

- Discussed seeing health care providers who treat adults (D19)
- Worked with health care providers to gain health management skills (D17)
- Spoke with health care provider to understand changes in health care at age 18 (D15c)
- Spoke with health care provider privately at last checkup (C2)

While the wording of the healthcare transition questions has varied over the years within the NSCH, continuation of using the tool in this manner will lead to better understanding what is needed as related to adolescent transition and how it can be embedded in clinical care.[21]

We know that all life transitions are important and while much of the focus is on adolescent health transition, children with disorders of the central nervous system experience transitions that pose significant challenges along their life's journey. The Maryland Center for Developmental Disabilities (MCDD) at Kennedy Krieger Institute, in collaboration with The Arc of Howard County and other local partners, conducted a survey from July 2023 to September 2023 to assess the childcare and transition-related needs of families with children in grades 6 and above who have disabilities. The target group included parents/guardians of children with disabilities in grades 6+ receiving special education services in Howard County. The survey focus was after-school care, summer programming, and support needs for children with disabilities.

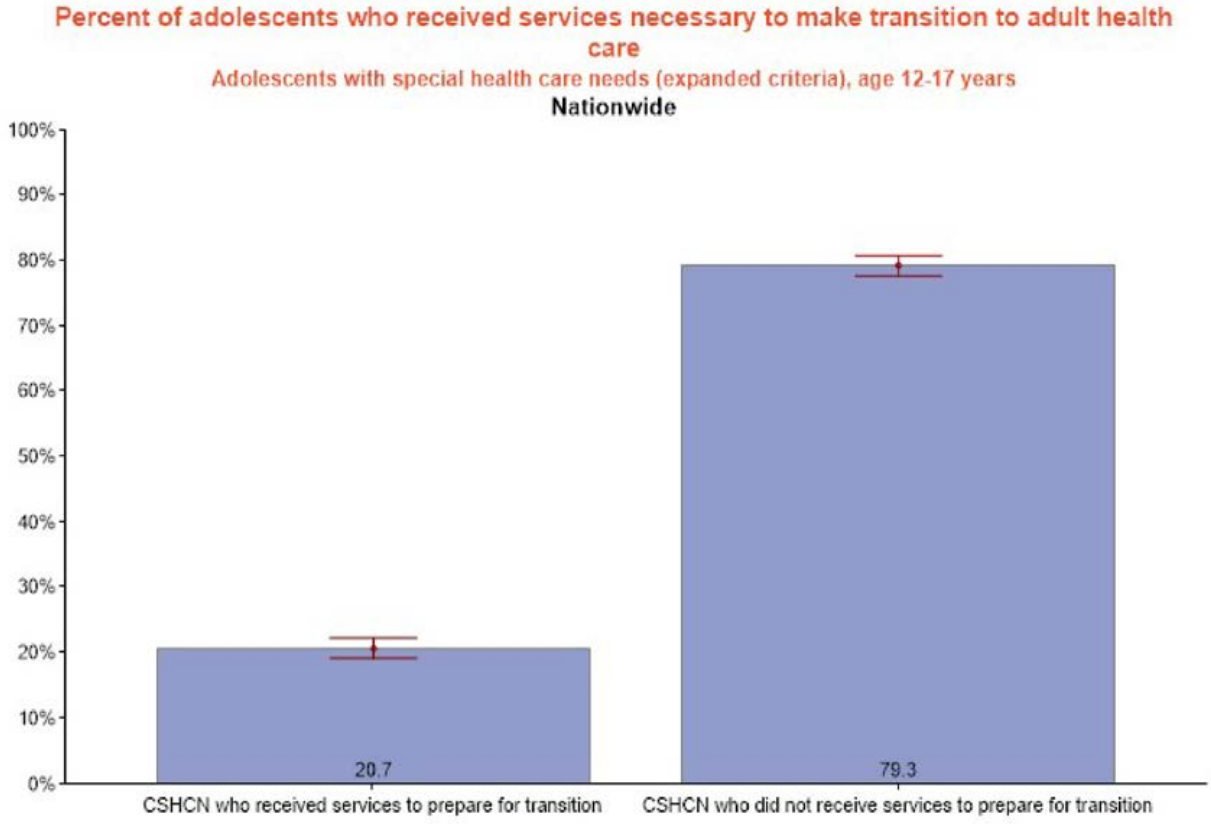
The survey results yielded:

- Valid Responses: 63 (after excluding ineligible entries).
- After-School Care Needs:
  - 39.7% of respondents need care until 6:00 p.m.; 23.8% until 5:00 p.m.
- Top support needs include:
  - Transportation (19.7%)
  - Behavioral supports (15.8%)
  - Toileting/menstruation hygiene (14.1%)
  - Safety and medical support (e.g., for elopement, seizures)
- Summer Programming:
  - Strong demand for summer camps lasting four or more weeks.
  - Parents emphasized the need for inclusive, engaging, and structured summer programs.
- Barriers Identified:
  - Lack of inclusive aftercare options, especially for older youth and teens.
  - Inconsistent availability of 1:1 support across different regions of the county.
  - Transportation challenges and limited staff training in disability support.
- Demographics:
  - Majority of caregivers were biological parents (95.2%).
  - 64.4% of caregivers worked full-time.
- Recommendations:
  - Expand after-school care options, especially for students in public separate day schools.
  - Provide transportation and extend care hours to accommodate working families.
  - Increase staff training in disability and behavior management.
  - Develop inclusive summer programs and consider respite care options during school holidays.

Parents shared stories highlighting the emotional and logistical strain caused by the lack of appropriate after-school and summer care. Many expressed a desire for programs that foster social development, independence, and active engagement for their children.

Compared to the 2019 NSCH performance measure shared in the 2022 CHNA report, the 2023 NSCH data informs us that the number of adolescents not receiving services necessary for transition to adult health increased in Maryland (Figure 13).

Figure 13. Percent of adolescents with special health care needs who received services necessary to make transition to adult health care



(Source: National Survey of Children's Health, 2022-2023)

Employment and Economic Mobility

Employment and economic mobility historically have not been seen as objectives for healthcare entities looking to improve the health of their communities. Economic instability, employment status, and poverty level influence health outcomes for families and impact growth and development for children. Furthermore, employment and economic mobility affect an individual's ability to care for their family.

In 2024, the employment-population ratio was 22.7 percent among those with a disability. The employment-population ratio for those without a disability was 65.5 percent. The unemployment rate for people with a disability in 2024 was 7.5 percent, as compared to those without a disability at 3.8 percent.[22]

Healthy People 2030 recognizes employment of persons with a disability as a leading health indicator related to social determinants of health. National goals include:

- Increase employment in working-age people (SDOH-02)
  - Leading Health Indicator
  - Target: 75%
  - Baseline: 70.6% of working age population 16-64 years were employed in 2018

Though marginal improvements toward the objective target % exist, there is still a significant disparity in employment between those with disabilities and those without (Table 2).

Table 2. Employment-population Ratio by Disability Status

YEARS TREND	2021	2022	2023
Total % working	70.7	71.3	71.5
% People with Disabilities	34.4	36.1	37.0
% People without Disabilities	76.7	77.0	77.5

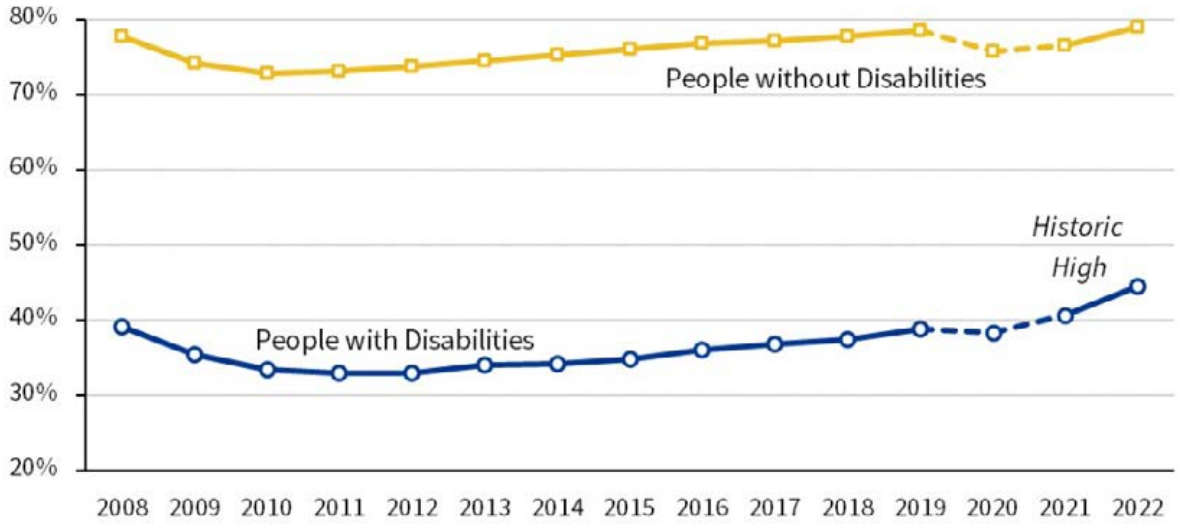
(Source: Healthy People 2030, Economic Mobility)

Healthy People objectives AH-09 and SDOH-02 align with the needs identified in the Maryland community.

- AH-09: Reduce the proportion of adolescents and young adults who aren't in school or working. This objective will gauge how successful we are as a state in facilitating transition to adulthood for our youth.
- SDOH-02: Increase employment in working-age people but including persons with disabilities in the target achievement.

The Annual Report on People with Disabilities has identified widening of gaps in "median earnings from work" between people (civilians 18-64 years old living in the community and working full-time, full-year) with and without disabilities, and the gap in the "poverty rate" between people (civilians 18-64 years old living in the community) with and without disabilities widened from 13.5 percentage points in 2021 to 14.3 percentage points in 2022 (Figure 14).

Figure 14. Employment to Population Ratio for People with and without Disabilities



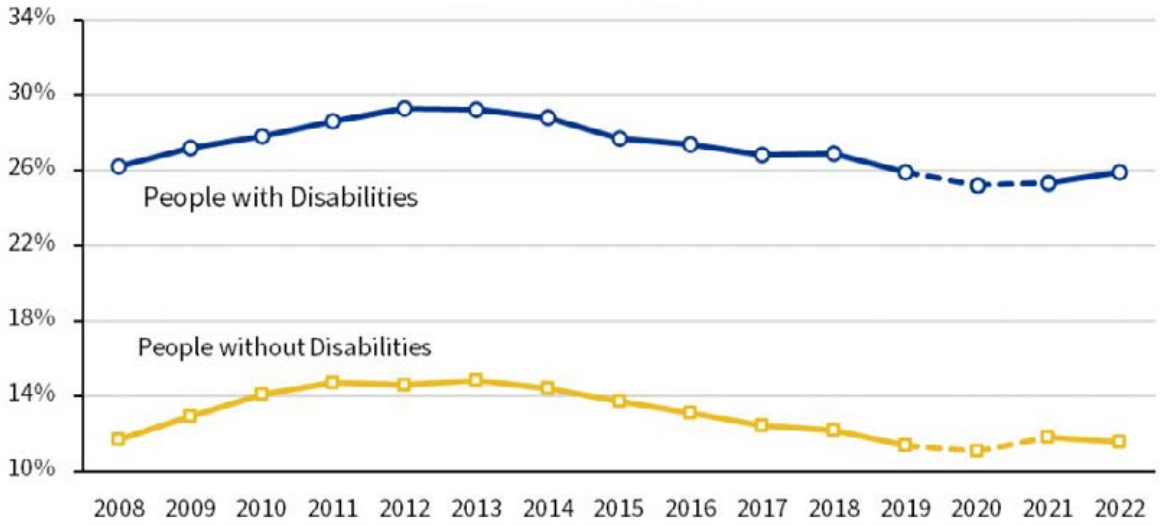
(Source: The Annual Disability Statistics Compendium, Institute on Disability, University of New Hampshire, 2024)

The employment to population ratio is a measure comparing the number of people employed to the total working-age population. This rate includes unemployed people who are not actively looking for jobs. The Annual Disability Statistics Compendium shows the difference in this rate between people with and without disabilities. Though the employment-to-population ratio for people with disabilities was at an all-time high for 2022, the disparity between these two populations continues to exist.

Evidence supports that low socio-economic status (SES) impacts brain development and functionality.[23] Additionally, SES is associated with brain processing. Poverty-related factors that influence brain functioning include stress, poor nutrition, and socio-environmental hazards. Outcomes of poverty include language developmental delay, poor educational attainment, and psychopathology. One in nine Maryland children under age 5 years lives in poverty.[24] The poverty-related factors and outcomes contribute to poor adult achievement impacting employment, thus level of economic attainment. Children and their families who live in poverty have unmet social needs, which can include low or no income. This limits access to healthcare and securing basic life necessities such as food or housing.[25]

The Supplemental Nutrition Assistance Program (SNAP) provides nutrition assistance to eligible, low-income individuals and households. It is the largest federal nutrition assistance program. People with disabilities are more likely to experience low socioeconomic earnings secondary to low or no employment opportunities (Figure 15).

Figure 15. Poverty Rates for People with and without Disabilities



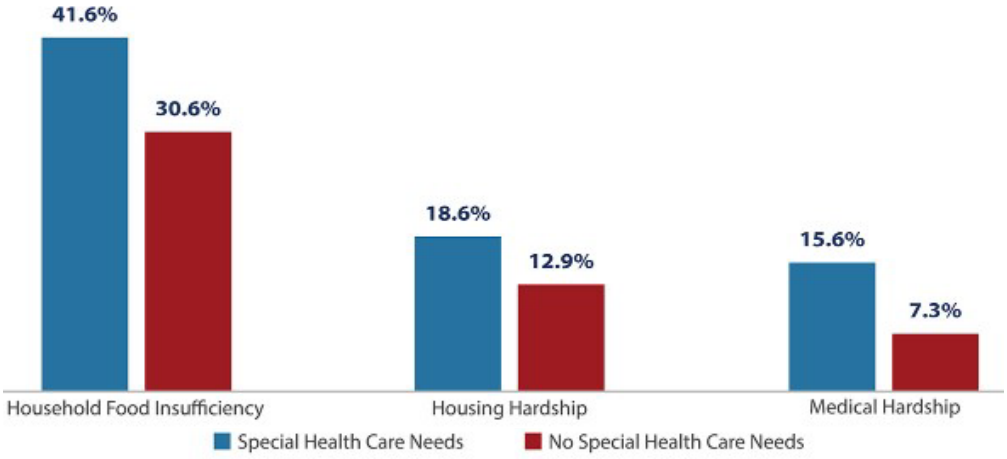
(Source: The Annual Disability Statistics Compendium, Institute on Disability, University of New Hampshire, 2024)

Family and Social Support Systems

Family support and support from those in a social network influence the health of populations. Families play a critical role in supporting healthy behaviors and promoting environments for prevention of chronic diseases. Strong family support contributes to emotional stability. Feeling supported by family and social networks tends to decrease levels of stress experienced, leading to improved mental health. Family members and close social support often assist other members with healthcare system navigation, improving utilization of the healthcare system and further bettering disease management. These types of support influence social determinants of health, provide stability and resources, and close the gap on disparities. Family and social support networks contribute to the health of communities and improve population health outcomes. Sharing data across family and community networks can help communities understand the areas of family strengths and needs.

The National Survey on Children's Health (NSCH) reflects significant differences between the health and well-being of children and youth with special healthcare needs and their families, compared to children without special health care needs (Figure 16).[4]

Figure 16. Health and well-being outcomes of children with and without special health care needs & their families (National)



(Source: National Survey on Children's Health, Proportion of children who experienced household food insufficiency, housing hardship, and medical hardship in the past 12 months, by special health care needs status, 2022)

- Only 51% of CYSCHN caregivers report excellent or very good health, compared to nearly 71% of parents who do not have a child with a special health care need
- Families of CYSCHN are less likely to meet basic needs like food, housing, and medical care

MSDE conducted a Family Survey most recently in 2022-2023.[26] Part C of the Individuals with Disabilities Act (IDEA) requires reporting on three indicators. The indicators and Maryland outcomes are:

- Know their rights (4a)
- Effectively communicate their child's needs (4b)
- Help their children develop and learn (4c)

Maryland slightly exceeded the targets (96%) established in all areas.

The HRSA Blueprint for Change is a national framework for a system of services for children and youth with special health care needs (CYSHCN).[27] The framework includes (1) quality of life and well-being; (2) access to services; (3) health equity; and (4) financing of services where they enjoy a full life and thrive in their community from childhood through adulthood. An important component of the Blueprint is the inclusion of families in order to meet the goals and objectives; families are viewed as equal partners in ensuring their children live a life of quality and well-being, and flourish in life. The framework serves to inform research, programs, and policy across all environments: community, state, and national.

Aligning with national data and priorities, the Maryland Department of Disabilities State Disabilities Plan outlines specific goals to improve family and peer support services for people with disabilities and their families.[28] Their strategies include:

- Improve family disability supports across lifespans
- Improve peer and family support networks
- Improve in-home assistance and respite care resources
- Improve educational advocacy support for parents of children with disabilities

Family and social support systems are critical in health outcomes and have an even larger impact on health outcomes for those with special health care needs who require additional supports. Supports outside of direct family and social networks, through advocacy, are also important to ensure equal access and representation.

Advocacy

Advocacy is essential for those with disabilities to ensure equal opportunity and access. Areas of advocacy include education, employment, healthcare, legal protections, transportation, and many other areas that influence how different groups live in the same community. Self-advocacy skills are important for everyone, and critically important for those with disabilities. Having representation and a voice, not only in the health care system but within the community and personal networks, creates an inclusive environment.

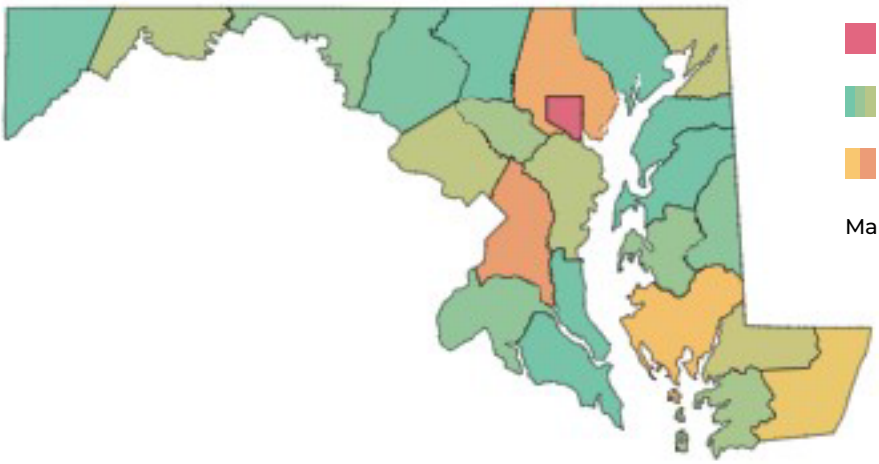
While many organizations engage in advocacy efforts, those efforts are centered around mission. Kennedy Krieger supported persons with disabilities and their families in the following manner during FY 2023 and FY 2024 by legislative advocacy and generating research and evaluation reports.

We testified on 59 bills during FY 2023 and 53 bills during FY 2024. Kennedy Krieger disseminated 1,247 educational materials and resources in FY 2023 and 1,047 during FY 2024.

Neighborhood and Community Safety

Community safety is considered a social determinant of health. How safe groups feel in their communities has an influence on the health of that population. Ensuring safety in communities involves addressing various social determinants that impact health outcomes. Figure 17 shows the rate of crime in Maryland by county, with Baltimore City having the highest rate of crime.

Figure 17. Maryland County Crime Rate, 2023



(Source: Crime Dashboard 2023, Maryland Department of State Police Central Records Division, Uniform Crime Reporting Program)

The Maryland Department of Disabilities is currently working on the release of its most current survey, Crime Control, Public Safety, and Correctional Services, but current findings from 2020-2023, published in 2024, reveal data from their constituents when asked about support and services needed to manage crime control, public safety, and correctional services for persons with disabilities. Only 9% of those surveyed were familiar with disability support and services related to crime control, public safety, and correctional services. Some may ask "What are supports and services related to crime control, public safety, and correctional services?" These services can include understanding how to implement practices to control crime in one's own community, enhancing safety of their environment, or simply heightening awareness of your surroundings. Additionally, providing training to law enforcement personnel related to communications with persons with alternative communication methods is critically important to contribute to a safe community environment. The survey data results revealed:[28]

- ✓ 33% service availability
- ✓ 28% service quality
- ✓ 26% accessibility of programs and services
- ✓ 26% communication (understanding program rules)
- ✓ 20% application process (eligibility)
- ✓ 14% self-direction (able to customize how the service is delivered)

Built Environment and Housing

The physical environment plays a role in population health. Air and water quality is essential for preventing diseases, illnesses, and health problems, and can be linked to developmental issues in children. Safe and healthy housing conditions reduce exposure to hazards and support mental health through a stable and secure living environment. Within hospital needs assessments and local health departments, the built environment is addressed. Improvements associated with our built environment and housing tend to be what public health officials refer to as "wicked problems" requiring highly resourced solutions. Community Health Improvement Plans (CHIPs) are community groups led by neighborhood associations or generated from local health departments. CHIPs often addressed health care access/quality and the neighborhood/built environment, but frequently did not address economic stability, social/community context, and education access/quality. In a review conducted by Hatton et al (2024), CHIPs scored an average of 65 points out of 100 for neighborhood/built environments.[29] Scores were much lower for economic stability (44/100), social/community context (33/100), and education (26/100).[29]

The built environment or urban planning provides healthier spaces and feasibility to encourage and promote activities that enhance physical activity, leading to better health outcomes.

Access to green spaces such as parks is important for the overall wellbeing of children. Evidence suggests that exposure to nature can improve attention and promote self-confidence, calmness, and other psychological aspects of health. The benefits of unstructured outdoor play are positive developmental and health impacts for all Maryland children, including those from rural communities to those in urban and suburban neighborhoods. Having a safe place to play and areas that are open and accessible for all will contribute to greater positive health outcomes.

Maryland's "Park Equity Analysis" provides a quantitative statewide analysis identifying locations across the State with barriers to accessing public lands for a variety of factors.[30]

Accessibility and Inclusion

When considering the built environment, universal design and accessibility should provide the framework toward creating an equitable society. Moving away from a retrofitted, accommodation approach to designing an environment that is accessible for all improves health by reducing barriers.

The Early Childhood Development and Education Center (EDEC) at Kennedy Krieger opened a universal playground in October 2024 for children enrolled in the Baltimore County EDEC location (Figure 18). Additionally, the Maryland DD Council published a framework and toolkit to establish universal playgrounds that has been widely disseminated statewide so children across communities can have access to outdoor play and physical activities.

Figure 18. Universal Playground at the Early Childhood Development and Education Center at Kennedy Krieger.

Health Behaviors Outcomes

Health behaviors influence about 30% of health outcomes. (Figure 8)

Since the Affordable Care Act, a set of data collection standards was implemented to include five demographic characteristics to help the U.S. Public Health System improve equitable care for all Americans. These demographic categories include race, ethnicity, sex, primary language, and disability status. There are six disability questions:[31]

1. Are you deaf, or do you have serious difficulty hearing?
2. Are you blind, or do you have serious difficulty seeing, even when wearing glasses?
3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)
4. Do you have serious difficulty walking or climbing stairs? (5 years old or older)
5. Do you have difficulty dressing or bathing? (5 years old or older)
6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping? (15 years old or older)

By analysis of these responses, we can improve programs to serve all, understand how health risks impact a particular group of people, and share information about programs that may be aligned with the needs of people with disabilities. Also, in 2010 under the Affordable Care Act, these six standard disability questions were added to other public datasets:

Behavioral Risk Factor Surveillance System

Health Information National Trends Survey

Medical Expenditure Panel Survey

National Health and Aging Trends Study

National Health and Nutrition Examination Survey

National Health Interview Survey

National HIV Behavioral Surveillance Survey

National Survey of Children's Health

National Survey of the Diagnosis and Treatment of ADHD and Tourette Syndrome

National Survey of Family Growth

National Survey of Drug Use and Health

U.S. Census Bureau: American Community Survey and Survey of Income and Program Participation

U.S. Department of Education: National Postsecondary Student Aid Study

U.S. Department of Labor: Current Population Survey

U.S. Department of Housing and Urban Development: American Housing Survey

U.S. Department of Justice: National Crime Victimization Survey

The Annual Disability Statistics Compendium uses these six standard questions to track the progress of people with disabilities using social and economic metrics, and allows us to determine improvement in areas such as education, employment, poverty, transportation, and independent living, with several health behavior measures specific to individuals with disabilities. Health behaviors contribute to 30% of an individual's health outcomes (Figure 8). The health behaviors measured in this compendium include smoking (tobacco use), obesity (diet and exercise), and binge drinking behaviors (alcohol and drug use), all measured by the Behavioral Risk Factor Surveillance Survey.[32] Data derived from the Annual Disability Statistics Compendium present reported rates of disabilities across the United States and differences between health behaviors of those with and without disabilities.

Nutrition, Physical Activity, and Obesity

Among children ages 10 to 17 years, those with special health care needs, physical and developmental conditions, present with a higher prevalence of obesity compared to their peers without such needs.[33]

From the 2023 Annual Disability Statistics Compendium, the percentage of adults over 18 years with disabilities who were obese was 39.6% and the percentage of adults without disabilities who were obese was 29.9%.[34]

While immobility is a factor, i.e., lack of physical activity, limitations in access to nutritious foods and understanding the role food plays in health also play a key role in health and weight management. The NHANES and other public databases show disability is associated with greater odds of living in a food insecure household and higher monthly food insecurity for persons with disabilities.[35]

Kennedy Krieger screened almost ten thousand patients within selected clinics related to food insecurity. During fiscal year 2023, approximately seven percent screened positive and were provided with food packages and/or community resources, with a slight increase during fiscal year 2024.

Tobacco, Alcohol, and Substance Use

Adolescents and young adults with disabilities have a higher prevalence of marijuana and cigarette use than individuals without disabilities. Adolescents with disabilities had greater alcohol use than their peers without a disability.[36]

In 2023, the percent of individuals ages 18 years and over with disabilities who smoked tobacco was 17.1%, while the percent of individuals ages 18 years and over without disabilities who smoked tobacco was 8.7%.[34]

According to the 2023 Annual Disability Statistics Compendium, 13.4% of adults ages 18 years and over with disabilities reported binge alcohol drinking and 16% of adults without disabilities reported binge drinking.[34]

Sexual Health and Adolescent Well-being

Sexual health education is considered as a top priority intervention for the general population, and is a priority for young people with disabilities who are still under the stigma of disability perceived "as asexual, lacking sexual feelings and desires, or as sexually inadequate".[37]

Most young people with disabilities still do not receive comprehensive sexual education.[38,39]

"Few programs and resources aim to teach and assist young people with disabilities to develop healthy relationships and to keep themselves safe".[40]

Literature has shown that young people with disabilities have sexual health needs. "Adolescents and young adults with mild to moderate intellectual and/or developmental disabilities were just as likely to be sexually active as their peers without disabilities".[38]

Access to and Quality Health Care

Healthy People

Healthy People 2030 resulted in fewer objectives, less overlap of topic areas, and topics and objectives that address major public health concerns. The core principles that guide decisions about Healthy People 2030 address the health and well-being of all people, achieving health equity and literacy while eliminating health disparities, and also addressing the social determinants that strengthen individuals' health and well-being. The Healthy People 2030 plan will establish measurable objectives, generate interventions that are evidence-based or promising practices, and create a system to move forward. Healthy People 2030 lays the foundation of policy for the development of programs to improve the health and wellness of our nation.[16]

Health care access and quality continues to present as a major barrier within the United States healthcare system, meaning many that live in this country do not get the services they need in a timely fashion, or high-quality services that are available to some. Access for some also continues to be related to health insurance coverage, and without insurance coverage having a primary care provider is less likely. Providers who are trained to provide care in such specialized areas are limited. In listening to continuants across the state, Healthy People 2030 Objectives ***AHS – 04*** and *AHS – R01* echo their concerns and support increased access, respectively, to *Reduce the proportion of people who can't get medical care when they need it and Increase the ability of primary care and behavioral health professionals to provide more high-quality care to patients who need it.*

(AHS-04) Reduce the proportion of people who can't get medical care when they need it

- This is a Core Objective
  - HP 2030 Baseline Year 2019 = 8.5%
  - HP 2030 Most Recent Data: 2023 = 6.8%
  - HP 2030 Target = 5.9%

YEARS TRENDED	2021	2022	2023
Total percent	7.0	6.8	6.8
People with Disabilities	14.6	14.2	15.1
People without Disabilities	8.0	7.7	7.7

The data supporting HP ***AHS – 04*** has moved slightly in the right direction for the general population, although since 2022, there has been little to no progress in achieving the goal for people with disabilities. Delay in receiving care can contribute to more complex and expensive secondary conditions.

Objective ***AHS – R01*** continues to present research status, meaning it is a high-priority public health issue, but no evidence-based interventions are available to address it.

States are required to develop a five-year state action plan that addresses the health needs among three population domains:

1. Preventive and primary care services for all pregnant women, mothers, and infants up to age one;
2. Preventive and primary care services for children; and
3. Services for children with special health care needs that are family-centered and community-based.

In addition, activities within these population domains must be provided among the three levels of the Maternal and Child Health Pyramid of Services:

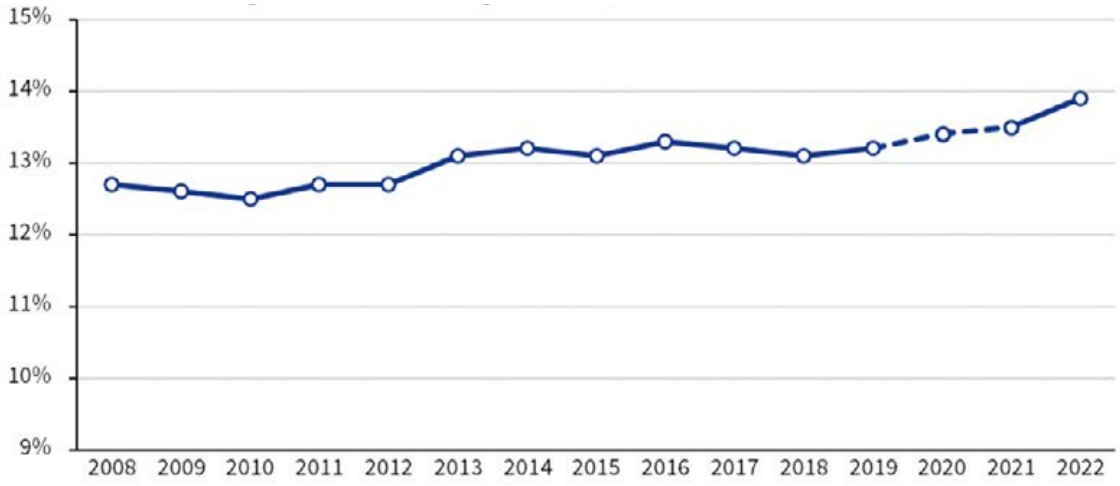
1. Direct services are preventive, primary, or specialty clinical services to pregnant women and children, including CYSHCN.
2. Enabling services are non-clinical services that enable individuals to access health care and improve health outcomes.
3. Public health services and systems are activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development.

In Maryland, the five-year state plan guides the Title V Maternal and Child Health Services (MCH) Block Grant received from the Health Resources Services Administration (HRSA) to improve the health of children and youth with special health care needs. This includes early identification, care, and effective transition to adult health. The state priorities are determined from a community needs assessment required for each Block Grant period. Beginning this fiscal year, 2025, each state is required to address two universal national performance metrics.

While the Title V agencies in each state support the direct, enabling, and public health services for those with specific health needs, the 2024 Annual Report on People with Disabilities identified the percentage of civilians with disabilities increased from 13.5 percent in 2021 to 13.9 percent in 2022.

According to the U.S. Census, in 2020 the estimate of the percentage of persons with disabilities was 13.6% (Figure 19).

Figure 19. Percentage of People with Disabilities in the U.S.



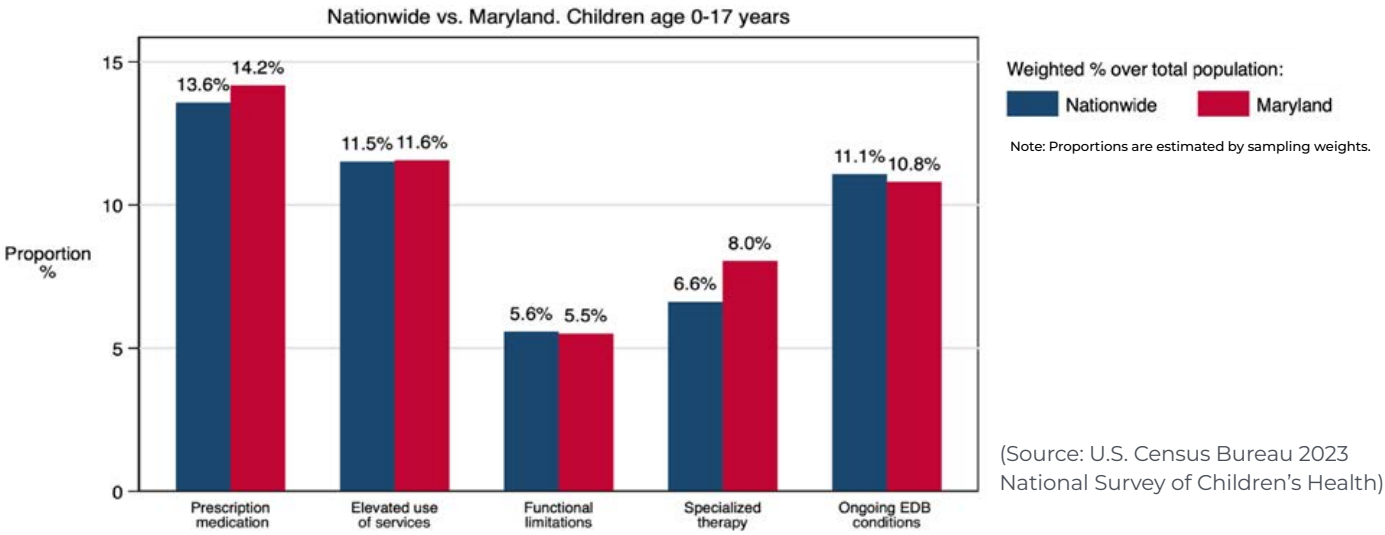
The National Survey of Children's Health (NSCH) is an important source of data on a vast amount of elements about children's lives – physical and mental health, access to quality health care, and the child's family, neighborhood, school, and social context.[11] Content maps display data collected for children 3 years to 17 years in the areas of Child and Family Health Measures and Title V Maternal Child Health Services Block Grant Measures.

- Children with a special health care need flourish at half the rate of children without a special health care need (34.4% to 69.1%)
- Children with a special health care need are engaged in school at about half the rate of their counterparts without a special health care need (26.3% to 47.9%)

The NSCH provides national and state level data on measures related to needs identified by other Maryland community stakeholders: (1.11) Children with special health care needs; (2.10) Mental, emotional, developmental, or behavioral problems, 3-17 years; (4.4) Received mental health care, 3-17 years; (4.4a) Difficulties obtaining mental health care, 3-17 years; (4.15) Transition to adult health care, 12-17 years among CSHCN and Non-CSHCN; (5.1) Special education or early intervention plan (EIP), 1-17 years; (6.13) Adverse childhood experiences; (6.20a) Time spent coordinating health care; and (6.26) Food insufficiency.

Maryland has 247,934 children with special healthcare needs, representing about 20% of the 0- to 17-year-old population in the state. Of the children identified with a special healthcare need, 10.6% use a language other than English as their primary language. In Maryland, approximately 4.6% did not have insurance at the time of the survey.

Figure 20. Children qualifying on one of special health care criteria

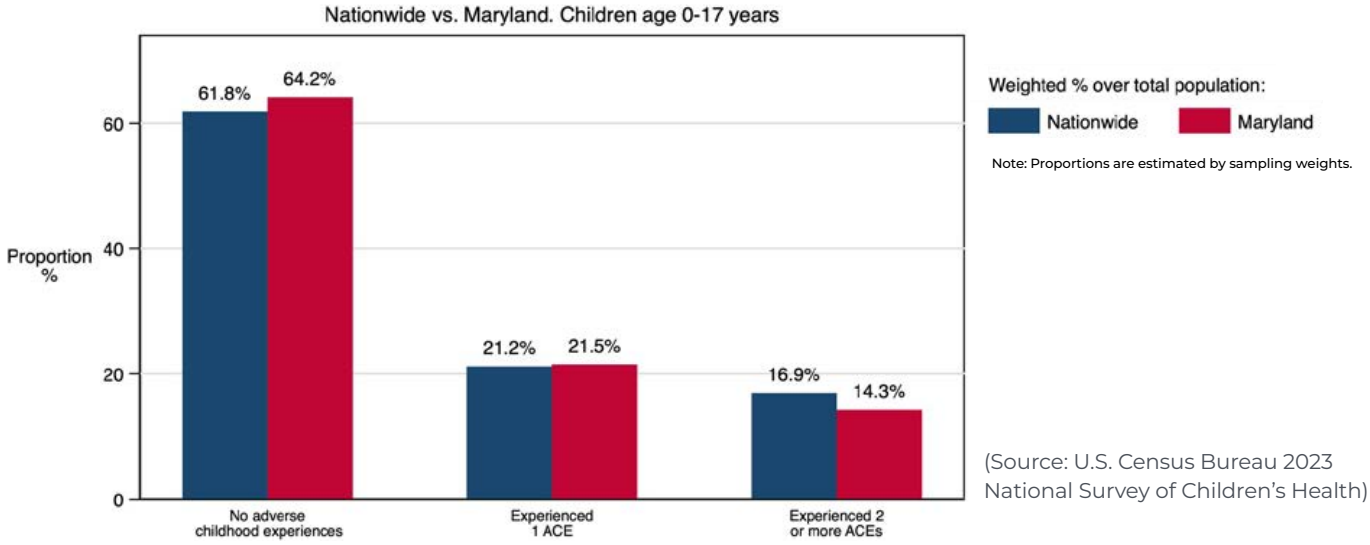


(Source: U.S. Census Bureau 2023 National Survey of Children's Health)

In Maryland, the proportion of children meeting a single special health care criterion shows a slight increase among those requiring prescription medications, frequent health service use, and specialized care. Overall, the state's data aligns closely with national trends (Figure 20).

The ACEs measured by parent report on the 2023 NSCH survey include the following: hard to cover basics on family's income; parent or guardian divorced or separated; parent or guardian died; parent or guardian served time in jail; saw or heard parents or adults slap, hit, kick or punch one another in the home; was a victim of violence or witnessed violence in their neighborhood; lived with anyone who was mentally ill, suicidal, or severely depressed; lived with anyone who had a problem with alcohol or drugs; treated or judged unfairly due to race/ethnicity; and treated or judged unfairly due to sexual orientation or gender identity (Figure 21).

Figure 21. Children experienced one or more ACEs from the list of 10 ACEs



(Source: U.S. Census Bureau 2023 National Survey of Children's Health)

All of these experiences could influence a child's development, emotional stability, and what we see frequently in public settings is behavior and engagement with others.

Mental and Behavioral Health

Across the United States, behavioral and mental health has been an area of great focus and need across all ages and population groups. When a population experiences greater access issues than the norm, this can compound experiences with mental health conditions. The HP 2030 Health Behavior topic includes child and adolescent development. The goal is to promote health development for children and adolescents. As a community, we support development through supportive care, helping schools, and caring for children in early development and education centers, and as health providers, tracking development through screenings and evaluations.

While the need for mental and behavioral health services is great, another component compounding the need is the workforce shortage across the country but also in Maryland.[41] In Maryland, most counties (except one) are designated as a Mental Health Shortage Area, and the projections are expected to continue into future years (Figure 26). Input from Maryland citizens and providers, supported by this report, tells us that the distribution of behavioral health providers is not evenly distributed by geographic location, gender, race, or ethnicity. While not substantiated in the report but shared anecdotally by constituents across Maryland, general providers lack the knowledge and specialty in interventions needed to serve persons with autism and other related developmental disabilities.

The Maryland Coalition for Families (MCF) provides family peer support for mental health, resources, and services.[42] The 2024 Annual Impact Report, produced by MCF, shows the most frequent reason (73% of inquiries) for seeking services from the MCF is families in need of mental health resources and services for those under the age of 17.[42]

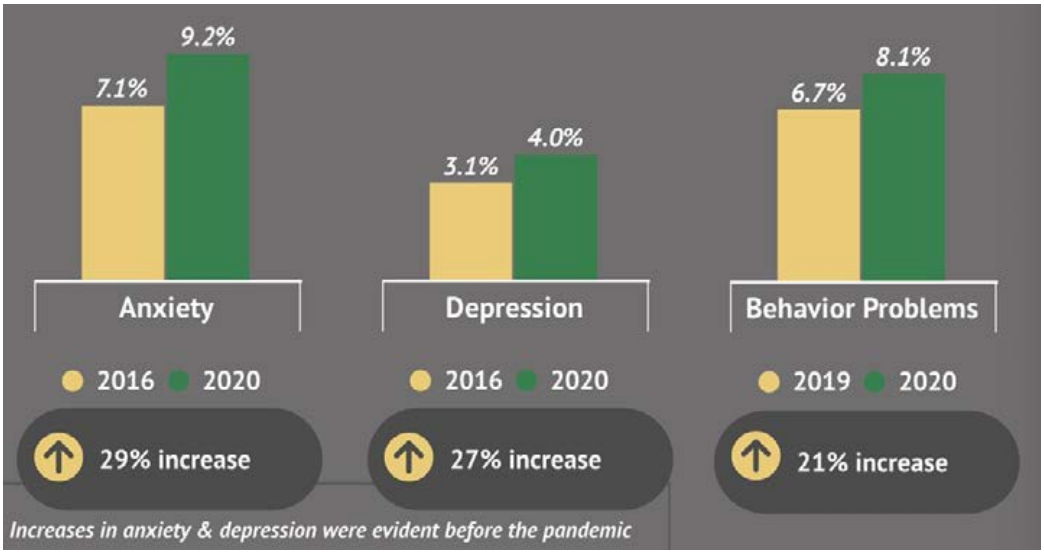
The MCDD's Resource Finder also reports that most inquiries are related to a need for service providers, most notably in the areas of behavioral and mental health (Table 3).

Table 3. Resource Finder Top Service Provider Inquiries Fiscal Year 2024

MOST FREQUENT SERVICE PROVIDER TYPE INQUIRIES REQUESTED
Behavior Therapy/Modification/Specialists
Neuropsychologists
Psychiatrists/Medication Management
Counseling/Social Work/Psychologist
Applied Behavior Analysts

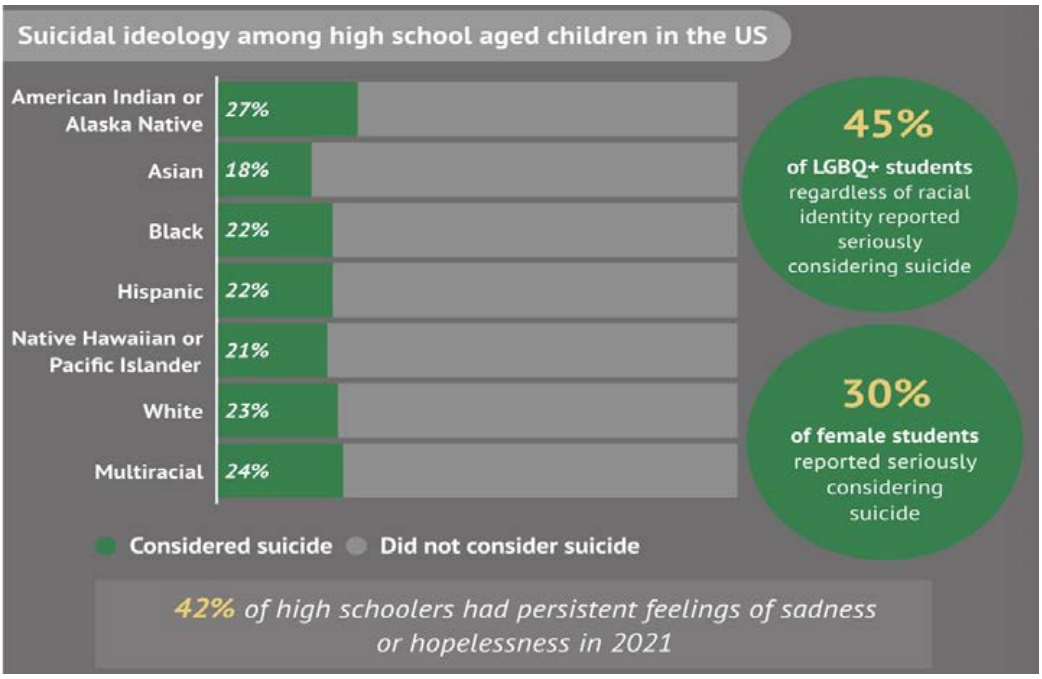
The State of Children's Health in the United States (2023) notes that 20 million youth 3-17 are estimated to currently have a mental health disorder.[43] The JAMA report (2022) noted significant increases in children diagnosed with anxiety and depression, decreases in physical activity, and decreases in caregiver mental and emotional well-being between 2016 and 2020 (Figure 22).[44] Since the last needs assessment in 2022, during our COVID-19 Pandemic, the impact of school closures on learning and mental health of children has been studied and increases noted year over year in children diagnosed with behavioral concerns and associated caregiver and childcare problems (Figure 22). The pandemic has demonstrated that trauma-informed approaches to care, communication, and more are essential in development of solutions to problems and interventions.[45]

Figure 22. Presence of Mental Disorders & Behavioral Problems



(Source: Lebrun-Harris LA, Ghandour RM, Kogan MD, Warren MD. Five-Year Trends in US Children's Health and Well-being, 2016-2020. JAMA Pediatric. 2022;176(7):e220056)

Figure 23. Suicidal Ideology among High School Aged Children in the U.S.

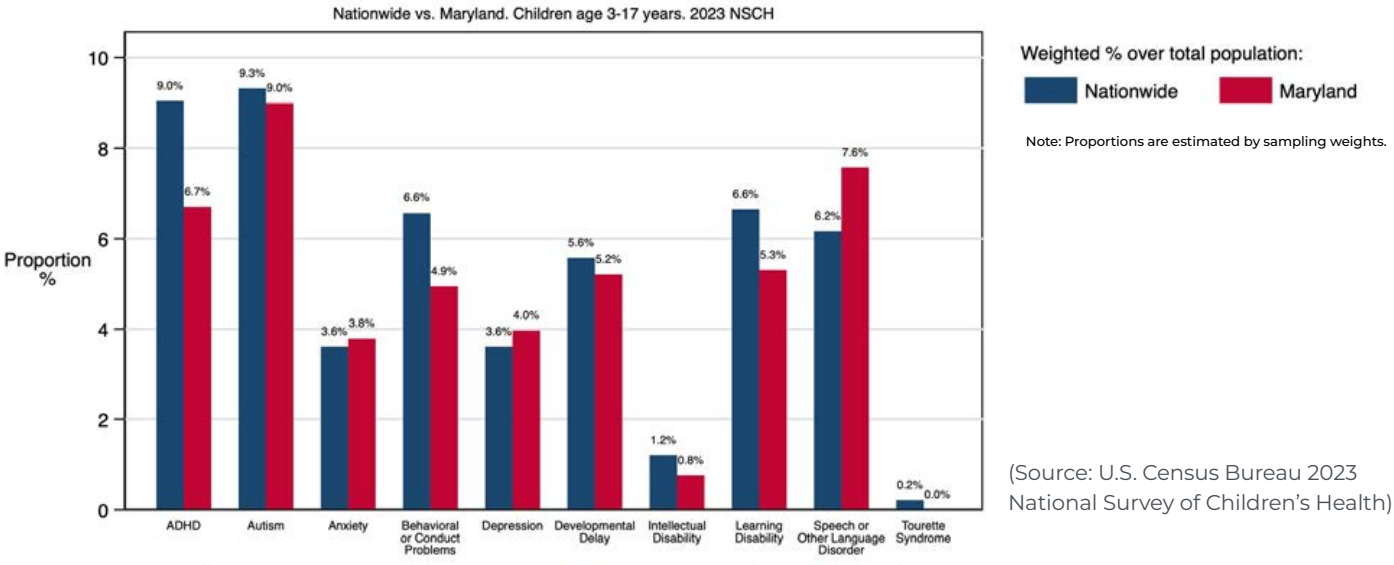


(Source: Center for Disease Control and Prevention (CDC), Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021)

As a health institution, our practitioners conduct suicide screenings during specific visits. While the number of children and youth experiencing thoughts of harm has risen, the number of youths with developmental disabilities experiencing suicidal ideation is also increasing. The Institute initiated suicide screening within our medical clinics in 2017. We have seen an increase not only in the number of clients who screen positive, but also an increase in the number of patients who are open to screening. The Institute will continue to implement screening with plans to expand into our behavioral health programs. The importance of continued screening is seen in youth national data that shows some youth populations are more likely to experience feelings of suicide – females and LGBQ+ students (Figure 23).

We have implemented a crisis intervention social work position to provide and direct on-call responses from outpatient clinics during business hours for provider assistance with positive suicide screenings, domestic partner violence concerns, suspicion of human trafficking, urgent parent mental health needs, imminent or current homelessness, and other concerns.

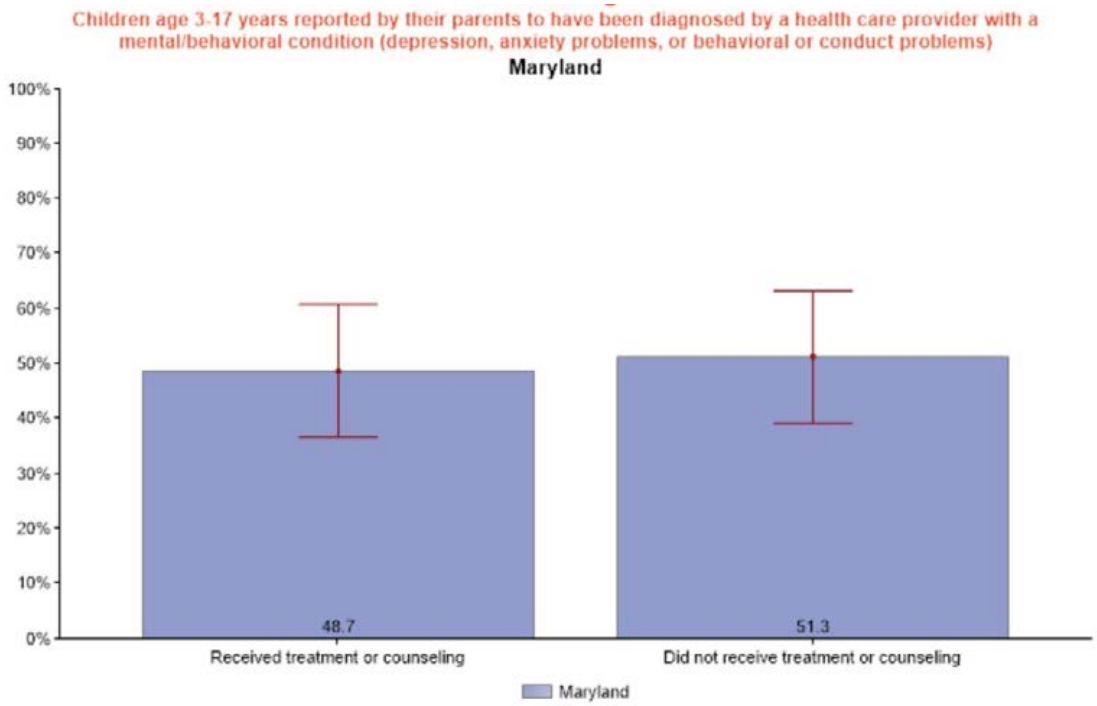
Figure 24. Children who currently have mental, emotional, developmental, or behavioral conditions



(Source: U.S. Census Bureau 2023 National Survey of Children's Health)

The NSCH 2023 (Figure 24) displays 10 mental, emotional, developmental, and behavioral concerns seen in children nationally and in Maryland.[4] While the graph compares the prevalence of conditions geographically, the primary takeaway is the array and number of children who experience these conditions, and the most prevalent conditions do fall within the mental health continuum – ADHD, anxiety, or behavioral or conduct problems.

Figure 25. Percent of children with a mental/behavioral condition who receive treatment or counseling

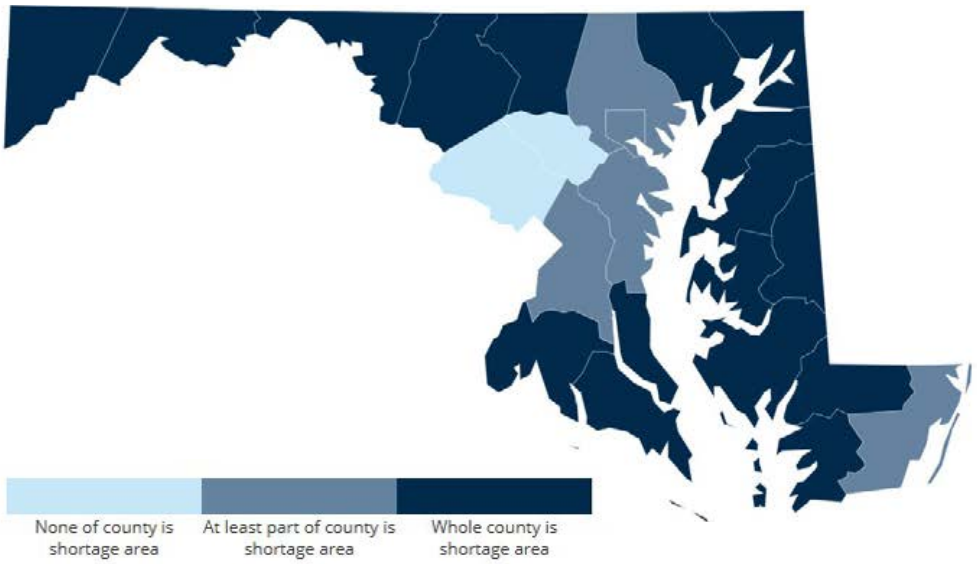


(Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau)

The data in Figure 25 is based on the number of children whose parents report they have been diagnosed by a health care provider with a mental/behavioral health condition and did (48.7%) or did not (51.3%) receive treatment or counseling; this latter group represents again a significant barrier to access to care. Intervention at an early age can impact development.

Health Professional Shortage Areas: Mental Health by County, 2025, Maryland (Figure 26) and Population Health and Well-Being, County Rankings 2025 (Figure 9) present a striking disconnect related to resources. While Baltimore City is resource-rich, the cornerstone of premier health institutions in Maryland with prestige health providers, the health and well-being of Baltimore City ranks as one of the worst across the State. For Baltimore City, additional health professionals may not be contributing to the improved health and well-being of its citizens. County Rankings have shown for years that the areas with the worst outcomes are not necessarily aligned with the counties with the most health professional resources. Certainly, access to these resources is important, but it does not constitute the only component that contributes to one's health outcomes.

Figure 26. Health Professional Shortage Areas: Mental Health, 2025



Source: Maryland Rural Health Information Hub

Adequacy in the number of specialty providers is a theme throughout the year as data is collected and discussions are engaged in with caregivers and other providers across the state, regardless of the region or specialty. Figure 26 shows the shortage in mental health providers in Maryland, Figure 27 for primary care provider shortage areas, and Table 4 provides the number of active specialty/subspecialty providers in Maryland.

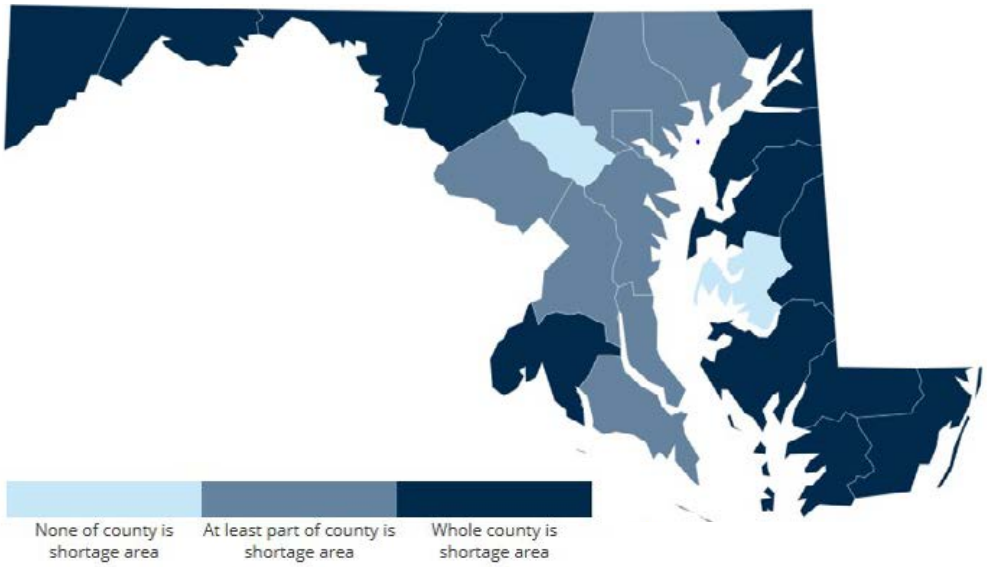
Increases in active certificates by specialty and subspecialty providers in Maryland continue in a marginal fashion for Family Medicine, Pediatrics, Neurodevelopmental Disabilities, and Child and Adolescent Psychiatry. No changes in Developmental Behavioral Pediatrics occurred for Maryland from 2020-2023.

Table 4. Total Number of Active Certificates by Specialty/Subspecialty in Maryland, 2013 Compared to 2023

Specialty	MD 2013	MD 2018	MD 2020	MD 2023	U.S. 2013	U.S. 2018	U.S. 2020	U.S. 2023
Family Medicine – All Areas	1,274	1,294	1,400	1,433	85,751	87,705	96,739	100,794
Pediatrics – All Areas	2,604	2,856	2,888	3,938	84,387	97,362	99,896	115,131
Developmental Behavioral Pediatrics	18	19	16	16	633	695	746	787
Psychiatry and Neurology: Neurodevelopmental Disabilities	21	18	8	14	266	214	144	191
Psychiatry and Neurology: Child and Adolescent Psychiatry and Child Psychiatry	246	361	319	407	5,890	8,995	8,566	11,452

(Source: 2022 – 2024 ABMS Board Certification Report)

Figure 27. Health Professional Shortage Areas: Primary Care, 2025



Source: Maryland Rural Health Information Hub

Summary

Our intent is to identify the needs of persons with neurodevelopmental and related disorders and needs of their families in this current community health needs assessment, with the goal of generating focused actions to enhance the overall health promotion of all. The needs identified and prioritized will not only impact our targeted population but contribute to the health and well-being of Marylanders in general.

Each CHNA builds on the prior approach, methodology, and implementation action plan. As we learn to understand key health needs, especially for children, adolescents, and adults with disorders of the brain and related disabilities, we value the importance of health and public health for all. The methodology in collection of information is essential as we identify our community as the entire state, meaning we want to ensure we are accessing data that represents the needs of so many people across our geographically diverse state.

Identification and Prioritization of Community Needs
Criteria and Process for Prioritization*

After reviewing data and vast community input, prioritization of identified needs was based on several considerations. As information is collected and assessed continuously through the year, Maryland has many areas of need, but for success and impact to occur we must intentionally determine our ability as an organization and reach out to others to reduce duplication and enhance coordination of efforts. Each priority was considered according to the following criteria:

National Priorities ▸ State Priorities ▸ Community Input: Does the identified need align with national and state priorities specific to our target population and identified in the community?

Alignment with organizational strengths/priorities/mission: Are resources and knowledge available for Kennedy Krieger to adequately address the need identified?

Magnitude and Severity: Will there be an impact on the well-being of the community and the target population? How do the data and indicators of the identified need compare to those of other states and the nation?

Opportunity to intervene at the prevention level: Are there opportunities to partner with public health research centers?

Opportunity for partnership: Are there opportunities to partner with other groups to address the community need?

Availability of Resources and Feasibility: Are resources and knowledge available for Kennedy Krieger and its partners to adequately address the need identified?

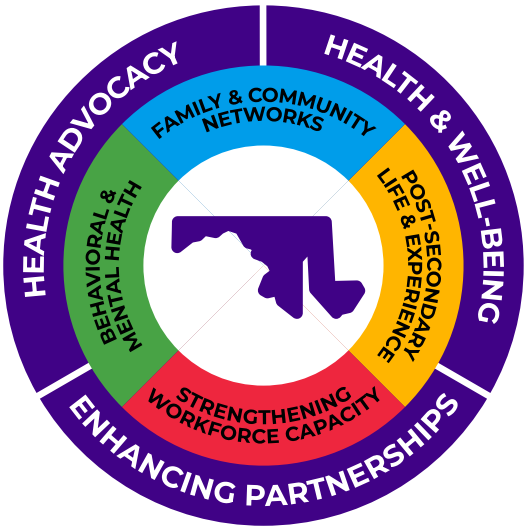
Availability of evidence-based (informed) approaches: Is there support for these interventions to meet the needs of our patient population?

Consequences of not intervening: If we do nothing, is there another organization that is addressing or could address?

Top Priority Areas Identified

Through the process of prioritization described above, the following priority needs were selected:

2025 Community Health Needs Assessment: Priority Areas



The completion of this community health needs assessment has provided significant insights into the prioritized needs of our community. The prioritized areas resulted in four key areas, each reflecting the pressing concerns and opportunities identified through stakeholder engagement and data analysis. Below is a summary of the key priority needs.

Strengthening Workforce Capacity

Marylanders expressed a strong need for providers who have the knowledge and interest in neurodevelopmental disabilities and identifying those at risk for various disabilities. The need and request are not only for additional specialty providers, but also providers who can embrace a widely diverse population of patients into their practice. For community and traditional care providers to accept all patients into their practices and have the comfort and knowledge to provide care and to determine when to access consultation requires skill and support. Through training, experiential opportunities, and partnerships we can support the existing workforce while engaging in the training of the next generation of specialists.

Kennedy Krieger has the knowledge, staff, and partnerships to expand and support the workforce that cares for children, adolescents, and adults with neurodiversity. While our training programs continue to expand, we also must identify alternative methods to share knowledge and build specialty knowledge capacity. Our programs that will advance this priority area include:

Maternal and Child Health Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) Program

University Centers for Excellence in Developmental Disabilities Education, Research, and Service (UCEDD)

Project ECHO® (Extension for Community Healthcare Outcomes)

- The use of tele-education to disseminate expertise in developmental disabilities, special education, early childhood development and education, and more.

Behavioral and Mental Health Services

Not only are families asking for behavioral and mental health services in their communities (in person and virtually), but behavioral health providers are also asking for specialized services to extend and expand services in their own communities. As our country continues to address increased awareness of behavioral and mental health issues, along with more knowledge and awareness comes the increased need for services, especially within one's community, and in a way of easy access.

Since the COVID-19 pandemic, we have seen greater disruption in social-emotional development, especially in young children. The 2022-2023 NSCH shows that 29.5% of children ages 3-5 years needed support to reach school readiness. We do not know if the pandemic resulted in mental health issues or learning deficits attributed to the amount of isolation, an environment in which social emotional development and learning was limited. What we do know is that the educational opportunities embedded in a curriculum were often absent during the period of school closure.[46]

Post-secondary Life & Experiences

Progression to adult life is, and continues to be, a major barrier for adolescents with disabilities as they move from their later teen years into young adulthood. Transition planning can address – but is not limited to addressing – health, employment, self-advocacy, independent living, and more. Integrated efforts to address transition planning remain fragmented, meaning that families have no entrance portals – or should that entrance portal be dependent on individual needs and where families are along their journey. Assistance in creating a road map may help in navigating the complex landscape of transition. The important question is: What do young adults and their families need, and when do they need it?

Top barriers the community has identified as impeding the transition to adulthood include:

- Legal issues for young adults with disabilities – these issues can impact access to services through the complexity of verbal and signatory self-decision-making
- The need for self-advocacy development programs for youth
- The lack of meaningful employment avenues and/or employer training
- Approaching progression into adulthood from a public health perspective
- A simplistic road map

Family and Community Networks

Overall, the CHNA serves as a roadmap for addressing these priority needs through collaborative efforts and targeted interventions to improve the health and well-being of the community. Families and community members are our core constituents that guide our work and provide input based on needs. To help guide and monitor our implementation action plan and continuously solicit community input, we have programming components we can leverage to maximize family and community participation. Our LEND Program offers family advocacy training and self-advocacy internships. The MCDD has a Community Advisory Council that advises its work based on community input. EDEC has a Parent Advisory Committee that advises the center in meeting the needs of families who have children with complex medical needs, developmental disorders, and those at risk.

Family and community networks can help professional licensed clinicians engage, interact, and discuss social determinants of health, while helping to understand the linkage between SDOH and health outcomes, by telling their stories. Kennedy Krieger Institute's 2025 Community Health Needs Assessment (CHNA) provides a comprehensive evaluation of health needs for children, youth, and adults with neurological disorders in Maryland. It identifies priority areas to improve health outcomes through partnerships, training, and community engagement, focusing on equity and inclusion. To conclude, through extensive data collection and community engagement, the report has identified key priority areas such as strengthening workforce capacity, improving behavioral and mental health services, facilitating post-secondary life transitions, and enhancing family and community networks. By focusing on these areas, Kennedy Krieger aims to improve overall health outcomes and well-being for Marylanders with disorders of the nervous system and related disabilities. The institute remains committed to leveraging partnerships, training, and community engagement to ensure equity and inclusion in all its efforts.

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2025 Implementation and Action Plan

Priority Area: Strengthening Workforce Capacity				
Goal	**Strategies**	**Measure**	**Time Frame**	**Potential External Partnerships**
Increase Maryland's specialty providers	**Strategy 1:** Recruit staff and trainees from multiple professions	Number of trainees by discipline /specialty Number of trainees/ scholars • % retained at Kennedy Krieger • % retained by Maryland • % bilingual providers	FYs 2025 & 2026	Colleges and universities across the U.S. with whom we have or will establish Training Affiliation Agreements Organizations we partner with for recruitment at conferences and events
	Strategy 2: Through training programs and special events	Expanded number of Trainees by discipline/ specialty, especially in speech language pathology, social work, psychology		
Support training of behavioral and mental health providers	**Strategy 1:** Maximize the number of trainees participating in the behavioral health disciplines (social work, psychology, psychiatry) through strategic recruitment for all programs.	Number of Trainees by • Program • Discipline/ Specialty	FYs 2025 & 2026	National Health Service Corps (NHSC) American Psychological Association (APA) Training Programs Social Work Programs Other Behavioral/ Mental Health Organizations Graduate Career Events
	Strategy 2: Leverage the National Health Service Corp Program and APA for recruitment and retention	Number of inquiries via the NHSC by Discipline Number of participants recruited from the NHSC and APA programs by discipline/specialty		NHSC Programs APA and SW Training Programs
	Strategy 3: Strengthen workforce pathways by outreach to high schools and community colleges	Number of students engaged through Summer Works programs Number of staff participating in mentorship initiatives		Maryland Public & Private Schools Maryland Community Colleges

Priority Area: Strengthening Workforce Capacity (Continued)				
Goal	**Strategies**	**Measure**	**Time Frame**	**Potential External Partnerships**
Enhance the capacity of Maryland's workforce	**Strategy 1:** Support one continuing education/ training event for community early childhood providers	Number of participants Geographic area reached (County) Ages served by the providers	FY 2027	Maryland State Department of Education (MSDE) Early Childhood Centers Local Education Agency Colleges and Universities
	Strategy 2: Offer workforce training and development to foster engagement for typically overlooked talent pools	Number of employer groups trained Number of participants registered for Tapping Into Talent Conference (2025)	FY 2026	Neurodiversity at Work Team Employers Community
Strengthen the capacity of Maryland's community providers to care for those with special developmental and health needs	**Strategy 1:** Apply the use of Kennedy Krieger Project ECHO® (Extension for Community Healthcare Outcomes)	Number of Cohorts established • Type of providers per cohort • Focus of learning per cohort	FYs 2025 & 2026	Maryland Health Department (MDH)/ Local Health Departments Maryland Public Schools Primary Care Providers Maryland Health Care Organizations Early Childhood Providers Maryland Academy
	Strategy 2: Develop one new curriculum in the Project ECHO® format	New curriculum—Topic TBD	FY 2026	MDH MSDE
Inform legislative representatives of needs	**Strategy 1:** Share knowledge related to Maryland legislation that impacts persons with disabilities and/or their families.	Government relations metrics: • Funding amount secured for session year • Number of meetings (in person and virtual) • Number of written and verbal testimonies Developmental Disabilities Day (FY 2026) • Number of staff, faculty, self-advocates, and trainees who participate	FYs 2025 & 2026	Maryland State Delegation and Senate County Government Federal Congress and Senate Partner organizations with similar mission
	Strategy 2: Translate CHNA data into policy recommendations	Number of Citations: when CHNA content is used for legislative input	FYs 2025 & 2026	Maryland State Delegation and Senate County Government Federal Congress and Senate Partner organizations with similar mission

Priority Area: Behavioral and Mental Health Services				
Goal	**Strategies**	**Measure**	**Time Frame**	**Potential External Partnerships**
Improve access to behavioral and mental health services for populations at risk for or present with behavioral concerns	**Strategy 1:** Maximize access to behavioral and mental health services in healthcare shortage areas of Maryland (onsite and virtual)	Number of patients who were served in their communities vs. a visit to Kennedy Krieger, resulting from the health professional participation in Kennedy Krieger's tele-education program	FYs 2025 & 2026	Primary Care Providers Military Treatment Facilities Early Intervention Specialists Local Educational Agencies Maryland Center for Developmental Disabilities (MCDD) Faith Communities
	Strategy 2: Ensure patients and families can receive services in their preferred communication method	Number of patients and families served who require services in an alternative form of communication Number of services where translation is provided when requested	FYs 2025 & 2026	Communication Vendors Maryland Community Organizations
	Strategy 3: Utilize technology to increase behavioral health access, i.e., information, health care, education, etc.	Description of program launched to target telehealth services Region served	FYs 2025 & 2026	Community Partners Parents/Caregivers
Expand knowledge opportunities related to behavioral and mental health concerns in children in public venues	**Strategy 1:** Seek funding to develop a multi-part training pilot	Number of trainings Venue types Number of staff participated	FYs 2025 & 2026	Public and/or private schools Law Enforcement Juvenile Justice organizations

Priority Area: Post-secondary Life Opportunities and Experiences				
Goal	**Strategies**	**Measure**	**Time Frame**	**Potential External Partnerships**
Increase awareness, knowledge, and actionable items related to post-secondary life opportunities	**Strategy 1:** Inform all families served at Kennedy Krieger about transition at age 14 by sending: • Post card with QR Code which includes: • Transition Brochure • Fact Sheet on Adult Consent	Number of mailings Number of downloads for each information document Number of referrals to Project HEAL related to: • Adult consent • Representation for Adult guardianship matters Less restrictive alternatives	FYs 2025 & 2026	MCDD/Resource Finder Maryland Courts – updated information
	Strategy 2: If funded, host a legal seminar for youth transitioning to adulthood and their families	Number of attendees: • Youth • Families Consultation services provided related to: • Advanced Directives • Powers of Attorney • Consultations • Adult Guardianship	FYs 2026	Baltimore-based School of Law Families/Caregivers Project HEAL MCDD/Resource Finder
	Strategy 3: Provide community events related to transition from school to adulthood training	Number of trainings	FYs 2025 & 2026	MDH Community Family Advocacy Organizations Neurodiversity at Work
Increase partnerships related to post-secondary life and experiences	**Strategy 1:** Provide information and support to families and students about available options through Transition Programs	Number of families & young adults served Key Topic Areas Addressed	FYs 2025 & 2026	Families statewide MSDE MDH, Title V MCDD/Resource Finder Neurodiversity at Work
	Strategy 2: Expand relationships with business partners for employment opportunities and career training	Number of new business partners		Business organizations (private, government, community) Neurodiversity at Work

Priority Area: Family and Community Networks				
Goal	**Strategies**	**Measure**	**Time Frame**	**Potential External Partnerships**
Expand family and community member participation related to training and sharing information and health outcomes	**Strategy 1:** Inform all families served at Kennedy Krieger about transition at age 14 by sending: • Post card with QR Code which includes: - Transition Brochure - Fact Sheet on Adult Consent	Number of mailings Number of downloads for each information document Number of referrals to Project HEAL related to • Adult consent • Representation for Adult guardianship matters Less restrictive alternatives	FYs 2025 & 2026	MCDD/Resource Finder Maryland Courts – updated information
	Strategy 2: If funded, host a legal seminar for youth transitioning to adulthood and their families	Number of attendees: • Youth • Families Consultation services provided related to: • Advanced Directives • Powers of Attorney • Consultations • Adult Guardianship	FY 2026	Baltimore-based School of Law Families/Caregivers Project HEAL MCDD/Resource Finder
	Strategy 3: Provide community events related to transition from school to adulthood training	Number of trainings	FYs 2025 & 2026	MDH Community Family Advocacy Organizations Neurodiversity at Work
Increase awareness and understanding of mental health, advocacy	**Strategy 1:** Contingent on funding, expand grant offerings for workshops in the community within schools for school staff	School staff type Efficacy outcomes	FYs 2025 & 2026	MCDD Wicomico Co. Public Schools Judy Center Early Learning Hub LEND Parents' Place of MD
	Strategy 2: Workshop offerings to families and community members	Rating of awareness Rating of understanding of the topic from event evaluations		MCDD/LEND Wicomico Co. Public Schools Judy Center Early Learning Hub Parents' Place of MD
Launch the Accessibility Program into the Community	**Strategy 1:** Include the Community Steering Committee	Number of engagements held to describe the program Description of constituents who express interest	FY 2026	Community Entities Self-Advocates Families/Caregivers – Community Advisory Board

Appendix 1. Data Sources and Resources

Agency	Data Sources	Year
The Annie E. Casey Foundation	Kids Count Data Center https://www.aecf.org/resources/2024-kids-count-data-book	2024
American Board of Medical Specialties	2022-2023 ABMS Board Certified Report https://www.abms.org/wp-content/uploads/2023/11/abms-board-certification-report-2022-2023.pdf 2023-2024 ABMS Board Certified Report https://www.abms.org/wp-content/uploads/2024/11/2023_24_ABMSCertReport_FNLPosting11_1.pdf	2022-2024
Data Resource Center for Child and Adolescent Health	National Survey on Children's Health https://www.childhealthdata.org/learn-about-the-nsch/NSCH	2022-2023
Health Resources and Services Administration/ DHMH, office of Primary Care Access	Maryland Healthcare Professional Shortage Area/ Medically Underserved Area/ Population Data https://data.hrsa.gov/tools/shortage-area	2025
Healthy People 2030	Healthy People 2030 – Baseline https://health.gov/healthypeople	2023
Institute on Disability at the University of New Hampshire	Annual Report on People with Disabilities in America https://www.researchondisability.org/sites/default/files/media/2024-03/2024-annual-report-a11y-1.pdf	2024
Kennedy Krieger Institute	Patient/Student Demographic Statistics	2025
Maryland Department of Disabilities	2020-2023 State Disabilities Plan https://mdod.maryland.gov/pub/Documents/MDOD_StateDisabilitiesPlan_062321_COPY%20(1).pdf	2020-2023
Maryland Department of Disabilities	Maryland Strategic Plan for Autism-Related Needs 2025-2030	2020–2023
Maryland Developmental Disabilities Council	Maryland Developmental Disabilities Five-Year State Plan/ Annual Plan/ Annual Report https://www.md-council.org/wp-content/uploads/2021/09/MDDC-State-Plan-Overview-Final.pdf https://www.md-council.org/wp-content/uploads/2023/11/AWP-FY24-1123.pdf	2022-2026/ 2024
Maryland State Department of Education	Maryland Report on Part C Indicator 4 of the Individuals with Disabilities Education Act https://marylandpublicschools.org/programs/Documents/Special-Ed/Family-Survey-Report-2023-A.pdf	2022-2023
Maryland Department of Disabilities	Maryland Strategic Plan for Autism-Related Needs 2025-2030	2025-2030
Robert Wood Johnson Foundation/ University of Wisconsin Population Health Institute	2024 County Health Rankings https://www.countyhealthrankings.org/health-data/maryland?year=2024	2024
Rural Health Information Hub	Health Professional Shortage Areas https://www.ruralhealthinfo.org/charts/5?state=MD	2024
U.S. Census Bureau	Explore Census Data https://data.census.gov	2022

Appendix 2. List of Major Community Programs, Partner Agencies and Advocacy Groups

DOH, Office of Children and Youth with Specific Healthcare Needs

(Maryland Title V) Eastern Shore Community of Care Consortium for Children with Special Health Care Needs

Maryland Center for Developmental Disabilities (MCDD) at Kennedy Krieger

Maryland Community of Care Consortium for Children with Special Health Care Needs

Maryland Department of Disabilities

Maryland Developmental Disabilities Council

Maryland State Department of Education Parents' Place of Maryland

People On The Go Maryland

Project HEAL (MCDD/Kennedy Krieger)

Resource Finder (MCDD/Kennedy Krieger)

Appendix 3. List of Acronyms

ACEs: adverse childhood experiences

ACA: Patient Protection and Affordable Care Act

ADI: Area Deprivation Index

CHNA: Community Health Needs Assessment

CNI: Community Needs Index

CYSHCN: children and youth with special healthcare needs

DD: developmental disabilities

MDOH: Maryland Department of Health

HPSA: health professional shortage areas

LEND: Leadership Education in Neurodevelopmental and Related Disabilities

MCDD: Maryland Center for Developmental Disabilities

MICH: maternal, infant and child health

NSCH: National Survey on Children's Health

OCYSHCN: Office of Children and Youth with Specific Healthcare Needs

PPMD: Parents' Place of Maryland

SDOH: Social Determinants of Health

UCEDD: University Centers for Excellence in Developmental Disabilities