

DRAFT

**CHARLOTTESVILLE/ALBEMARLE COMMISSION ON CHILDREN AND FAMILIES
EXTENDED MEETING MINUTES
OCTOBER 1, 2003
IVY CREEK NATURAL AREA**

MEMBERS PRESENT:

Shirley Copeland, Albemarle Citizen Representative
Robert Cox, Charlottesville Department of Social Services
Madison Cummings, Albemarle Citizen Representative
Leslie Harris-Scott, Charlottesville Citizen Representative
Mark Kindler, Albemarle Citizen Representative
Edith Lawrence, University of Virginia
Dr. Susan McLeod, Thomas Jefferson Health District
Linda Peacock, City of Charlottesville
Jim Peterson, Region Ten Community Services Board
Jessica Rafter, Charlottesville Youth Representative
Kathy Ralston, Chair, Albemarle Department of Social Services
Noah Schwartz, Monticello Area Community Action Agency
Roxanne White, County of Albemarle
Danielle Wilcox, Charlottesville Citizen Representative

MEMBERS NOT PRESENT:

Martha Carroll, Court Services Unit
Dr. Kevin Castner, Albemarle County Schools
Dr. Michael Dickens, Charlottesville Citizen Representative
Holly Hatcher, Charlottesville Citizen Representative
Ron Hutchinson, Charlottesville City Schools
Sade Ridley, Albemarle Youth Representative
Sterling Robinson, Albemarle Citizen Representative
Cathy Train, United Way-Thomas Jefferson Area

CCF STAFF PRESENT:

Saphira Baker, CCF Director
Rory Carpenter, CCF Juvenile Justice Coordinator
Gretchen Ellis, CCF Planner/Analyst
Linda Rahman, CCF Program Assistant
Cindy Stratton, CSA Coordinator
Amber Zavada, Information and Outreach Coordinator

OTHERS PRESENT:

Lee Catlin, Facilitator

HANDOUTS (PRIOR TO MEETING):

Agenda for October 1, 2003 Extended Meeting
September 3, 2003 Draft Minutes
Report to CCF Outcome Measurement Workgroup (Phase I Draft)
CCF Strategic Outreach & Communications Plan 2003-2006
Annual Report

HANDOUTS (DURING):

Comprehensive Needs Assessment of Charlottesville/Albemarle Children and their Families – 2003
Summary of Findings and Recommendations from the Comprehensive Needs Assessment of Charlottesville/Albemarle Children and Their Families 2003
Roles and Outcomes
Questions for Exercise
Four Recommendations for review

I. WELCOME/ INTRODUCTION OF FACILITATOR, LEE CATLIN

a) K. Ralston, Chair, called the meeting to order at 4:45 p.m. and welcomed Commissioners and all others present. She introduced the facilitator for this evening's extended meeting, Lee Catlin, who is the County's director of communications.

b) S. Baker gave an introduction to the facilitated discussion: She reminded Commissioners of the four roles of the CCF --advisor, catalyst, information source and coordinator – and the adopted vision of a healthy community.

S. Baker noted the Components of a Healthy Community are 1) Safe and Vital Neighborhoods, 2) Safe and Supportive Family, 3) Children (0-6) Healthy and Ready to Learn, 4) Healthy, Positively Involved Adolescents, 5) Treatment and Intervention for Troubled Youth, 6) Educational and economic Opportunities, 7) Effective, coordinated System of Services, and 8) Engaged and Informed Community. The CCF Commissioners had voted previously on four of these components as priorities. They are: 1) Safe and Supportive Family, 2) Children (0-6) Healthy and Ready to Learn, 3) Healthy, Positively Involved Adolescents, and 4) Effective, Coordinated System of Services.

II. GROUP DELIBERATION

Members were divided into four groups corresponding to the four sets of recommendations from the Community Needs Assessment Report. The Commissioners were asked to review the recommendations and answer the following questions:

- Given the Commission's roles as an Information Source, Advisor, Coordinator, and Catalyst, what might CCF do to further these recommendations?
- What other groups/organizations can you name that would be able to move each one or more of these recommendation forward?
- What are your groups' top priority recommendations from the needs assessment?

L. Catlin noted that the meeting outcome would include:

- A prioritized list of recommendations
- A Set of action steps

Group 1

1.Group I had the task of reviewing the recommendation to increase access to services and decrease risk for children in lower income working poor families, including:

- exploring expansion of preschool options
- examination of access to productive activities
- improved transportation options
- support of effective academic enrichment programs
- encouraging increased parental attention to the SOL tests

The group set as its priorities the following:

Assets for Youth work group – they felt this emerging work group could address the income gap in access to productive activities and the examination of transportation barriers (recommendations 1b and 1c.) The role for CCF here is as coordinator/advisor/catalyst. They agreed there are many obstacles to improving transportation, and listed other issues to explore including: Outreach (how to get there), Soccer costs money, Scholarships, Location,

- A second priority was support of effective academic enrichment programs for students needing assistance, particularly with Virginia's Standards of Learning Tests and, in particular, raising awareness among parents about the upcoming deadline in which students not passing SOLs will not graduate in 2004. It was also felt that addressing this gap would help with the first recommendation because students involved in the community would be more apt to succeed at school. Recommendations included: possibly an incentive for sports (schools voice); advising community groups (via email survey). CCF would act as a catalyst, information source for this. Ideas for reaching

parents and students included: assemblies at school, tutoring programs, after-school enrichment programs focused on SOLs.

- - A third priority was understanding obstacles to residents in accessing quality Preschool. Members felt that this could be given to the Partnership for Children for consideration.
 - Tutorial

Regarding community partners, it was agreed that an important first step in all these areas was to query existing agencies as to the barriers and resources and current conditions. A general list of partners was generated for each area:

Partners would be:

Preschool

Bright Stars

City preschool program

Partnership for children

Middle/H.S. Assets for Youth

Jaunt

City bus system

schools (buses)

Volunteer orgs

CATEC students

Madison house

ABC high school credit (community service)

Schools

parents (agencies serving)

Recreation departments

Agencies serving youth

Art/cultural

Churches

Group 2

Priorities would be to (1) Increase pool of dentists, (2) make preventative health information available and (3) implement the Earned Income Tax Credit (EITC)

The group's recommendations for increasing the pool of dentists are:

- Legislative change to increase pay for dentists
- streamlining paperwork
- encourage support services

The role of CCF would be: Catalyst/information source

Community Partners are:

- Thomas Jefferson Health Department (TJHD)
- Blue Ridge Community Health
- Dental Association
- Free Clinic
- Partnership for Children

The Group's recommendations for more preventive health information available for low-income residents are:

- Identify what kind of information is available and distribute to centralized spot.

The role of CCF would be: Information source

Community Partners are:

- Health Department
- Hospitals
- So. Albemarle clinic
- United Way
- School nurses

The recommendations for addressing the identified need for crisis assistance are:

- Reach out to the housing coalition group.
- Approach banks and lending institutions

The role of CCF would be: catalyst/information source/advisor

Community Partners are:

- AHIP
- CARES
- Salvation Army
- Housing Coalition

The recommendations for implementing a campaign to increase use of the EITC are:

- Approach employers for assistance
- Enlist tax preparation companies
- Distribute simple instructions
- Create tax clinics
- Distribute info in newsletters

The role of CCF would be: catalyst/information source

Community Partners are:

- City/County government
- Tax preparers
- Businesses/employers
- Outreach providers

The recommendations for increasing education to health care professionals are:

- Connect doctors with email bulletin
- Connect with doctor's office staff
- Expand Guide to Youth Services' distribution
- Establish 311 number

The role of CCF would be: catalyst/information source/coordinate with work group

Community Partnerships are:

- Physician offices

Group 3

The group's #1 priority would be:

C. Expand the use of on-site neighborhood and school based resource personnel to coordinate access to information and services. Recommendations are:

- Coordinate access to information on early intervention and prevention
- Identify information schools need
- Recommend use of schools as community resource/information centers.

The role of CCF would be: Coordinator/information/catalyst

Partners are: CHIP, childcare centers, MACAA, PTO's, Parks & Recreation, Superintendents, family support, Head Start, Health Department

The Group's #2 priority would be:

B. Develop a cadre of knowledgeable neighborhood lay leaders to serve as information sources in their communities. Recommendations are:

- Call community-based organizations together to identify leaders – physical centers.

- Provide easy information for the leaders.

Role of CCF: coordinator

Partners are: QCC, MACAA, Neighborhood Planning, service organizations, Parks & Recreation, Churches (faith), family support works, ANA

* NOTE B & C could be combined.

The Group's #3 priority would be:

A. Increase outreach efforts to medical professionals and use health care sites as distribution and outreach points.

Recommendations are:

- Packet of resources
- Assess informational needs
- Utilize their organizations

Role of CCF: information/catalyst

Partners are: AMA, doctors on boards/commissions, UVA community relations, health, Southside Medical Clinic

Group 4

The Group's priorities are:

A-Endorse and expand proven practices that increase parent and child communication around mental health and substance abuse issues and C-Identify ways to remove barriers to effective, affordable mental health services for CCF.

B-Increase the availability of a wide range of affordable options to address abuse of drugs, alcohol, and tobacco to be "given" with encouragement to Prevention Coalition to be champion for this.

Roles for CCF

A-Info source/advisor

B-catalyst

C-coordinator

CCF Workgroups

A-communications

C-Joint between CSA and Juvenile Justice

What would CCF do?

- Assure work group gains full understanding
- Communicate proven methods to public and target groups (professionals, etc.)
- Seek out other community groups or persons to champion the issue

Partners

Prevention Coalition

Media

Region Ten

MH Association

Schools

QCC

Faith communities

Health Department/CHIP

Police Departments

Court Services – Drug Courts, etc.

On our own

Health Providers – hospitals, Assoc. of Psych. Workers, etc.

After reporting out from flip charts, L. Catlin asked each group to not their top priorities. These are as follows:

Group #1 – Children in lower income households have less access:

- Assets for Youth Work Group
- Attention to SOL situation

Group #2 – Household income predicts unmet needs:

- Increase pool of dentists
- Make preventative health info available
- Implement EITC
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Group #3 – Residents access info in a variety of ways:

- Combined A/B – develop cadre of neighborhood leaders and expand neighborhood/school partnerships

Group #4 – Families many not be aware of children’s needs:

- Endorse and expand proven communication practices/mental health
- Identify ways to remove barriers to services (mental health/substance abuse)

Attendees were asked to cast votes for the recommendations they felt the strongest about. Results were:

1. Develop cadre of neighborhood leaders and expand neighborhood school partnerships - **17**
2. Assets for Youth Work Group – **15**
3. Identify ways to remove barriers to services (i.e., mental health) - **13**
4. Increasing pool of dentist - **10**
5. Implement EITC - **9**

L. Catlin asked which seemed easiest and which most challenging.

Discussion included how it may be the easiest to implement EITC - whereas successful implementation of the issues in front of the Assets for Youth work group have many different components. The group felt the most challenging would be increasing the pool of dentists, developing a cadre of neighborhood leaders and expanding neighborhood/school partnerships. G. Ellis advised she did not want the Commission to lose track of substance abuse and utilizing mental health.

L. Catlin asked what could be done first to make the rest fall in place? The group agreed that recommendation #3 A&C, developing a cadre of neighborhood leaders and expanding neighborhood/school partnerships might be first. K. Ralston stated she felt those two that would be difficult to achieve, she suggested picking one where there might be more of a quick fix and recommended #2 D & A, increase use of EITC and increase pool of dentists.

L. Catlin suggested breaking recommendation #3A&B (outreach efforts to medical professionals and cadre of neighborhood lay leaders) down to doable chunks and getting the word out to neighborhood association presidents on what our priorities are or what we are aiming for. W. Lawrence remarked she regretted the lack of attention to the SOL situation. It will be a crisis situation fairly soon. Failing the SOL and not graduating is being addressed in schools but not in public.

L. Catlin asked Commissioners to step back and consider ways to move these priorities forward. Participants suggested the following:

- Disseminate needs assessment information
- Break priorities into component parts and assign responsibilities.
- Seek out “champions” – low hanging fruit (such as Leadership Charlottesville for helping with EITC).
- Engage others (customers) in solutions/partners (public & providers)

- Possibly have a Public Forum to engage the community in solutions, receive input on issues and strategies
- Send recommendations to appropriate work groups

Messaging Out:

L. Catlin asked participants to articulate the message out – what we had accomplished today and where we were heading with the recommendations.

K. Ralston noted that she believed it was a clear process. B. Cox stated that we achieved good steps from the length of time we had. L. Catlin asked if CCF staff could come back with ideas on how we are going to proceed. S. Baker agreed to put some thoughts into a work plan for consideration. L. Peacock suggested giving to work groups and have them prioritize with what they are currently doing.

III. MINUTES FROM SEPTEMBER 3, 2003

Once there was a quorum, K. Ralston, Chair, called for changes to and approval of the minutes. There were no changes.

A motion to approve the minutes was made by R. White and seconded by M. Cummings.

- **THE COMMISSION APPROVED THE MOTION UNANIMOUSLY.**

IV. APPROVAL OF ANNUAL REPORT

There were no changes.

A motion to approve the annual report without a conclusion to Council/Board was made by L. Peacock and seconded by M. Cummings. S. Baker stated that she would write the conclusion based on the work completed today, and that she wanted it to be future-focused for this coming year.

- **THE COMMISSION APPROVED THE MOTION UNANIMOUSLY.**

A discussion ensued on how the annual report would be presented to the Council/Board. S. Baker shared with Commissioners the request by Linda Peacock and Roxanne White that we focus more on our findings and subsequent ability to advise them on policy and practice, rather than reviewing the past year. It was noted that the presentation would be only 10 minutes. Consensus was to advise the Council/Board that CCF is a great source of information and that, over the last 5 years, much of the research and work group coordination has come together to clearly identify local needs and resources. Members noted that, now that we have the information, it is time to move forward and set priorities. Members noted that we should also have the Board/Council focus on what we found in the needs assessment and supplementary issues (i.e., family violence and substance abuse). K. Ralston noted the importance of CCF being at the table during meetings, to insure that the Council, Board, school boards and leadership teams, make decisions with these resources in mind. Commissioners discussed ways to get in front of them more often, and to come back to them with specific recommendations related to our existing work groups, such as Family Violence and CSA Cost Containment. It was noted that the dates for the Annual Report presentation to the Council/Board are November 3rd and 5th. (The City date has since been moved back to November 17th).

XI. ADJOURNMENT

The meeting was adjourned by consensus at 7:55 p.m.

THE NEXT MEETING OF THE COMMISSION WILL BE

November 5, 2003

ROOM 235 OF THE ALBEMARLE COUNTY OFFICE BUILDING