



# Focus Areas for Children and Families in the Charlottesville/Albemarle Community

## PHASE I: UNDERSTANDING SERVICE NEEDS

Presented by The Charlottesville/Albemarle Commission on Children and Families Outcome Measurement Work Group, Update March, 2004

### **BACKGROUND**

The Charlottesville/Albemarle Commission on Children and Families (CCF) is composed of 22 citizen, community agency, local government, education, and university leaders working to improve outcomes for local children and families. CCF serves as an advisor to local government, a coordinator of services, an information source, and a catalyst for initiatives that respond to the identified needs of children and their families.

The Commission charged its Outcome Measurement Work Group to guide the funding of “effective and efficient programs that are responsive to identified community needs” and to “review data presented by CCF’s Stepping Stones and... Needs Assessment to prioritize community strengths, needs, service gaps, and to recommend funding priorities.” As the first phase of understanding, available data was compiled about the service needs of children and families in the City of Charlottesville and Albemarle County. These data are organized by Focus Areas requiring attention in order to promote a healthy community for children and families.

### **RESEARCH PROCESS/METHODS**

With the assistance of Maryfrances Porter, M.A., of UVA’s Community Psychology Department and the CCF staff, the workgroup analyzed the available data (see Appendix B and Appendix C) about the service needs of local children and families. Also presented are Areas for Additional Study, which reflect important areas, but for which the specific degree of local need is yet to be determined. Data supporting the inclusion of the areas for additional study also are listed in Appendix A. A Discussion of the findings and considerations for effective and responsive programming are presented.

This report is considered an evolving document: while the workgroup attempted to be comprehensive in data collection, there may be data that were inadvertently overlooked and data collection projects currently underway that are not included here. CCF and its Outcome Measurement workgroup invites local programs, citizens, and researchers to submit data to the Commission that will promote understanding of the needs of local children and families. The Commission is committed to conducting a follow-up Needs Assessment Survey in 2005 to examine potential changes in the landscape of the needs of children and families.

### **SCOPE OF THIS DOCUMENT/FUTURE PHASES**

The data presented in this document primarily relate to child and family services; more time and resources could be drawn for a more comprehensive assessment of all human services. This document does not reflect community strengths, or the extent to which effective programming may already address these needs in Charlottesville/Albemarle.

A second phase of understanding will create a portfolio of current investments by taking inventory of the outcomes of community agency programs funded by the City/County, and then analyzing the portfolio in light of community needs. The third phase will incorporate meetings with local stakeholders. The final product will be a document that identifies service gaps, defined as domains where there is high need and modest investment, as funding priorities and makes recommendations as to how to systematically update these documents.

## **FOCUS AREAS**

### **I. IN ORDER TO SUPPORT STRONG, STABLE FAMILIES AND COMMUNITIES, PROGRAMMING SHOULD FURTHER:**

#### 1. Ensure Affordable and Accessible Health Care for adults and children<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12</sup>

*Affordable medical and dental care appears to be one of the largest areas of documented unmet need in the community, is rated by residents as a top priority, and is reflected by some indicators of poor or declining health of residents. While nationally, rates of uninsured individuals is decreasing, Virginia ranks 38th in the Nation in per capita spending on Public Welfare, Hospitals, and Health, and uninsured rates are higher in Central Virginia (17.2%) than in the State overall. Data show that health care costs are disproportionately a problem for the working poor, minorities, and those under the age of 45; focus groups suggest that the poorest residents may also be the most likely to put off obtaining health care until health problems are quite serious.*

#### 2. Reduce Family Violence by specifically reducing rates of:

##### a. Domestic Violence<sup>7, 13, 14, 16, 17, 18</sup>

*Locally, domestic violence is a prominent factor in the lives of the most troubled populations (e.g., children in need of extensive services, adjudicated youth, and Charlottesville's homeless populations), but the relative importance or necessity of prevention and intervention efforts to residents has not been assessed. Generally, data indicate that domestic violence may be strongly associated with child abuse and a host of poor outcomes for children from medical and emotional/psychological, to academic and social problems.*

##### b. Child Abuse and Neglect<sup>2, 3, 8, 13, 14, 17, 19, 20</sup>

*Locally, child abuse and neglect is a prominent factor in the lives of the most troubled populations (e.g., children in need of extensive services, and adjudicated youth), the number of child abuse investigations and foster care placements in Charlottesville is increasing, and nearly half of Charlottesville residents are dissatisfied with efforts to protect children (analogous data are not available for Albemarle). Generally, data indicate that child abuse is disproportionately identified in single parent and lower income families, and may be strongly associated with a host of poor outcomes for children from medical and emotional/psychological, to academic and social problems.*

#### 3. Enhance Support to Parents/Adults by specifically reducing:

##### a. Stresses of Single Parents and the Working Poor<sup>1, 2, 3, 4, 5, 7, 9, 11, 14, 19, 21, 22, 23, 24, 25, 26</sup>

*The majority of the poor populations in Charlottesville/Albemarle are working poor (and many are single parent households). Primary concerns and unmet needs in this population include support with worries and concerns about finances, stresses of raising a family, and emotional/social support. As detailed in other Target Areas, affordable medical care, housing, transportation, and childcare, as well as unstable family environments are also key issues for the working poor. Wealth is not distributed evenly among Charlottesville neighborhoods, with Belmont, Fifeville, Jackson Via/Fry's Spring, Ridge Street, Meadows, and Tenth & Page neighborhoods using the most social services public assistance and/or free or reduce lunch (analogous information for Albemarle is not currently available).*

##### b. Impediments to Parenting, especially of Challenging Children (e.g., truant, curfew breaking/incorrigible, delinquent, multiple behavior/mental health problems)<sup>1, 13, 14, 27</sup>

*Families from the most troubled populations (e.g., the working poor, children in need of extensive services, and adjudicated youth) have high levels of family turbulence and likely have difficulty identifying and meeting the basic and/or psychological needs of their children.*

##### c. Adult Substance Abuse<sup>1, 3, 7, 13, 14, 22, 28, 29, 30</sup>

*Help with substance abuse for adults was identified as the area with the most unmet need in Charlottesville/Albemarle, and a majority of Charlottesville residents expressed dissatisfaction with the reduction of illegal drug use among adults (data are also available by neighborhood in Charlottesville, analogous data are not available for Albemarle). Parental/adult substance abuse is a prominent factor in the lives of the most troubled populations (e.g., children in*

*need of extensive services, adjudicated youth, and Charlottesville's homeless populations), likely contributes to both high rates of crime/recidivism, and is often associated with poor physical health and family violence (please also refer to Target Areas: Affordable Health Care and Family Violence).*

#### 4. Promote Prosperous and Safe Neighborhoods and Communities by further improving conditions and resources specially related to:

##### a. Housing Costs/Maintenance<sup>1, 3, 4, 5, 7, 11, 22, 24, 26</sup>

*While more details are available for Charlottesville, residents of both Charlottesville and Albemarle expressed being dissatisfied with available housing options including ownership and rental costs, diversification, maintenance and upkeep, and landlord responsibility. The living wage needed to afford a 2 bedroom dwelling in 2001 was \$13.02 in Charlottesville/Albemarle, 30% of Albemarle residents pay at least 35% of their gross income in rent, and 23% of the homeless in Charlottesville have dependent children. While housing costs are generally rising, some of the poorest neighborhoods in Charlottesville are not enjoying similar increases in assessed housing value.*

##### b. Job Opportunities, Training & Adult Education<sup>1, 2, 3, 5, 7, 11, 14, 21, 22, 26, 31</sup>

*Nearly half of the residents of Charlottesville were dissatisfied with opportunities for higher paid employment, and many residents noted that literacy and vocational training was very much needed (analogous data are not available for Albemarle, although concerns are similar for MACAA clients). 13% of the Albemarle population does not have a high school education, and 33% of individuals homeless in Charlottesville report that unemployment is a cause of their homelessness. Please also see Target Area: Stresses of Single Parents and Working Poor.*

##### c. Community Safety<sup>2, 3, 4, 22, 28, 32</sup>

*Community safety is a high priority for both Charlottesville and Albemarle residents. Many neighborhoods in Charlottesville identify crime, and/or policing/community involvement as a key issue, and 54% of Charlottesville residents feel unsafe in the West Main Street area at night (details regarding perceptions of safety in Albemarle are not available). While the number of juvenile delinquency judgments are down, the number of juvenile arrest for violent crime in Charlottesville/Albemarle are up (adult crime rates for Charlottesville/Albemarle are not currently available).*

##### d. Public Transportation<sup>2, 3, 4, 5, 7, 22, 27, 33</sup>

*Residents of Charlottesville and Albemarle noted the high cost and lack of reliable transportation as an area of concern. 26% of residents from Charlottesville and 41% of residents from Albemarle expressed dissatisfaction with public transportation. The per-capita rides on public transportation are up, but some neighborhoods in Charlottesville expressed more dissatisfaction with transportation than others. Information regarding the specific needs of residents, especially in Albemarle, is lacking.*

## **II. IN ORDER TO SUPPORT THE DEVELOPMENT OF HEALTHY CHILDREN AND ADOLESCENTS, PROGRAMMING SHOULD FURTHER:**

### 1. Improve and extend affordable resources for Early Childhood Development<sup>1, 2, 3, 4, 5, 22</sup>

*There are 96.5 childcare spaces per 100 children in Charlottesville, but only 8.0 spaces per 100 children in Albemarle; residents in both communities have consistently reported that improving and supporting affordable childcare/preschool is very important. Data from focus groups suggests that lower income families may not consider placing their children in preschool programs due to the cost; additional barriers to residents obtaining childcare/preschool services are unclear.*

### 2. Improve Student Performance<sup>1, 2, 3, 4, 13, 14, 22, 24, 34, 35</sup>

*Providing quality public education ranks first with both Charlottesville and Albemarle residents as a community goal. Nonetheless, the Charlottesville neighborhoods of Belmont, Jackson Via, Ridge Street, Starr Hill, and Tenth and Page had more than 60% of public school students fail the Math SOL in 2001 (in general, more Charlottesville students*

*fail the SOLs in schools with higher free lunch rates). In Albemarle, 13-28% of students failed English or Math SOLs in 2002. Overall, the number of children failing SOLs is decreasing for 3rd and 5th graders, but increasing (at least for Charlottesville) for 8th graders. Poor academic performance and learning disabilities are prominent factors in the lives of the most troubled populations (e.g., children in need of extensive services, and adjudicated youth).*

3. Extend opportunities for/access to Productive Activities, especially for Non-Caucasian Youth<sup>1, 2, 3, 14, 22, 36, 37, 38, 39, 40, 49</sup>

*Children from lower income families are as much as 1/2 as likely to participate in sports/recreation, arts or music class, or volunteering as children from higher income families. A majority of Charlottesville/Albemarle residents rated youth development programs/recreation programs as very important. The poorest neighborhoods in Charlottesville cited work, after school, and/or recreation opportunities for youth as a key issue; public school students in Albemarle are enrolled in activities at a lower rate than Charlottesville students. There especially appears to be a lack of before school and late evening programming in general, and Albemarle schools receive the less programming than Charlottesville schools. Children and adolescents being involved in productive activities is a part of effective interventions aimed at reducing antisocial behavior, see Target Areas: Youth Substance Abuse and Behavior Problems/Delinquency.*

4. Enhance prevention and interventions for Youth Substance Abuse<sup>1, 2, 3, 4, 13, 14, 22, 26, 38, 39, 41, 42</sup>

*Help with substance abuse for children was the second most often identified unmet need in Charlottesville/Albemarle, and Charlottesville residents were most dissatisfied with the reduction of illegal drug use among youths (analogous data are not available for Albemarle). While delinquency judgments are generally down, high school students in Albemarle reported using alcohol and marijuana at higher rates than the national average. Substance use is a prominent factor in the lives of the most troubled populations (e.g., children in need of extensive services and adjudicated youth).*

5. Enhance prevention and interventions for Behavior Problems/Delinquency<sup>2, 3, 4, 13, 22, 27, 38, 39, 42, 43</sup>

*Charlottesville residents rated keeping children away from crime as the most needed community resource. The largest numbers of juveniles being arrested in Charlottesville/Albemarle in 2000 were aged 17, 16, and 15. Youth are most often arrested or detained for Larceny or court-related violations, but juvenile arrests for violent crimes in Charlottesville are up from previous years. High school students in Albemarle report high rates of carrying weapons to school and being threatened than the national average (similar data gathered from Charlottesville students indicates that levels of violence are commensurate with national averages). Most juvenile arrests occur in the Downtown Mall area. Also please see Target Areas: Parenting Challenging Children, Community Safety, Youth Substance Abuse, and Productive Activities.*

6. Enhance effective interventions for Serious Mental Illness/Emotional Disturbance/Multiple Diagnoses<sup>2, 3, 4, 13, 14, 27, 38, 39, 42, 44</sup>

*Mental health problems (including behavior problems) are primary concerns for the most troubled populations (e.g., children in need of extensive services and adjudicated youth). The number of Comprehensive Services Act youth are up in both Charlottesville and Albemarle. Albemarle students reported making more serious suicide attempts than the national average, while students in Charlottesville reported suicidal thoughts commensurate with national averages. In general, mental illness is a significant risk factor for delinquency. Also please see Target Areas: Parenting Challenging Children, Youth Substance Abuse, and Behavior Problems/Delinquency.*

7. Increase Availability of Local Foster Care Homes and Community Based Crisis/Stabilization/Assessment Facilities<sup>2, 7, 13, 14, 27, 45</sup>

*Families from the most troubled populations (e.g., the working poor, children in need of extensive services, and adjudicated youth) have high levels of family turbulence and likely have difficulty identifying and meeting the basic and/or psychological needs of their children. Many more children are placed in foster care in Charlottesville than Albemarle. CCF workgroups have identified a local shortage of a cost-effective, secure facility to provide a continuum of emergency, short-term, and long-term crisis care, as well as a shortage of quality foster homes and adequate in-home and wrap-around services. Please also see Target Areas: Affordable Health Care, Stresses of Single Parents and the Working Poor, Parenting Challenging Children, Youth Substance Use, Behavior Problems/Delinquency, and Serious Mental Illness.*

## **AREAS FOR ADDITIONAL STUDY**

In order to continue to understand the needs of children and families in Charlottesville/Albemarle, the following areas should be studied further:

1. The Needs of the Elderly<sup>3, 4, 22, 46, 47, 48</sup>

*A majority of Charlottesville and Albemarle residents reported that services for the elderly were very important, and it is clear that the number of elderly will increase dramatically by 2035.*

2. The precise Educational and Family Support Needs for Special Populations, i.e., ESL students, Disabled Youth, Autistic Children<sup>2, 3, 4, 13, 14, 45</sup>

*Special education services are a prominent factor in the lives of some of the most needy populations (e.g., children in need of extensive services, autistic children), and half of residents of Charlottesville identified services for children with disabilities as a need resource; however, the nature and extent of unmet needs is currently unknown.*

3. The impact of Adult Crime and the Adult Criminal Justice System on the Focus Areas<sup>50</sup>

*The impact of adult crime and adult incarceration rates on the Focus Areas is currently unknown in Charlottesville and Albemarle. Adult crime and incarceration is likely related to many Focus Areas, especially child abuse, youth crime, foster care and stresses of single parenting, as well as affordable housing, substance abuse, and job training/adult education.*

4. The specific needs of residents of Albemarle County.

*In general, there is less data regarding the specific needs of residents of Albemarle County than of City residents. Additional research regarding the specific needs of Albemarle residents may be illuminating.*

## **DISCUSSION**

Phase I of the Focus Areas project identifies areas of need for children and families in Charlottesville/Albemarle and consolidates the many sources of current data available about those needs. Although data driven funding priorities cannot be established without an understanding of the current state of service provision to children and families in the City and County, empirical research supports strengthening children's environment as a preventative strategy for reducing future need. Conceptualizing needs in a hierarchical pyramid, such that basic physical (including health and housing) and safety (including public and domestic) needs are at the base of the pyramid, and are addressed prior to higher order needs (including relationship and psychological needs), can help ensure strong environments that naturally promote healthy growth in children; if communities are safe and parents are healthy, the needs of children will naturally decrease, (Bronfenbrenner, U. (1979). *Toward an experimental ecology of human development. American Psychologist*, 32, 513-531). However, there will always be a need for crisis intervention and intensive services for the most afflicted and vulnerable populations (e.g., people who just lost their jobs, children with multiple problems, etc.), as well as for higher order needs, such that resources must be shared with programs providing those types of services.

## **DATA SUMMARY**

I. Data from this document reveal that there are two populations with particularly high levels of need: (1) the Working poor (according to the 2000 Census, 20% of Albemarle residents and 38% of Charlottesville residents fall below 200% of the federal poverty line), and (2) Children needing intensive services (e.g., children in need of extensive services, children involved in the juvenile justice system, and children needing local foster care/residential services). The needs of other populations should not be overlooked, as other populations also have high levels of need, and may impact (or may be impacted by), the needs of these two populations. Additionally, there may be populations with high need that have not been assessed due to a lack of local data.

II. There is the most data supporting the following Focus Areas as having particularly high levels of need: Health care, Housing costs, Substance abuse treatment for adults and children, and Behavior problems/Delinquency. Nonetheless, other Focus Areas are significantly important, may directly impact these Areas with particularly high need, and there may be areas of particularly high need that have not been assessed.

#### Effective and Responsive Programming

III. Effective and responsive local programming uses Outcome Based Models to understand and document the effectiveness of existing programming/services, and whenever available, uses Documented Proven Methods to guide program improvements. The City and the County may consider establishing community-wide critical outcome indicators that may be used to promote outcome-based program evaluation and benchmark the collective efforts to reduce the level of need in the communities.

IV. Across all Areas, programs could Increase their Service Impact by evaluating and addressing clients' potential difficulties accessing services, including those that may be due to location of service site and/or transportation to service site or other reasons (such as times programs are offered, cultural issues, public knowledge of the program, cost of services, psychological/perceived barriers, etc.). In other words, an Area with high levels of need may not be assumed to be a result of lack of service programming.

V. Service provision in the Charlottesville/Albemarle area could be improved if there were a mechanism in place for timely coordination of Information Sharing and Data Collection between service providers, especially for families needing multiple services. The local logistics of information sharing and data collection across service providers/programs should be explored.

VI. Service use may be facilitated and existing community strengths and assets may be enhanced if we ensure effective Information Dissemination and Communication about existing services using innovative channels, such as increasing the involvement of health care providers and neighborhood leaders. Identifying and opening communication with neighborhood leaders will also capitalize on the natural, human resources already existing in the community.

*The Charlottesville/Albemarle Commission on Children and Families (CCF) is a 22-member intergovernmental planning board which advises the Charlottesville City Council and the Albemarle County Board of Supervisors on improving outcomes and coordinating planning for local children and their families.*

*Members include citizens, human service and education and government leaders and representatives.*

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# **APPENDIX A: DOCUMENTED DATA SUPPORTING INCLUSION OF FOCUS AREAS**

## **I. STRONG, STABLE FAMILIES AND COMMUNITIES**

*Strengthening families and building stable communities are vital to the well being of children.*

### **AFFORDABLE HEALTH AND DENTAL CARE**

#### **CCF COMPILED LOCAL DATA**

*·Extrapolated data from the CCF 2002 Needs Assessment reveals that up to 1,600 Charlottesville/Albemarle individuals likely had unmet needs for dental care in the previous year (this unmet need was 12 times more likely if the individual was from a lower income household). Up to 688 individuals likely had unmet needs for medical care in the previous year (this was 3 times more likely if the individual was from a non-Caucasian household). Up to 688 individuals likely had unmet needs for prescription drugs in the previous year (this was 3 times more likely if the individual was from a unmarried household).(1)*

*·24.8% of survey respondents stated that they would like more information about health and healthy growth.(1)*

*·The number of calls to the regional Poison Control Center in 2002 was 14.0 per 1,000 individuals for the Charlottesville/Albemarle communities (up from 7.8 per 1,000 in 1997, and down from 16.0 per 1,000 in 2001).(2)*

*·8.3% of live births in Charlottesville and 6.3% of lives births in Albemarle had low birth weight (1999-2001); this is an increase from 1991-1993, when 7.3% of live births in Charlottesville and 5.3% of live births in Albemarle had low birth weight.(2)*

*·There were 11.2 infant deaths per 1,000 live births in Charlottesville and 5.2 per 1,000 in Albemarle between 1999 and 2001 (up from 9.4 and 4.6, respectively, from 1998 to 2000).(2)*

#### **OTHER LOCAL DATA (WITH NATIONAL DATA COMPARISONS, WHERE AVAILABLE)**

*·74.1% of the residents of Charlottesville in a community survey rated expanding affordable health care services as a “Very Important” goal for a comprehensive City plan. The South Central and North Regions rated this 2nd and 3rd of all City goals (with 88.0% and 78.4%), respectively.(3)*

*·Affordable family medical care was rated 3rd in “Needed Community Resources” by residents of Charlottesville (rated by “Very Much Needed” by 50.3% of respondents). The largest percentage of residents reporting this were from the South Central and South Regions (63.48% and 65.93%, respectively).(3)*

*·58.7% of the residents of Albemarle rated providing support for affordable health care as a “Very Important” goal for a strategic County plan.(4)*

*·The 2002 MACAA Community Needs Assessment found that Dental Care ranked first among the top ten needs or concerns of their clients (endorsed by 51.14%).(5)*

*·15.96% of the Albemarle student population and 19.63% of the Charlottesville student population were overweight in 2001.(6)*

*·61% of Charlottesville homeless individuals reported needing to see a doctor since they became homeless, while 44% of homeless individuals reported that they had been unable to see a doctor while homeless.(7)*

*·An estimated 10% of Albemarle children eligible for subsidized health insurance (about 264 children) and 29% of Charlottesville children eligible for subsidized health insurance (about 983 children) are uninsured according to the Thomas Jefferson United Way in June, 2003.*

#### **STATE DATA**

*·17.2% (approximately 209,652 individuals) of Central Virginians are uninsured, compared to 14.9% of Virginians who are uninsured.(8)*

*·26.8% of Virginia’s uninsured earn less than 100% of the federal poverty level, and 24.4% falling between 101-200% of the federal poverty level; people with income at or below 200% of poverty are nearly twice as likely to be uninsured as compared with people at higher income levels.(9)*

*·In Virginia, 14.1% of children 0-17, 19.7% of those aged 18-44, 13.1% of those aged 45-64, and 1.1% of*

*those aged 65+ are uninsured. 12.8% are white, 20.4% are black, 21.0% are of other races/ethnicities.(9)*  
*An estimated 67% of uninsured adults (age 21+) work full-time, and another 10% work part-time.(9)*  
*Virginia State Government spending ranks 38th in the Nation with regard to per capita spending on Public Welfare, Hospitals, and Health.(10)*

### **NATIONAL/GENERAL DATA**

*In general, the working poor have more debt due to medical care (as a result of being inadequately insured).(11)*  
*Nationally, 26% of those earning \$25,000 or less reported that their employer offered health insurance.(11)*  
*Nationally, an estimated 14.0% of the population were without health insurance coverage during the entire year in 2000, down from 14.3% in 1999. Similarly, the number of people without health insurance coverage in 2000 was 38.7 million, down 0.6 million from 1999. The proportion of uninsured children declined in 2000, from 12.6% in 1999 to 11.6%. The respective number of uninsured children declined from 9.1 million to 8.5 million.(12)*

## **FAMILY VIOLENCE** **DOMESTIC VIOLENCE**

### **CCF COMPILED LOCAL DATA**

*Per 1,000 individuals, there were 5.7 domestic assault arrests in Charlottesville and 2.6 in Albemarle in 2002.(2)*  
*At least 61% of a sample of Children in Need of Extensive Services under the Comprehensive Services Act have been exposed to adult domestic violence in their families.(13)*  
*A study conducted by the Curry School of Education during the 1998-1999 school year found that 7 of the 10 children who had experienced domestic abuse who were entered in the Bright Stars program did not show statistically significant growth in any of the developmental areas.(13)*  
*38% of a sample of juveniles placed on probation in Charlottesville/Albemarle between 1997-1999 have been exposed to adult domestic violence in their families.(14)*

### **OTHER LOCAL DATA (WITH NATIONAL DATA COMPARISONS, WHERE AVAILABLE)**

*18% of Charlottesville homeless individuals reported domestic violence or abuse as a cause of their current homelessness, and 9% reported that it was the only cause of their homelessness.(7)*

### **NATIONAL/GENERAL DATA**

*Research indicates that child maltreatment co-occurs in 30-60% of families where there is domestic violence.(15)*  
*Children who witness domestic violence also have a litany of other behavioral, cognitive, and mental health problems.(16)*  
*Nationally, domestic violence crosses lines of ethnicity, racial, age, national origin, sexual orientation, religious and socioeconomic status. It also may effect a woman's ability to care for her children and 88% of victims of domestic violence fatalities have a documented history of physical abuse.(17)*  
*1 out of 4 U.S. women are estimated to have been physically assaulted or raped by an intimate partner.(18)*

## **CHILD ABUSE/NEGLECT**

### **CCF COMPILED LOCAL DATA**

*The number of child abuse/neglect investigations and/or assessments was 33.2 per 1,000 children in Charlottesville in 2002 (up from 30.8 per 1,000 in 2001).(2)*  
*One of the three services provided prior to residential treatment to a sample of Children in Need of Extensive Services was Child Protective Services.(13)*

*·26% of a sample of juveniles placed on probation in Charlottesville/Albemarle between 1997-1999 were victims of abuse or neglect.(14)*

*·The rates of foster care placements in Charlottesville are the highest in the State, by a sizeable margin.(17)*

### **OTHER LOCAL DATA (WITH NATIONAL DATA COMPARISONS, WHERE AVAILABLE)**

*·37.2% of the residents of Charlottesville expressed dissatisfaction with the City's protection of children from abuse or neglect in home; residents of the South Central Region expressed the most dissatisfaction in this area (46.1% were dissatisfied).(3)*

*·44.1% of the residents of Charlottesville reported that protecting children from abuse at home was a "Very Much Needed" community resource; at 66.65%, the South Central Region had the highest percentage of residents who thought protecting children was "Very Much Needed."(3)*

### **NATIONAL/GENERAL DATA**

*·Nationally, children of single parents have a 77% greater risk of being harmed by physical abuse, an 87% greater risk of being harmed by physical neglect, and an 80% greater risk of suffering serious injury or harm from abuse or neglect than children living with both parents. Children in the largest families are physically neglected at nearly three times the rate of those who come from single-child families. Children from families with annual incomes below \$15,000 as compared to children from families with annual incomes above \$30,000 per year are over 22 times more likely to experience some form of maltreatment that fit the "Harm Standard" and over 25 times more likely to suffer some form of maltreatment as defined by the "Endangerment Standard". Children from the lowest income families are 18 times more likely to be sexually abused, almost 56 times more likely to be educationally neglected, and over 22 times more likely to be seriously injured from maltreatment as defined under the "Harm Standard" than children from the higher income families.(19)*

*·Data synthesized by the U.S. Department of Health and Human Services indicates that child abuse and neglect have detrimental effects on the physical, psychological, cognitive, and behavioral development of children, including physical injuries, brain damage, chronic low self-esteem, problems with bonding and forming relationships, developmental delays, learning disorders, and aggressive behavior. Clinical conditions associated with abuse and neglect include depression, post-traumatic stress disorder, and conduct disorders. Child maltreatment also has been linked with long-term, negative societal consequences including increased risk of low academic achievement, drug use, teen pregnancy, juvenile delinquency, and adult criminality. Further, these consequences cost society by expanding the need for mental health and substance abuse treatment programs, police and court interventions, correctional facilities, and public assistance programs, and by causing losses in productivity.(8)*

*·Nationally, approximately 903,000 children were victims of abuse and neglect during 2001. This national estimate is based on data from 51 States. In these States, 12.4 children for every 1,000 children in the population were victims of abuse or neglect. (A child was counted each time he or she was found to be a victim of maltreatment).(20)*

## **SUPPORT TO PARENTS/ADULTS** **STRESSES OF SINGLE PARENTS AND THE WORKING POOR**

### **CCF COMPILED LOCAL DATA**

*·The CCF 2002 Needs Assessment found that the among highest numbers of Charlottesville/Albemarle residents with unmet needs in the prior year were in the areas of needing to talk to someone about household finances (data extrapolation estimated up to 2,226 people to have this unmet need), needing to talk to someone about worries and concerns (estimated to be up to 1,566 people), needing to talk to someone about the stresses of raising a family (estimated to be up to 1,289 people), needing to talk to someone about a serious illness or death (estimated to be up to 764 people), and needing to talk with someone about an emotional or psychological issue (estimated to be up to 306 people) – all of which disproportionately affected lower income households.(1)*

*·CCF focus groups of lower income families noted that they do not consider placing their children in pre-school programs due to the high costs.(1)*

*·The number of Charlottesville/Albemarle students living with both parents was 42.9% in 2002.(2)*

·42% of the juvenile offenders in the 1997-1999 Risk and Need Study had a parent and/or sibling on probation or in jail.(14)

·20.8% of residents in Albemarle and 42% of residents in Charlottesville can be defined as poor, with 20% of Albemarle residents and 38% of Charlottesville residents falling below 200% of the federal poverty line – according to the 2000 Census. However, also according to the 2000 Census, only 190 Albemarle families and 119 Charlottesville families reported having no employed adults with at least one adult seeking work, therefore, most of the poor in the Charlottesville/Albemarle community are working poor.(21)

### **OTHER LOCAL DATA (WITH NATIONAL DATA COMPARISONS, WHERE AVAILABLE)**

·61.6% of the residents of Charlottesville reported that emphasizing self-sufficiency programs for adults was a “Very Important” goal for a comprehensive City plan; 75% of the residents of the South Central Region responded this way.(3)

·71.8% of the residents of Charlottesville reported that improving affordable child care services was a “Very Important” goal for a comprehensive City plan; 82.3% of the residents from the South Central Region and 79.7% of the residents from the South Region responded this way.(3)

·45.8% of the residents of Albemarle reported that supporting affordable child care was a “Very Important” goal for a strategic County plan.(4)

·Among key issues identified by residents of Charlottesville neighborhoods at the 2000 neighborhood meetings for the Comprehensive Neighborhood Plan was lack of affordable pre-school and/or day care (Neighborhood citing this as a key issue: Fry’s Spring).(22)

·One of the top ten needs or concerns expressed by MACAA’s clients was the cost/funding of childcare (endorsed by 42.61%).(5)

·On July, 15, 2003, there were 409 men and 55 women being held in the Albemarle-Charlottesville Regional Jail (including 25 Federal inmates).(23) Although the number of inmates who are parents are unknown, according to the OAR FY04 City/County Application for Funding, 77 inmates were in parenting classes at the local jail in 2002.

·23% of Charlottesville homeless individuals surveyed reported that they had dependent children who were also homeless, and 35% of homeless individuals surveyed were involved in the day-to-day care of their children. (7)

·In 2001, Fifeville, Ridge Street, Meadows, and Tenth and Page all had a high number of social services public assistance cases and a high percentage of students who qualified for free or reduced lunch. In addition, Belmont has a high number of social services public assistance cases and Jackson Via a high percentage of students who qualify for free or reduced lunch.(24)

·An estimated 67% of uninsured adults (age 21+) work full-time, and another 10% work part-time.(9)

### **NATIONAL/GENERAL DATA**

·In general, the working poor often cannot leverage their income because they have less access to beneficial financial mechanisms (e.g, savings plans, credit, inexpensive check cashing, tax preparation assistance) and pay higher interest rates on loans. They lack resources and credit to buy a house at competitive interest rates and pay a disproportionate amount of their income on rent, have difficulty affording adequate transportation (including reliable cars and insurance), child care, and work clothes. They also have more debt due to medical care (as a result of being inadequately insured) and often live in physically isolated neighborhoods distant from less expensive, mainstream services and businesses.(11)

·Data indicate that child neglect often may be a proxy for poverty.(25)

·Nationally, children of single parents had a 77% greater risk of being harmed by physical abuse, an 87% greater risk of being harmed by physical neglect, and an 80% greater risk of suffering serious injury or harm from abuse or neglect than children living with both parents. Children in the largest families were physically neglected at nearly three times the rate of those who came from single-child families.(19)

·According to the 2000 Census, nationally, 9.1% of households were female-headed, and 12.4% of female-headed households were below the poverty level.(26)

## **IMPEDIMENTS TO PARENTING CHALLENGING CHILDREN**

### **CCF COMPILED LOCAL DATA**

·Up to 15% of children from lower income or unmarried household in Charlottesville/Albemarle were reported to be exposed to family changes that may have contributed to an unstable environment in the previous year, such as domestic violence or changes in household composition; up to 8% of children in general were reported to be exposed to these factors.(1)

·Some Charlottesville/Albemarle families may not be aware of their children's needs for services for mental health and/or substance use, as households surveyed reported that their children experienced less emotional stress than children in other studies.(1)

·One of the top three problems faced by a sample of Children in Need of Extensive Services in Charlottesville/Albemarle was "dysfunctional/chaotic families."(13)

·56% of the children studied for the Children in Need of Extensive Services CCF Work Group Report did not have a family willing/able to cooperate with services and willing/able to provide the high degree of structure required.(13)

·Identified services needed to return a Child in Need of Extensive Services to the community from a residential treatment center, or to keep the child in the community were: highly structured settings with clear behavioral expectations and external controls for enforcing expectations and controlling aggression, and high levels of supervision, 24 hours/day, seven days/week, to prevent runaway and delinquent behaviors.(13)

·The study of Children Needing Extensive Services identified a local need for adequate in-home and wrap-around services, in addition to a shortage of respite care services and a lack of regulation of respite care providers.(27)

·63% of the juvenile offenders in the 1997-1999 Risk and Need Study came from turbulent homes that affected their individual physical and mental health and also affected their school related activities.(14)

## **ADULT SUBSTANCE USE**

### **CCF COMPILED LOCAL DATA**

·The 2002 CCF Needs Assessment data revealed that up to 2,933 Charlottesville/Albemarle adults likely had a need to talk with someone about tobacco, alcohol, or drugs during the previous year. Of this number, about 31% had this need go unmet, which was the largest percentage of unmet need of all survey questions. Lower income families expressed having this unmet need 4 times as much as higher income families.(1)

·One of the two most common family characteristics of a sample of Children in Need of Extensive Services was substance abuse by parent(s).(13)

·44-47% of juveniles in the 1997-1999 Risk and Need Study had substance abusing parents.(14)

### **OTHER LOCAL DATA (WITH NATIONAL DATA COMPARISONS, WHERE AVAILABLE)**

·52.7% of the residents of Charlottesville were dissatisfied with the reduction of illegal drug use among adults (second only to dissatisfaction with the reduction of illegal drug use among children). Additionally, 44.1% of residents stated that community resources to prevent substance/alcohol abuse were "Very Much Needed" – the 1st and 2nd highest percentages of these responses were from Citizen in the South Central Region (66.89%) and South Region (59.10%).(3)

·Among key issues identified by residents of Charlottesville neighborhoods at the 2000 neighborhood meetings for the Comprehensive Neighborhood Plan was substance abuse (Neighborhoods citing this as a key issue: 10th and Page, The Meadows, Starr Hill).(22)

·9% of Charlottesville homeless people surveyed reported that substance abuse was a cause of their current homelessness.(7)

·The 2003 Capstone Report documented that addiction drives the majority of crime in any community, and that Charlottesville has a higher than average rate of violent crime per capita (although lower than average rate of property crime). This report also documented that the most drug arrests occur in Charlottesville Districts 3, 6, and 8 (accounting for 21%, 15%, and 17% of all arrests, respectively).(28)

*Charlottesville's per-capita crime rates are below average for all crime (.05 per-capita), but above the median for violent crime (.008 per-capita).(28)*

## **STATE DATA**

*25% of prisoners released in 1998 from Virginia prisons were returned on drug offenses by 2001; 84% of those who did recidivate, did so within two years.(29)*

## **NATIONAL/GENERAL DATA**

*Nation-wide, there is a strong link between substance use (especially alcohol) and crime and violence,. In 1999, the FBI reported that 4.5% of all homicides were known to be narcotics related. That same year, 13.3% of all convicted jail inmates said they committed their offenses to get money to buy drugs; and, in 1997, a survey of inmates in State and Federal Correctional Facilities noted that 22-33% of all prisoners said they had committed their current offense while under the influence of drugs.(30)*

*Substance use is associated with violence against women, child abuse, physical health, sexual risk, and fatal injury.(30)*

## **PROSPEROUS AND SAFE NEIGHBORHOODS AND COMMUNITIES** **HOUSING COSTS/MAINTENANCE**

### **CCF COMPILED LOCAL DATA**

*Extrapolated data from the CCF 2002 Needs Assessment revealed that up to 810 Charlottesville/Albemarle families with children likely had an unmet need for emergency home repairs in the previous year (this unmet need is twice as likely for non-Caucasian households), up to 292 likely had an unmet need for emergency help paying utility bills in the prior year, and up to 210 likely had an unmet need for emergency help paying rent in the prior year.(1)*

### **OTHER LOCAL DATA (WITH NATIONAL DATA COMPARISONS, WHERE AVAILABLE)**

*Making housing more affordable was rated by 74.5% as a "Very Important" goal for a comprehensive City plan by the residents of Charlottesville as a goal for the City; residents of the South Central Region had the highest percentage of "Very Important" responses (84.9%).(3)*

*36.1% of the residents of Charlottesville were dissatisfied with adequate housing opportunities in the City. This dissatisfaction was most pronounced in the South Central Region, where 46.5% of residents were dissatisfied.(3)*

*The residents of Charlottesville ranked maintaining rental properties and increasing homeowners among the neighborhood 1st and 2nd among Important Neighborhood Improvements. 49.96% of the residents rated maintaining rental properties as "Very Important," and 44.20% of the residents rated increasing homeowners as "Very Important." Both these issues were rated most highly by residents of the South Central and South Regions.(3)*

*56.6% of the residents of Charlottesville reported that rent in their neighborhood was too high (residents from the East Region reported this most often, followed by the West and South Central Regions, 61.8%, 58.1%, and 57.9%, respectively).(3)*

*63.5% of the residents of Charlottesville reported that the cost of buying a home was too high (residents from the East Region reported this most often, followed by the West and North Regions, 70.3%, 69.1 %, and 65.8%, respectively).(3)*

*50.1% of the residents of Albemarle rated encouraging affordable housing for low and moderate income people as "Very Important" when rating goals for the strategic plan of the County.(4)*

*22.5% of the residents of Albemarle were dissatisfied with efforts to support adequate housing (4)*

*83.4% of the residents of Albemarle were 'somewhat' or 'strongly' in favor of encouraging a greater variety and mix of housing types and price levels in the county's development areas.(4)*

*Among key issues identified by residents of Charlottesville neighborhoods at the 2000 neighborhood meetings for the Comprehensive Neighborhood Plan was housing/rental upkeep, increasing home ownership or single family ownership, and/or increasing land lord accountability (Neighborhoods citing this as a key issue: 10th and Page, Belmont,*

*Fifeville, Fry's Spring, JPA, North Downtown, Ridge Street, Rose Hill, Starr Hill, Woolen Mills).*(22)

*·Of the Charlottesville homeless individuals surveyed in the Winter of 2003, 15% cited substandard housing or rent increase as a cause of their current homelessness, and 9% cited these things as the only cause of their current homelessness.*(7)

*·23% of Charlottesville homeless individuals surveyed reported that they had dependent children who were also homeless, and 35% of homeless individuals were involved in the day-to-day care of their children.*(7)

*·20.8% of residents of Albemarle and 42% of residents of Charlottesville can be defined as poor, with 20% of Albemarle residents and 38% of Charlottesville residents falling below 200% of the federal poverty line – according to the 2000 Census. However, also according to the 2000 Census, only 190 Albemarle families and 119 Charlottesville families reported having no employed adults with at least one adult seeking work, therefore, most of the poor in the Charlottesville/Albemarle community are working poor.*(26)

*·65.9% of all housing in Albemarle County is owner occupied and 34.1% is renter occupied. From 1980 to 2000, owner occupied housing increased from 60.4% to 65.9% and renter occupied housing decreased from 39.6% to 34.1%.*(26)

*·In 2001, Fifeville, Ridge Street, Rose Hill, and Tenth and Page all had a high percentages of properties with low increases in assessed value and housing which was poorly maintained. In addition, Barracks Road, Jackson Via, Meadows, and Starr Hill all had a high percentage of properties that had a low increase in assessed value.*(24)

*·30% of the residents of Albemarle pays 35% or more of their gross income in rent.*(26) *The generally accepted standard of spending for maximum affordable housing costs is no more than 30% of income on housing costs.*(5)

*·The following data were compiled as part of the 2002 MACAA Needs Assessment with data collected from the National Low Income Housing Coalition ([www.nlihc.org](http://www.nlihc.org)):*(5)

*In Virginia, an extremely low income household (earning \$18,600, 30% of the Area Median Income of \$62,000) can afford monthly rent of no more than \$465, while the Fair Market Rent for a two bedroom unit is \$697. In Charlottesville/Albemarle, a worker earning the Minimum Wage (\$5.15 per hour) must work 101 hours per week in order to afford a two-bedroom unit at the area's Fair Market rent. The Housing Wage in Charlottesville/Albemarle is \$13.02. This is the amount a worker would have to earn per hour in order to be able to work 40 hours per week and afford a two-bedroom unit at the area's Fair Market rent. This is 253% of the present Minimum wage (\$5.15 per hour). Between 2000 and 2001 the two-bedroom housing wage increased by more than 3%.*

**Table 1 - 2001 Fair Market Rents by Number of Bedrooms**

Location	Zero	One	Two	Three	Four
Virginia	\$511	\$590	\$697	\$954	\$1,137
Albemarle	\$448	\$530	\$677	\$900	\$1,009
Charlottesville	\$448	\$530	\$677	\$900	\$1,009

**Table 2 - Income Needed to Afford Fair Market Rent 2001**

Location	Amount					Percent of Family AMI				
	Zero Bdrms	One Bdrm	Two Bdrms	Three Bdrms	Four Bdrms	Zero Bdrms	One Bdrm	Two Bdrms	Three Bdrms	Four Bdrms
Virginia	\$20,443	\$23,597	\$27,894	\$38,164	\$45,485	33%	38%	45%	62%	73%
Albemarle	\$17,920	\$21,200	\$27,080	\$36,000	\$40,360	29%	34%	43%	58%	64%
Charlottesville	\$17,920	\$21,200	\$27,080	\$36,000	\$40,360	29%	34%	43%	58%	64%

*FMR = Fair Market Rent (HUD, 2002); AMI = Area Median Income*

**Table 3 - Housing Wage 2001**

Location	Hourly Wage Needed to Afford (at 40 hrs/wk)					% change in VA 2 Bdrm Housing Wage (2000-01)	As % of Minimum Wage (VA=\$5.15/hr)				
	Zero Bdrms FMR	One Bdrm FMR	Two Bdrms FMR	Three Bdrms FMR	Four Bdrms FMR		Zero Bdrms FMR	One Bdrm FMR	Two Bdrms FMR	Three Bdrms FMR	Four Bdrms FMR
Virginia	\$9.83	\$11.34	\$13.41	\$18.35	\$21.87	11.38%	191%	220%	260%	356%	425%
Albemarle	\$8.62	\$10.19	\$13.02	\$17.31	\$19.40	3.20%	167%	198%	253%	336%	377%
Charlot- tesville	\$8.62	\$10.19	\$13.02	\$17.31	\$19.40	3.16%	167%	198%	253%	336%	377%

**Table 4 - Work Hours/Week Necessary at Minimum Wage to Afford FMR (VA=\$5.15) 2001**

Location	Zero Bdrms FMR	One Bdrm FMR	Two Bdrms FMR	Three Bdrms FMR	Four Bdrms FMR
Virginia	76	88	104	143	170
Albemarle	67	79	101	134	151
Charlottesville	67	79	101	134	151

**NATIONAL/GENERAL DATA**

*In general, the working poor often cannot leverage their income because they have less access to beneficial financial mechanisms (e.g, savings plans, credit, inexpensive check cashing, tax preparation assistance) and pay higher interest rates on loans. They lack resources and credit to buy a house at competitive interest rates and pay a disproportionate amount of their income on rent.(11)*

**JOB OPPORTUNITIES, TRAINING & ADULT EDUCATION**

**CCF COMPILED LOCAL DATA**

*·75% of lower income households in Charlottesville/Albemarle had at least one adult who worked full-time in the previous year.(1)*

*·Approximately 163 Charlottesville/Albemarle residents over the age of 15 in Charlottesville/Albemarle are likely to have had an unmet need for help with GED preparation in the previous year.(1)*

*·Approximately 109 Charlottesville/Albemarle residents over the age of 15 are likely to have had an unmet need for assistance with applications and financial aid for further education or post-high school training in the previous year.(1)*

*·21.1% of children in Charlottesville and 6.7% of children in Albemarle are estimated to live in poverty.(2)*

*·43% of students in Charlottesville and 18% of students in Albemarle were eligible for the free and reduced-cost meal program in the public schools.(2)*

*·32% of a sample of juvenile offenders were from families on public assistance.(14)*

**OTHER LOCAL DATA (WITH NATIONAL DATA COMPARISONS, WHERE AVAILABLE)**

*·62.6% of the residents of Charlottesville rated bringing higher paying jobs to the area a “Very Important” goal for a comprehensive City plan. This was most often rated “Very Important” by residents of the South Central (73.3%) and the South (65.2%) Regions.(3)*

*·56.8% of the residents of Charlottesville were satisfied with opportunities for higher paid employment. The least satisfied were the residents of the South Central Region (45.2%).(3)*

*·40.4% of the residents of Charlottesville rated educating adults in literacy as a “Very Much Needed” community resource (rated most often by residents of the South Central Region, 65.23%).(3)*

*·35.8% of the residents of Charlottesville rated adult education and vocational training as a “Very Much Needed”*

*community resource (rated most often by residents of the South Central Region, 55.25%).(3)*

*·61.6% of the residents of Charlottesville reported that emphasizing self-sufficiency programs for adults was a “Very Important” goal for a comprehensive City plan; 75% of the residents of the South Central Region responded this way.(3)*

*·Among key issues identified by residents of Charlottesville neighborhoods at the 2000 neighborhood meetings for the Comprehensive Neighborhood Plan was job opportunities and/or training (Neighborhood citing this as a key issue: 10th and Page).(22)*

*·13% of the adult population of Albemarle do not have a high school education.(26)*

*·33% of Charlottesville homeless individuals surveyed in 2003 reported that unemployment was a contributing factor to their homelessness (24% reported that unemployment was the only cause of their homelessness).(7)*

*·Of the Charlottesville homeless individuals surveyed in 2003, 76% had completed high school (or an equivalency), 34% had some college experience, and 7% had a college degree.(7)*

*·Of the Charlottesville homeless individuals surveyed in 2003, 13% reported that job training was a much needed service which they could not get.(7)*

*·43.18% of the respondents to the MACAA 2002 Community Needs Assessment survey of clients reported that achieving a “living wage” was a concern.(5)*

*·33.52% of the respondents to the MACAA 2002 Community Needs Assessment survey of clients reported that adult education was a concern.(5)*

*·32.95% of the respondents to the MACAA 2002 Community Needs Assessment survey of clients reported that getting a GED was a concern.(5)*

*·20.8% of residents of Albemarle and 42% of residents of Charlottesville can be defined as poor, with 20% of Albemarle residents and 38% of Charlottesville residents falling below 200% of the federal poverty line – according to the 2000 Census. However, also according to the 2000 Census, only 190 Albemarle families and 119 Charlottesville families reported having no employed adults with at least one adult seeking work, therefore, most of the poor in the Charlottesville/Albemarle community are working poor.(21)*

## **STATE DATA**

*·According to the 2000 Census, nationally, 9.1% of households were female-headed, and 12.4% of female-headed households were below the poverty level.(26)*

## **NATIONAL/GENERAL DATA**

*·In general, the working poor often cannot leverage their income because they have less access to beneficial financial mechanisms (e.g., savings plans, credit, inexpensive check cashing, tax preparation assistance) and pay higher interest rates on loans. They lack resources and credit to buy a house at competitive interest rates and pay a disproportionate amount of their income on rent, have difficulty affording adequate transportation (including reliable cars and insurance), child care, and work clothes. They also have more debt due to medical care (as a result of being inadequately insured) and often live in physically isolated neighborhoods distant from less expensive, mainstream services and businesses.(11)*

*·In general, children in working poor families lag behind in important measures of child well being. For example, they have higher level of grade retention, more school suspensions and expulsions, less frequent family interaction, increased parental aggravation, and lower levels of positive interaction with their communities.(31)*

## **COMMUNITY SAFETY**

### **CCF COMPILED LOCAL DATA**

*·There were 187.8 delinquency judgments per 1,000 children ages 10-17 in Charlottesville in 2002, and 66.7 per 1,000 in Albemarle (this is down from 245.1 in Charlottesville and 75.8 in Albemarle in 2001).(2)*

*·There were 9.6 per 1,000 juvenile arrests for violent crime in Charlottesville and 1.0 per 1,000 in Albemarle from 2000 to 2002 (up from 4.9 and 0.6, respectively, from 1999 to 2001).(2)*

## **OTHER LOCAL DATA (WITH NATIONAL DATA COMPARISONS, WHERE AVAILABLE)**

·Making neighborhoods and streets safer ranked second as a comprehensive City plan goal and was rated as “Very Important” by 81.1% of the residents of Charlottesville. This was rated most often by the residents from the South Central (87.4%) and the South (88.3) Regions.(3)

·Creating a better organized neighborhood was rated by 40.73% of the residents of Charlottesville as a “Very Important” neighborhood improvement. The most residents who responded this way came from the South Central Region (57.67%).(3)

·Residents from the South Central Region reported feeling unsafe during the day (10.2%) and during the night (38.3%).(3)

·The residents of Charlottesville reported feeling the most unsafe in the West Main Street area (day: 8.1%, night: 53.5%).(3)

·Residents of the South Central and South Regions of Charlottesville reported crime as the most important neighborhood problem (27.7% and 24.3%, respectively), and as one of the most important neighborhood problems (43.0% and 47.4%, respectively). The West Region also reported crime as one of the most important neighborhood problems (40.5%).(3)

·Residents of Charlottesville reported keeping kids away from crime as the most needed community resource (55.4% responding “Very Much Needed”). Responding this way the most and second most often, respectively, were 80.46% of the residents from the South Central Region and 69.34% of residents from the South Region responded.(3)

·78.4% of the residents of Albemarle rated providing police service as a “Very Important” goal for a strategic County plan.(4)

·6.6% of the residents of Albemarle were dissatisfied with safety in business areas, 8.7% dissatisfied in residence areas, and 9.5% were dissatisfied with the protection provided by police.(4)

·Among key issues identified by residents of Charlottesville neighborhoods at the 2000 neighborhood meetings for the Comprehensive Neighborhood Plan were safety, crime, and/or policing/community involvement (Neighborhoods citing this as a key issue: 10th and Page, Barracks-Rugby, Belmont, Fifeville, Fry’s Spring, The Meadows, North Downtown, Ridge Street, Venable).(22)

·Charlottesville’s per-capita crime rates are below average for all crime (.05 per-capita), but above the median for violent crime (.008 per-capita) compared to a sample of other comparable cities.(28)

## **STATE DATA**

·In the Commonwealth of Virginia, in 2002, there was a Group A incident against a person every 5 ½ minutes – there were 95,432 incidents of this type reported. There was a Group A incident against property every 1 minute, 29 seconds – there were 352,693 incidents of this type reported. There was a Group A incident against society every 11 minutes, 52 seconds – there were 44,307 incidents of this type reported.(32)

## **PUBLIC TRANSPORTATION**

### **CCF COMPILED LOCAL DATA**

·There were 3.6 JAUNT passengers per Charlottesville resident and 1.0 per Albemarle resident in FY 2002.(2)

·There were 10 rides on public transportation per Charlottesville/Albemarle resident in FY 2002. This is up from 9.3 in 2001 and 6.7 in 2000.(2)

·The CCF Workgroup for Children Needing Extensive Services identified the high cost of transporting children to and from services as a problem.(27)

### **OTHER LOCAL DATA (WITH NATIONAL DATA COMPARISONS, WHERE AVAILABLE)**

·47.2% of the residents of Charlottesville reported that providing better public transportation was a “Very Important” goal for a comprehensive City plan: 58.8% of the residents were from the East Region, 50.4% of the residents were from the South Central Region, 46.0% of the residents were from the West Region, and 44.5% of the residents

were from the South Region.(3)

·26% of the residents of Charlottesville were dissatisfied with the provision of adequate public transportation, 39.4% of the residents were from the East Region, 28.8% of the residents were from the West Region, and 27% of the residents were from the North Region.(3)

·70.4% of the residents from the East Region, 70.6% of the residents from the North Region, 76.6% of the residents from the West Region, 85.2% of the residents from the South Central Region, and 87.4% of the residents from the South Region of Charlottesville agreed that there was satisfactory bus service.(3)

·41.3% of the residents of Albemarle rated providing good public transportation a “Very Important” goal for a strategic County plan.(4)

·41.1% of the residents of Albemarle were dissatisfied with getting around by public transportation (residents were most dissatisfied with this service among all services presented).(4)

·Among key issues identified by residents of Charlottesville neighborhoods at the 2000 neighborhood meetings for the Comprehensive Neighborhood Plan were improving and/or access to ground transportation, public transportation, and/or alternative transportation (Neighborhoods citing this as a key issue: Barracks-Rugby, Fifeville, Greerbriar, Locust Grove, The Meadows, Rose Hill, Venable).(22)

·The 2nd of the top ten needs or concerns expressed by MACAA’s clients was a need for a car or major car repairs (endorsed by 47.16%).(5)

·66% of Charlottesville homeless individuals surveyed in 2003 reported using the bus as a primary means of transportation.(7)

·The Thomas Jefferson Planning District has data regarding commuter statistics, but it is based on the 1990 Census and the 1996 Traffic Reduction Survey – an updated report is expected by the end of 2003. The 1996 Traffic Reduction Survey indicated that 65% of those surveyed traveled to work by car (alone or carpool), 7% used public transit, and 9% walked or biked. 34% wanted a bus closer to home, 63-82% said that taking the bus was pleasant, 70-82% said that buses were on time, and 61-64% said that route and schedule information was easy to find.(33)

## **II. HEALTHY CHILDREN AND ADOLESCENTS**

*Physically and mentally healthy children and adolescents are the cornerstone of vital, prosperous communities.*

### **EARLY CHILDHOOD DEVELOPMENT**

#### **CCF COMPILED LOCAL DATA**

·49.2% of people surveyed in the 2002 CCF Needs Assessment expressed a need for preschool services for a child between the ages of 3 and 6.(1)

·37.3% of people surveyed expressed a need for childcare for a child between 1 and 6, 29.2% expressed a need for infant care under the age of one, 16.6% expressed a need for childcare outside daytime hours, and 11.1% expressed a need for childcare before or after school in the previous year.(1)

·CCF focus groups of lower income families noted that they do not consider placing their children in preschool programs due to the high costs.(1)

·24.8% of survey respondents stated that they would like more information about health and healthy growth.(1)6

·In 2002, there were 91.4 Charlottesville children per 1,000 enrolled in Head Start and 36.1 Albemarle children per 1,000 enrolled in Head Start.(2)

·30.0% of children entering Kindergarten in Charlottesville and 14.1% in Albemarle were identified for intervention services on the Early Intervention Reading Initiative.(2)

·There were 96.5 total spaces at voluntarily registered child care providers, state-licensed family homes, and child day care centers per 100 children aged 0-5 in Charlottesville and 8.0 spaces per 100 children in Albemarle in 2001.(2)

## **OTHER LOCAL DATA (WITH NATIONAL DATA COMPARISONS, WHERE AVAILABLE)**

·71.8% of the residents of Charlottesville reported that improving affordable child care services was a “Very Important” goal for a comprehensive City plan; 82.3% of the residents from the South Central Region and 79.7% of the residents from the South Region responded this way.(3)

·45.8% of the residents of Albemarle reported that supporting affordable child care was a “Very Important” goal for a strategic County plan.(4)

·Among key issues identified by residents of Charlottesville neighborhoods at the 2000 neighborhood meetings for the Comprehensive Neighborhood Plan was lack of affordable pre-school and/or day care (Neighborhood citing this as a key issue: Fry’s Spring).(22)

·One of the top ten needs or concerns expressed by MACAA’s clients was the cost/funding of childcare (endorsed by 42.61%).(5)

## **STUDENT PERFORMANCE**

### **CCF COMPILED LOCAL DATA**

·Data extrapolated to real population numbers indicated that up to 111 children likely had an unmet need for help with reading and writing in the previous year.(1)

·Data extrapolated to real population numbers indicated that up to 91 children were identified as likely to have had an unmet need for help improving score on Standards of Learning Tests in the previous year.(1)

·In 2002, 62.8% of the students in Charlottesville were in public schools and 67.3% of the students in Albemarle were in public schools. The number in Charlottesville is down from 72.0% in 2001 (but this may be impacted by Census errors).(2)

·23.7% of Albemarle 3rd graders and 36.6% of Charlottesville 3rd graders failed the English Standards of Learning test in 2002 (there has been a decrease in the percentage of 3rd graders failing this test since 1998).(2)

·18.0% of Albemarle 3rd graders and 36.6% of Charlottesville 3rd graders failed the Math Standards of Learning test in 2002 (there has been a decrease in the percentage of Albemarle 3rd graders failing this test since 1998).(2)

·13.0% of Albemarle 5th graders and 36.3% of Charlottesville 5th graders failed the English Standards of Learning test in 2002 (there has been a decrease in the percentage of 5th graders failing this test since 1998).(2)

·23.8% of Albemarle 5th graders and 44.1% of Charlottesville 5th graders failed the Math Standards of Learning test in 2002 (there has been a decrease in the percentage of 5th graders failing this test since 1998).(2)

·22.8% of Albemarle 8th graders and 59.2% of Charlottesville 8th graders failed the English Standards of Learning test in 2002 (there has been an increase in the percentage of Charlottesville 8th graders failing this test since 2000).(2)

·28.0% of Albemarle 8th graders and 70.6% of Charlottesville 8th graders failed the Math Standards of Learning test in 2002 (there has been an increase in the percentage of Charlottesville 8th graders failing this test since 2000).(2)

·In 2002, Charlottesville 4th graders scored in the 60th percentile and Albemarle 4th graders scored in the 69th percentile on the Stanford 9 Achievement Test, 9th Edition (national norm is the 50th percentile).(2)

·In 2002, Charlottesville 6th graders scored in the 54th percentile and Albemarle 4th graders scored in the 68th percentile on the Stanford 9 Achievement Test, 9th Edition (national norm is the 50th percentile).(2)

·In 2002, Charlottesville 9th graders scored in the 51st percentile and Albemarle 4th graders scored in the 64th percentile on the Stanford 9 Achievement Test, 9th Edition (national norm is the 50th percentile).(2)

·29.4% of Charlottesville students and 23.3% of Albemarle students who entered the ninth grade in 1998 did not graduate four years later in 2002.(2)

·32% of juvenile offenders studied were working below age appropriate grade level.(14)

·One of the top three behavioral problem for Children in Need of Extensive Services was the category Seriously Emotionally Disturbed (SED), and one of the three services most often provided prior to residential placement was SED/LD (Learning Disabled) school services.(13)

## **OTHER LOCAL DATA (WITH NATIONAL DATA COMPARISONS, WHERE AVAILABLE)**

*Improving the quality of education in schools ranked first and was rated as a “Very Important” goal for a comprehensive City plan by 86.0% of the residents of Charlottesville. This rating was given most often by residents of the South Central Region (91.4%).(3)*

*Providing good public education ranked first with the residents of Albemarle as a strategic goal for the local government. 89.9% rated it as “Very Important.”(4)*

*16.3% of the residents of Albemarle were dissatisfied with the provision of quality education to school children.(4)*

*Among key issues identified by residents of Charlottesville neighborhoods at the 2000 neighborhood meetings for the Comprehensive Neighborhood Plan were improving and/or preserving neighborhood schools and/or educational opportunities (Neighborhoods citing this as a key issue: 10th and Page, Belmont, Greenbriar, Lewis Mountain).(22)*

*In 2002, Jackson-Via and Clark Elementary Schools in Charlottesville have the highest free lunch rates (60.4% and 77.6%, respectively) and the lowest English SOL pass rates (54.39% and 52.38%, respectively); Venable Elementary School has the lowest free lunch rate (23.3%) and the highest English SOL pass rate (80.0%).(34)*

*In 2002, Yancey, Crozet, Agnor-Hunt, Red Hill, Scottsdale, and Stone-Robinson Elementary Schools and Walton Middle School in Albemarle had English SOL pass rates below 75%.(35)*

*In 2001, there were 6 neighborhoods where more than 60% of public school students failed the math SOL: Belmont, Jackson Via, Ridge Street, Starr Hill, Tenth and Page.(24)*

*In 2001, there were 3 neighborhoods with less than 5% of the students identified for the City’s QUEST program for gifted students Fifeville, Jackson Via, and Tenth and Page.(24)*

*There continues to be a need for alternative education for students who are disruptive to Albemarle middle and high schools.(35)*

## **PRODUCTIVE ACTIVITIES, ESPECIALLY FOR NON-CAUCASIAN YOUTH**

### **CCF COMPILED LOCAL DATA**

*The CCF 2002 Needs Assessment revealed that children in lower income households were between ¼ and ½ as likely as children in households with incomes above \$30,000 to participate in sports/recreation, arts or music classes, or volunteering in the prior year.(1)*

*24% of juvenile offenders were involved in a positive activity:(14) 29% in the County and 22% in the City. These percentages are lower than for the general population (see below).(36)*

*Public school students in Albemarle are enrolled in Fine Arts Classes, Extracurricular/Sports Activities, and Parks/Recreation Programs at a lower rate than public school students in Charlottesville: Fine Arts – 47.2 per 100 students in Albemarle, 106 per 100 in Charlottesville; Extracurricular/Sports Activities – 25.6 per 100 in Albemarle, 78.3 per 100 in Charlottesville; Parks/Recreation Programs – 67 per 100 in Albemarle, 141 per 100 in Charlottesville.(2, 36) [Note: The number of enrolled students may be more than 100% because some students were involved in more than one program.]*

*A sample of 20 organizations that provide out of school services to youth in the Charlottesville/Albemarle area provide services ranging from academic tutoring, to arts and recreation, to mentoring and life skills. Fourteen of the organizations were able to report on the free or reduced lunch status of participants: 43% of the organizations had 75% of participants eligible and 29% of the organizations had 50%-74% eligible.(37)*

*The out of school programs survey noted that there is a lack of before school and late evening programming, that Albemarle elementary schools receive the least amount of programs, multiple organizations may be serving the same students and the level of coordination is unknown, few programs are able to detail the numbers and demographics of their participants, few organizations include parental involvement as a central aspect of the programs, and the majority of programs do not have a specific focus.(37)*

*52% of a sample of juveniles placed on probation in 1997 and 1998 reported having a peer group consisting primarily of delinquent youth.(38)*

## **OTHER LOCAL DATA (WITH NATIONAL DATA COMPARISONS, WHERE AVAILABLE)**

·73% of the residents of Charlottesville rated emphasizing development programs for youth as a “Very Important” goal for a comprehensive City plan. The residents of the South Central Region rated this as “Very Important” most often at 85.8%.(3)

·27.9% of the residents of Charlottesville were dissatisfied with the provision of recreation programs for youths. The most dissatisfied residents were from the South Central Region with 41% dissatisfied.(3)

·The residents of Charlottesville rated the following as “Very Much Needed” community resources: 55.4% to keep kids away from crime (ranked 1st overall), 48.0% after school programs, 45.9% recreational programs for youth, 45.7% employment programs for youth (ranked 5th, 6th, and 7th overall, respectively). These areas were all most highly endorsed by residents of the South Central and Central Regions.(3)

·58.2% of the residents of Albemarle rated providing recreational programs for youth as a “Very Important,” and 55.6% rated emphasizing programs for troubled youth as a “Very Important” goals for a strategic County plan.(4)

·Among key issues identified by residents of Charlottesville neighborhoods at the 2000 neighborhood meetings for the Comprehensive Neighborhood Plan were work, after school, and/or recreation opportunities, programs, and activities for youth (Neighborhoods citing this as a key issue: 10th and Page, Fifeville).(22)

·In 2002-2003, 21.9% of Charlottesville 10th graders, 34.0% of 11th graders, and 43.9% of 12th graders reported drinking beer at a friend’s house, a higher percentage than at home, at school, in cars, or in other locations. A similar pattern of use of wine coolers, liquor, and marijuana is also evident.(39)

·In 2002-2003, a higher percentage of Charlottesville middle and high school students used marijuana on weekends than any other time. Marijuana was used second most often after school or on weeknights.(39)

·Children and adolescents being involved in productive activities is a part of effective interventions aimed at reducing antisocial behavior.(40)

·The most common type of mentoring desired by Charlottesville/Albemarle parents surveyed is school/homework help, followed by mentoring in peer relationships/making friends, and recreational activities. (The majority Charlottesville/Albemarle parents surveyed reported that they preferred mentors interact with children in the afternoon and evenings as opposed to mornings, that the gender of the mentor did not matter, that they could contribute financially to mentoring, and that they could provide transportation to mentoring.)(49)

## **YOUTH SUBSTANCE ABUSE**

### **CCF COMPILED LOCAL DATA**

·The second most often unmet need identified by households in the 2002 CCF Needs Assessment was a child needing to talk with someone about tobacco, alcohol or drugs in the prior year.(1)

·There were 187.8 delinquency judgments per 1,000 youth ages 10-17 in Charlottesville and 76.5 per 1,000 in Albemarle in 2002 (down from 245.1 per 1,000 in Charlottesville and 119.3 per 1,000 in Albemarle in 2001).(2)

·There were 6.1 possessions of drugs/alcohol in public schools per 1,000 youth in Albemarle and 2.5 per 1,000 in Charlottesville in 2000-2002 (up from 4.9 and 1.0 per 1,000 in Albemarle and Charlottesville, respectively, in 1998-2000).(2)

·There were 9.6 youth per 1,000 ages 10-20 youth arrested for under-aged alcohol offenses in Albemarle in 2002 and 1.4 per 1000 in Charlottesville (these numbers are down from 12.7 per 1,000 in Albemarle and 2.6 per 1,000 in Charlottesville in 2001).(2)

·31% of juvenile offenders exhibited substance abuse problems in 1999 (down from 47% in 1997).(14)

·87 juveniles were arrested in Albemarle and 18 juveniles were arrested in Charlottesville on alcohol related offenses in 2000.(38)

·47% of detained youth, who were placed on probation in 1997 and 1998, had a history of substance abuse.(38)

·Social workers and teachers report that drug and alcohol abuse is a problem for most of the Children in Need of Extensive Services.(13)

## **OTHER LOCAL DATA (WITH NATIONAL DATA COMPARISONS, WHERE AVAILABLE)**

·58.7% of the residents of Charlottesville reported being dissatisfied with the reduction of illegal drug use among youths (this was the area with which residents were most dissatisfied).(3)

·55.4% of the residents of Charlottesville reported keeping kids away from crime was a “Very Much Needed” community resource; this was most prominent for the residents of the South Central Region, where 80.46% responded this way.(3)

·44.1% of the residents of Charlottesville reported preventing substance/alcohol abuse was a “Very Much Needed” community resource; this was most prominent for the residents of the South Central Region, where 66.89% responded this way.(3)

·55.6% of the residents of Albemarle rated emphasizing programs for troubled youth as a “Very Important” goal for a strategic County plan.(4)

·Among key issues identified by residents of Charlottesville neighborhoods at the 2000 neighborhood meetings for the Comprehensive Neighborhood Plan was substance abuse (Neighborhoods citing this as a key issue: 10th and Page, The Meadows, Starr Hill).(22)

·Charlottesville juveniles were arrested for drug/narcotic violations at an increasing rate from 1999 to 2001 (27 arrests in 1999, 35 arrests in 2000, 45 arrests in 2001).(41)

·Data from the 2001 Albemarle Youth Risk Behavior Survey indicates that compared to the national average of 23.9% of high school students using marijuana within the last 30 days, 30% of Albemarle High School students reported having done so. Compared to the national average of 4.2% having used cocaine within the last 30 days, 7.9% of Albemarle High School students reported having done so.(42)

·In 2001, 8.5% of Albemarle High School students reported having used alcohol at school and 8.6% reported using marijuana at school compared to the national averages of 4.9% and 5.4%, respectively.(42)

·In 2001, 44% of Albemarle High School students reported having been offered drugs at school, compared to the national average of 28.4%.(42)

·In 2001, 40.8% of sexually active Albemarle High School students and 32.1% of sexually active Albemarle Middle School students reported having used drugs or alcohol the last time they had sex, compared to the national average of 25.6%.(42)

·In 2002-2003 17.4% of Buford Middle School students reported drinking beer, 17.1% reported drinking wine coolers, and 10.6% reported drinking liquor compared to 22.5%, 25.7%, 15.4%, respectively, of middle school students nation-wide in 2001-2002.(39)

·In 2002-2003 46.9% of Charlottesville High School students reported drinking beer, 40.3% reported drinking wine coolers, and 45.5% reported drinking liquor compared to 50.3%, 48.8%, 46.1%, respectively, of high school students nation-wide in 2001-2002.(39)

·In 2002-2003 9.4% of Buford Middle School students and 42.5% of Charlottesville High School students reported using marijuana compared to 8.3% and 29.4% of middle and high school students, respectively, nation-wide.(39)

·In 2002-2003, 21.9% of Charlottesville 10th graders, 34.0% of 11th graders, and 43.9% of 12th graders reported drinking beer at a friend’s house, a higher percentage than at home, at school, in cars, or in other locations. A similar pattern of use of wine coolers, liquor, and marijuana is also evident.(39)

·In 2002-2003, a higher percentage of Charlottesville middle and high school students used marijuana on weekends than any other time. Marijuana was used second most often after school or on weeknights.(39)

## **NATIONAL/GENERAL DATA**

·The juvenile population (aged 10-17) has increased approximately 61% between 1990 and 2000.(26)

·Allowing one youth to leave high school for a life of crime and drug abuse costs society \$1.7-\$2.3 million.(38)

## **BEHAVIOR PROBLEMS/DELINQUENCY**

### **CCF COMPILED LOCAL DATA**

·There were 9.6 arrests for violent crimes per 1,000 youth aged 12-17 in Charlottesville and 1.0 per 1,000 in Albemarle in 2000-2002. This is different from 3.5 per 1,000 in Charlottesville in 1998-2000.(2)

·There were petitions for Children in Need of Services/Supervision for 55.6 per 1,000 youth ages 10-17 in Charlottesville and 11.9 per 1,000 in Albemarle in 2002 (these numbers are down from 71.7 per 1,000 in Charlottesville and 14.9 per 1,000 in Albemarle in 2001).(2)

·There were 91.7 reports of physical violence in school per 1,000 students in Charlottesville and 25.7 per 1,000 in Albemarle in 2002. This is up from 57.5 per 1,000 in Charlottesville in 2001.(2)

·There were 253.8 public school suspensions per 1,000 students in Charlottesville and 133.9 per 1,000 in Albemarle in 2002.(2)

·Two of the most common diagnoses for Children in Need of Extensive Services were Oppositional Defiant Disorder and Attention Deficit/Hyperactivity Disorder.(13)

·One of the top three behavioral problems for Children in Need of Extensive Services was aggressive/assaultive behavior.(13)

·The CCF Workgroup for Children Needing Extensive Services identified a local need for an improved local system of services for transitioning a child back to the community.(27)

·The CCF Workgroup for Children Needing Extensive Services identified a local need for adequate in-home and wrap-around services.(27)

·In 2000, the largest numbers of juveniles being arrested in Charlottesville/Albemarle were aged 17 (217 arrests), 16 (179 arrests), and 15 (179 arrests).(38)

·The majority of arrests for Part I offenses in Charlottesville/Albemarle between 1997 and 2000 were for Larceny.(38)

·The majority of Charlottesville/Albemarle juvenile detention admissions between 1997 and 1998 were the result of Violation of Juvenile Court Orders and Juvenile Probation/Parole Order violations.(38)

·The majority of juvenile arrests in Charlottesville between 1997 and 2000 occurred in the downtown mall area.(38)

·52% of a sample of juveniles placed on probation in 1997 and 1998 reported having a peer group consisting primarily of delinquent youth.(38)

·62% of a sample of juveniles placed on probation in 1997 and 1998 were reported by their parents to chronically violate curfew.(38)

·74% of a sample of juveniles placed on probation in 1997 and 1998 had 10 or more unexcused absences during the year they entered the juvenile justice system, 20% were drop outs, and 11% had been expelled from school.(38)

### **OTHER LOCAL DATA (WITH NATIONAL DATA COMPARISONS, WHERE AVAILABLE)**

·55.4% of the residents of Charlottesville reported that keeping children away from crime is a community resource that is "Very Much Needed." This was the highest ranked needed resource overall. 80.46% of residents from the South Central Region and 69.34% of the residents from the South Region responded this way.(3)

·55.6% of the residents of Albemarle reported that emphasizing programs for troubled youth is a "Very Important" goal for a strategic County plan.(4)

·Among key issues identified by residents of Charlottesville neighborhoods at the 2000 neighborhood meetings for the Comprehensive Neighborhood Plan were safety, crime, and/or policing/community involvement (Neighborhoods citing this as a key issue: 10th and Page, Barracks-Rugby, Belmont, Fifeville, Fry's Spring, The Meadows, North Downtown, Ridge Street, Venable).(22)

·There were 203 juvenile arrests in Charlottesville/Albemarle for Part I offenses in 1997, 153 in 1998, 149 in 1999, and 207 in 2000. There were 409 juvenile arrests in Charlottesville/Albemarle for Part II offenses in 1997, 385 in 1998, 304 in 1999, and 368 in 2000. There were 4 juvenile arrests for status offenses in 1997, 23 in 1998, 22 in 1999, and 62 in 2000.(43)

·There were a total of 1289 juvenile court intakes for Charlottesville/Albemarle in 1997, 1224 in 1998, and

1207 in 2000.(43)

·Among the sample of juvenile probationers, there were 349 detention admissions in Charlottesville/Albemarle in 1997, 372 in 1998, and 322 in 1999 (average number of days in detention in 1999 was 18). The majority (70%) of detention admissions were for violations of court-related requirements.(43)

·In 2001, 9.8% of Albemarle High School students reported carrying a weapon to school (national average is 6.4%); whereas 10.2% of Albemarle High School students reported being threatened with a weapon at school (national average is 8.9%).(42)

·In 2001, 19.3% of Albemarle Middle School students reported being in a fight at school (national average for high school is 12.5%). 6.6% of Middle School students and 6.3% of High School students reported being in a fight with injuries (national average for high school is 4%).(42)

·In 2002-2003, 37.7% of Charlottesville middle and high school students reported threatening to hurt a student by hitting, slapping, or kicking (37.4% reported this nation-wide).(39)

·In 2002-2003, 39.6% of Charlottesville middle and high school students reported that another student threatened to hurt them by hitting, slapping, or kicking (39.5% reported this nation-wide); 18.9% reported having been hurt by a student who hit, slapped, or kicked them (22.0% reported this nation-wide).(39)

·In 2002-2003, 12.6% of Charlottesville middle and high school students reported participating in gang activity.(39)

·The juvenile population (aged 10-17) has increased approximately 61% between 1990 and 2000.(43)

·There continues to be a need for alternative education for students who are disruptive to Albemarle middle and high schools.(35)

## **NATIONAL/GENERAL DATA**

·Allowing one youth to leave high school for a life of crime and drug abuse costs society \$1.7-\$2.3 million.(38)

## **SERIOUS MENTAL ILLNESS/EMOTIONAL DISTURBANCE/MULTIPLE DIAGNOSES**

### **CCF COMPILED LOCAL DATA**

·There were 74.6 Comprehensive Services Act youth per 1,000 youth aged 10-19 in Charlottesville and 23.6 per 1,000 in Albemarle in 2002 (this is up from 69.9 per 1,000 in Charlottesville and 20.2 per 1,000 in Albemarle in 2000, and down from 87.2 per 1,000 in Charlottesville and 29.6 in Albemarle in 2001).(2)

·Major depression/depressive disorders, Oppositional Defiant Disorder, Attention Deficit/Hyperactivity Disorder, suicidal and assaultive behaviors, as well as being identified as Seriously Emotionally Disturbed were the most common characteristics of Children in Need of Extensive Services.(13)

·One of the three services most often provided for Children in Need of Extensive Services prior to residential placement was school services for being Seriously Emotionally Disturbed.(13)

·Identified services need to return a Child in Need of Extensive Services to the community from a residential treatment center, or to keep the child in the community were: high levels of supervision, 24 hours/day, seven days/week, to prevent runaway, delinquent behaviors, and to control aggression; 24-hour crisis intervention; medical monitoring including appropriate use of psychiatric medication; and treatment for sexually offensive behavior.(13)

·The CCF Workgroup for Children Needing Extensive Services identified a local need for an improved local system of services for transitioning a child back to the community.(27)

·69% of a sample of juveniles placed on probation in 1997 and 1998 had a psychiatric diagnosis and/or were taking psychotropic medications.(38)

·17% of a sample of juveniles placed on probation between 1997 and 1999 were identified as Seriously Emotionally Disturbed by the school system.(14)

·56% of a sample of juveniles placed on probation between 1997 and 1999 had mental health diagnoses.(14)

### **OTHER LOCAL DATA (WITH NATIONAL DATA COMPARISONS, WHERE AVAILABLE)**

·38.7% of the residents of Charlottesville rated counseling and mental health for youth as a "Very Much Needed"

community resource; 55.91% of the residents from the South Central Region and 50.52% of the residents from the South Region responded this way.(3)

·55.6% of the residents of Albemarle rated emphasizing programs for troubled youth as a “Very Important” goal for a strategic County plan.(4)

·In 2001, 11.8% of Albemarle Middle School students and 16.2% of High School students reporting making a suicide attempt (national average for high school is 8.8%); 5.5% of Albemarle Middle School students and 6.4% of High School students reported that their attempt required medical attention (national average for high school is 2.2%).(42)

·In 2002-2003, 6.6% of Charlottesville middle and high school students reported thinking “often” or “a lot” about suicide (6.5% reported this nation-wide).(39)

## **STATE DATA**

·Research on juveniles incarcerated in Virginia from 1993 to 1998 indicates that 50% have mental health diagnoses.(14)

## **NATIONAL/GENERAL DATA**

·In general, mental illness is a significant risk factor for delinquency.(38)

·In 2002, an estimated 4.8 million youth aged 12 to 17 received treatment or counseling for emotional or behavior problems in the year prior to the interview. This represents 19.3% of this population. The reason cited most often for receiving mental health treatment was “felt depressed” (49.5% of youths receiving treatment), followed by “breaking rules or acting out” (26.7%), “thought about killing self or tried to kill self” (19.5%), and “felt very afraid or tense” (19.5%).(44)

·According to a report issued by the U.S. Surgeon General in 1999, between 11-19% of children ages 12-21 have a diagnosable mental illness.(14)

## **LOCAL FOSTER CARE HOMES AND COMMUNITY BASED CRISIS/STABILIZATION/ASSESSMENT FACILITIES**

### **CCF COMPILED LOCAL DATA**

·There were 36.9 children placed in foster care per 1,000 children aged 0-17 in Charlottesville and 8.4 per 1,000 in Albemarle in 2002.(2)

·There were 74.6 Comprehensive Services Act youth per 1,000 youth aged 10-19 in Charlottesville and 23.6 per 1,000 in Albemarle in 2002 (this is up from 69.9 per 1,000 in Charlottesville and 20.2 per 1,000 in Albemarle in 2000, and down from 87.2 per 1,000 in Charlottesville and 29.6 in Albemarle in 2001).(2)

·7% of a sample of juveniles placed on probation in 1997 and 1999 were homeless or abandoned.(14)

·Most Albemarle placements of Children in Need of Extensive Services for the three-year period studied were in foster homes, while in Charlottesville most placements were in therapeutic foster homes [likely a result of most of Albemarle children being at least 16 years old and most of Charlottesville children being 11-15].(13)

·Of the 36 Children in Need of Extensive Services in the test period, 20 did not have a family willing/able to provide the high degree of structure required for their return to the community.(13)

·The 10 vendors who have received the largest amount of payments under the Comprehensive Services Act were identified; between 1997 and 2002, their costs increased between 15-165%.(45)

·The CCF Workgroup for Children Needing Extensive Services identified a local need for an assessment/diagnostic center and a cost-effective secure facility to provide a continuum of emergency, short-term, and long-term crisis services.(27)

·The CCF Workgroup for Children Needing Extensive Services identified a local shortage of quality foster homes.(27)

·The CCF Workgroup for Children Needing Extensive Services identified a local need for adequate in-home and wrap-around services.(27)

*·The CCF Workgroup for Children Needing Extensive Services identified a local need for better insurance coverage for children needing crisis services and a lack of local funds to cover these costs.(27)*

*Other Local Data (with National Data comparisons, where available)*

*·21% of Charlottesville homeless individuals surveyed in 2003 reported that they were in a homeless shelter or foster care before age 18.(7)*

### **III. AREAS FOR ADDITIONAL STUDY**

*The following are important needs, but the specific nature of unmet need is yet to be determined.*

#### **NEEDS OF THE ELDERLY**

*Other Local Data (with National Data comparisons, where available)*

*·70.8% of the residents of Charlottesville reported that expanding services for the elderly was a “Very Important” goal for a comprehensive City plan; 87.6% of the residents from the South Central Region, 74.7% of the Residents from the East Region, and 73.8% of the residents from the South Region responded this way.(3)*

*·44.6% of the residents of Charlottesville reported that services for the elderly were “Very Much Needed” community resources; 66.31% of the residents from the South Central Region and 59.10% of the residents from the South Region responded this way.(3)*

*·45.8% of the residents of Albemarle reported that supporting services for the elderly was a “Very Important” goal for the strategic County plan.(4)*

*·Among key issues identified by residents of Charlottesville neighborhoods at the 2000 neighborhood meetings for the Comprehensive Neighborhood Plan was services for the elderly (Neighborhoods citing this as a key issue: 10th and Page, Rose Hill).(22)*

*·In 2002, 5% of the population of Albemarle age 65+ lived in poverty.(46)*

*·In 2002, 2% of the population age 55+ in the Thomas Jefferson Planning District (or 3,530 people) depended on others for assistance with personal care (including bathing, dressing, preparing meals, and eating).(46)*

*·93% of the Jefferson Area Board for Ageing clients have a moderate to high risk for poor nutrition.(46)*

*·There are in excess of 5,200 individuals, aged 62 or greater in Charlottesville; in the Thomas Jefferson Planning District, there are 2,161 residents in nursing homes or assisted care facilities.(47)*

*·The 2020 Community Plan on Aging notes that the elderly population in Virginia is expected to nearly double by the year 2035 and that affordable health care, housing, and support services are likely to be primary needs.(48)*

*State Data*

*·In 2001, local departments of social services investigated 11,000 reports of adult abuse, neglect, and exploitation with 64% of all reports substantiated (up from 9,946 reports in 1996, 60% substantiated).(47)*

*·The Virginia Department for Aging reported that the number of older Virginians receiving counseling from the Center on Elder Rights increased by 145% from September, 2001 to September, 2002.(47)*

#### **EDUCATIONAL AND FAMILY SUPPORT NEEDS FOR SPECIAL POPULATIONS**

*CCF Compiled Local Data*

*·In 2002, 62.8% of the students in Charlottesville were in public schools and 67.3% of the students in Albemarle were in public schools. The number in Charlottesville is down from 72.0% in 2001.(2)*

*·In 2002, there were 91.4 children in Charlottesville per 1,000 enrolled in Head Start and 36.1 children in Albemarle per 1,000 enrolled in Head Start.(2)*

*·30.0% of children entering Kindergarten in Charlottesville and 14.1% in Albemarle were identified for intervention*

*services on the Early Intervention Reading Initiative.(2)*

*·17.0% of Charlottesville students and 16.2% of Albemarle students were eligible for special education services in 2002 (percentage based on the number eligible divided by the average daily membership).(2)*

*·One of the top three behavioral problems for Children in Need of Extensive Services was Seriously Emotionally Disturbed (SED), and one of the three services most often provided prior to residential placement was SED/LD (Learning Disabled) school services.(13)*

*·The number of autistic children in local schools and autistic children receiving CSA funding has increased. In Charlottesville, 16 students are identified with autism, and in Albemarle, the number with autism increased from 18 in 1997 and 98 to 70 in 2001.(45)*

*Other Local Data (with National Data comparisons, where available)*

*·35% of a sample of juvenile offenders were in special education, and 32% were working below grade level.(14)*

*·49.3% of the residents of Charlottesville identified needed community resources for children with disabilities; residents responding most often this way came from the South Central region (71.78%) and the South region (56.80).(3)*

*·Improving the quality of education in schools ranked first and was rated as a “Very Important” goal for a comprehensive City plan by 86.0% of the residents of Charlottesville. This rating was given most often by residents of the South Central Region (91.4%).(3)*

*·Providing good public education ranked first with the residents of Albemarle as a strategic goal for the local government. 89.9% rated it as “Very Important.”(4)*

*·16.3% of the residents of Albemarle were dissatisfied with the provision of quality education to school children.(4)*

*·There continues to be a need for alternative education for students who are disruptive to Albemarle middle and high schools.(35)*

## **ADULT CRIME AND THE ADULT CRIMINAL JUSTICE SYSTEM**

*National/General Data*

*·Adult crime and incarceration is likely related to many Focus Areas, especially child abuse, youth crime, foster care and stresses of single parenting, as well as affordable housing, substance abuse, and job training/adult education.(50)*

## **APPENDIX B**

### **SOURCES OF DATA**

1. Needs Assessment and Associated Focus Groups. 2002, Commission for Children and Families: Charlottesville/Albemarle.
2. Stepping Stones. 2003, Commission for Children and Families: Charlottesville/Albemarle.
3. Neighborhood Planning Needs Survey. 6-7/2000: Charlottesville.
4. Citizen Survey. 2002: Albemarle County.
5. Community Needs Assessment. 2002, MACAA.
6. Child Obesity Task Force Data. March 2003, Thomas Jefferson Health District.
7. Homeless Census Survey. 2003, Thomas Jefferson Area Coalition for the Homeless.
8. Prevention Pays: The Costs of Not Preventing Child Abuse and Neglect. Updated February 2003, U.S. Department of Health and Human Services, The National Clearinghouse on Child Abuse and Neglect Information. <http://www.calib.com/nccanch/pubs/prevenres/pays.cfm>
9. Oswalt, D.D., Virginia Health Access Survey: Presentation to the Joint Commission on Health Care. 2001, Virginia Health Care Foundation. <http://www.vhcf.org/VA%20Health%20Access%20Survey.pdf>
10. Review of Spending in State Government. 2002, Joint Legislative Audit and Review Commission of the Virginia General Assembly.
11. The High Cost of Being Poor: Another Perspective on Helping Low-Income Families Get By and Get Ahead. 2002, Kids Count. [http://www.aecf.org/kidscount/databook/pdfs/e\\_essay.pdf](http://www.aecf.org/kidscount/databook/pdfs/e_essay.pdf)
12. Current Population Survey. March 2001, U.S. Census Bureau. <http://www.census.gov/hhes/hlthins/hlthin00/hlt00asc.html>
13. Children Needing Extensive Services CCF Work Group Report. July 2000, Commission for Children and Families: Charlottesville/Albemarle.
14. Characteristics of Juvenile Offenders, Risk and Need Study. 1997-1999, Commission for Children and Families, Juvenile Justice Advisory Committee: Charlottesville/Albemarle.
15. In Harm's Way: Domestic Violence and Child Maltreatment. Updated March 20, 2003, U.S. Department of Health and Human Services, National Clearinghouse on Child Abuse and Neglect Information. [www.calib.com/nccanch/pubs/otherpubs/harmsway.cfm](http://www.calib.com/nccanch/pubs/otherpubs/harmsway.cfm)
16. Edelson, J.L., Problems Associated with Children's Witnessing of Domestic Violence. 1999, U.S. Department of Justice Violence Against Women, Online Resources. <http://www.vaw.umn.edu/documents/vawnet/witness/witness.html>
17. Data Compiled by the American Bar Association Commission on Domestic Violence.
18. Intimate Partner Violence Fact Sheet. Updated August 21, 2003, Centers for Disease Control, National Center for Injury Prevention and Control. <http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm>
19. Sedlack, A.J. and M.L.A. Broadhurst, Third National Incidence Study of Child Abuse and Neglect. 1996, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, National Center on Child Abuse and Neglect. <http://www.calib.com/nccanch/pubs/statinfo/nis3.cfm#foreward>
20. Child Maltreatment 2001, The Administration on Children, Youth and Families, National Child Abuse and Neglect Data System of the Children's Bureau. <http://www.acf.hhs.gov/programs/cb/publications/cm01/index.htm>
21. Working Poor in Charlottesville/Albemarle, Research Brief. Commission for Children and Families: Charlottesville/Albemarle.
22. Neighborhood Key Issues from Meetings in 2000, Charlottesville Comprehensive Neighborhood Plan. <http://www.charlottesville.org/default.asp?pageid=E3B63738-26B6-4A95-9A86-421CCF2D5F2E>
23. Tuesday Report, Northern Virginia Jail Census. July 15, 2003, Compensation Board for the Commonwealth of Virginia. <http://www.scb.state.va.us/Tuesdaytotal.cfm>
24. Update of Neighborhood Analysis to the City Counsel for the City of Charlottesville. March 2003, Commission for Children and Families, Data Analysis Team: Charlottesville/Albemarle.
25. Kaufman, J. and E.F. Zigler, 1996, Child abuse and social policy, in Children, families, and government: Preparing for the twenty-first century, E.F. Zigler, S.L. Kagan, and N.W. Hall, Editors. Cambridge University Press:

Cambridge. p. 233-255.

26. U.S. Census 2000.

27. Children Needing Extensive Services CCF Workgroup Meeting with Residential Service Providers. November 14, 2000, Commission for Children and Families: Charlottesville/Albemarle.

28. Charlottesville Drug Abuse Analysis. 2003, University of Virginia, Capstone Project Report to the Department of Systems and Information Engineering.

29. Recidivism in Virginia: Tracking the 1998 Release Cohort. January 2003, Virginia Department of Corrections.

30. Alcohol and Other Drugs, Center for Substance Abuse Prevention. [http://preventionpathways.samhsa.gov/pdfs/fact\\_drugs.pdf](http://preventionpathways.samhsa.gov/pdfs/fact_drugs.pdf)

31. Werthmeimer, R., Poor Families in 2001: Parents Working Less and Children Continue to Lag Behind. May, 2003, Child Trends.

32. Crime in Virginia. January-December 2002, Virginia Uniform Crime Reporting Program, Department of State Police. [http://www.vsp.state.va.us/Crime\\_in\\_Virginia\\_2002.pdf](http://www.vsp.state.va.us/Crime_in_Virginia_2002.pdf)

33. Traffic Reduction Survey. 1996, Thomas Jefferson Planning District. <http://tjpc.org/transportation/reports/trafficReduction.asp>

34. Summary Report 2001-2002 Testing Program, Charlottesville City Schools.

35. Annual Progress Report. 2002, Albemarle County Public Schools.

36. Involvement in Productive Activity by Charlottesville/Albemarle Youth. Research Brief. 1(1).

37. Out-of-school Programs Survey. December 2002, Commission for Children and Families: Charlottesville/Albemarle.

38. Hodgson, J.F., Charlottesville/Albemarle Juvenile Detention Utilization Study. February 2002, Commission for Children and Families, Juvenile Detention Utilization Subcommittee: Charlottesville/Albemarle.

39. Davis, L., Presentation to the Charlottesville School Board of the results from the 2002-2003 Charlottesville Parents' Resource Institute for Drug Education (PRIDE) Survey 2002-2003, compared to the 2001-2002 National PRIDE Survey. September, 2003.

40. Henggeler, S.W., et al., 1998, Multisystemic treatment of antisocial behavior in children and adolescents. New York, NY: The Guilford Press.

41. Juvenile Arrest Data. 1.1.99-12.31.01, Police Department, Crime Analysis Unit: Charlottesville.

42. Youth Risk Behavior Survey. 1999-2001: Albemarle County.

43. Charlottesville/Albemarle Juvenile Crime Statistics, Annual Report. FY 2001, Commission for Children and Families, Juvenile Justice Advisory Committee: Charlottesville/Albemarle.

44. Results from the 2002 National Survey on Drug Use and Health: National Findings, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Office of Applied Studies. <http://www.samhsa.gov/oas/nhsda/2k2nsduh/Results/2k2results.htm#9.3>

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46. Jefferson Area Board for Aging, City/County Application for Funding. FY04: Charlottesville/Albemarle.

47. Legal Aid Justice Center, City/County Application for Funding. FY04: Charlottesville/Albemarle.

48. The 2020 Community Plan on Aging: Making Our Community a Great Place to Age! 8.1.03 draft, 2020 Community Planning Group on Aging.

49. Mentoring Survey. Spring, 2003. Albemarle County Department of Social Services Family Support Workers.

50. Mauer, M., & Chesney-Lind, M. (Eds., 2002). Invisible Punishment: The Collateral Consequences of Mass Imprisonment. New York: The New Press

## **APPENDIX C**

### **SOURCES OF DATA BY TARGET AREAS**

#### **I) IN ORDER TO SUPPORT STRONG, STABLE FAMILIES AND COMMUNITIES, PROGRAMMING SHOULD FURTHER:**

##### **A) ENSURE AFFORDABLE HEALTH CARE FOR ADULTS AND CHILDREN<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12</sup>**

- oNeeds Assessment and Associated Focus Groups. 2002, Commission for Children and Families: Charlottesville/Albemarle.*
- oStepping Stones. 2003, Commission for Children and Families: Charlottesville/Albemarle.*
- oNeighborhood Planning Needs Survey. 6-7/2000: Charlottesville.*
- oCitizen Survey. 2002: Albemarle County.*
- oCommunity Needs Assessment. 2002, MACAA.*
- oChild Obesity Task Force Data. March 2003, Thomas Jefferson Health District.*
- oHomeless Census Survey. 2003, Thomas Jefferson Area Coalition for the Homeless.*
- oPrevention Pays: The Costs of Not Preventing Child Abuse and Neglect. Updated February 2003, U.S. Department of Health and Human Services, The National Clearinghouse on Child Abuse and Neglect Information. <http://www.calib.com/nccanch/pubs/prevenres/pays.cfm>*
- oOswalt, D.D., Virginia Health Access Survey: Presentation to the Joint Commission on Health Care. 2001, Virginia Health Care Foundation. <http://www.vhcf.org/VA%20Health%20Access%20Survey.pdf>*
- oReview of Spending in State Government. 2002, Joint Legislative Audit and Review Commission of the Virginia General Assembly.*
- oThe High Cost of Being Poor: Another Perspective on Helping Low-Income Families Get By and Get Ahead. 2002, Kids Count. [http://www.aecf.org/kidscount/databook/pdfs/e\\_essay.pdf](http://www.aecf.org/kidscount/databook/pdfs/e_essay.pdf)*
- oCurrent Population Survey. March 2001, U.S. Census Bureau <http://www.census.gov/hhes/hlthins/hlthin00/hlt00asc.html>*

##### **B) REDUCE FAMILY VIOLENCE BY SPECIFICALLY REDUCING RATES OF:**

###### **(1) DOMESTIC VIOLENCE<sup>7, 13, 14, 16, 17, 18</sup>**

- oHomeless Census Survey. 2003, Thomas Jefferson Area Coalition for the Homeless.*
- oChildren Needing Extensive Services CCF Work Group Report. July 2000, Commission for Children and Families: Charlottesville/Albemarle.*
- oCharacteristics of Juvenile Offenders, Risk and Need Study. 1997-1999, Commission for Children and Families, Juvenile Justice Advisory Committee: Charlottesville/Albemarle.*
- oEdelson, J.L., Problems Associated with Children's Witnessing of Domestic Violence. 1999, U.S. Department of Justice Violence Against Women, Online Resources. <http://www.vaw.umn.edu/documents/vawnet/witness/witness.html>*
- oData Compiled by the American Bar Association Commission on Domestic Violence.*
- oIntimate Partner Violence Fact Sheet. Updated August 21, 2003, Centers for Disease Control, National Center for Injury Prevention and Control. <http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm>*

###### **(2) CHILD ABUSE AND NEGLECT<sup>2, 3, 8, 13, 14, 17, 19, 20</sup>**

- o Stepping Stones. 2003, Commission for Children and Families: Charlottesville/Albemarle.*
- o Neighborhood Planning Needs Survey. 6-7/2000: Charlottesville.*
- o Prevention Pays: The Costs of Not Preventing Child Abuse and Neglect. Updated February 2003, U.S. Department of Health and Human Services, The National Clearinghouse on Child Abuse and Neglect Information. <http://www.calib.com/nccanch/pubs/prevenres/pays.cfm>*
- o Children Needing Extensive Services CCF Work Group Report. July 2000, Commission for Children and Families: Charlottesville/Albemarle.*
- o Characteristics of Juvenile Offenders, Risk and Need Study. 1997-1999, Commission for Children and Families, Juvenile Justice Advisory Committee: Charlottesville/Albemarle.*
- o Data Compiled by the American Bar Association Commission on Domestic Violence.*

- o Sedlack, A. J. and M.L.A. Broadhurst, *Third National Incidence Study of Child Abuse and Neglect*. 1996, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, National Center on Child Abuse and Neglect. <http://www.calib.com/nccanch/pubs/statinfo/nis3.cfm#foreward>
- o Child Maltreatment 2001, *The Administration on Children, Youth and Families, National Child Abuse and Neglect Data System of the Children's Bureau*. <http://www.acf.hhs.gov/programs/cb/publications/cm01/index.htm>

**c) ENHANCE SUPPORT TO PARENTS/ADULTS BY SPECIFICALLY REDUCING:**

**(1) STRESSES OF SINGLE PARENTING AND THE WORKING POOR<sup>1, 2, 3, 4, 5, 7, 9, 11, 14, 19, 21, 22, 23, 24, 25, 26</sup>**

- o Needs Assessment and Associated Focus Groups. 2002, Commission for Children and Families: Charlottesville/Albemarle.
- o Stepping Stones. 2003, Commission for Children and Families: Charlottesville/Albemarle.
- o Neighborhood Planning Needs Survey. 6-7/2000: Charlottesville.
- o Citizen Survey. 2002: Albemarle County.
- o Community Needs Assessment. 2002, MACAA.
- o Homeless Census Survey. 2003, Thomas Jefferson Area Coalition for the Homeless.
- o Oswalt, D.D., *Virginia Health Access Survey: Presentation to the Joint Commission on Health Care*. 2001, Virginia Health Care Foundation. <http://www.vhcf.org/VA%20Health%20Access%20Survey.pdf>
- o *The High Cost of Being Poor: Another Perspective on Helping Low-Income Families Get By and Get Ahead*. 2002, Kids Count. [http://www.aecf.org/kidscount/databook/pdfs/e\\_essay.pdf](http://www.aecf.org/kidscount/databook/pdfs/e_essay.pdf)
- o *Characteristics of Juvenile Offenders, Risk and Need Study*. 1997-1999, Commission for Children and Families, Juvenile Justice Advisory Committee: Charlottesville/Albemarle.
- o Sedlack, A. J. and M.L.A. Broadhurst, *Third National Incidence Study of Child Abuse and Neglect*. 1996, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, National Center on Child Abuse and Neglect. <http://www.calib.com/nccanch/pubs/statinfo/nis3.cfm#foreward>
- o *Working Poor in Charlottesville/Albemarle, Research Brief, draft*. Commission for Children and Families: Charlottesville/Albemarle.
- o *Neighborhood Key Issues from Meetings in 2000, Charlottesville Comprehensive Neighborhood Plan*. <http://www.charlottesville.org/default.asp?pageid=E3B63738-26B6-4A95-9A86-421CCF2D5F2E>
- o Tuesday Report, Northern Virginia Jail Census. July 15, 2003, Compensation Board for the Commonwealth of Virginia. <http://www.scb.state.va.us/Tuesdaytotal.cfm>
- o Update of Neighborhood Analysis to the City Counsel for the City of Charlottesville. March 2003, Commission for Children and Families, Data Analysis Team: Charlottesville/Albemarle.
- o Kaufman, J. and E.F. Zigler, 1996, *Child abuse and social policy, in Children, families, and government: Preparing for the twenty-first century*, E.F. Zigler, S.L. Kagan, and N.W. Hall, Editors. Cambridge University Press: Cambridge. p. 233-255.
- o U.S. Census 2000.

**(2) IMPEDIMENTS TO PARENTING, ESPECIALLY OF CHALLENGING CHILDREN (E.G., TRUANT, CURFEW BREAKING/INCORRIGIBLE, DELINQUENT, MULTIPLE BEHAVIOR/MENTAL HEALTH PROBLEMS)<sup>1, 13, 14, 27</sup>**

- o Needs Assessment and Associated Focus Groups. 2002, Commission for Children and Families: Charlottesville/Albemarle.
- o Children Needing Extensive Services CCF Work Group Report. July 2000, Commission for Children and Families: Charlottesville/Albemarle.
- o Characteristics of Juvenile Offenders, Risk and Need Study. 1997-1999, Commission for Children and Families, Juvenile Justice Advisory Committee: Charlottesville/Albemarle.
- o Children Needing Extensive Services CCF Workgroup Meeting with Residential Service Providers. November 14, 2000, Commission for Children and Families: Charlottesville/Albemarle.

**(3) ADULT SUBSTANCE ABUSE<sup>1, 3, 7, 13, 14, 22, 28, 29, 30</sup>**

- o Needs Assessment and Associated Focus Groups. 2002, Commission for Children and Families: Charlottesville/Albemarle.
- o Neighborhood Planning Needs Survey. 6-7/2000: Charlottesville.
- o Homeless Census Survey. 2003, Thomas Jefferson Area Coalition for the Homeless.
- o Children Needing Extensive Services CCF Work Group Report. July 2000, Commission for Children and Families: Charlottesville/Albemarle.

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oCharacteristics of Juvenile Offenders, Risk and Need Study. 1997-1999, Commission for Children and Families, Juvenile Justice Advisory Committee: Charlottesville/Albemarle.

oNeighborhood Key Issues from Meetings in 2000, Charlottesville Comprehensive Neighborhood Plan. <http://www.charlottesville.org/default.asp?pageid=E3B63738-26B6-4A95-9A86-421CCF2D5F2E>

oCharlottesville Drug Abuse Analysis. 2003, University of Virginia, Capstone Project Report to the Department of Systems and Information Engineering

oRecidivism in Virginia: Tracking the 1998 Release Cohort. January 2003, Virginia Department of Corrections.

oAlcohol and Other Drugs, Center for Substance Abuse Prevention. [http://preventionpathways.samhsa.gov/pdfs/fact\\_drugs.pdf](http://preventionpathways.samhsa.gov/pdfs/fact_drugs.pdf)

## **D) PROMOTE PROSPEROUS AND SAFE NEIGHBORHOODS AND COMMUNITIES BY FURTHER IMPROVING CONDITIONS AND RESOURCES SPECIFICALLY RELATED TO:**

### **(1) HOUSING COSTS/MAINTENANCE<sup>1, 3, 4, 5, 7, 11, 22, 24, 26</sup>**

oNeeds Assessment and Associated Focus Groups. 2002, Commission for Children and Families: Charlottesville/Albemarle.

oNeighborhood Planning Needs Survey. 6-7/2000: Charlottesville.

oCitizen Survey. 2002: Albemarle County.

oCommunity Needs Assessment. 2002, MACAA.

oHomeless Census Survey. 2003, Thomas Jefferson Area Coalition for the Homeless.

oThe High Cost of Being Poor: Another Perspective on Helping Low-Income Families Get By and Get Ahead. 2002, Kids Count. [http://www.aecf.org/kidscount/databook/pdfs/e\\_essay.pdf](http://www.aecf.org/kidscount/databook/pdfs/e_essay.pdf)

oNeighborhood Key Issues from Meetings in 2000, Charlottesville Comprehensive Neighborhood Plan. <http://www.charlottesville.org/default.asp?pageid=E3B63738-26B6-4A95-9A86-421CCF2D5F2E>

oUpdate of Neighborhood Analysis to the City Counsel for the City of Charlottesville. March 2003, Commission for Children and Families, Data Analysis Team: Charlottesville/Albemarle.

oU.S. Census 2000.

### **(2) JOB OPPORTUNITIES, TRAINING & ADULT EDUCATION<sup>1, 2, 3, 5, 7, 11, 14, 21, 22, 26, 31</sup>**

oNeeds Assessment and Associated Focus Groups. 2002, Commission for Children and Families: Charlottesville/Albemarle.

oStepping Stones. 2003, Commission for Children and Families: Charlottesville/Albemarle.

oNeighborhood Planning Needs Survey. 6-7/2000: Charlottesville.

oCommunity Needs Assessment. 2002, MACAA.

oHomeless Census Survey. 2003, Thomas Jefferson Area Coalition for the Homeless.

oThe High Cost of Being Poor: Another Perspective on Helping Low-Income Families Get By and Get Ahead. 2002, Kids Count. [http://www.aecf.org/kidscount/databook/pdfs/e\\_essay.pdf](http://www.aecf.org/kidscount/databook/pdfs/e_essay.pdf)

oCharacteristics of Juvenile Offenders, Risk and Need Study. 1997-1999, Commission for Children and Families, Juvenile Justice Advisory Committee: Charlottesville/Albemarle.

oWorking Poor in Charlottesville/Albemarle, Research Brief, draft. Commission for Children and Families: Charlottesville/Albemarle.

oNeighborhood Key Issues from Meetings in 2000, Charlottesville Comprehensive Neighborhood Plan. <http://www.charlottesville.org/default.asp?pageid=E3B63738-26B6-4A95-9A86-421CCF2D5F2E>

oU.S. Census 2000.

oWerthmeimer, R., Poor Families in 2001: Parents Working Less and Children Continue to Lag Behind. May, 2003, Child Trends.

### **(3) COMMUNITY SAFETY<sup>2, 3, 4, 22, 28, 32</sup>**

oStepping Stones. 2003, Commission for Children and Families: Charlottesville/Albemarle.

oNeighborhood Planning Needs Survey. 6-7/2000: Charlottesville.

oCitizen Survey. 2002: Albemarle County.

oNeighborhood Key Issues from Meetings in 2000, Charlottesville Comprehensive Neighborhood Plan. <http://www.charlottesville.org/default.asp?pageid=E3B63738-26B6-4A95-9A86-421CCF2D5F2E>

*oCharlottesville Drug Abuse Analysis. 2003, University of Virginia, Capstone Project Report to the Department of Systems and Information Engineering*

*oCrime in Virginia. January-December 2002, Virginia Uniform Crime Reporting Program, Department of State Police. [http://www.vsp.state.va.us/Crime\\_in\\_Virginia\\_2002.pdf](http://www.vsp.state.va.us/Crime_in_Virginia_2002.pdf)*

#### **(4)PUBLIC TRANSPORTATION<sup>2, 3, 4, 5, 7, 22, 27, 33</sup>**

*oStepping Stones. 2003, Commission for Children and Families: Charlottesville/Albemarle.*

*oNeighborhood Planning Needs Survey. 6-7/2000: Charlottesville.*

*oCitizen Survey. 2002: Albemarle County.*

*oCommunity Needs Assessment. 2002, MACAA.*

*oHomeless Census Survey. 2003, Thomas Jefferson Area Coalition for the Homeless.*

*oNeighborhood Key Issues from Meetings in 2000, Charlottesville Comprehensive Neighborhood Plan. <http://www.charlottesville.org/default.asp?pageid=E3B63738-26B6-4A95-9A86-421CCF2D5F2E>*

*oChildren Needing Extensive Services CCF Workgroup Meeting with Residential Service Providers. November 14, 2000, Commission for Children and Families: Charlottesville/Albemarle.*

*oTraffic Reduction Survey. 1996, Thomas Jefferson Planning District. <http://tjpd.org/transportation/reports/trafficReduction.asp>*

## **2)IN ORDER TO SUPPORT THE DEVELOPMENT OF HEALTHY CHILDREN AND ADOLESCENTS, PROGRAMMING SHOULD FURTHER:**

### **A)IMPROVE AND EXTEND AFFORDABLE RESOURCES FOR EARLY CHILDHOOD DEVELOPMENT<sup>1, 2, 3, 4, 5, 22</sup>**

*oNeeds Assessment and Associated Focus Groups. 2002, Commission for Children and Families: Charlottesville/Albemarle.*

*oStepping Stones. 2003, Commission for Children and Families: Charlottesville/Albemarle.*

*oNeighborhood Planning Needs Survey. 6-7/2000: Charlottesville.*

*oCitizen Survey. 2002: Albemarle County.*

*oCommunity Needs Assessment. 2002, MACAA.*

*oNeighborhood Key Issues from Meetings in 2000, Charlottesville Comprehensive Neighborhood Plan. <http://www.charlottesville.org/default.asp?pageid=E3B63738-26B6-4A95-9A86-421CCF2D5F2E>*

### **B)IMPROVE STUDENT PERFORMANCE <sup>1, 2, 3, 4, 13, 14, 22, 24, 34, 35</sup>**

*oNeeds Assessment and Associated Focus Groups. 2002, Commission for Children and Families: Charlottesville/Albemarle.*

*oStepping Stones. 2003, Commission for Children and Families: Charlottesville/Albemarle.*

*oNeighborhood Planning Needs Survey. 6-7/2000: Charlottesville.*

*oCitizen Survey. 2002: Albemarle County.*

*oChildren Needing Extensive Services CCF Work Group Report. July 2000, Commission for Children and Families: Charlottesville/Albemarle.*

*oCharacteristics of Juvenile Offenders, Risk and Need Study. 1997-1999, Commission for Children and Families, Juvenile Justice Advisory Committee: Charlottesville/Albemarle.*

*oNeighborhood Key Issues from Meetings in 2000, Charlottesville Comprehensive Neighborhood Plan. <http://www.charlottesville.org/default.asp?pageid=E3B63738-26B6-4A95-9A86-421CCF2D5F2E>*

*oUpdate of Neighborhood Analysis to the City Counsel for the City of Charlottesville. March 2003, Commission for Children and Families, Data Analysis Team: Charlottesville/Albemarle.*

*oSummary Report 2001-2002 Testing Program, Charlottesville City Schools.*

*oAnnual Progress Report. 2002, Albemarle County Public Schools.*

**C) EXTEND OPPORTUNITIES FOR PRODUCTIVE ACTIVITIES, ESPECIALLY FOR NON-CAUCASIAN YOUTH<sup>1, 2, 3, 14, 22, 36, 37, 38, 39, 40, 49</sup>**

- oNeeds Assessment and Associated Focus Groups. 2002, Commission for Children and Families: Charlottesville/Albemarle.*
- oStepping Stones. 2003, Commission for Children and Families: Charlottesville/Albemarle.*
- oNeighborhood Planning Needs Survey. 6-7/2000: Charlottesville.*
- oCharacteristics of Juvenile Offenders, Risk and Need Study. 1997-1999, Commission for Children and Families, Juvenile Justice Advisory Committee: Charlottesville/Albemarle.*
- oNeighborhood Key Issues from Meetings in 2000, Charlottesville Comprehensive Neighborhood Plan. <http://www.charlottesville.org/default.asp?pageid=E3B63738-26B6-4A95-9A86-421CCF2D5F2E>*
- oInvolvement in Productive Activity by Charlottesville/Albemarle Youth. Research Brief. 1(1).*
- oOut-of-school Programs Survey. December 2002, Commission for Children and Families: Charlottesville/Albemarle.*
- oHodgson, J.F., Charlottesville/Albemarle Juvenile Detention Utilization Study. February 2002, Commission for Children and Families, Juvenile Detention Utilization Subcommittee: Charlottesville/Albemarle.*
- oDavis, L., Presentation to the Charlottesville School Board of the results from the 2002-2003 Charlottesville Parents' Resource Institute for Drug Education (PRIDE) Survey 2002-2003, compared to the 2001-2002 National PRIDE Survey. September, 2003.*
- o Mentoring Survey. Spring, 2003. Albemarle County Department of Social Services Family Support Workers.*
- oHenggeler, S.W., et al., 1998, Multisystemic treatment of antisocial behavior in children and adolescents. New York, NY: The Guilford Press.*

**D) ENHANCE PREVENTION AND INTERVENTIONS FOR YOUTH SUBSTANCE ABUSE<sup>1, 2, 3, 4, 13, 14, 22, 26, 38, 39, 41, 42</sup>**

- oNeeds Assessment and Associated Focus Groups. 2002, Commission for Children and Families: Charlottesville/Albemarle.*
- oStepping Stones. 2003, Commission for Children and Families: Charlottesville/Albemarle.*
- oNeighborhood Planning Needs Survey. 6-7/2000: Charlottesville.*
- oCitizen Survey. 2002: Albemarle County.*
- oChildren Needing Extensive Services CCF Work Group Report. July 2000, Commission for Children and Families: Charlottesville/Albemarle.*
- oCharacteristics of Juvenile Offenders, Risk and Need Study. 1997-1999, Commission for Children and Families, Juvenile Justice Advisory Committee: Charlottesville/Albemarle.*
- oNeighborhood Key Issues from Meetings in 2000, Charlottesville Comprehensive Neighborhood Plan. <http://www.charlottesville.org/default.asp?pageid=E3B63738-26B6-4A95-9A86-421CCF2D5F2E>*
- oU.S. Census 2000.*
- oHodgson, J.F., Charlottesville/Albemarle Juvenile Detention Utilization Study. February 2002, Commission for Children and Families, Juvenile Detention Utilization Subcommittee: Charlottesville/Albemarle.*
- oDavis, L., Presentation to the Charlottesville School Board of the results from the 2002-2003 Charlottesville Parents' Resource Institute for Drug Education (PRIDE) Survey 2002-2003, compared to the 2001-2002 National PRIDE Survey. September, 2003.*
- oJuvenile Arrest Data. 1.1.99-12.31.01, Police Department, Crime Analysis Unit: Charlottesville.*
- oYouth Risk Behavior Survey. 1999-2001: Albemarle County.*

**E) ENHANCE PREVENTION AND INTERVENTIONS FOR BEHAVIOR PROBLEMS/DELINQUENCY<sup>2, 3, 4, 13, 22, 27, 38, 39, 42, 43</sup>**

- oStepping Stones. 2003, Commission for Children and Families: Charlottesville/Albemarle.*
- oNeighborhood Planning Needs Survey. 6-7/2000: Charlottesville.*
- oCitizen Survey. 2002: Albemarle County.*
- oChildren Needing Extensive Services CCF Work Group Report. July 2000, Commission for Children and Families: Charlottesville/Albemarle.*
- oNeighborhood Key Issues from Meetings in 2000, Charlottesville Comprehensive Neighborhood Plan. <http://www.charlottesville.org/default.asp?pageid=E3B63738-26B6-4A95-9A86-421CCF2D5F2E>*
- oChildren Needing Extensive Services CCF Workgroup Meeting with Residential Service Providers. November 14, 2000, Com-*

*mission for Children and Families: Charlottesville/Albemarle.*

*oHodgson, J.F., Charlottesville/Albemarle Juvenile Detention Utilization Study. February 2002, Commission for Children and Families, Juvenile Detention Utilization Subcommittee: Charlottesville/Albemarle.*

*oDavis, L., Presentation to the Charlottesville School Board of the results from the 2002-2003 Charlottesville Parents' Resource Institute for Drug Education (PRIDE) Survey 2002-2003, compared to the 2001-2002 National PRIDE Survey. September, 2003.*

*oYouth Risk Behavior Survey. 1999-2001: Albemarle County.*

*oCharlottesville/Albemarle Juvenile Crime Statistics, Annual Report. FY 2001, Commission for Children and Families, Juvenile Justice Advisory Committee: Charlottesville/Albemarle.*

**F) ENHANCE EFFECTIVE INTERVENTIONS FOR SERIOUS MENTAL ILLNESS/EMOTIONAL DISTURBANCE/  
MULTIPLE DIAGNOSES 2, 3, 4, 13, 14, 27, 38, 39, 42, 44**

*oStepping Stones. 2003, Commission for Children and Families: Charlottesville/Albemarle.*

*oNeighborhood Planning Needs Survey. 6-7/2000: Charlottesville.*

*oCitizen Survey. 2002: Albemarle County.*

*oChildren Needing Extensive Services CCF Work Group Report. July 2000, Commission for Children and Families: Charlottesville/Albemarle.*

*oCharacteristics of Juvenile Offenders, Risk and Need Study. 1997-1999, Commission for Children and Families, Juvenile Justice Advisory Committee: Charlottesville/Albemarle.*

*oChildren Needing Extensive Services CCF Workgroup Meeting with Residential Service Providers. November 14, 2000, Commission for Children and Families: Charlottesville/Albemarle.*

*oHodgson, J.F., Charlottesville/Albemarle Juvenile Detention Utilization Study. February 2002, Commission for Children and Families, Juvenile Detention Utilization Subcommittee: Charlottesville/Albemarle.*

*oDavis, L., Presentation to the Charlottesville School Board of the results from the 2002-2003 Charlottesville Parents' Resource Institute for Drug Education (PRIDE) Survey 2002-2003, compared to the 2001-2002 National PRIDE Survey. September, 2003.*

*oYouth Risk Behavior Survey. 1999-2001: Albemarle County.*

*oResults from the 2002 National Survey on Drug Use and Health: National Findings, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Office of Applied Studies. <http://www.samhsa.gov/oas/nhsda/2k2nsduh/Results/2k2results.htm#9.3>*

**G) INCREASE AVAILABILITY OF LOCAL FOSTER CARE HOMES AND COMMUNITY BASED CRISIS/STABILIZATION/ASSESSMENT FACILITIES 2, 7, 13, 14, 27, 45**

*oStepping Stones. 2003, Commission for Children and Families: Charlottesville/Albemarle.*

*oHomeless Census Survey. 2003, Thomas Jefferson Area Coalition for the Homeless.*

*oChildren Needing Extensive Services CCF Work Group Report. July 2000, Commission for Children and Families: Charlottesville/Albemarle.*

*oCharacteristics of Juvenile Offenders, Risk and Need Study. 1997-1999, Commission for Children and Families, Juvenile Justice Advisory Committee: Charlottesville/Albemarle.*

*oChildren Needing Extensive Services CCF Workgroup Meeting with Residential Service Providers. November 14, 2000, Commission for Children and Families: Charlottesville/Albemarle.*

*oTrends Impacting CSA Number and Cost in Charlottesville and Albemarle. June 2001, Commission for Children and Families: Charlottesville/Albemarle.*

## **AREAS FOR ADDITIONAL STUDY**

**IN ORDER TO CONTINUE TO UNDERSTAND THE UNMET NEEDS OF CHILDREN AND FAMILIES IN CHARLOTTEVILLE/ALBEMARLE, THE FOLLOWING AREAS SHOULD BE STUDIED FURTHER:**

### **3) THE POTENTIAL UNMET NEEDS OF THE ELDERLY<sup>3, 4, 22, 46, 47, 48</sup>**

*o* Neighborhood Planning Needs Survey. 6-7/2000: Charlottesville.

*o* Citizen Survey. 2002: Albemarle County.

*o* Neighborhood Key Issues from Meetings in 2000, Charlottesville Comprehensive Neighborhood Plan. <http://www.charlottesville.org/default.asp?pageid=E3B63738-26B6-4A95-9A86-421CCF2D5F2E>

*o* Jefferson Area Board for Aging, City/County Application for Funding FY04: Charlottesville/Albemarle.

*o* Legal Aid Justice Center, City/County Application for Funding FY04: Charlottesville/Albemarle.

*o* The 2020 Community Plan on Aging: Making Our Community a Great Place to Age! 8.1.03 draft, 2020 Community Planning Group on Aging

### **4) THE PRECISE EDUCATIONAL AND FAMILY SUPPORT NEEDS FOR SPECIAL POPULATIONS, I.E., ESL STUDENTS, DISABLED YOUTH, AUTISTIC CHILDREN<sup>2, 3, 4, 13, 14, 45</sup>**

*o* Stepping Stones. 2003, Commission for Children and Families: Charlottesville/Albemarle.

*o* Neighborhood Planning Needs Survey. 6-7/2000: Charlottesville.

*o* Citizen Survey. 2002: Albemarle County.

*o* Children Needing Extensive Services CCF Work Group Report. July 2000, Commission for Children and Families: Charlottesville/Albemarle.

*o* Characteristics of Juvenile Offenders, Risk and Need Study. 1997-1999, Commission for Children and Families, Juvenile Justice Advisory Committee: Charlottesville/Albemarle.

*o* Trends Impacting CSA Number and Cost in Charlottesville and Albemarle. June 2001, Commission for Children and Families: Charlottesville/Albemarle.

### **5) THE IMPACT OF ADULT CRIME AND THE ADULT CRIMINAL JUSTICE SYSTEM ON FOCUS AREAS<sup>50</sup>**

*o* Mauer, M., & Chesney-Lind, M. (Eds., 2002). *Invisible Punishment: The Collateral Consequences of Mass Imprisonment*. New York: The New Press.

