

**Focus Areas for Children and Families in the Charlottesville/Albemarle Area
Phase II: Inventory of City/County Investment**

**Presented by
The Charlottesville/Albemarle Commission on Children and Families
Outcome Measurement Work Group**

**2004
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Focus Area:

In order to support **Strong, Stable Families and Communities**, programming should further:
Ensure Affordable and Accessible Health Care for adults and children

Summary Needs Analysis:

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 are 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.

Investment Portfolio:

1. *Blue Ridge Medical Center: Latino Outreach Program*
2. *Charlottesville Free Clinic: Medical Services*
3. *Charlottesville Free Clinic: Pharmacy Services*
4. *Sexual Assault Resource Agency: Sexual Assault Resource Agency (SARA) (*varied age and socioeconomic backgrounds)*
5. *Partnership for Children: Home-Visiting Collaborative*
6. *Focus Women's Resource Center: Teensight in School Program for Pregnant and Parenting Teens*

Total City and County FY03 Investment: \$651,880

Methods:

Primary Beneficiaries: These programs primarily serve low-income and uninsured individuals (Latino Outreach Center: low-income Latino individuals; Charlottesville Free Clinic Medical Services and Pharmacy: working uninsured; Sexual Assault Resource Center: victims of sexual assault; Home-Visiting Collaborative: pregnant or parenting women under 30 with children 0-6; In-School Program: pregnant and parenting teens).

Programming Models: The Latino Outreach Program provides outreach and case management, the In-School Program is a targeted prevention, and the other five programs provide intervention. The Sexual Assault Resource Center and the Home-Visiting Collaborative also provide case management, coordination, and referrals. Nearly all the programs are wholly or partially empirically validated/based (the Free Clinic Medical Services is currently being evaluated and the Pharmacy has not been evaluated). The Latino Outreach Program, Home-Visiting Collaborative, In-School Program, and Free Clinic Medical Services and Pharmacy explicitly collaborate with other agencies in the delivery of their services. The Latino Outreach Program and the In-

School Program use strengths-based models (Latino Outreach: clients actively participate in programming decisions, community leaders are cultivated, and clients are viewed as resources rather than cases; In-School: prevention effort aimed at an at-risk population which prepares clients to achieve long-term goals). The Latino Outreach Program, Free Clinic Pharmacy, and Home-Visiting Collaborative specifically address accessibility issues.

Services Provided: The Free Clinic Medical Services, Pharmacy, and the Home-Visiting Collaborative all provide direct medical services, the Pharmacy also provides goods (prescriptions). Three programs provide skills and training (Latino Outreach trains LHP's; the In-School Program, and the Home-Visiting Collaborative provide information about health and healthy development). Two programs provide psychotherapy/psychoeducation (Sexual Assault Resource Center: individual and group; Home-Visiting Collaborative: assessment, family, and in-home visits). The Sexual Assault Resource Center also provides crisis care (hotline) and equine workshop activities. The In-school program also provides child care.

Outcomes Measured:

The specific outcomes for low-income Latino individuals as beneficiaries in this Focus Area include active and effective *Lay Health Promoters from the Latino community* (measured by certifications and numbers of health encounters a week); *screenings and follow-up case-management* for hypertension, diabetes and other health problems (measured by annual wellness check reports, and client questionnaires regarding knowledge and access to local resources); and increased *prevention knowledge* for AIDS, domestic violence and hypertension (measured by questionnaires regarding health topics and lifestyle choices).

The specific outcomes for working-uninsured individuals as beneficiaries in this Focus Area include the *avoidance of costly emergency room visits for routine medical care* (measured by client screening forms); and the provision of *medical care* (measured by client screening forms).

The specific outcomes for victims of sexual assault as beneficiaries in this Focus Area include *access to counseling services* (measured by client-contact forms); the ability to *break the silence* (measured by the number of individuals who receive intervention services); and the ability to *feel more confident and in control* (measured by the number of clients who participate in specialized workshops).

The specific outcomes for pregnant/parenting women with young children as beneficiaries in this Focus Area include the *maintenance of optimal health* (measured by immunization and well-baby check-up reports); the *understanding of the value of positive relationships with children* (measured by pre/post tests); the *enhancement of children's development* (measured by literacy development enhancement checklist); and the *awareness of how to access community resources* (measured by home-visiting monthly reports).

The specific outcomes for teenagers at-risk for pregnancy as beneficiaries in this Focus Area include *increased knowledge of birth-control* (measured by pre/post tests); and a *lack of pregnancies* (measured by school-reports).

Discussion and Recommendations:

Programming strengths include the comprehensive and empirically-supported methodology, which incorporates outreach, accessibility, prevention, and intervention efforts. No particular potential programming gaps are noted; however, there may be gaps in capacity, which would suggest that more coordination efforts are particularly needed to maximize resources.

Emerging and overlapping issues associated with this Focus Area include new barriers to accessing healthcare amongst the growing Latino community, who are more likely to have inadequate formal education and to encounter language barriers. The need for adult education in English literacy is addressed by Literacy Volunteers of America (see Focus Area: Job Opportunities, Training & Adult Education). Also, the number of individuals who are not provided health insurance by employers has grown due to the closure of a few large employers in the area and the rising costs of insurance premiums, which can be too high for small employers to afford.

The outcomes of this Focus Area address the varied healthcare needs of individuals without health insurance; the affordable medical screening and treatment outcomes map well onto the needs as they have been measured. Outcome measurement could be improved by including community-wide outcomes that specifically identifying how many clients are working; additionally, if each program standardized their client screenings we would have a better idea of how effectively services are being delivered across programs.

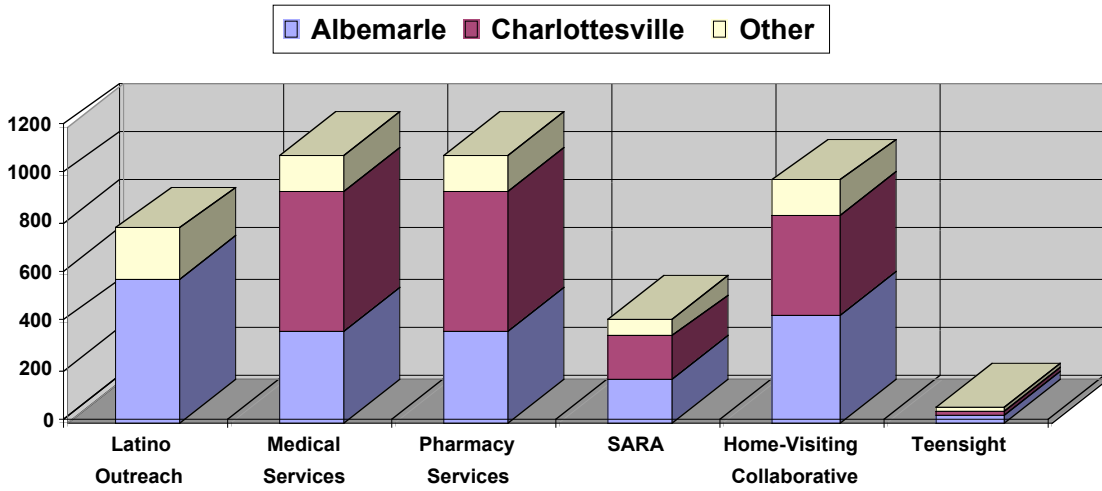
Gaps in data collected to support this research agenda include the lack of information regarding the dental care of residents in Charlottesville/Albemarle, information regarding how many people are using emergency room services for primary care needs, and information regarding how often residents go without medical care due to prohibited costs or other barriers to seeking care.

The following lists of stakeholders¹ could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about apparent gaps in programming and data, and develop outcome measurement strategies:

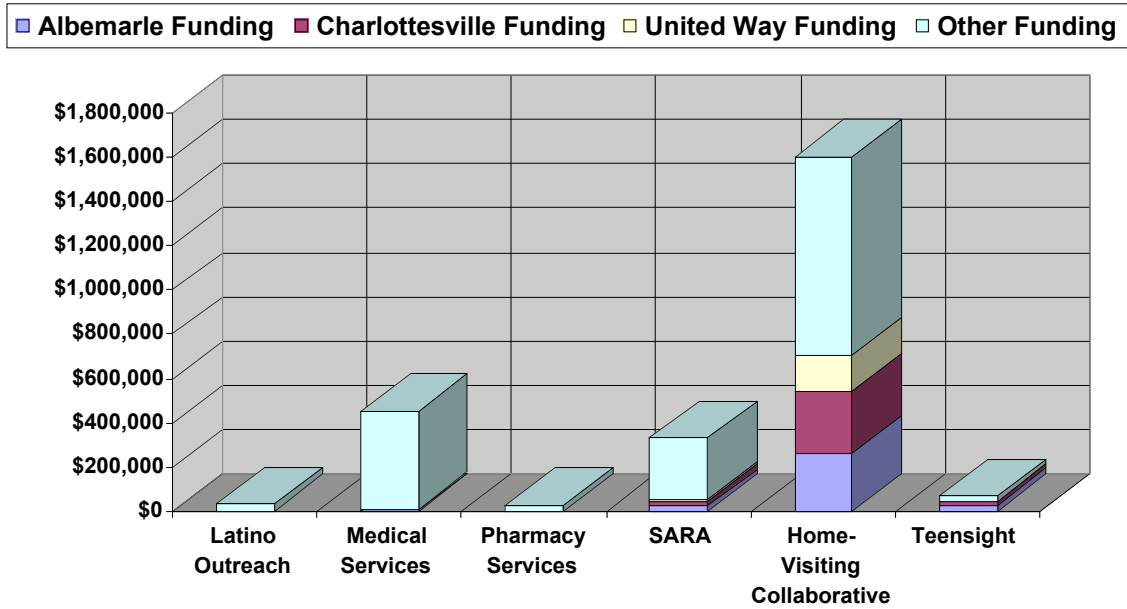
1. *AIDS/HIV Service Group*
2. *Crossroads Family Clinic*
3. *Dental Task Force*
4. *Downtown Family Healthcare*
5. *FAMIS/Medical Insurance for Children*
6. *Nursing Students Without Borders*
7. *Planned Parenthood*
8. *Region 10*
9. *Rural Health Outreach Program*
10. *Thomas Jefferson Health Department*
11. *United Way's Insurance for Children Program*
12. *UVA Cancer Center; Health Services; Medical and Nurse Practitioner Students; and Woman's Place*

¹This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It was compiled by extracting the names of collaborators identified by agencies in their applications to CCF and should function as a starting point for discussions to develop a more comprehensive directory.

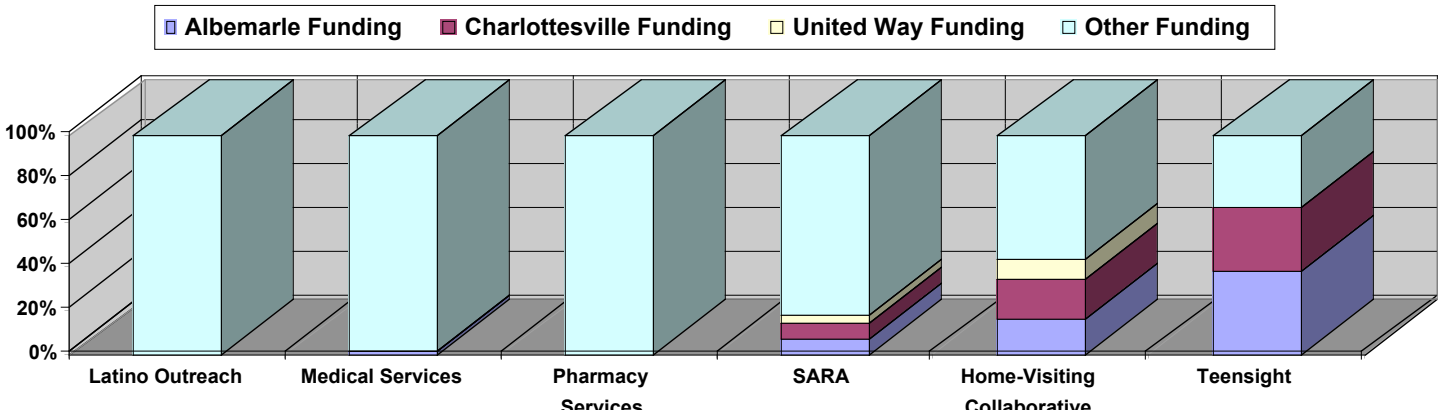
Total Beneficiaries Per Program



FY03 Budgets Dollars Leveraged



FY03 Budgets Percent of Funding



Program	Albemarle Funding	Albemarle % Total Funding	Albemarle Beneficiaries
Latino Outreach	\$0	0%	578
Medical Services	\$5,709	1%	368
Pharmacy Services	\$0	0%	368
Sexual Assault Resource Agency	\$24,00	7%	178
Home-Visiting Collaborative	\$262,534	16%	429
Teensight	\$25,625	37%	23

Program	Charlottesville Funding	Charlottesville % Total Funding	Charlottesville Beneficiaries
Latino Outreach	\$0	0%	0
Medical Services	\$5,709	1%	570
Pharmacy Services	\$0	0%	570
Sexual Assault Resource Agency	\$24,000	7%	165
Home-Visiting Collaborative	\$283,803	18%	410
Teensight	\$20,500	29%	21

Program	United Way Funding	United Way % Total Funding
Latino Outreach	\$0	0%
Medical Services	\$0	0%
Pharmacy Services	\$0	0%
Sexual Assault Resource Agency	\$9,000	3%
Home-Visiting Collaborative	\$156,950	10%
Teensight	\$0	0%

Program	Other Funding	Other % Total Funding	Other Beneficiaries
Latino Outreach	\$31,990	100%	203

Medical Services	\$439,565	98%	141
Pharmacy Services	\$30,200	1%	141
Sexual Assault Resource Agency	\$274,020	83%	74
Home-Visiting Collaborative	\$899,381	56%	136
Teensight	\$24,000	34%	16

Focus Area:

In order to support **Strong, Stable Families and Communities**, programming should further:

Reduce Family Violence by specifically reducing rates of:

Domestic Violence

Summary Needs Analysis:

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, ranging from medical and emotional/psychological to academic and social problems.

Investment Portfolio:

1. *Shelter for Help in Emergency*: Residential Client Services
2. *Shelter for Help in Emergency*: Outreach Services (*legal)
3. *Shelter for Help in Emergency*: Community Education and Training

Total City and County FY03 Investment: \$157,694

Methods:

Primary Beneficiaries: Two of the programs target victims of domestic violence (primarily women and children) and the third program trains volunteers.

Programming Models: Residential Client Services is an intervention program offering case management, Outreach Services offers outreach and referrals, and Community Education and Training trains volunteers for their programs. Residential Client and Outreach Services explicitly collaborate with other agencies in the delivery of services. Outreach Services specifically addresses accessibility issues by offering services in Spanish.

Services Provided: Residential Client and Outreach Services offer crisis care (Residential: shelter; Outreach: hotline). All three programs offer skills and training opportunities. Residential Client Services additionally offers psychotherapy (residential treatment, individual & group, parent training).

Outcomes Measured:

The specific outcomes for victims of domestic violence as beneficiaries in this Focus Area include *awareness of shelter programs and services* (measured by the number of individuals who call hotline, enter shelter, have initial contact with shelter through court proceedings, and the amount of materials distributed); *safety from injury* while in the shelter (measured by nights of safe shelter); the development of *personal resources to find training, jobs and housing* (measured by the number of individuals who exit the program to transitional or permanent housing, participate in personal skills training, and participate in counseling); and an informed *understanding of community and legal remedies* (measured by the number of referrals and court accompaniments).

The outcomes relating to the community as a beneficiary include *awareness of Shelter education and training programs* (measured by the number of new volunteers recruited, presentations given, requests for materials, and the amount of materials distributed); the *ability of school-age children to identify abusive-behaviors* (measured by evaluations); and the *equipment of allied professionals to provide services to victims of domestic violence* (measured by the number of collaborative efforts, referrals received from allied professionals, and presentations made to allied professionals).

Discussion and Recommendations:

Programming strengths include the comprehensive intervention approach, which incorporates direct residential services, case management, referrals, outreach, legal help, and training of volunteers and allied professionals. Importantly, these programs work with victims of domestic violence who have also committed crimes; these women are not served by other local programs addressing domestic violence. These interventions revolve around the needs of the victims of domestic violence as opposed to individuals at risk for offending or re-offending. Potential programming gaps include the lack of services provided to rehabilitate perpetrators of domestic violence and to prevent them from re-offending. And, although there is some preventative effort made in this Focus Area in the training of school-age children to identify abusive behaviors, other possible preventions, particularly those focused on individuals at risk for perpetrating abuse, are not addressed. Incorporating empirically based models and/or engaging in program evaluation could strengthen programming.

Emerging and overlapping issues associated with this Focus Area include an increase in the number of clients who are staying in the shelter for longer periods of time due to the lack of available housing. Housing needs are addressed by AIDS/HIV Services Group's Crisis Care, and MACAA's Hope House and CARES programs (see Focus Area: Housing Costs/Maintenance).

It is difficult to map the intervention-focused outcomes of this Focus Area with data from the Needs Assessment, because the relative importance or perceived necessity of prevention and intervention efforts to residents has not been assessed. The outcomes provide information about the numbers of clients who receive services or are referred to other services, but do not provide any information about the actual effects of these services, such as the number of victims reporting improved life functioning or an increase in people's awareness of abuse. Further, the outcomes measured are particularly weak in informing how these interventions serve children who have witnessed domestic violence and might therefore be experiencing poor performance in school, behavior problems, exaggerated fears, or other medical, psychological and social problems. Although programming in the Child Abuse & Neglect Focus Area specifically addresses the needs of children that have been abused, there might be unique poor outcomes associated with witnessing other forms of domestic abuse.¹ Outcome measurement could be improved by including specific information about the wellbeing of children in families experiencing domestic violence.

Gaps in data collected to support this research agenda include the lack of information about how much relative need there is for prevention or intervention services in this Focus Area. Data could also be collected about the perpetrators of domestic violence in the Charlottesville/Albemarle area in an effort to identify which services we might provide to protect against particularly salient risk factors for abusive behavior.

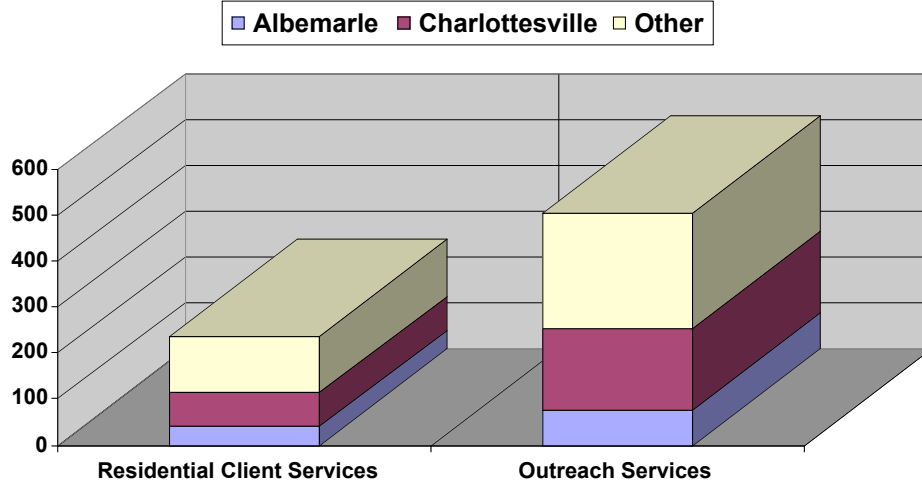
The following lists of stakeholders² could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about apparent gaps in programming and data, and develop outcome measurement strategies:

1. *Albemarle Baptist Association*
2. *Police Departments*
3. *Region 10*
4. *Salvation Army*
5. *SARA*
6. *UVA Hospital Emergency Department*
7. *Victim Witness Staff*

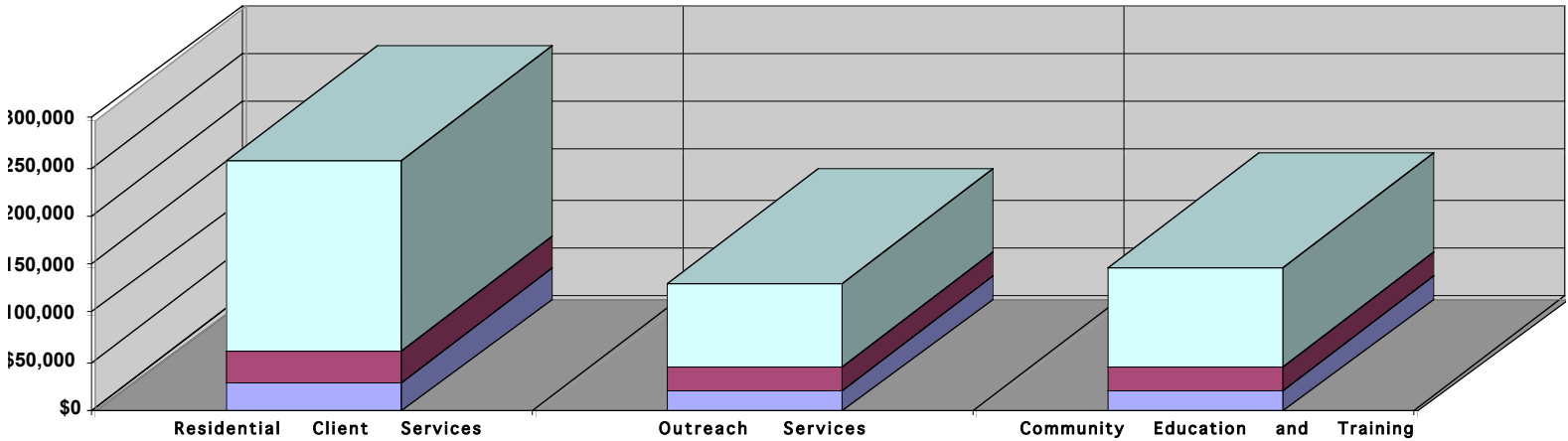
¹Edleson, J., & Beeman, S., 2002; Edleson, J., 1999; Wolak, J., & Finkelhor, D., 1998; Henning, K., Leitenberg, H., Coffey, P., Turner, T., & Bennett, R.T. 1996

²This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It was compiled by extracting the names of collaborators identified by agencies in their applications to CCF and should function as a starting point for discussions to develop a more comprehensive directory.

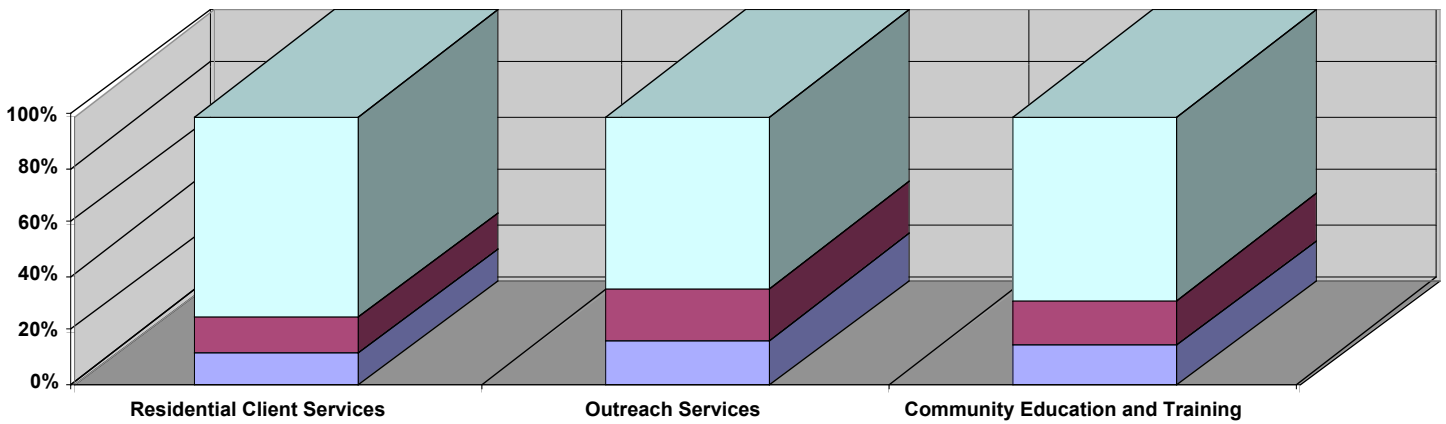
Total Beneficiaries Per Program



FY03 Budgets Dollars Leveraged



FY03 Budgets Percent of Funding



Program	Albemarle Funding	Albemarle % Total Funding	Albemarle Beneficiaries
Residential Client Services	\$30,125	12%	41
Outreach Services	\$22,594	17%	77
Community Education and Training	\$22,594	15%	n/a

Program	Charlottesville Funding	Charlottesville % Total Funding	Charlottesville Beneficiaries
Residential Client Services	\$32,953	13%	73
Outreach Services	\$24,714	19%	178
Community Education and Training	\$24,714	17%	n/a

Program	United Way Funding	United Way % Total Funding
Residential Client Services	\$0	0%
Outreach Services	\$0	0%
Community Education and Training	\$0	0%

Program	Other Funding	Other % Total Funding	Other Beneficiaries
Residential Client Services	\$197,181	75%	124
Outreach Services	\$84,510	64%	250
Community Education and Training	\$100,643	68%	n/a

Focus Area:

In order to support **Strong, Stable Families and Communities**, programming should further:

Reduce Family Violence by specifically reducing rates of:

Child Abuse and Neglect

Summary Needs Analysis:

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 ranging from medical and emotional/psychological, to academic and social problems.

Investment Portfolio:

1. *Children, Youth and Family Services: Counseling Program for Victims of Child Abuse (VOCA)*

Total City and County FY03 Investment: \$0

Methods:

Primary Beneficiaries: This program serves children and adolescents who are victims of abuse.

Programming Models: This program incorporates aspects of outreach, intervention, case coordination and referrals, and capacity building services (trains SARA staff). This program is wholly or partially empirically validated/based.

Services Provided: This program provides psychotherapy (assessment, individual, and family).

Outcomes Measured:

The specific outcomes for victims of child abuse as beneficiaries in this Focus Area include the ability to *maintain a safe living environment* (measured by the number of clients who have a place to live and do not require a higher level of intervention); an increased ability to *solve problems* (measured by self-report and termination summary); an increased ability to *control negative interpersonal behaviors* (measured by the Global Assessment of Functioning (GAF) score); and an increased ability to *set goals and pursue goal accomplishment* (measured by client survey, progress notes, termination summaries and GAF scores).

Discussion and Recommendations:

Programming strengths include the well-measured and empirically validated intervention approach to responding to the emotional and psychological needs of abused children with psychotherapy, outreach, case management and referrals. The programming also incorporates capacity building strategies. While the programming in this Focus Area does not currently address prevention of child abuse, other programming, such as CYFS's Family Connections and MACAA's Family Support & Development, does contribute to prevention of child abuse by tackling the stresses of raising a family with parenting classes and long-term case management services (thus potentially preventing stressed parents from abusing their children) (see Focus Area: Stresses of Single Parents and the Working Poor). Nonetheless, a potential programming gap is a lack of interventions for identified abusing parents.

Emerging and overlapping issues associated with this Focus Area include the fact that programming has the potential to lead to a decrease in future delinquent behavior in youths and in adult criminality. Specifically, interventions with abused children potentially prevent the exacerbation of future needs addressed in other Focus Areas (such as Youth and Adult Substance Abuse, Behavior Problems/Delinquency, Community Safety, and

Adult Crime and the Adult Criminal Justice System).¹ Additionally, detection of child abuse can lead to an increase in the need for foster-care services (see Focus Area: Foster Care Homes and Community Based Crisis/Stabilization/Assessment). However, the foster care Focus Area currently only includes one investment, which is a crisis-care program for runaways.

The intervention-focused outcomes of this Focus Area address the collateral consequences of child abuse more so than preventing child abuse, which is the primary need identified. However, while outcomes do not directly measure the prevention of child abuse in the community, outcomes such as the maintenance of a safe living environment without the need for higher levels of intervention do begin to speak to this need by preventing future abuse within families participating in programming. In addressing the collateral consequences of child abuse, emotional and psychological needs of children who have been abused map with outcomes such as the ability to deal with interpersonal problems, and academic and social needs map with outcomes such as the abilities to set and pursue goals, solve problems, and control negative behavior. Outcome measurement could be improved by including community-wide outcomes that specifically identify how the needs of children and parents in the same family are being met, which could yield information regarding the extent to which the programming addresses whole family-systems.

Gaps in data collected to support this research agenda include the lack of information on the services provided by Child Protective Services and law enforcement agencies in Charlottesville/Albemarle. Also, more information is needed on how the juvenile justice system responds to the needs of juvenile delinquents who have been abused.

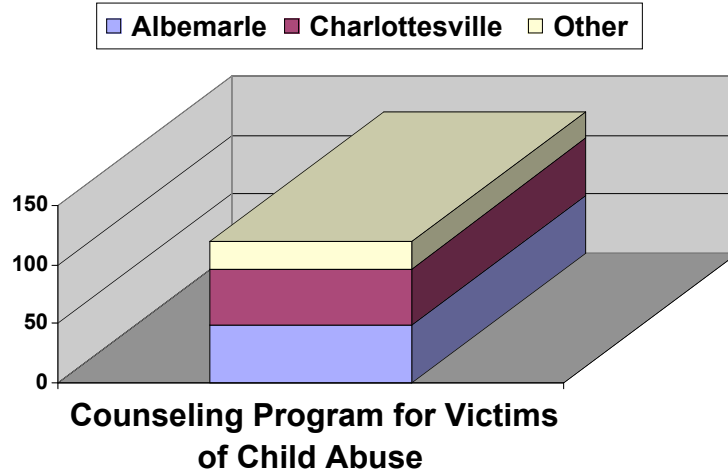
The following lists of stakeholders² could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about apparent gaps in programming and data, and develop outcome measurement strategies:

1. *CASA*
2. *Child Abuse & Neglect Service Provider's Committee of Charlottesville/Albemarle Council on Sexual & Domestic Violence*
3. *Court system*
4. *CPS*
5. *Department of Juvenile Justice*
6. *Family Violence Task Force*
7. *KidsWatch*
8. *Police Departments*

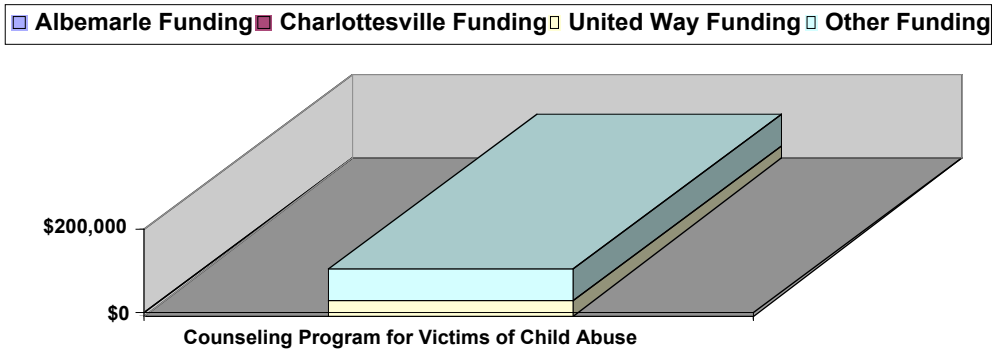
¹ National Data Archive on Child Abuse and Neglect: A Project of the Family Life Development Center, College of Human Ecology, Cornell University

²This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It was compiled by extracting the names of collaborators identified by agencies in their applications to CCF and should function as a starting point for discussions to develop a more comprehensive directory.

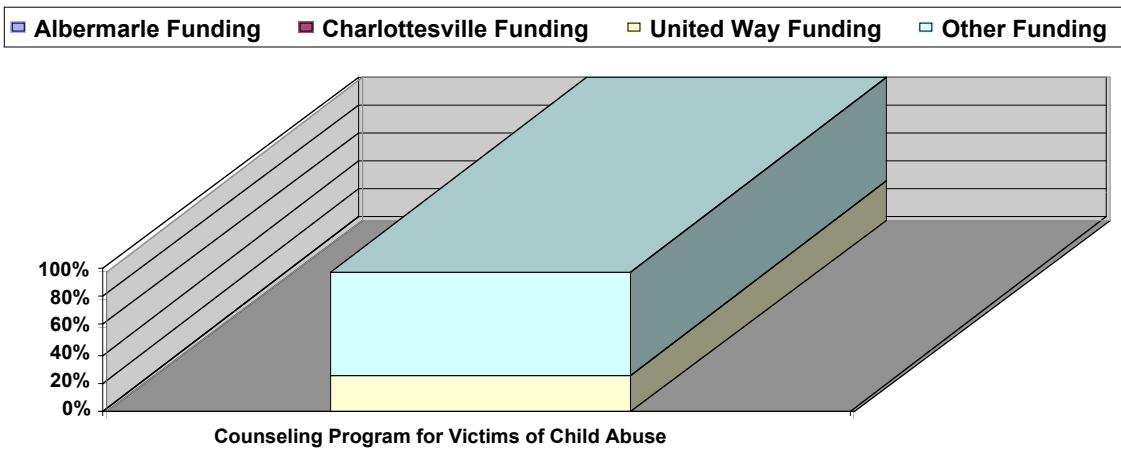
Total Beneficiaries Per Program



FY03 Budgets Dollars Leveraged



FY03 Budgets Percent of Funding



Program	Albemarle Funding	Albemarle % Total Funding	Albemarle Beneficiaries
Counseling Program for Victims of Child Abuse	\$0	0%	49

Program	Charlottesville Funding	Charlottesville % Total Funding	Charlottesville Beneficiaries
Counseling Program for Victims of Child Abuse	\$0	0%	48

Program	United Way Funding	United Way % Total Funding
Counseling Program for Victims of Child Abuse	\$29,250	27%

Program	Other Funding	Other % Total Funding	Other Beneficiaries
Counseling Program for Victims of Child Abuse	\$78,209	73%	23

Focus Area:

In order to support **Strong, Stable Families and Communities**, programming should further:

Enhance Support to Parents/Adults by specifically reducing:

Stresses of Single Parents and the Working Poor

Summary Needs Analysis:

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 concerns about finances, stresses of raising a family, and emotional/social support. As detailed in other Focus 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 reduced lunch (analogous information for Albemarle is not currently available).

Investment Portfolio:

1. *Children, Youth and Family Services*: Family Connections
2. *Legal Aid Justice Center*: Civil Advocacy Program (*legal)
3. *Monticello Area Community Action Agency*: Family Support and Development

Total City and County FY03 Investment: \$120,419

Methods:

Primary Beneficiaries: These three programs service a variety of low-income and at-risk individuals (Family Connections: low-income, at-risk parents of children 3-12; CAP and Family Support and Development: low-income individuals).

Programming Models: Three programs are interventions (Family Connections, CAP, and Family Support and Development). Family Support and Development and Family Connections both offer case management services, and CAPS offers outreach. One program (Family Connections) is wholly or partially empirically validated/based. Family Support and Development explicitly uses a strengths-based model and specifically addresses accessibility issues.

Services Provided: One program provides skills and training in the form of legal advocacy (CAP). CAP also provides legal representation. Two programs provide psychotherapy in the form of treatment planning and home visits (Family Support and Development), and assessment, parent training and in-home visits (Family Connections).

Outcomes Measured:

The specific outcomes for parents and families as beneficiaries in this Focus Area include the ability to apply what they have learned to *relate to their children in a more positive way and to more effectively meet their children's needs* (as measured by the Adolescent-Adult Inventory, 6 Easy Steps, and CPS reports); the *identification of family strengths, limitations, needs and factors influencing their situation* (measured by the number of families completing initial assessment and inventory of family resources); the ability to *identify and access resources* (measured by the number of families developing short-term and longer-term action plans).

The specific legal outcomes include the provision of *court representation* and advice to financially eligible clients (measured by the percent of clients who were provided representation and who had favorable outcomes); the provision of *outreach* to potential clients and other community-based agencies/providers (measured by the number of clients who were contacted through community education and outreach services);

and *the usage of new knowledge and skill by clients* (measured by the number of clients who received brief advice and counsel).

Discussion and Recommendations:

Programming strengths include the provision of services to the whole family system with a strengths-based and empirically-validated approach, and the focus on addressing the many legal challenges that the working poor face in their daily lives. Potential programming gaps include a lack of investment in the prevention of poverty. Therefore, advancing efforts that may prevent poverty, such as adult education and job-training, or coalition-building and advocacy campaign work, could strengthen programming.

Emerging and overlapping issues associated with this Focus Area include the fact that more and more grandparents among the poor are raising children, and that there is a growing elderly population in poverty in general with distinct needs.¹ Some of needs of the elderly area addressed by JABA's Senior Wellness Network (see Focus Area: Needs of the Elderly). Another issue that is exacerbating the stresses of the working poor is the rising housing costs and location of public housing coupled with a rapid population growth through Region 10. Housing issues bring many clients through the door of these programs. Housing needs are addressed by AIDS/HIV Services Group's Crisis Care, and MACAA's Hope House and CARES programs (see Focus Area: Housing Costs/Maintenance). The childcare needs identified in the Needs Assessment are addressed by CYFS's Child Care Quality Program, MACAA's Head Start, and TJA's Child Care Scholarship Program (see Focus Area: Early Childhood Development).

The intervention/prevention outcomes map well to the identified needs of residents. Financial and emotional/social support needs map with outcomes such as the number of families completing initial assessment and inventory of family resources, and specific parenting needs map with outcomes such as the number of clients completing a "six-easy-steps" program, the adolescent-adult inventory and the number that are not reported by CPS. These needs are also addressed on the legal level and map with outcomes measured by the number of clients who received counsel and the percentage of clients who were provided representation and who achieved their goals. Outcome measurement could be improved by specifically identifying how many clients support families and how large these families are so that the number of beneficiaries would be clearer.

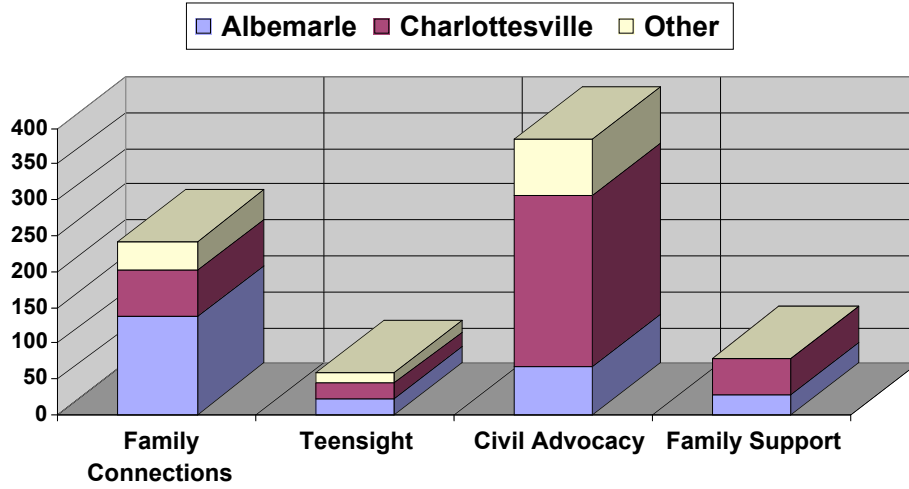
The following lists of stakeholders² could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about apparent gaps in programming and data, and develop outcome measurement strategies:

1. *Alliance for Interfaith Ministry*
2. *CARES*
3. *Court System*
4. *Head Start*
5. *Parent Education Workgroup of the Partnership for Children*
6. *School System*

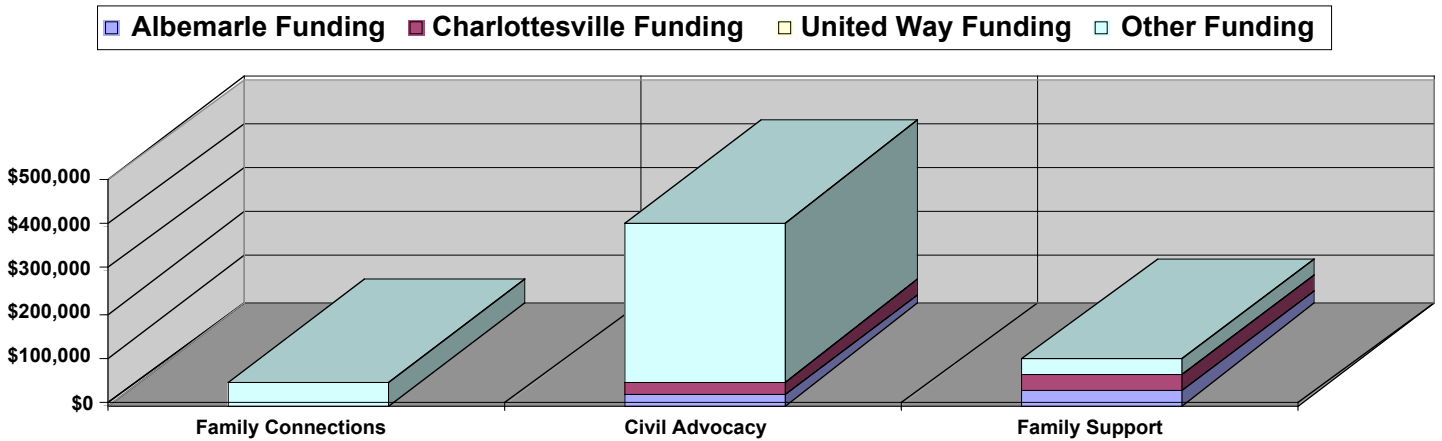
¹ Jefferson Area Board for the Aging's 2020 Community Plan on Aging, 2003

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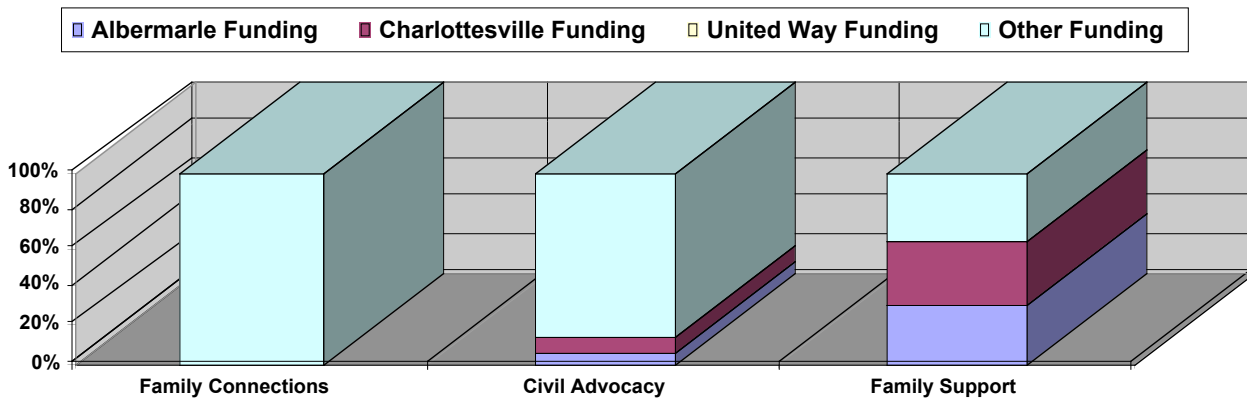
Total Beneficiaries Per Program



FY03 Budgets Dollars Leveraged



FY03 Budgets Percent of Funding



Program	Albemarle Funding	Albemarle % Total Funding	Albemarle Beneficiaries
Family Connections	\$0	0%	137
Civil Advocacy	\$21,215	5%	68
Family Support	\$31,627	31%	28

Program	Charlottesville Funding	Charlottesville % Total Funding	Charlottesville Beneficiaries
Family Connections	\$0	0%	64
Civil Advocacy	\$32,901	8%	239
Family Support	\$36,716	34%	52

Program	United Way Funding	United Way % Total Funding
Family Connections	\$0	0%
Civil Advocacy	\$0	0%
Family Support	\$0	0%

Program	Other Funding	Other % Total Funding	Other Beneficiaries
Family Connections	\$50,551	100%	41
Civil Advocacy	\$350,676	87%	79
Family Support	\$36,716	35%	0

Focus Area:

In order to support **Strong, Stable Families and Communities**, programming should further:

Enhance Support to Parents/Adults by specifically reducing:

Impediments to Parenting, especially of Challenging Children (e.g., truant, curfew breaking/incorrigible, delinquent, multiple behavior/mental health problems)

Summary Needs Analysis:

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.

Investment Portfolio:

1. *Monticello Area Community Action Agency*: Parents In Education
2. *Partnership for Children*: Community Collaboration and Coordination (*capacity builder)

Total City and County FY03 Investment: \$78,780

Methods:

Primary Beneficiaries: One of these programs targets low-income families at Johnson, Jackson-Via and Burnely Moran Elementary schools in Charlottesville and the other targets service providers.

Programming Models: Parents in Education is a targeted prevention program that also offers referrals, while Community Coordination and Collaboration offers community outreach, case coordination, and capacity building services. Both programs are wholly or partially empirically validated/based and collaborate with other agencies in the delivery of their services. Parents in Education uses a strengths-based model in which a prevention effort is aimed at an at-risk population and prepares clients to achieve long-term goals.

Services Provided: Both programs provide skills and training such as tutoring and job placement (Parents in Education) and training of service providers (Community Coordination and Collaboration). Parents in Education actively involves parents in programming. Community Coordination and Collaboration also provides goods such as educational brochures and literacy kits.

Outcomes Measured:

The specific outcomes for parents and their young children (K-2nd Grade) as beneficiaries in this Focus Area include the children's *promotion to the next grade level* (measured by school records and report cards); the parents' *ability to oversee and facilitate children's homework and learning activities* (measured by reports from school teachers); and the parents' *ability to interact appropriately with teachers and school administrators* (measured by pre/post tests given to parents).

The specific outcomes for the community as a beneficiary in this Focus Area include the *awareness of Partnership for Children* (measure by annual survey of community residents); the *identification and prioritization of gaps in service provision to which the community responds in collaboration* (measured by annual survey of partner agencies); and the number of *phone calls received* by the Partnership for Children (measured by a phone log).

Discussion and Recommendations:

Programming strengths include the strengths-based and empirically-validated prevention and capacity building efforts which involve children, parents, and fifteen different community agencies. These prevention efforts are particularly geared towards remedying problems in schools. Potential programming gaps include a lack of intervention efforts for older or more seriously delinquent youth and their parents. Also, programming

does not directly address the need for parenting skills to address problems outside the purview of academic performance, such as curfew-breaking or incorrigible behaviors.

Emerging and overlapping issues associated with this Focus Area include the increased demand for services for clients who do not speak English. Literacy training for ESL adults is addressed by Literacy Volunteers of America (see Focus Area: Job Opportunities: Training and Adult Education).

The prevention and capacity-building outcomes of this Focus Area address the needs of parents to augment their children's academic performance. The need for effective parenting skills with children who are at risk for becoming truant or who have behavior or mental health problems, which could interfere with academic performance and school behavior, map with outcomes measured by school records, report cards, teacher reports, and pre-and-post-tests of parents' ability to interact with teachers and school administrators. However, there are no intervention outcomes that specifically address the reported needs of parents who have children who are curfew-breaking or incorrigible. Outcome measurement could be improved by including information about how programming addresses the reported need for parenting skills to cope with children who are curfew-breaking or otherwise incorrigible outside of the academic arena. Also, because there is a heavy investment in capacity-building, prioritizing and coordination within this Focus Area, outcomes might be more compelling if they included a measure of dollars saved or services condensed as a result of strategic prioritization and coordination efforts.

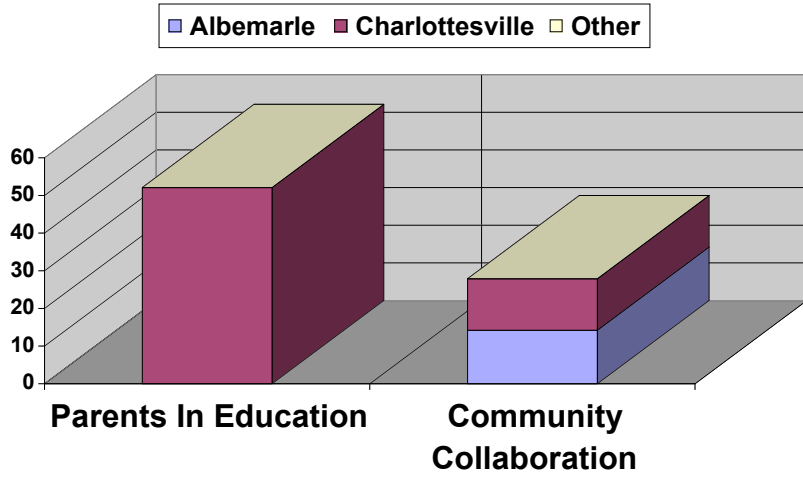
Gaps in data collected to support this research agenda include the lack of information from possible local family-focused mental health clinics, which might provide parenting intervention services. The department of juvenile justice might also be able to provide data on the programs to which they refer parents of delinquent youth.

The following lists of stakeholders¹ could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about apparent gaps in programming and data, and develop outcome measurement strategies:

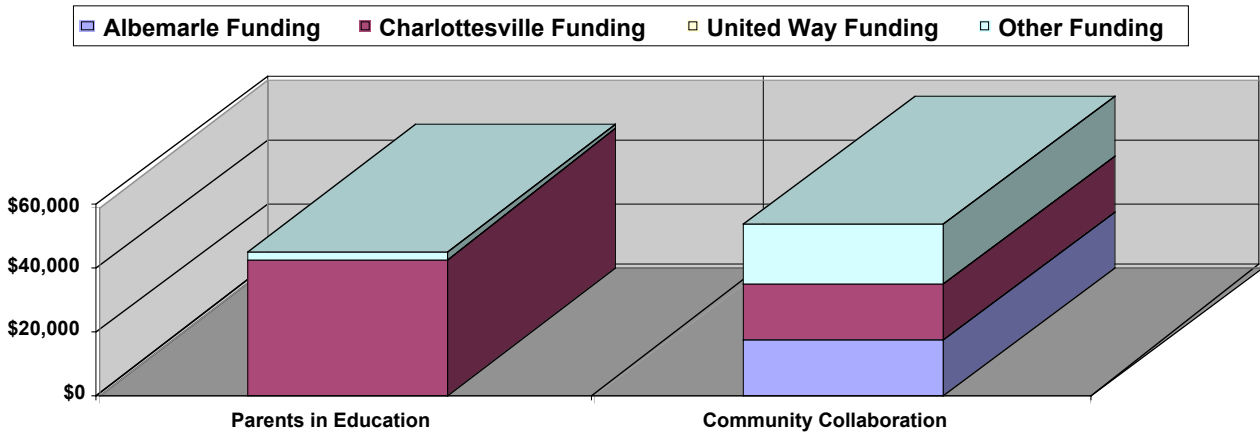
1. *CATEC*
2. *Charlottesville Adult Education*
3. *CHIP*
4. *Head Start*
5. *Parent Resource Center*
6. *UVA Curry School of Education*

¹This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It was compiled by extracting the names of collaborators identified by agencies in their applications to CCF and should function as a starting point for discussions to develop a more comprehensive directory.

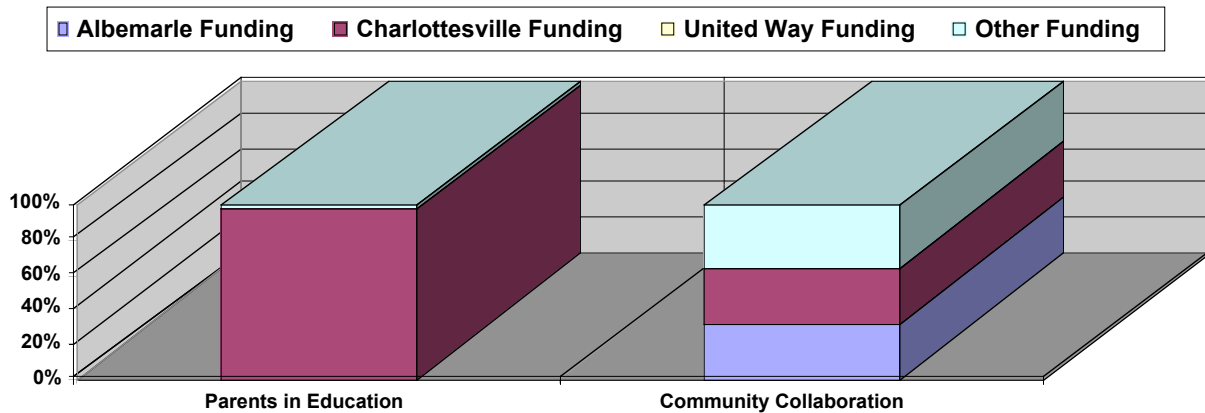
Total Beneficiaries Per Program



FY03 Budgets Dollars Leveraged



FY03 Budgets Percent of Funding



Program	Albemarle Funding	Albemarle % Total Funding	Albemarle Beneficiaries
Parents in Education	\$0	0%	0
Community Collaboration	\$17,575	32%	14

Program	Charlottesville Funding	Charlottesville % Total Funding	Charlottesville Beneficiaries
Parents in Education	\$43,630	97%	52
Community Collaboration	\$17,575	32%	14

Program	United Way Funding	United Way % Total Funding
Parents in Education	\$0	0%
Community Collaboration	\$0	0%

Program	Other Funding	Other % Total Funding	Other Beneficiaries
Parents in Education	\$1,539	3%	0
Community Collaboration	\$19,162	36%	0

Focus Area:

In order to support **Strong, Stable Families and Communities**, programming should further:

Enhance Support to Parents/Adults by specifically reducing:

Adult Substance Abuse

Summary Needs Analysis:

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 Focus Areas: Affordable Health Care and Family Violence).

Investment Portfolio:

1. *Offender Aid and Restoration/ Jefferson Area Community Corrections: Drug Court Program (*legal)*

Total City and County FY03 Investment: \$6,758

Methods:

Primary Beneficiaries: Drug Court serves adults who have been arrested on drug charges.

Programming Models: Drug Court is an intervention that incorporates case management and coordination. This program is wholly or partially empirically validated/based and collaborates with other agencies in the delivery of services.

Services Provided: This program integrates criminal justice supervision with substance abuse treatment.

Outcomes Measured:

The specific outcomes for adults with substance abuse problems who have been arrested on drug charges as beneficiaries in this Focus Area include the number of clients who graduated drug-free after 12 months and had their sentence dropped (measured by client, treatment and court reports); the number of clients who were drug-free during supervision (measured by court and arrest records); and the number of clients who found employment or enrolled in school (measured by court and client records).

Discussion and Recommendations:

Programming strengths include the empirically-validated legal approach to rehabilitating people with substance abuse problems. Potential programming gaps include a lack of prevention efforts and a lack of interventions for people who have not yet been charged with a drug-related crime, but who have substance abuse problems. There is also no programming currently funded for residents who are already incarcerated and who have substance abuse problems.

Emerging and overlapping issues associated with this Focus Area include the potential of substance abusing clients to need help finding employment and housing¹. Programming in this Focus Area incorporates referrals to employment-service agencies, and literacy issues, which impact the likelihood of gaining employment, are addressed by Literacy Volunteers of America (see Focus Area: Job Opportunities: Training and Adult Education). Housing needs are addressed by AIDS/HIV Services Group's Crisis Care, and MACAA's Hope House and CARES programs (see Focus Area: Housing Costs/Maintenance).

¹ Goldstein, P., 2003

The intervention-driven legal outcomes of this Focus Area address the need of residents to reduce illegal drug use among adults. The need to reduce illegal drug use maps with outcomes measured by the number of clients who graduate from the program. Outcome measurement could be improved by including longer-term follow-up data regarding the success of individuals in maintaining employment and housing, in addition to staying drug-free. Also, outcome data regarding the well-being of the children of substance-abusers could inform other Focus Areas, such as Youth Substance Abuse and Behavior Problems/Delinquency.

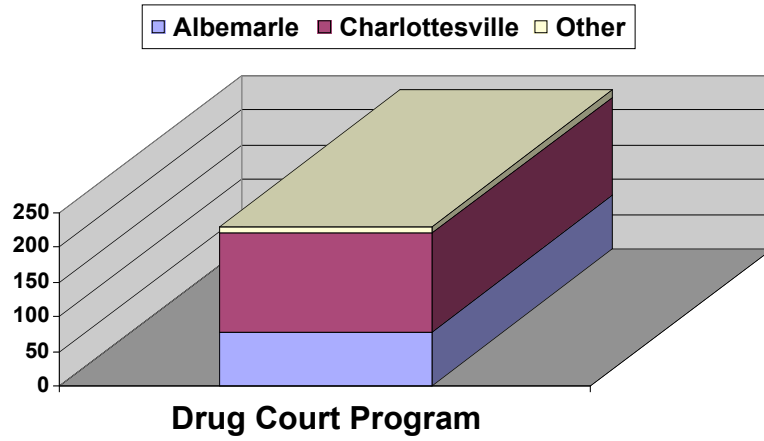
Gaps in data collected to support this research agenda include a lack of data from Region 10 and from jails and prisons, which might provide substance abuse programming.

The following lists of stakeholders¹ could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about apparent gaps in programming and data, and develop outcome measurement strategies:

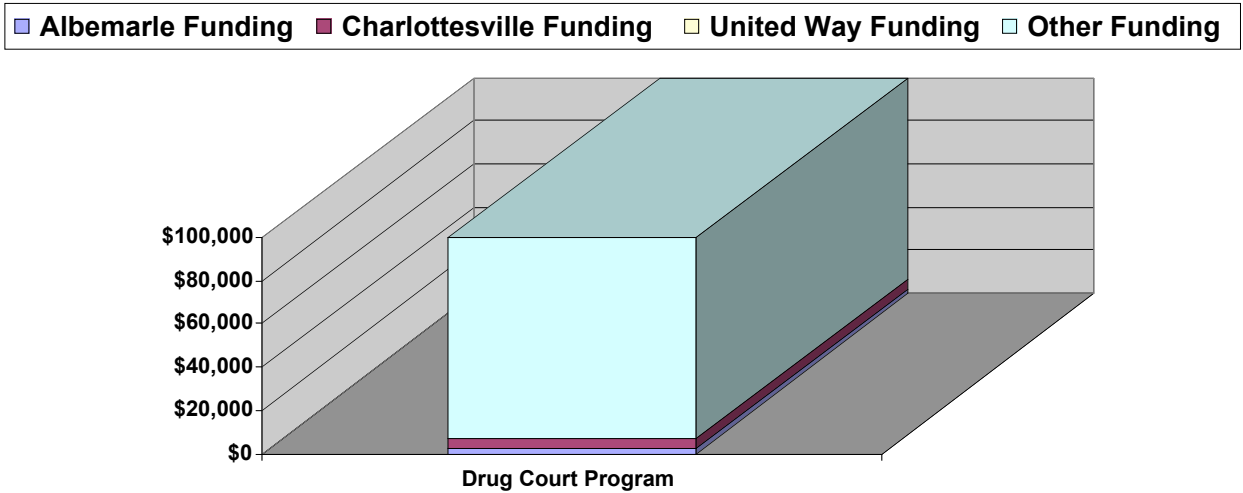
1. *Criminal Justice System*
2. *Other drug courts in Virginia*
3. *Probation Department*
4. *Region 10*

¹ This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It was compiled by extracting the names of collaborators identified by agencies in their applications to CCF and should function as a starting point for discussions to develop a more comprehensive directory.

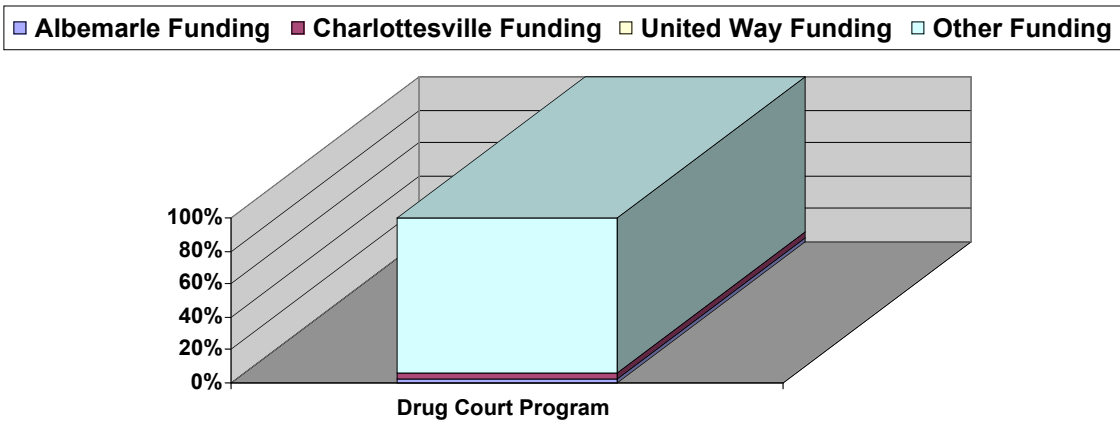
Total Beneficiaries Per Program



FY03 Budgets Dollars Leveraged



FY03 Budgets Percent of Funding



Program	Albemarle Funding	Albemarle % Total Funding	Albemarle Beneficiaries
Drug Court Program	\$2,363	2%	78

Program	Charlottesville Funding	Charlottesville % Total Funding	Charlottesville Beneficiaries
Drug Court Program	\$4,395	4%	141

Program	United Way Funding	United Way % Total Funding
Drug Court Program	\$0	0%

Program	Other Funding	Other % Total Funding	Other Beneficiaries
Drug Court Program	\$92,806	94%	10

Focus Area:

In order to support **Strong, Stable Families and Communities**, programming should further:

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

Housing Costs/Maintenance

Summary Needs Analysis:

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.

Investment Portfolio:

1. *AIDS/HIV Services Group*: Crisis Care (*technical assistance)
2. *Monticello Area Community Action Agency*: Hope House
3. *Monticello Area Community Action Agency*: CARES- Coalition Assisting Residents in Emergency Situations

Total City and County FY03 Investment: \$22,153 (Note: CARES does not report FY03 data)

Methods:

Primary Beneficiaries: These three programs serve low-income individuals and families.

Programming Models: All three intervention programs offer case management services. The Crisis Care and Hope House programs are wholly or partially empirically validated/based.

Services Provided: All three programs offer crisis care (shelter/residential services: Crisis Care and Hope House, financial: CARES), and Hope House and CARES both specifically provide skills and training in the form of budget counseling. Hope House also offers psychoeducation including needs assessments.

Outcomes Measured:

The specific outcomes for low income individuals and families as beneficiaries in this Focus Area include the number of clients who receive *financial assistance* (measured by client file or Client Assessment Verification Forms); *the formulation of a detailed budget* for the cash assistance (measured by client charts); the number of clients who maintained *monthly contact with their case manager* (measured by client charts); the number of clients who followed through on *referrals* (measured by client charts); the enhancement of *home-management skills* (measured by short term action list); the number of *evictions that were prevented* (measured by client charts); and the securing of *safe and affordable housing* (measured by the confirmation of a rental agreement).

Discussion and Recommendations:

Programming strengths include the empirically-validated and comprehensive case management, emergency cash assistance, and transitional housing intervention approach to coping with housing cost problems such as maintenance and upkeep. Programming also incorporates elements of prevention by addressing the needs of families who have not yet been evicted and by providing services that remedy underlying issues that create financial crises. A potential programming gap is the lack of investment in directly addressing problems associated with diversification. Ownership and rental costs are remedied with cash

assistance and referrals for clients, but there is no coalition-building advocacy programming for the reduction or stabilization of ownership and rental costs.

Emerging and overlapping issues associated with this Focus Area include the increased rate of unemployment and high debt, which contribute to housing crises. Case-management programming outside of and within this Focus Area offer budgeting services to address the needs of people with high debt, and although unemployment is not addressed directly within any Focus Area, some programming does include referrals to employment service agencies. Programming in this Focus Area does not directly address landlord responsibility, but might do so indirectly through referrals to Legal Aid’s Civil Advocacy Program (see Focus Area: Stresses of Single Parents and the Working Poor). Addressing housing needs could indirectly reduce needs associated with other Focus Areas, such as Domestic Abuse, Stresses of the Working Poor, and Substance Abuse.

The outcomes of this Focus Area address the needs associated with a lack of housing, but do not exactly map onto the identified needs for housing costs to be lowered to be proportional to rates of pay, for diversification, and for landlord responsibility. The need to deal with maintenance and upkeep maps with outcomes such as the number of clients who receive cash assistance, help with budgeting, home management skills, case management and referrals. Outcome measurement could be improved if each program reported the number of individuals in each family assisted, which would enable us to have a better idea of exactly how many beneficiaries were being served.

Gaps in data collected to support this research agenda might be identified in discussions with the stakeholders listed; no specific gaps are identified at this point.

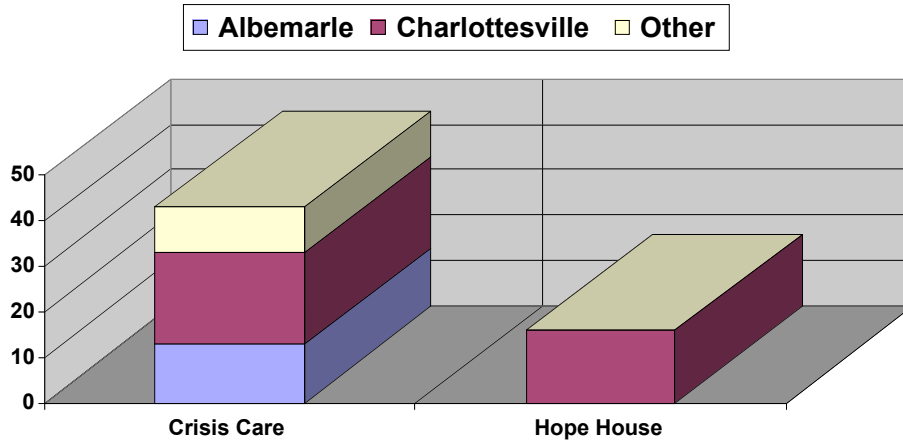
The following lists of stakeholders¹ could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about apparent gaps in programming and data, and develop outcome measurement strategies:

1. *Alliance for Interfaith Ministry*
2. *Charlottesville Redevelopment & Housing Authority*
3. *Legal Aid*
4. *Salvation Army*
5. *Shelter for Help in Emergency*

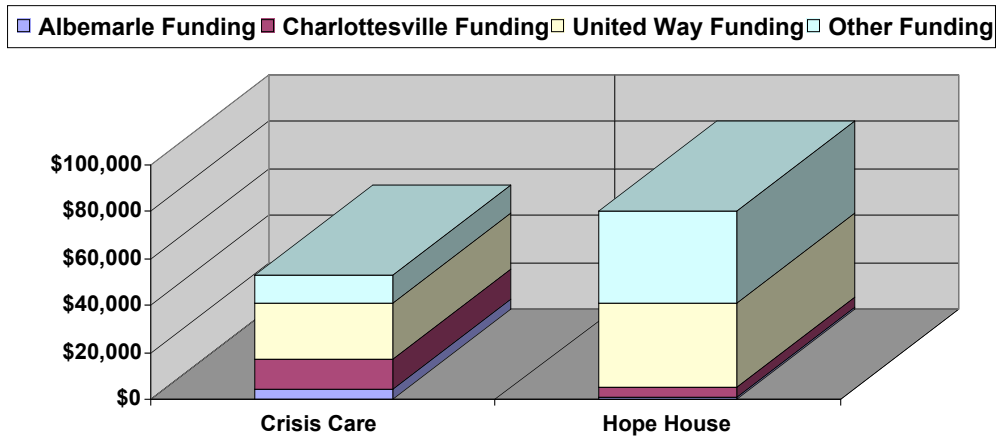
¹This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It was compiled by extracting the names of collaborators identified by agencies in their applications to CCF and should function as a starting point for discussions to develop a more comprehensive directory.

Note: CARES does not report FY03 data.

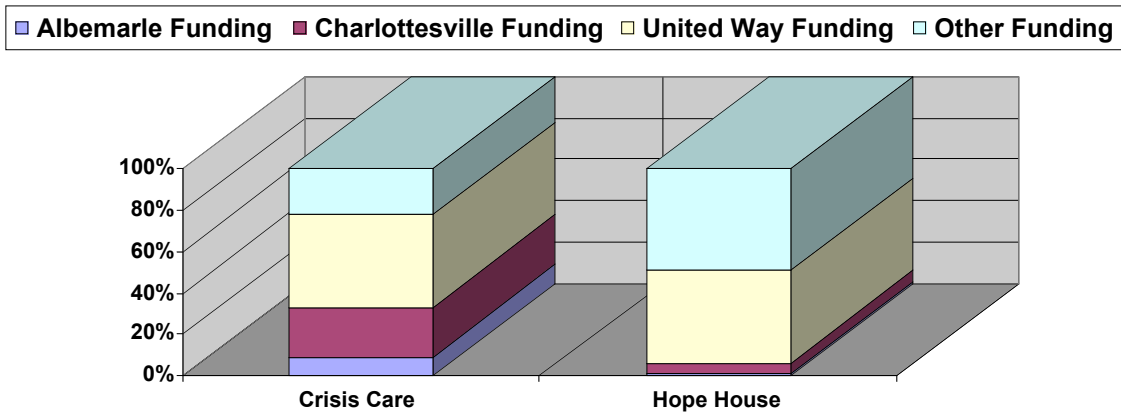
Total Beneficiaries Per Program



FY03 Budgets Dollars Leveraged



FY03 Budgets Percent of Funding



Note: CARES does not report FY03 data.

Program	Albemarle Funding	Albemarle % Total Funding	Albemarle Beneficiaries
Crisis Care	\$4,500	9%	13
Hope House	\$786	1%	0

Program	Charlottesville Funding	Charlottesville % Total Funding	Charlottesville Beneficiaries
Crisis Care	\$12,578	24%	20
Hope House	\$4,289	5%	16

Program	United Way Funding	United Way % Total Funding
Crisis Care	\$23,950	45%
Hope House	\$36,060	45%

Program	Other Funding	Other % Total Funding	Other Beneficiaries
Crisis Care	\$12,000	22%	10
Hope House	\$39,105	49%	0

Focus Area:

In order to support **Strong, Stable Families and Communities**, programming should further:

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

Job Opportunities, Training & Adult Education

Summary Needs Analysis:

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 Focus Area: Stresses of Single Parents and Working Poor

Investment Portfolio:

1. *Literacy Volunteers of America- Charlottesville/Albemarle*: Literacy Volunteers of America- Charlottesville/Albemarle

Total City and County FY03 Investment: \$42,836

Methods:

Primary Beneficiaries: This program serves ESL adults wishing to become literate in English.

Programming Models: This is an intervention program.

Services Provided: This program offers skills and training in English literacy.

Outcomes Measured:

The specific outcomes for ESL adults as beneficiaries in this Focus Area include fulfillment of *commitment to the program by students* (measured by reports from tutors and interviews with clients); fulfillment of *commitment to the program by tutors* (measured by reports from tutors and interviews with clients); and meeting at least one *personal literacy goal* (measured by reports from tutors, student portfolios, and reassessment tests).

Discussion and Recommendations:

Programming strengths include the training in English literacy intervention. Potential programming gaps include a lack of GED instruction and vocational training. Incorporating empirically based models and/or engaging in program evaluation could strengthen programming.

Emerging and overlapping issues associated with this Focus Area include the aging population of clients. These elderly clients often have health problems, which inhibit them from maintaining employment with jobs that demand physical labor. The needs of the elderly are addressed by JABA's Senior Wellness Network (see Focus Area: Needs of the Elderly). Another issue related to employment opportunities for parents is the need for affordable childcare that does not impede their ability to maintain employment or realize promotions and increases in wages. The need for childcare is addressed by CYFS's Child Care Quality Program, MACAA's Head Start, and TJA's Child Care Scholarship Program (see Focus Area: Early Childhood Development). Programming in this Focus Area could help parents cope with the academic needs of children, thus reducing needs associated with the Parenting Challenging Children Focus Area. And, to the extent to which

programming in this Focus Area helps people find gainful employment, needs associated with the Housing and Stresses of the Working Poor Focus Areas, are potentially reduced.

The outcomes of this Focus Area address the need to achieve literacy, which is a critical factor in finding employment. Outcome measurement could be improved, and would be more relevant to the identified needs, if they included a measure of how many clients were able to find employment after having achieved their personal literacy goals.

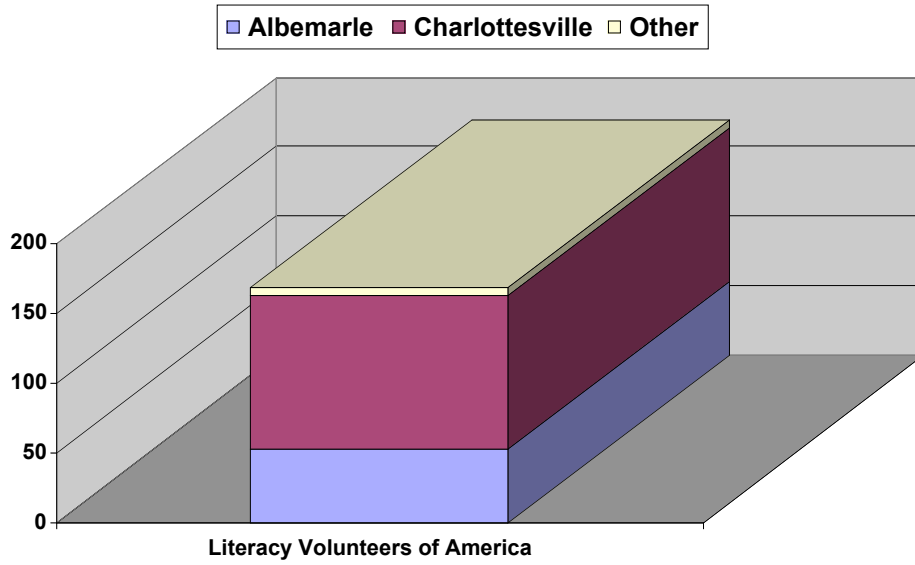
Gaps in data collected to support this research agenda include the lack of information from possible GED instruction and vocational training providers. States are increasingly requiring adult education programs to incorporate GED instruction in order to be eligible for funding; therefore, such programs probably do exist in Charlottesville/Albemarle.

The following lists of stakeholders¹ could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about apparent gaps in programming and data, and develop outcome measurement strategies:

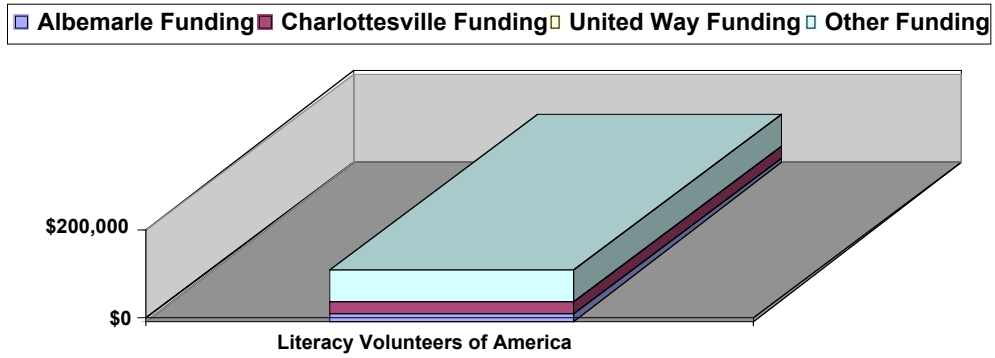
1. *Blue Ridge ESL Council*
2. *Charlottesville Weed-n-Seed*
3. *Department of Rehabilitation Services*
4. *Piedmont Community College*
5. *Quality Works*
6. *Regional Literacy Coordinating Council*
7. *UVA's International Resource Committee and International Center*

¹This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It was compiled by extracting the names of collaborators identified by agencies in their applications to CCF and should function as a starting point for discussions to develop a more comprehensive directory.

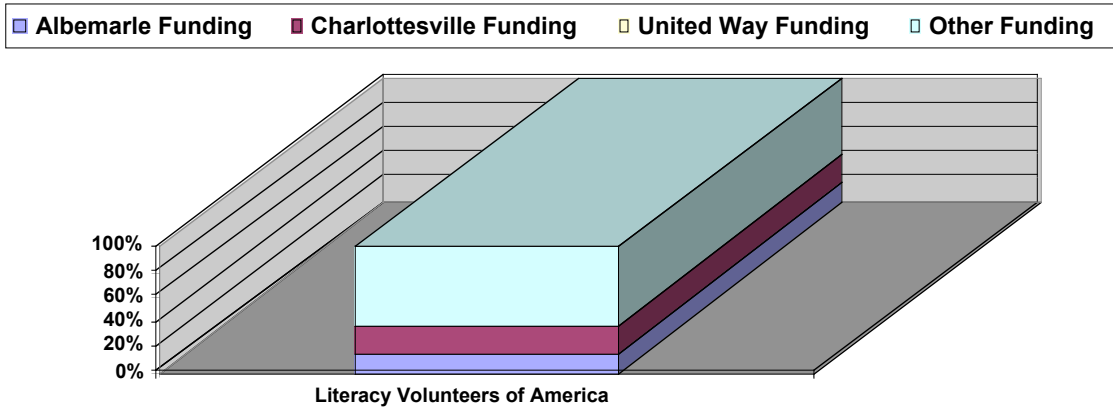
Total Beneficiaries Per Program



FY03 Budgets Dollars Leveraged



FY03 Budgets Percent of Funding



Program	Albemarle Funding	Albemarle % Total Funding	Albemarle Beneficiaries
Literacy Volunteers of America	\$17,134	15%	53

Program	Charlottesville Funding	Charlottesville % Total Funding	Charlottesville Beneficiaries
Literacy Volunteers of America	\$25,702	23%	110

Program	United Way Funding	United Way % Total Funding
Literacy Volunteers of America	\$0	0%

Program	Other Funding	Other % Total Funding	Other Beneficiaries
Literacy Volunteers of America	\$69,780	62%	6

Focus Area:

In order to support **Strong, Stable Families and Communities**, programming should further:

Promote *Prosperous and Safe Neighborhoods and Communities* by further improving conditions and resources specially related to:

Community Safety

Summary Needs Analysis:

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 is down, the number of juvenile arrests for violent crime in Charlottesville/Albemarle is up (adult crime rates for Charlottesville/Albemarle are not currently available).

Investment Portfolio: There is currently no direct programming funded in this Focus Area.

Total City and County FY03 Investment: \$0

Discussion and Recommendations:

Poverty is the number one predictor of violence¹. While there are no programs currently funded that directly address this Focus Area, programming in other Focus Areas addressing needs associated with poverty and workforce development indirectly prevent violence and thus increase community safety. Drug Courts, (see Focus Area: Adult Substance Abuse), in particular, reduce recidivism rates for crimes associated with substance abuse and keep residents in their communities. Programming in the Adult Crime and Adult Criminal Justice System Focus Area also addresses community safety needs, particularly the Transitional/ Employment Services Program, as people are particularly vulnerable to committing crimes as they are transitioning out of prison, especially given certain legal barriers to re-entry². Suggested outcomes for measurement include increased resident participation in community public safety campaigns, decreased numbers of individual consumers of costly correctional services (decreased arrest/recidivism rates), and an increased sense of safety among residents. The following lists of stakeholders³ could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about apparent gaps in programming and data, and develop outcome measurement strategies:

1. *Adult criminal justice system*
2. *Juvenile justice system*
3. *Law enforcement*
4. *Mental Health professionals*
5. *Neighborhood Crime Watch*
6. *Probation Department*
7. *School system*

¹ Feld, B., 1999; Males, M., 1996

² Travis, J., 2004; Freeman, R., 2003

³ This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It should function as a starting point for discussions to develop a more comprehensive directory.

Focus Area:

In order to support **Strong, Stable Families and Communities**, programming should further:

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

Public Transportation

Summary Needs Analysis:

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 residents of some neighborhoods in Charlottesville expressed more dissatisfaction with transportation than others. Information regarding the specific needs of residents, especially in Albemarle, is lacking.

Investment Portfolio: There is currently no direct programming funded in this Focus Area.

Total City and County FY03 Investment: \$0

Discussion and Recommendations:

While there are no programs funded that directly address this Focus Area, programming in other Focus Areas addresses problems emerging from the lack of public transportation through the framework of accessibility to services, such as by providing home visits. Nonetheless, there is no funding specifically directed at creating/expanding reliable modes of transportation that could be used on a daily basis to access jobs and services. More information about City planning and transportation might provide insight into possible transportation services provided for individuals who do not speak English, who are mentally retarded or have other developmental or physical disabilities that prohibit them from driving, or who have had their licenses revoked as a result of a criminal conviction. Suggested outcomes for measurement include efficient and reliable transportation options that could be used on a daily basis to and from employment, which are accessible from low-income neighborhoods. The following lists of stakeholders¹ could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about apparent gaps in programming and data, and develop outcome measurement strategies:

1. *Bike/pedestrian paths*
2. *Ride share programs*
3. *Transit Bus system*

¹ This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It should function as a starting point for discussions to develop a more comprehensive directory.

Focus Area:

In order to support the development of **Healthy Children and Adolescents**, programming should further: Improve and extend affordable resources for Early Childhood Development

Needs Analysis:

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.

Investment Portfolio:

1. *Children, Youth and Family Services: Play Partners Program*
2. *Children, Youth and Family Services: Child Care Quality Program (*capacity builder)*
3. *Monticello Area Community Action Agency: Head Start*
4. *United Way- Thomas Jefferson Area: Child Care Scholarship Program*

Total City and County FY03 Investment: \$289,770

Methods:

Primary Beneficiaries: The two CYFS programs target child care providers while the other two programs target low-income families/children.

Programming Models: The two CYFS programs and the Child Care Scholarship program are capacity building programs, and Child Care Quality also acts as an information source (referral source for child care options for the community). Head Start is a targeted prevention effort and an empirically validated program. The two CYFS programs explicitly collaborate with other agencies in the delivery of their services. The two CYFS programs and Head Start use strengths-based models (Play Partners and Head Start are prevention efforts aimed at an at-risk population that prepares clients to achieve long-term goals, and Child Care Quality builds the community assets in home child care providers). Play Partners addresses accessibility issues by bringing programming into the providers' homes.

Services Provided The two CYFS programs provide skills and training to providers and Play Partners also provides activities for children (story time) and goods (books); Head Start provides skills and training in the form of tutoring, and Child Care Scholarship provides tuition support.

Outcomes Measured:

The specific outcomes for low income families as beneficiaries in this Focus Area include the parents' ability to *remain employed* and *receive wage increases* (measured by applications and case files); and the provision of *stable childcare* for infants and preschoolers by licensed or registered providers, or relatives (measured by case files and providers invoices).

The specific outcomes for children entering kindergarten as beneficiaries in this Focus Area include the ability to *associate sounds with written words* (measured by teachers using The Creative Curriculum's Individual Child Profile); *identify 10 or more letters of the alphabet* (measured by teachers using The Creative Curriculum's Individual Child Profile); *use complex sentences* to express ideas and feelings (measured by teachers using The Creative Curriculum's Individual Child Profile); *use new vocabulary* (measured by reports from surveys completed by parents, providers and volunteers); and *to sit still and listen to instructions* (measured by reports from surveys completed by volunteers); as well as an *increased desire to be read to* (measured by reports from surveys completed by parents).

The specific outcomes for child care providers as beneficiaries in this Focus Area include an *increased knowledge of topics presented in training sessions* (measured by pre/post tests); and *renewal/ new certifications* (measured by monthly program reports from program staff regarding voluntary registration).

Discussion and Recommendations:

Programming strengths include the empirically-validated and strengths-based approach to prevention, which incorporates accessibility issues, as well as capacity-building efforts for childcare providers. Potential programming gaps include a lack of strategic planning to recruit new childcare providers, and a lack of investment in coalition building and organizing efforts to advocate for raising childcare subsidy rates and for reimbursing programs for high-quality care. These issues are critical given the reported long waiting lists for childcare programs.

Emerging and overlapping issues associated with this Focus Area include the fact that welfare reform policy has led to more parents entering the workforce, resulting in an increased need for childcare. Programming in this Focus Area could, therefore, alleviate needs associated with other Focus Areas, such as Stresses of Single Parents and the Working Poor. In addition, because programming in this Focus Area targets developing cognitive skills, investments should prevent needs identified in the Student Performance Focus Area. And, to the extent to which childcare and early childhood development programs incorporate close provider-child relationships, which foster emotional and social development, needs associated with the Behavior Problems/Delinquency Focus Area might be prevented.

The early-intervention and capacity-building outcomes of this Focus Area address the identified need for an increase in the availability or quantity of affordable childcare. The need for more childcare providers maps with outcomes such as renewals and new certifications for family day care providers. Outcomes associated with increasing the quality of childcare, (such as improved language skills) for which the children are beneficiaries, were not explicitly identified in the Needs Assessment, although assuming that quality could be an “unsaid” important consideration, a potential community-wide indicator is the Kindergarten Readiness Test; comparing scores could help us to identify which programs were most effective. Outcome Measurement could also be improved by providing information on how many families seeking childcare (and the number of children in those families) are assisted through outreach efforts.

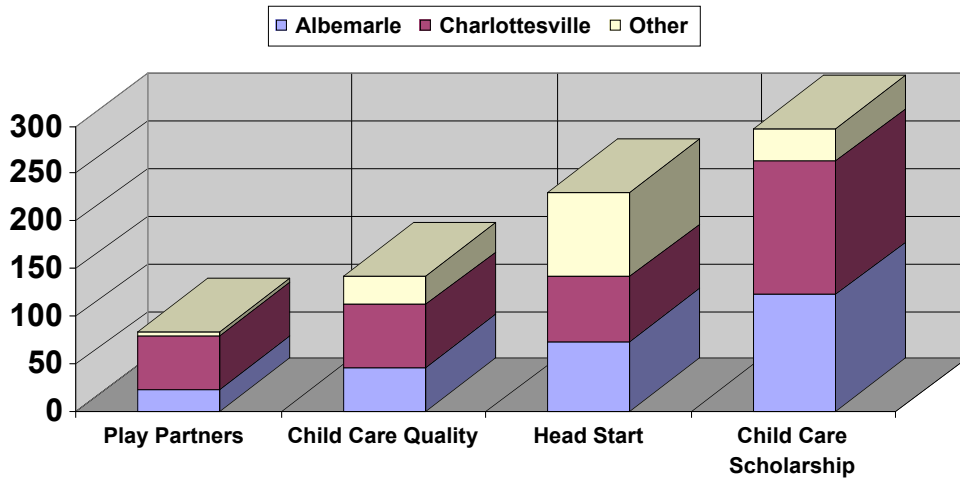
Gaps in data collected to support this research agenda include a lack of a clear understanding of the barriers, other than cost, which prevent parents from accessing childcare or other early childhood development programs, i.e., lack of quality care or transportation/location. More information is needed regarding parent’s interpretation of the quality of available childcare programs.

The following list of stakeholders¹ could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about apparent gaps in programming and data, and further develop outcome measurement strategies addressing the identified needs.

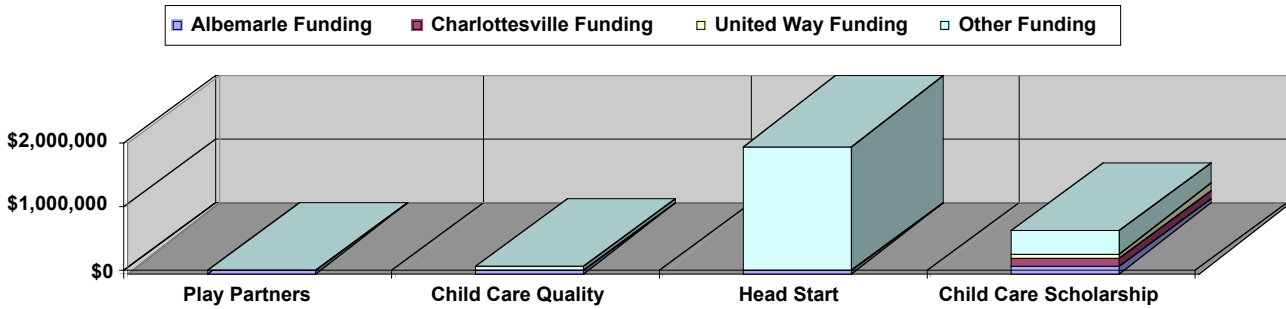
1. *Bright Stars*
2. *Charlottesville City Schools’ Four-Year Old Preschool Program Advisory Board*
3. *Family Day Care Providers (36 in Albemarle, 59 in Charlottesville)*
4. *National Association for the Education of Young Children (Local Chapter)*
5. *Partnership for Children*
6. *Piedmont Virginia Community College’s Family Day Care Training Program*
7. *Public Libraries*
8. *Salvation Army’s Child Care Program*
9. *TJA’s Book Baskets*

¹ This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It was compiled by extracting the names of collaborators identified by agencies in their applications to the CCF for funding, and should function as a starting point for discussions to develop a more comprehensive directory.

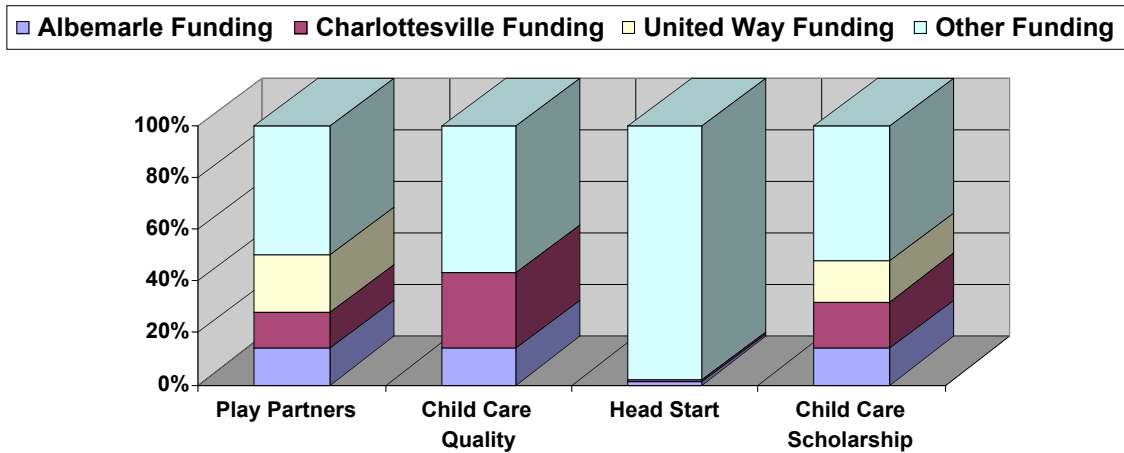
Total Beneficiaries Per Program



FY03 Budgets Dollars Leveraged



FY03 Budgets Percent of Funding



Program	Albemarle Funding	Albemarle % Total Funding	Albemarle Beneficiaries
Play Partners	\$5,200	14%	23
Child Care Quality	\$13,525	14%	46
Head Start	\$13,683	1%	74
Child Care Scholarship	\$87,015	14%	123

Program	Charlottesville Funding	Charlottesville % Total Funding	Charlottesville Beneficiaries
Play Partners	\$5,200	14%	57
Child Care Quality	\$27,212	29%	66
Head Start	\$23,966	1%	68
Child Care Scholarship	\$113,966	18%	140

Program	United Way Funding	United Way % Total Funding
Play Partners	\$8,000	22%
Child Care Quality	\$0	0%
Head Start	\$0	0%
Child Care Scholarship	\$103,440	16%

Program	Other Funding	Other % Total Funding	Other Beneficiaries
Play Partners	\$17,622	50%	4
Child Care Quality	\$54,349	57%	31
Head Start	\$1,951,278	98%	88
Child Care Scholarship	\$328,618	52%	34

Focus Area:

In order to support the development of **Healthy Children and Adolescents**, programming should further:
Improve Student Performance

Summary Needs Analysis:

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).

Investment Portfolio:

1. Charlottesville Abundant Life Ministries: After-School Tutoring Program
2. Monticello Area Community Action Agency: Beating The Odds
3. Monticello Area Community Action Agency: Project Discovery

Total City and County FY03 Investment: \$82,195

Methods:

Primary Beneficiaries: These 3 programs target low income children and adolescents. Beating the odds serves 3rd-5th graders at Clark, Jackson-Via, Yancey, and Greer; After-School Tutoring serves 1st-4th graders living in the Prospect/Orangedale neighborhoods; Project Discovery serves High School students.

Programming Models: All three programs are targeted prevention programs. Two of the programs (Beating the Odds and After-School Tutoring) are wholly or partially empirically validated/based. The two MACAA programs use strengths-based models in which building on the strengths and potential of the participants are explicitly a primary focus of the program. As they take place in the schools, Beating the Odds and After-School Tutoring also collaborate with other agencies in the delivery of their services.

Services Provided: Services provided by these programs include skills and training opportunities such as information on post-secondary education and writing skills (Project Discovery), social skills training (Beating the Odds), and tutoring (After-School Tutoring). Project Discovery also helps students coordinate SAT fee waivers, subsidizes travel to college campuses, and offers some tuition support. Beating the Odds provides needed referrals to other agencies, conducts in-home visits, and includes parent involvement. After-School Tutoring also includes parent involvement and offers a mentoring relationship with tutors.

Outcomes Measured:

The specific outcomes for low income children and adolescents as beneficiaries in this Focus Area include *homework completion* (measured by weekly records in tutor comment forms); an *increase in self control and focused attention* (measured by behavioral assessment in tutor comment forms); an *increase in cooperative behavior* (measured by documentation of disciplinary action provided by schools); *regular school attendance* (measured by school records provided by guidance office); *improved performance on basic reading and math skills by specific SOL's* (measured by pre and post tests); *promotion to the next grade level* (measured by school records provided by guidance office); *graduation from high school* (measured by school records and/or copies of diplomas); and *acceptance into post-secondary education* (measured by school records and/or copies of acceptance letters).

Discussion and Recommendations:

Programming strengths include the comprehensive empirically-validated and strengths-based approach to prevention, which incorporates academic and social skills training, school and neighborhood-based sites, home-visits, and parental involvement. Potential programming gaps include a lack of targeted intervention efforts for kids with specific learning, language, or cognitive disabilities, or for kids for whom English is a second language. However, programs may make referrals for kids with these special needs.

Emerging and overlapping issues associated with this Focus Area include the fact that, given all of the other stresses of the working poor, and the low educational attainment of many adults, often parents do not have the time or skills to help their children with academic activities. Stresses related to poverty are addressed by CYFS's Family Connections, Legal Aid's Civil Advocacy, and MACAA's Family Support and Development (see Focus Area: Stresses of Single Parent and the Working Poor). Literacy Volunteers of America (see Focus Area: Job Opportunities, Training & Adult Education) addresses adult academic skills (English literacy). Importantly, investments in student performance should yield an increase in the wage-earning potential for beneficiaries, thus curtailing the risk factors for various forms of delinquency to which they, and, in the future, their children, could be exposed, thereby reducing the needs associated with the Behavior Problems/Delinquency Focus Area.¹

The early-intervention/prevention outcomes of this Focus Area address the identified need for an increase in academic performance, although they do not directly address the community-level need for an improvement in the quality of public education. However, because programs coordinate with schools, and base their outcomes on feedback from schools, they do influence the quality of the formal school education for their specific beneficiaries. Also, there are no outcomes directly related to the stated need for academic skill development for kids with learning disabilities. Importantly, the explicit need for an increase in SOL scores maps with the outcome of improved performance on basic reading and math skills by specific SOL's. Outcome measurement could be improved if SOL scores and/or matriculation rates were reported on a community-wide level.

Gaps in data collected to support this research agenda include a lack of information about the specialized curricula and counseling offered by public schools to kids with learning, language or cognitive disabilities.

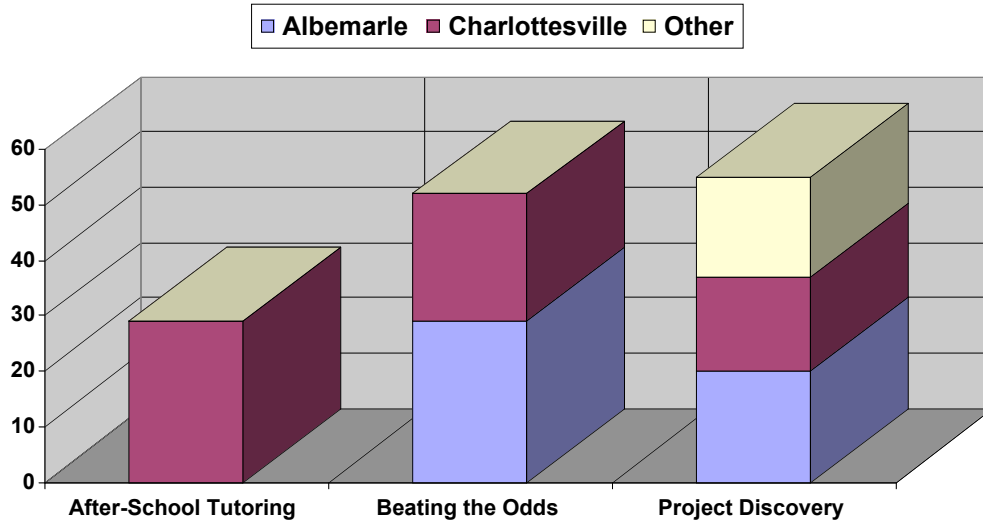
The following list of stakeholders² could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about apparent gaps in programming and data, and further develop outcome measurement strategies addressing the identified needs.

1. *Boys and Girls Club*
2. *Curry School of Education*
3. *Growing Youth Ministries*
4. *School-based after- school tutoring programs*
5. *TJA's Kids Kafe and Book Baskets*

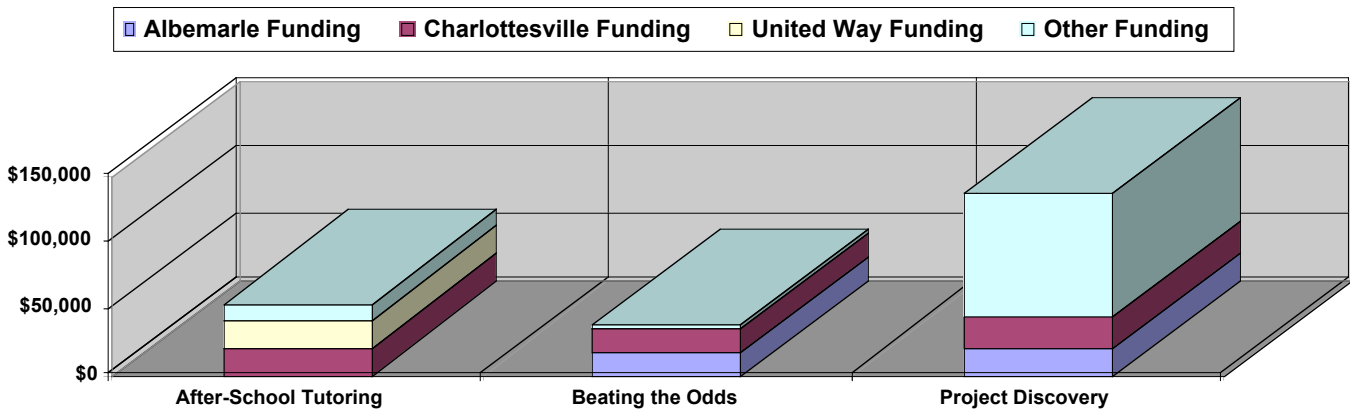
¹ Blackorby & Wagner, 1996; Bullis & Cheney, 1999; Maag & Katsiyannis, 1998; Malian & Love, 1998; US Department of Education, 1995

² This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It was compiled by extracting the names of collaborators identified by agencies in their applications to the CCF for funding, and should function as a starting point for discussions to develop a more comprehensive directory.

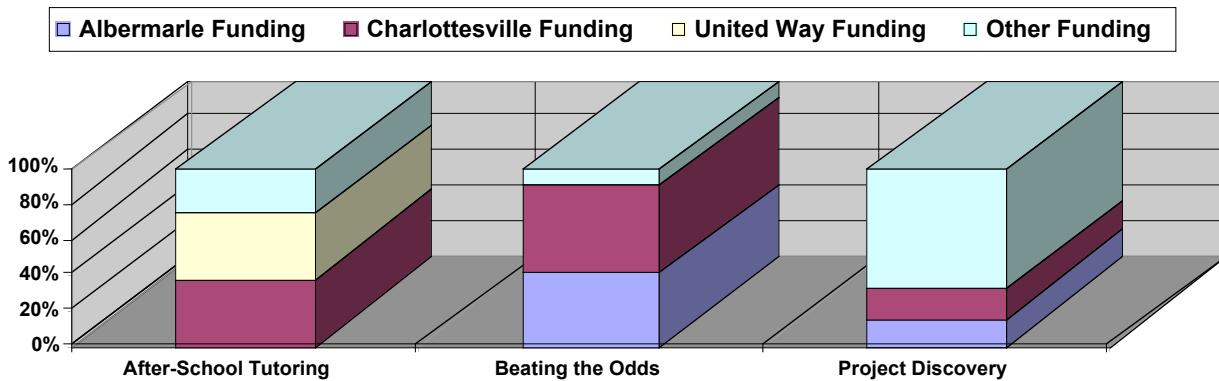
Total Beneficiaries Per Program



FY03 Budgets Dollars Leveraged



FY03 Budgets Percent of Funding



Program	Albemarle Funding	Albemarle % Total Funding	Albemarle Beneficiaries
After-School Tutoring	\$0	0%	0
Beating the Odds	\$16,339	42%	29
Project Discovery	\$20,895	15%	20

Program	Charlottesville Funding	Charlottesville % Total Funding	Charlottesville Beneficiaries
After-School Tutoring	\$20,000	38%	29
Beating the Odds	\$19,408	49%	23
Project Discovery	\$22,787	17%	17

Program	United Way Funding	United Way % Total Funding
After-School Tutoring	\$20,000	38%
Beating the Odds	\$0	0%
Project Discovery	\$0	0%

Program	Other Funding	Other % Total Funding	Other Beneficiaries
After-School Tutoring	\$12,620	24%	0
Beating the Odds	\$3,495	9%	0
Project Discovery	\$93,034	68%	18

Focus Area:

In order to support the development of **Healthy Children and Adolescents**, programming should further: Extend opportunities for/access to Productive Activities, especially for Non-Caucasian Youth

Summary Needs Analysis:

Children from lower income families are as much as _ 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 less programming than Charlottesville schools. Children and adolescents being involved in productive activities is a part of effective prevention aimed at reducing antisocial behavior, see Focus Areas: Youth Substance Abuse and Behavior Problems/Delinquency.

Investment Portfolio:

1. *The Music Resource Center (MUSYC-Charlottesville): From Fun to Fame*
2. *Soccer Organization of Charlottesville/ Albemarle: City Outreach Program*
3. *Soccer Organization of Charlottesville/ Albemarle: Latino Outreach Program*
4. *Computers 4Kids: Computers 4Kids*
5. *Grace Works: Grace Works*

Total City and County FY03 Investment: \$78,539

Methods:

Primary Beneficiaries: These 5 programs serve children and adolescents (Music Resource Center: all adolescents in Charlottesville/Albemarle; City Outreach Program: children aged 6-16 in public housing; Latino Outreach Program: low-income Spanish-speaking children in Albemarle aged 6-16; Computers4Kids: 7th-12th graders qualifying for free/reduced lunch; GraceWorks: 10 low-income families at Greer Elementary).

Programming Models: All programs are prevention efforts. Four programs (all but GraceWorks) are wholly or partially empirically validated/based. All programs use strengths-based models as a primary focus of the program (clients actively participate in programming decisions at the Music Resource Center and the rest are prevention efforts aimed at at-risk populations and prepare clients to achieve long-term goals). All programs also collaborate with other agencies in the delivery of their services. The SOCA programs and GraceWorks explicitly address accessibility issues by providing transportation.

Services Provided: Services provided by these programs include skills and training opportunities such as music training (Music Resource Center), computer skills (Computers4Kids), and tutoring (GraceWorks). Computers4Kids and GraceWorks are also primarily focused on providing mentoring. All programs provide activities, and the SOCA programs and Computers4Kids also provide goods (SOCA: sports equipment; Computers4Kids: computers).

Outcomes Measured:

The specific outcomes for children and adolescents as beneficiaries in this Focus Area include the *availability of after-school and Saturday sports activities* (measured by attendance records); an *increase in confidence and self esteem* (measured by staff ratings of participants); an *improved ability to control temper* (measured by coaches' ratings of players); the *ability to work cooperatively towards a goal* (measured by staff

reports); *increased academic achievement* (measured by log of homework assignments); *passing grades* (measure by school documentation such as report cards); *improvements in audio visual or instrumental skills* (measured by staff reports); and the demonstration of *community leadership* (measured by participation in public performances).

The specific outcomes for Latino children and adolescents as beneficiaries in this Focus Area include the *recruitment of new participants* (measured by registration forms); and a *linkage to health and human services*, as needed (measured by Outreach Coordinator's records).

Discussion and Recommendations:

Programming strengths include the empirically-validated and strengths-based approach to prevention, which incorporates skills training, activities, mentoring, and transportation services. Potential programming gaps include a lack of before-school and late-evening programs, as well as a lack of volunteer opportunities.

Emerging and overlapping issues associated with this Focus Area include the fact that the working poor have few time-off benefits for after-school supervision of their children and often need their older children to provide childcare for their younger children. MACAA's Head Start, TJA's Child Care Scholarship Program, and CYFS's Play Partners and Child Care Quality Programs (see Focus Area: Early Childhood Development) address childcare needs. Importantly, investment in this Focus Area could lead to a reduction in substance abuse and delinquent behavior in schools and communities¹.

The early-intervention/prevention outcomes of this Focus Area address the identified needs for more after-school activities; the need for more programs maps with outcomes such as availability of after-school and Saturday sports activities and the recruitment of new participants. Because involvement in productive activities is considered a part of effective preventions aimed at reducing antisocial behavior, outcome measurement could be improved by including information from delinquency reports of participants. Also, because programming is likely to be more effective if kids identify with the philosophy behind the programs, kids' ratings of satisfaction could be an informative outcome.

Gaps in data collected to support this research agenda include a lack of information about restorative justice programs (which incorporated volunteer activities) to which the juvenile justice system might refer kids.

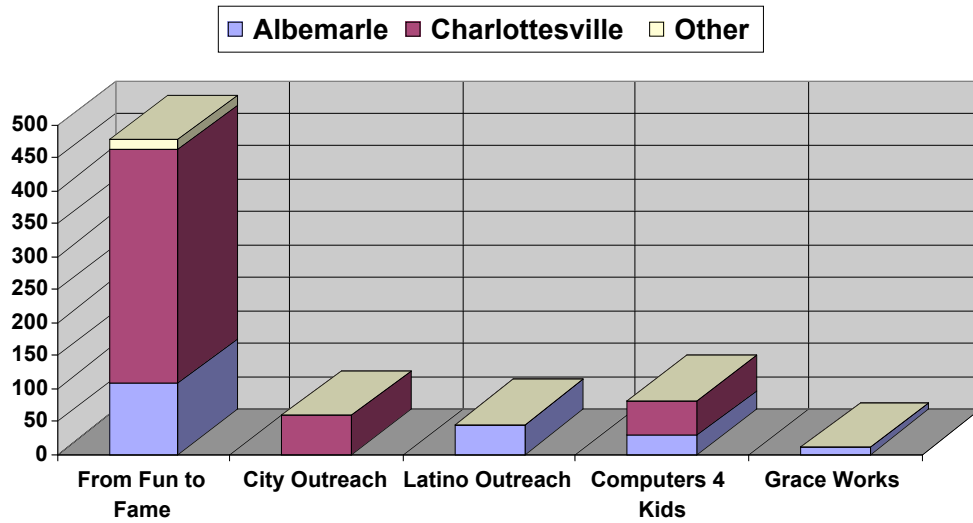
The following list of stakeholders² could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about apparent gaps in programming and data, and further develop outcome measurement strategies addressing the identified needs.

1. *Alternative Music Club of Albemarle High School*
2. *Big Sibling Programs*
3. *Boys & Girls Club*
4. *Curry School of Education*
5. *Friendship Court*
6. *I Have a Dream Foundation*
7. *Information Technology Academy*
8. *Lighthouse Studios*
9. *LiveArts*
10. *Public Schools*
11. *Summer Enrichment Program*
12. *TeensGive*
13. *Young Women Leaders Program*

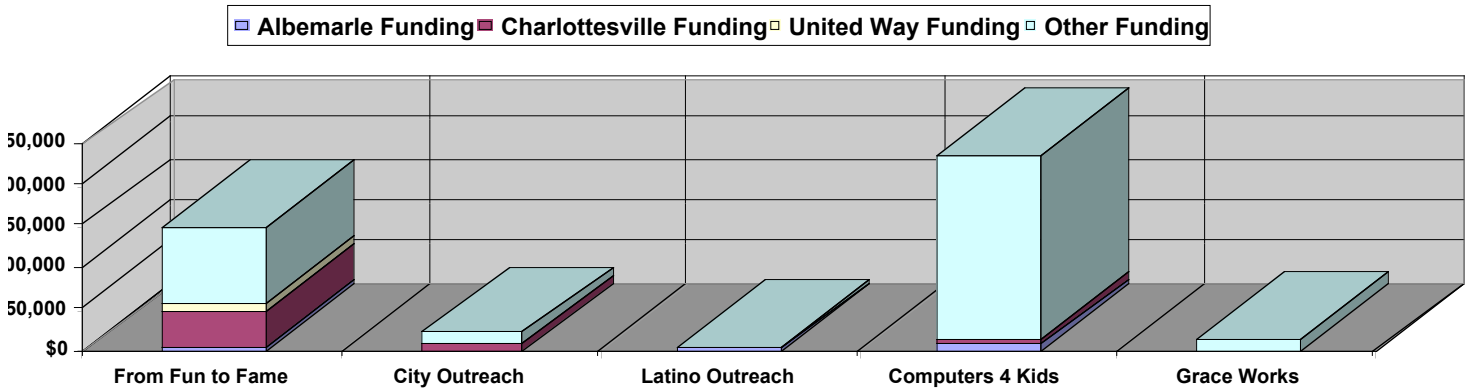
¹ Jekielek, S., Hair, E., & Moore, K., 2001; Hatcher, J., & Scarpa, J., 2001

² This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It was compiled by extracting the names of collaborators identified by agencies in their applications to the CCF for funding, and should function as a starting point for discussions to develop a more comprehensive directory.

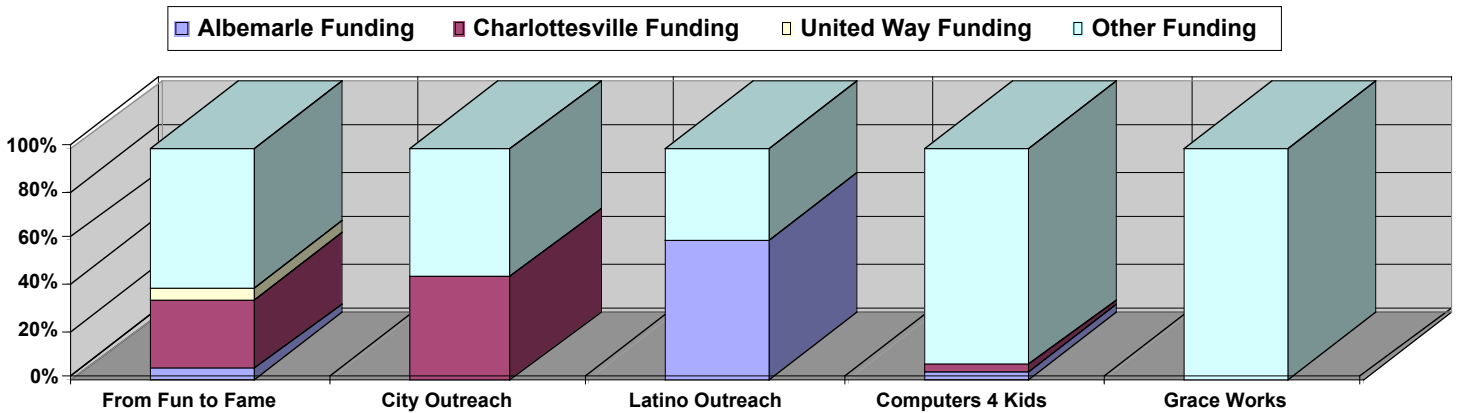
Total Beneficiaries Per Program



FY03 Budgets Dollars Leveraged



FY03 Budgets Percent of Funding



Program	Albemarle Funding	Albemarle % Total Funding	Albemarle Beneficiaries
From Fun to Fame	\$5,638	4%	107
City Outreach	\$0	0%	0
Latino Outreach	\$3,000	60%	45
Computers 4 Kids	\$7,690	3%	29
Grace Works	\$0	0%	10

Program	Charlottesville Funding	Charlottesville % Total Funding	Charlottesville Beneficiaries
From Fun to Fame	\$44,584	30%	355
City Outreach	\$9,939	45%	59
Latino Outreach	\$0	0%	0
Computers 4 Kids	\$7,688	3%	53
Grace Works	\$0	0%	0

Program	United Way Funding	United Way % Total Funding
From Fun to Fame	\$6,667	5%
City Outreach	\$0	0%
Latino Outreach	\$0	0%
Computers 4 Kids	\$0	0%
Grace Works	\$0	0%

Program	Other Funding	Other % Total Funding	Other Beneficiaries
From Fun to Fame	\$91,988	61%	15
City Outreach	\$12,000	55%	0
Latino Outreach	\$2,000	40%	0
Computers 4 Kids	\$221,020	94%	0
Grace Works	\$15,600	100%	0

Focus Area:

In order to support **Strong, Stable Families and Communities**, programming should further:

Promote *Healthy Children and Adolescents* by further improving conditions and resources specially related to: Youth Substance Abuse

Summary Needs Analysis:

Help with substance abuse for children was the second most 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 abuse is a prominent factor in the lives of the most troubled populations (e.g. children in need of extensive services and adjudicated youth).

Investment Portfolio: There is currently no direct programming funded in this Focus Area.

Total City and County FY03 Investment: \$0

Discussion and Recommendations:

Although there are no programs currently funded that directly address this Focus Area, current investments in Productive Activities are likely to have a preventative impact on Youth Substance Abuse.¹ And, because children from the most troubled populations are often exposed to substance abuse by their parents, programming that addresses Adult Substance Abuse could likewise prevent Youth Substance Abuse. Outcome measurement could be improved if programs providing productive activities for youth measured substance abuse rates among participants, and if adult substance abuse programming measured substance abuse rates among the children of the adult substance abusers. Gaps in data collected to support this research agenda include a lack of information about which substances, other than alcohol and marijuana, youth are abusing, and a lack of information about current programming in schools and juvenile delinquency facilities. It would be helpful to know whether, and if so, to where, schools refer youth with substance abuse problems, and what the sanctions are in juvenile court. The following list of stakeholders² could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about apparent gaps in programming and data, and further develop outcome measurement strategies addressing the identified needs.

1. *Juvenile Justice System*
2. *Region 10*
3. *Public Schools*

¹ Jekielek, S., Hair, E., & Moore, K., 2001; Hatcher, J., & Scarpa, J., 2001

² This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It should function as a starting point for discussions to develop a more comprehensive directory.

Focus Area:

In order to support **Strong, Stable Families and Communities**, programming should further:

Promote *Healthy Children and Adolescents* by further improving conditions and resources specially related to: Behavior Problems/Delinquency

Summary Needs Analysis:

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 arrest rates for violent crimes in Charlottesville are up from previous years. High school students in Albemarle report higher 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 Focus Areas: Parenting Challenging Children, Community Safety, Youth Substance Abuse, and Productive Activities.

Investment Portfolio: There is currently no direct programming funded in this Focus Area.

Total City and County FY03 Investment: \$0

Discussion and Recommendations:

Although there are no programs currently funded that directly address this Focus Area, investments in Parenting Challenging Children, Productive Activities, and Youth Substance Abuse are likely to have a preventative impact on Behavior Problems/Delinquency. And while there is no current programming for Serious Mental Illness, investments in the area could reduce the overlap between the young mental health and criminal justice populations. As discussed in other Focus Areas, poverty is the number one predictor of violence¹; thus prevention in the form of strengthening the economies of high-incarceration neighborhoods is a fiscally responsible approach to juvenile delinquency, given the high costs of detention. However the need for intervention is inevitable. Innovative interventions such as restorative justice, and community-based courts, treatment and probation have been effective with youth.² Outcome measurement could include information about the extent to which investments strengthen the environments of youth at risk for offending or re-offending. Gaps in data include a lack of information about rates of female delinquency, as well as the unique issues, such as histories of sexual abuse, with which it is associated. The following list of stakeholders³ could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about apparent gaps in programming and data, and further develop outcome measurement strategies addressing the identified needs.

1. *Juvenile Justice System*
2. *Law Enforcement*
3. *Probation Office*
4. *Public Schools*
5. *Region 10*

¹ Feld, B., 1999; Males, M., 1996

² Bazemore, G., 2001; Blechman, E., Hile, M., & Fishman, D., 2001; Goren, S. 2001; Braithwaite, J., 2002

³ This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It should function as a starting point for discussions to develop a more comprehensive directory.

Focus Area:

In order to support **Strong, Stable Families and Communities**, programming should further:

Promote Healthy Children and Adolescents by further improving conditions and resources specially related to: Serious Mental Illness/Emotional Disturbances/Multiple Diagnoses

Summary Needs Analysis:

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 Service 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 Focus Areas: Parenting Challenging Children, Youth Substance Abuse, and Behavior Problems/Delinquency.

Investment Portfolio: There is currently no direct programming funded in this Focus Area.

Total City and County FY03 Investment: \$0

Discussion and Recommendations:

There are no programs currently funded that directly address this Focus Area. Future investments in programs to help kids with mental illness could serve as preventions for Youth Substance Abuse and Behavior Problems/Delinquency, and could also address needs associated with other Focus Areas, such as Parenting Challenging Children and Educational and Family Support Needs for Special Populations. Options for community-based mental health treatment could reduce the overlap between the young mental health and criminal justice populations. Outcome measurement could include information regarding the maintenance of mental health services as kid's are transitioning back into the community, after their time in programming or detention has been terminated. Gaps in data include a lack of information about how many detained youth have mental illness, which mental illnesses they suffer from, and what services they receive in detention. The following list of stakeholders¹ could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about apparent gaps in programming and data, and further develop outcome measurement strategies addressing the identified needs.

1. *Juvenile Justice System*
2. *Region 10*
3. *UVA's Free Clinic*

¹ This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It should function as a starting point for discussions to develop a more comprehensive directory.

Focus Area:

In order to support the development of **Healthy Children and Adolescents**, programming should further: Increase Availability of Local Foster Care Homes and Community Based Crisis/Stabilization/Assessment Facilities

Summary Needs Analysis:

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 facilities 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 Focus 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.

Investment Portfolio:

1. *Children, Youth and Family Services*: Runaway Emergency Services Program

Total City and County FY03 Investment: \$7,726

Methods:

Primary Beneficiaries: This program serves runaway youth and high school students.

Programming Models: This program incorporates elements of prevention/outreach, intervention, and referrals. RESP also collaborates with other agencies in the delivery of services and uses a strengths-based model.

Services Provided: Services provided by this program include skills and training, such as prevention efforts in high schools, psychotherapy, including individual and family therapy, and crisis care, including a hotline and emergency shelter.

Outcomes Measured:

The specific outcomes for high school students and runaway youth as beneficiaries in this Focus Area include the ability to *remain in home communities in safe living environments* (measured by interview at time of termination of services and staff progress notes); and an *improvement in problem-solving and communication skills* (measured by youth and family reports).

The specific outcomes for sheltered youth as beneficiaries in this Focus Area include the ability to *begin the problem solving process with family members while safe in shelter* (measured by shelter evaluation interviews, termination summaries, and staff progress notes).

Discussion and Recommendations:

Programming strengths include the strengths based approach to outreach and prevention, as well as emergency counseling, referral and shelter intervention services. Potential programming gaps include a lack of investment in increasing the number of quality foster homes or other long-term solutions to chronic family turbulence. Incorporating empirically based models and/or program evaluation could strengthen programming.

Emerging and overlapping issues associated with this Focus Area include the fact that community factors such as poverty, as well as familial factors such as family violence, teen-pregnancy and trouble parenting challenging children, exacerbate adolescent vulnerabilities in this Focus Area. CYFS's Family Connections, Legal Aid's Civil Advocacy Program, and MACAA's Family Support and Development address

needs of families of poverty (see Focus Area: Stresses of Single Parents and Working Poor). CYFS's Counseling Program for Victims of Child Abuse and SHE's programs address family violence (see Focus Areas: Domestic Violence and Child Abuse and Neglect). MACAA's Parents in Education addresses parenting challenging children (see Focus Area: Parenting). FWRC's Teensight Program addresses teen-pregnancy prevention (see Focus Area: Affordable and Accessible Health Care). Investments in this Focus Area should prevent needs associated with the Behavior Problems/Delinquency Focus Area, as the goal of programming is conceptualized as diverting kids from the costly juvenile justice system.

The outcomes of this Focus Area do not map precisely with the identified need for a continuum of emergency, short term, and long-term care. Although there is a long-term outcome for youth who have, or are at risk for, running away (the ability to remain in home communities in safe living environments), the outcome for sheltered kids (the ability to begin the problem solving process with family member while safe in shelter) is not a long-term goal and does not meet the needs of kids whose families are unable to support them, and who require alternative placements (short or long term). Outcome measurement could be improved if efforts addressing the need for cost-effective solutions were quantified by reporting the number of children that were actually diverted from the department of social services and/or the juvenile justice system.

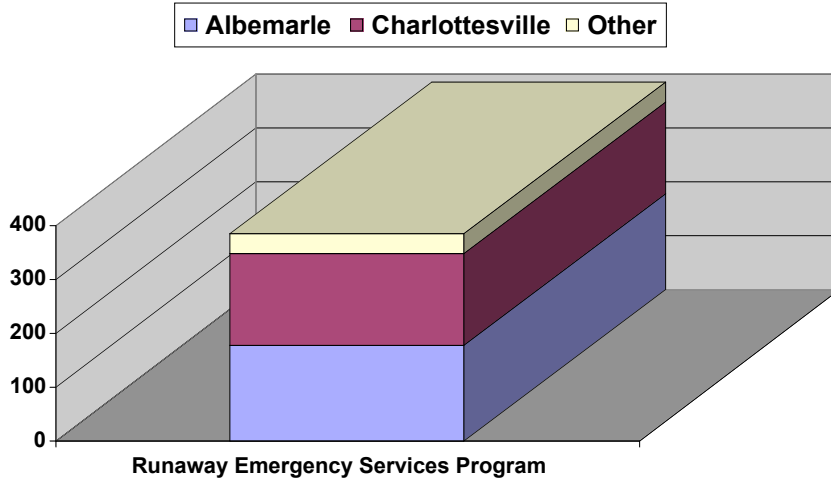
Gaps in data collected to support this research agenda include a lack of information about where children whose families are unable to meet their basic needs are actually living. Information about how many children from these families remain at home, run away, live with relatives or friends, or are abandoned, homeless, placed in foster-care, adopted, or in the juvenile justice system could inform programming and outcome measurement strategies.

The following list of stakeholders¹ could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about apparent gaps in programming and data, and further develop outcome measurement strategies which address the identified needs.

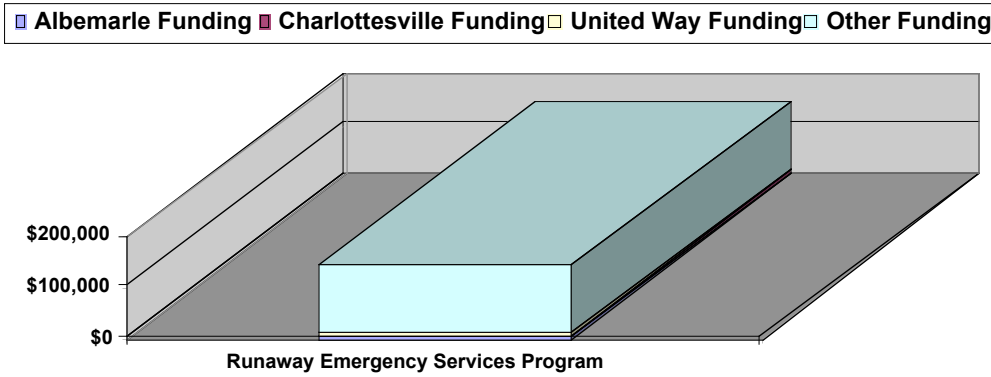
1. *Boys and Girls Club*
2. *CHINS*
3. *CPS*
4. *DSS*
5. *Juvenile Court Assessment Center*
6. *Law enforcement*
7. *Region 10 CSB*
8. *Teensight*
9. *TJA's Coalition for the Homeless*
10. *TJA's Interagency Foster Care Group*
11. *TJA's Prevention Coalition*

¹ This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It was compiled by extracting the names of collaborators identified by agencies in their applications to the CCF for funding, and should function as a starting point for discussions to develop a more comprehensive directory.

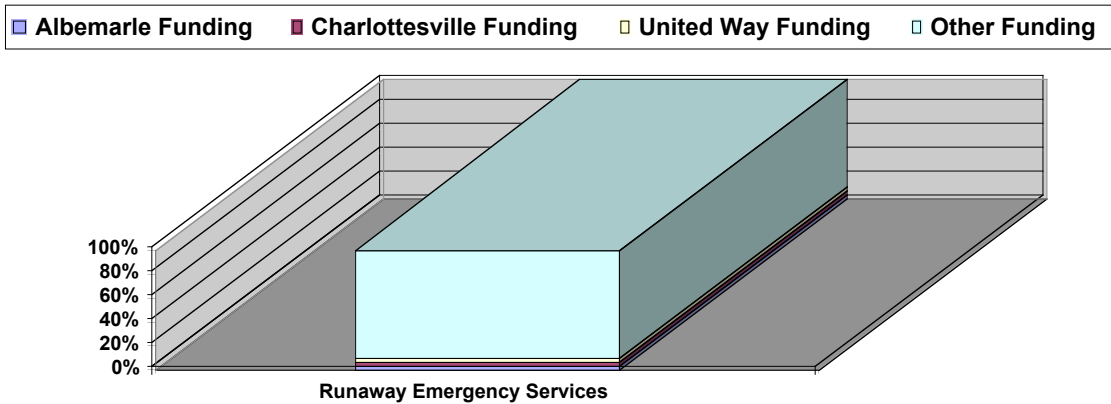
Total Beneficiaries Per Program



FY03 Budgets Dollars Leveraged



FY03 Budgets Percent of Funding



Program	Albemarle Funding	Albemarle % Total Funding	Albemarle Beneficiaries
Runaway Emergency Services Program	\$3,863	3%	177

Program	Charlottesville Funding	Charlottesville % Total Funding	Charlottesville Beneficiaries
Runaway Emergency Services Program	\$3,863	3%	171

Program	United Way Funding	United Way % Total Funding
Runaway Emergency Services Program	\$5,000	4%

Program	Other Funding	Other % Total Funding	Other Beneficiaries
Runaway Emergency Services Program	\$130,176	90%	38

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:

The Needs of the Elderly

Summary Needs Analysis:

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.

Investment Portfolio:

1. *Jefferson Area Board For Aging: Senior Wellness Network*

Total City and County FY03 Investment: \$419,106

Methods:

Primary Beneficiaries: This program serves low-income elderly individuals and unpaid caregivers.

Programming Models: This prevention program provides outreach and case management. Senior Services Network also collaborates with other agencies in the delivery of services, uses a strengths-based model as a primary focus of the program (it is a prevention effort aimed at an at-risk population that prepares clients to achieve long-term goals), and explicitly addresses accessibility issues by bringing programming to clients' homes.

Services Provided: Services provided by this program include skills and training such as education/advocacy about health, nutrition, and legal rights, activities, goods (home repair), and health care (in the form of respite for family caregivers).

Outcomes Measured:

The specific outcomes for low-income elderly individuals as beneficiaries in this Focus Area include the *improvement of physical and psychosocial well-being* (measured by client records regarding hypertension and diabetes, pre/posts test regarding health education knowledge, and program reports regarding the number of days that clients receiving indigent home care remain in their chosen residency).

The specific outcomes for unpaid caregivers as beneficiaries in this Focus Area include the *independence of the elderly* (measured by ADHC caregiver surveys regarding the ability of family members to maintain other life roles and care plan outcome reports).

Discussion and Recommendations:

Programming strengths include the strengths-based and community-based approach to providing a comprehensive set of services, incorporating outreach and case-management, and addressing accessibility issues. Potential programming gaps include a lack of investment in assisted living facilities for middle and low-income individuals who can no longer maintain their residence despite the services offered in their community. Given the increase in the elderly population, there might also be gaps in capacity, which would suggest that more coordination efforts are particularly needed to maximize resources.

Emerging and overlapping issues associated with this Focus Area include the fact that the elderly population is increasing as people are living longer and is going to increase more dramatically as the baby-boomer generation ages. Healthcare matters, such as malnutrition and a lack of insurance, housing cost and maintenance problems, transportation difficulties, and community safety needs are among the concerns of the elderly population served in this Focus Area. The Free Clinic addresses healthcare needs (see Focus Area: Affordable and Accessible Health Care); and MACAA's CARES and Hope House address housing needs (see Focus Area: Housing Costs/Maintenance). No direct programming is currently funded for transportation or community safety. Investments in supporting caregivers in this Focus Area might alleviate needs associated

with the Stresses of the Working Poor and Job Opportunities Focus Areas, in the same manner as childcare programming (see Focus Area: Early Childhood Development), by allowing caregivers to maintain employment. Also, because there are a number of elderly people raising children for family members, programming in this Focus Area could lead to positive outcomes for young beneficiaries.

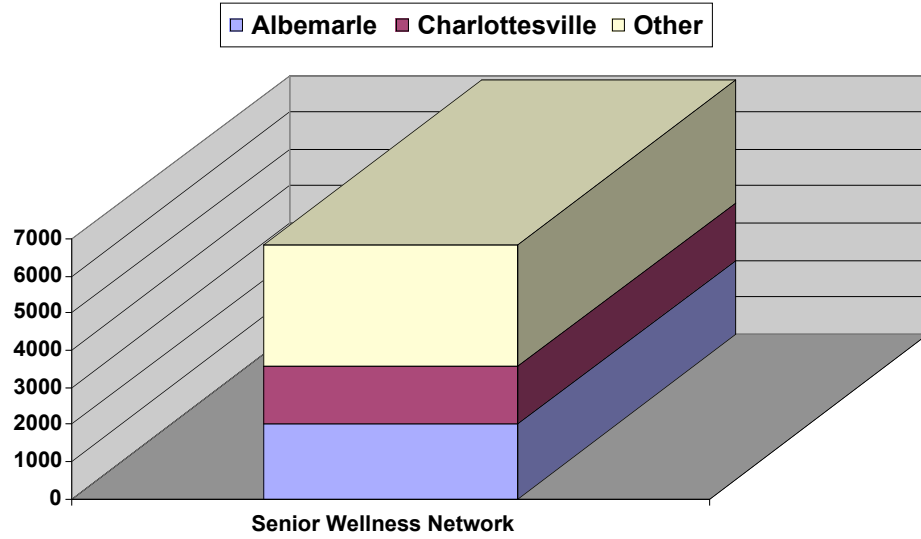
Outcome measurement could be improved if the number of elderly people raising children for family members were reported along with indicators of the children's well-being. Outcomes should be linked to local needs data as it becomes available.

The following list of stakeholders¹ could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about the nature and extent of unmet need and develop outcome measurement strategies to address the identified need.

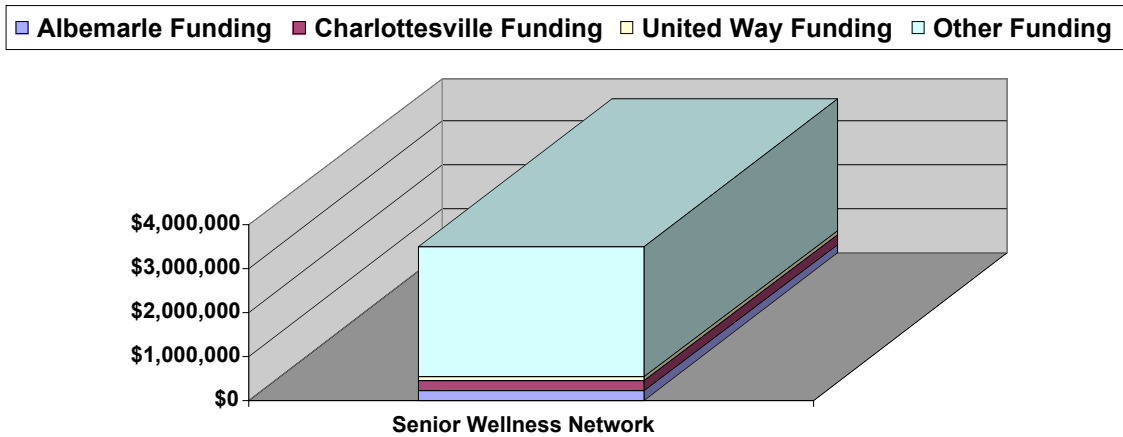
1. *"20-20"'s Community Partners (150)*
2. *DSS*
3. *Health Department*
4. *Physicians*
5. *Rural Health Outreach Project*
6. *UVA's Nursing, Medical and Dietetic students*

¹ This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It was compiled by extracting the names of collaborators identified by agencies in their applications to the CCF for funding, and should function as a starting point for discussions to develop a more comprehensive directory.

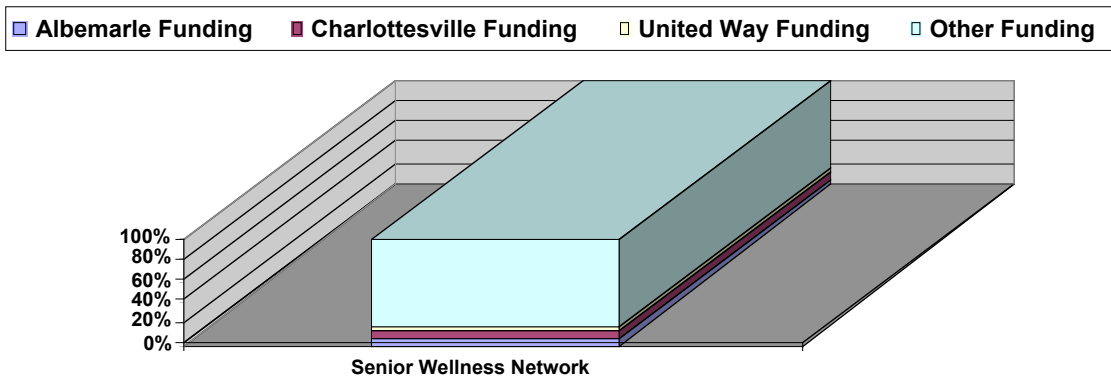
Total Beneficiaries Per Program



FY03 Budgets Dollars Leveraged



FY03 Budgets Percent of Funding



Program	Albemarle Funding	Albemarle % Total Funding	Albemarle Beneficiaries
Senior Wellness Network	\$189,156	6%	1,991

Program	Charlottesville Funding	Charlottesville % Total Funding	Charlottesville Beneficiaries
Senior Wellness Network	\$229,950	7%	1,560

Program	United Way Funding	United Way % Total Funding
Senior Wellness Network	\$95,000	3%

Program	Other Funding	Other % Total Funding	Other Beneficiaries
Senior Wellness Network	\$2,989,965	84%	3,290

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:

Educational and Family Support Needs for Special Populations (i.e. ESL students, disabled youth, autistic children)

Summary Needs Analysis:

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 the residents in Charlottesville identified services for children with disabilities as a needed resource; however the nature and extent of unmet needs is currently unknown.

Investment Portfolio: There is currently no direct programming funded in this Focus Area.

Total City and County FY03 Investment: \$0

Discussion and Recommendations:

There are no programs currently funded that directly address this area for additional study. Many of the programs in other Focus Areas identified the need to develop resources to extend services to the growing ESL population, and Literacy Volunteers of America's tutoring program (see Focus Area: Job Opportunities: Training and Adult Education), BRMC's Latino Outreach Program (see Focus Area: Affordable and Accessible Healthcare), and SOCA's Latino Outreach Program (see Focus Area: Productive Activities) specifically address some of the family support needs of ESL children and adults. There are no programs currently funded that specifically address the special education needs of ESL students, or students with mental or physical disabilities. The following list of stakeholders¹ could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about the nature and extent of unmet need and develop outcome measurement strategies to address the identified need.

1. *Public Schools*
2. *The Autism Program of Virginia*
3. *UVA's Curry School of Education*

¹ This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It should function as a starting point for discussions to develop a more comprehensive directory.

Area 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:

The impact of Adult Crime and the Adult Criminal Justice System on the Focus Areas

Summary Needs Analysis:

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.

Investment Portfolio:

1. *Offender Aid and Restoration/ Jefferson Area Community Corrections: Transitional/ Employment Services Program*
2. *Offender Aid and Restoration/ Jefferson Area Community Corrections: Pretrial Services*
3. *Offender Aid and Restoration/ Jefferson Area Community Corrections: Local Probation/ Community Services*
4. *Offender Aid and Restoration/ Jefferson Area Community Corrections: In Jail/ Volunteer Program*

Total City and County FY03 Investment: \$153,040

Methods:

Primary Beneficiaries: These programs serve adults who are involved in the criminal justice system/are incarcerated.

Programming Models: All four programs are intervention programs, and three (all but In Jail Volunteers) provide referrals or case coordination. All programs collaborate with other agencies in the delivery of services. Local Probation and Transitional Employment Services are wholly or partially empirically validated/based. Transitional Employment Services also specifically addresses accessibility issues. The In Jail Volunteers program uses a strengths-based model as it is a prevention effort aimed at an at-risk population that prepares clients to achieve long-term goals, and it is capacity building in that it provides volunteers to the jails.

Services Provided: Pretrial services provides assessment, and Transitional Employment Services and In Jail Volunteers provide skills and training (job, life skills, parenting). In Jail Volunteers also provides group psychotherapy (anger management) and mentoring.

Outcomes Measured:

The specific outcomes for adults involved in the criminal justice system as beneficiaries in this Focus Area include the ability to *comply with bond conditions* (measured by monthly reports and court records); *remain drug and crime free* (measured by case records and treatment reports); *show up for court appearances* (measured by monthly reports and court records); *obtain transitional skills and support* while incarcerated (measured by attendance records for parenting classes); *complete life-skills classes* (measured by attendance records); *complete court-ordered requirements* as probationers (measured by monthly reports and case files regarding community service hours, restitution and treatment); and *maintain full-time employment* (measured by client files and employer contacts).

Discussion and Recommendations:

Programming strengths include efforts to reduce the problem of overcrowding in jails, and investments in mental and physical health treatment and life-skills training. Potential programming gaps include a lack of

coalition building organizing efforts to advocate for reinvesting the money saved by reducing the jail population in the infrastructure and economies of high incarceration neighborhoods, and for reducing the collateral consequences of incarceration, some of which impede the ability to gain employment and access public housing. ¹More investments in higher education in prison, and in ensuring that people with mental illness who have been incarcerated continue to have access to medications or therapy once released might also reduce the negative effects of the criminal justice system on public safety².

Emerging and overlapping issues associated with this Focus Area include the fact that sentencing laws have become increasingly stringent over the last decade and a half, meaning that significantly more people are incarcerated for longer periods of time, while funding for in-prison programming has been cut.³ People involved in the criminal justice system typically have substance abuse and mental health problems, and are low-income and under-educated. ⁴Substance abuse is addressed by OAR's Drug Courts (see Focus Area: Adult Substance Abuse). There is no programming currently funded for adults with mental health problems. CYFS's Family Connections, Legal Aid's Civil Advocacy Program, and MACAA's Family Support and Development (see Focus Area: Stresses of Single Parents and the Working Poor) address needs of people in poverty, and in doing so, may serve as prevention for involvement in criminal activity, along with The Literacy Volunteers of America's tutoring program (see Focus Area: Job Opportunities, Training & Adult Education), which addresses under-education with literacy training.

Outcome measurement could be improved if the number of people who were diverted from prison and jail was reported, as well as the amount of dollars saved. In doing so, these funds could have the potential to be ear-marked for reinvestment in high-incarceration neighborhoods, which could yield community-wide outcomes, such as a community-loan pool, one-stop shopping for job counseling and placement services, and geographically targeted hiring incentives for employers.

The following list of stakeholders⁵ could serve as possible organizers for/participants in local meetings/conferences/roundtables, which might provide information about the nature and extent of unmet need and develop outcome measurement strategies to address the identified need.

1. *AIDS Support*
2. *ASAP*
3. *CAP*
4. *Churches*
5. *Commonwealth's Attorneys*
6. *DRS*
7. *Food Bank*
8. *Local Jails/Prisons*
9. *Piedmont Works*
10. *Region Ten*
11. *Salvation Army*
12. *VEC*
13. *Victim-Witness Programs*
14. *Weed and Seed*

¹ Mauer, M., & Chesney-Lind, M., 2002

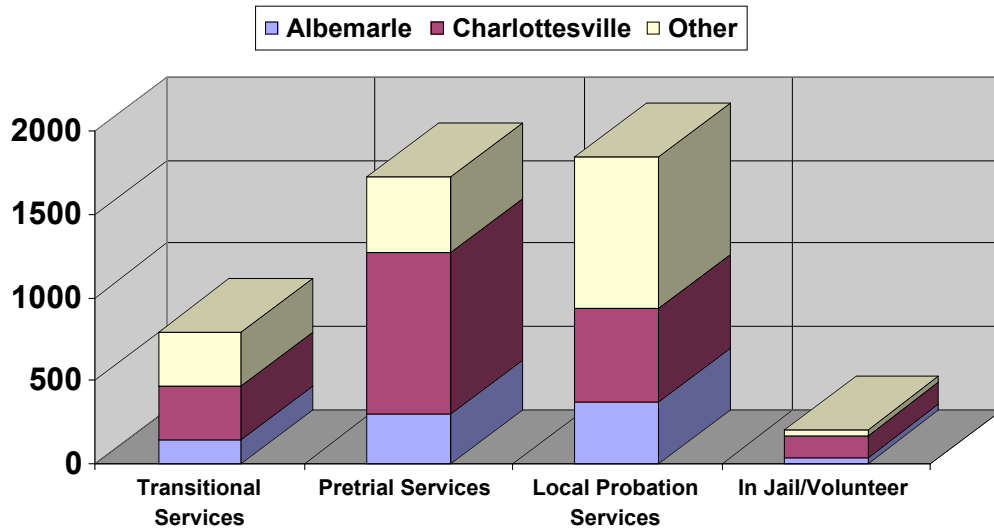
² The Sentencing Project, 2002

³ Mauer, M., 2003

⁴ Bazelon Center for Mental Healthy Law, 2003; National Council on Disability, 2003; Council of State Governments, 2002

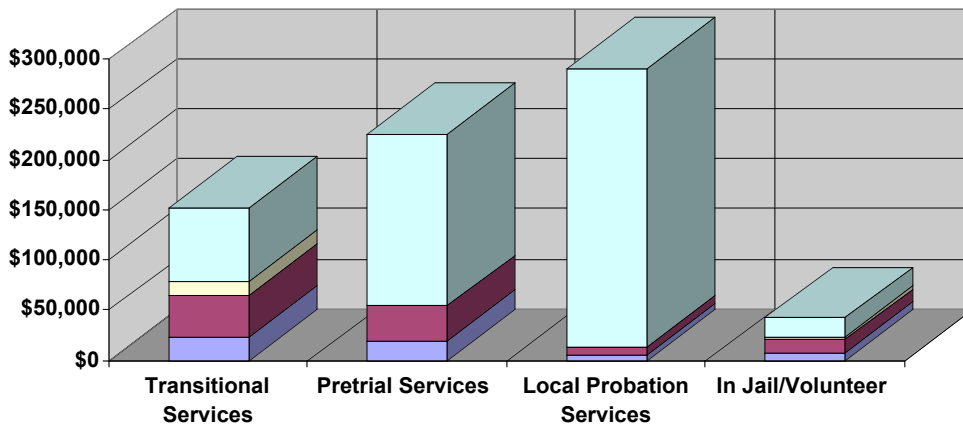
⁵ This list does not exhaust all of the stakeholders in Charlottesville/Albemarle. It was compiled by extracting the names of collaborators identified by agencies in their applications to the CCF for funding, and should function as a starting point for discussions to develop a more comprehensive directory.

Total Beneficiaries Per Program



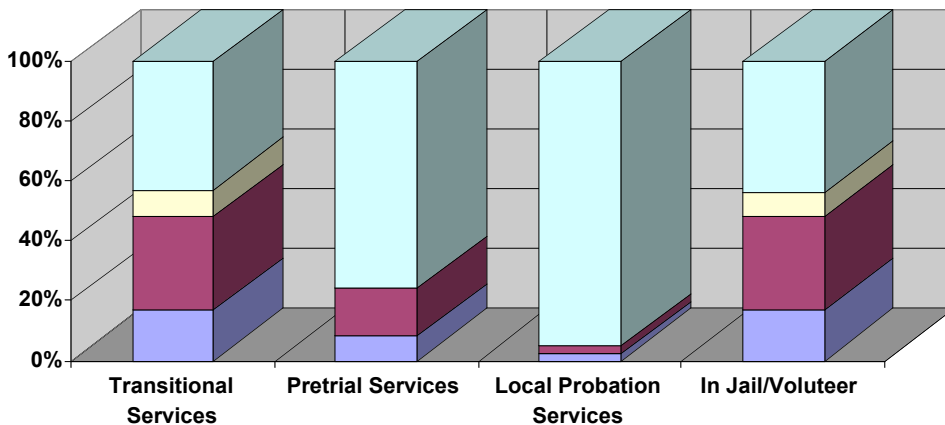
FY03 Budgets Dollars Leveraged

Albemarle Funding Charlottesville Funding United Way Funding Other Funding



FY03 Budgets Percent of Funding

Albemarle Funding Charlottesville Funding United Way Funding Other Funding



Program	Albemarle Funding	Albemarle % Total Funding	Albemarle Beneficiaries
Transitional Services	\$22,869	17%	148
Pretrial Services	\$18,847	8%	295
Local Probation Services	\$4,711	2%	368
In Jail/Volunteer	\$7,066	17%	39

Program	Charlottesville Funding	Charlottesville % Total Funding	Charlottesville Beneficiaries
Transitional Services	\$42,466	31%	317
Pretrial Services	\$35,125	16%	980
Local Probation Services	\$8,785	3%	571
In Jail/Volunteer	\$13,170	31%	128

Program	United Way Funding	United Way % Total Funding
Transitional Services	\$13,000	9%
Pretrial Services	\$0	0%
Local Probation Services	\$0	0%
In Jail/Volunteer	\$3,245	8%

Program	Other Funding	Other % Total Funding	Other Beneficiaries
Transitional Services	\$73,533	43%	322
Pretrial Services	\$170,962	76%	444
Local Probation Services	\$276,718	95%	902
In Jail/Volunteer	\$18,457	44%	40

Area Not Listed:

Technical Assistance/ Program Management/ Capacity Building

Investment Portfolio:

1. *Madison House*: Student Volunteer Center
2. *Offender Aid and Restoration/ Jefferson Area Community Corrections*: Criminal Justice Planner (*adult crime)

Total City and County FY03 Investment: \$41,836

Methods:

Primary Beneficiaries: These programs serve service providers (the Criminal Justice Planner specifically serves the criminal justice system).

Programming Models: Both programs are capacity builders; Madison House trains volunteers and the Criminal Justice Planner coordinates services. Both programs collaborate with other agencies in the delivery of services. The program used by the Criminal Justice Planner is wholly or partially empirically validated/based, and Madison House explicitly uses a strengths-based model in that it cultivates community leaders and builds on community assets.

Services Provided: Neither program provides direct services.

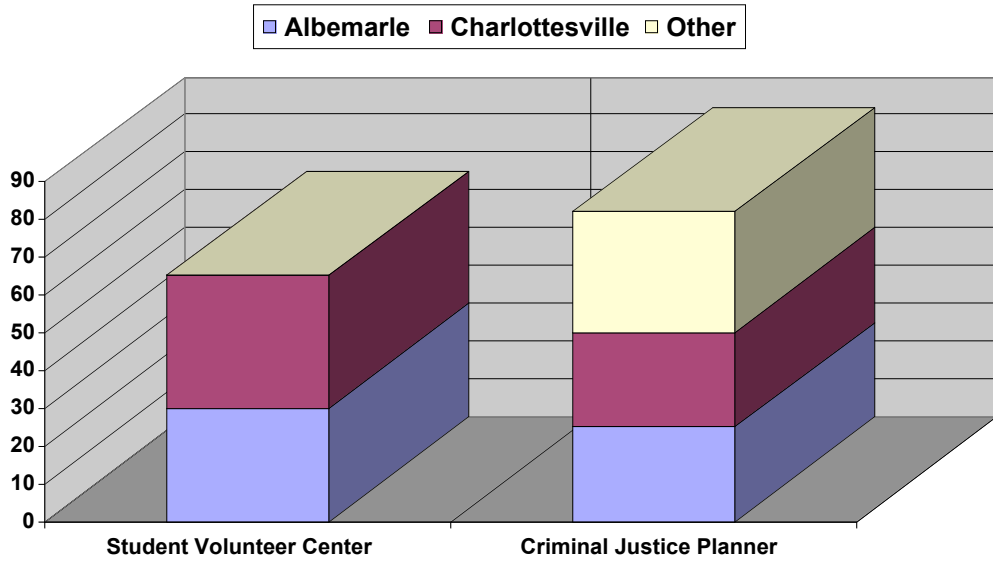
Outcomes Measured:

The specific outcomes for service providers as beneficiaries in this Focus Area include additional *human resources* (measured by annual survey of Community Partner Coordinators regarding trained volunteers); improved *skills to effectively utilize and supervise volunteers* (measured by annual survey of Community Partner Coordinators); direct *monetary value of volunteer hours* (measured by volunteer sign in sheet and recorded hours); *funding* from State, Federal and Foundation sources (measured by database including information on grants submitted and received); *developments in planning* (measured by minutes from Committee meetings); and an *improved quality of treatment and rehabilitation available within the criminal justice system* (measured by minutes and reports from criminal justice and treatment agencies regarding new programs or improvements to existing programs).

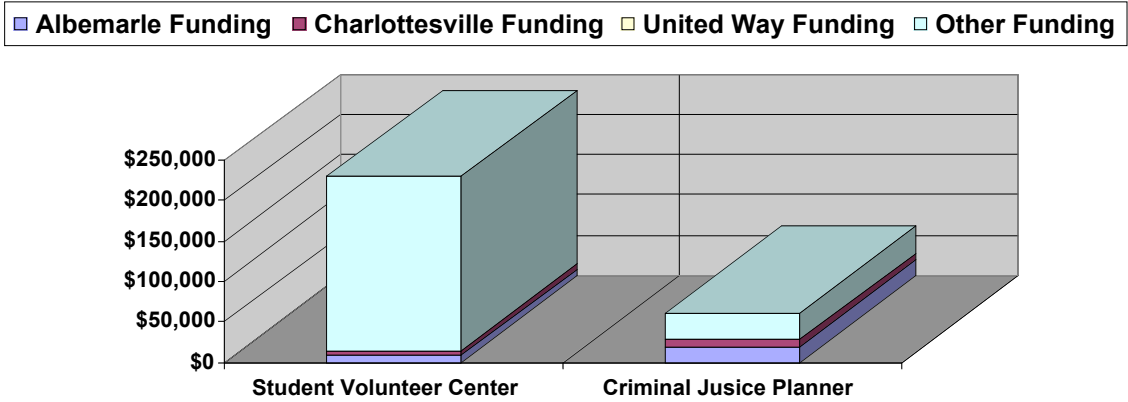
Discussion and Recommendations:

Because the Needs Assessment targeted households/beneficiaries, not agencies, outreach to community and faith-based agencies, to determine their interest in and need for technical assistance and capacity building, could be informative. Building the capacity of service providers could increase their impact with fewer resources and less overlap than creating new programming. Current programming strengths include providing and coordinating volunteers for programs in public schools, nursing homes, senior, child care, medical and rehabilitation centers, as well as housing, environmental, animal, refugee, immigrant, migrant and community youth organizations. Also, there are technical assistance efforts available for writing grants, facilitating board meetings, and providing and developing staff support to create more efficient criminal justice programs and policies. Feedback from agencies regarding their interest in technical assistance/capacity building might include expressed needs for training on how to conduct focus groups and outcome measurement, assistance with strategic planning, program evaluation, financial management, board and fund development, and information about local needs and best practices. Investing in needed technical assistance could yield long term outcomes, such as sustainable community and faith based organizations, improvements in conditions for their beneficiaries, the leveraging of funds to reach more beneficiaries, a reduction in the income gap, and increased civic engagement.

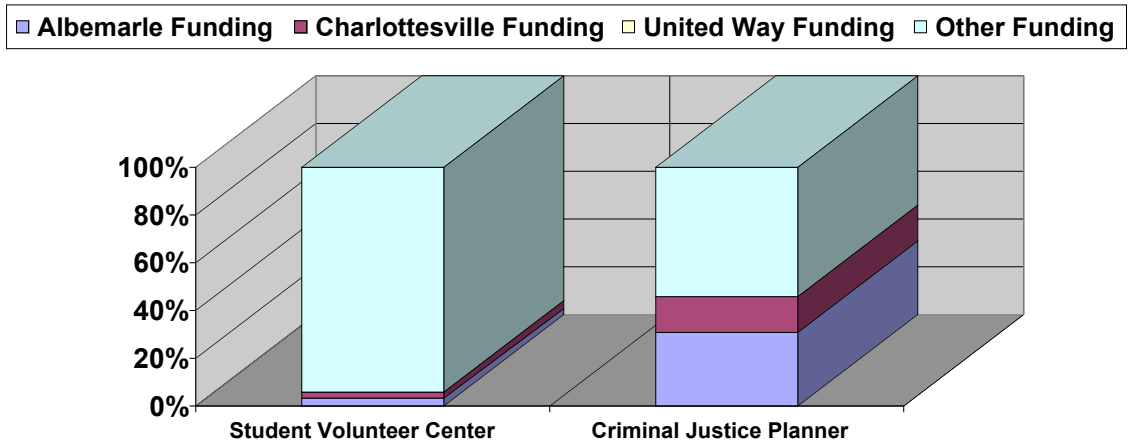
Total Beneficiaries Per Program



FY03 Budgets Dollars Leveraged



FY03 Budgets Percent of Funding



Program	Albemarle Funding	Albemarle % Total Funding	Albemarle Beneficiaries
Transitional Services	\$7,289	3%	30
Pretrial Services	\$18,837	31%	25

Program	Charlottesville Funding	Charlottesville % Total Funding	Charlottesville Beneficiaries
Transitional Services	\$6,396	3%	35
Pretrial Services	\$8,774	15%	25

Program	United Way Funding	United Way % Total Funding
Transitional Services	\$0	0%
Pretrial Services	\$0	0%

Program	Other Funding	Other % Total Funding	Other Beneficiaries
Transitional Services	\$215,405	94%	0
Pretrial Services	\$32,762	54%	32