# THE **STATE** OF OUR CHILDREN

Our Community, Our Challenge

2019 Mecklenburg County, North Carolina



Communities In Schools Charlotte-Mecklenburg



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#### **Research Statement**

Efforts to compile this information were grounded in a race equity lens: an understanding that problems and injustice in our community are created by or exacerbated through institutional-level racism. Further, disparate outcomes in our system exist across racial groups; however, we must acknowledge these outcomes are the result of system-level factors and we cannot attribute greater needs for one group to individuals in that group. The intention of this report is not to highlight differences between groups in our community or create a sense of the 'other' but, rather, to focus our attention around where we, as a community, are falling short and galvanize energy to improve our systems to better support children and families.

This report uses 2017 data when available. Most data are not reported in real time and, therefore, there is a lag. Further, the time it takes to compile, ensure accuracy, and analyze data means we consider data retrospectively rather than contemporaneously. You can learn more about publicly available data in the Data Release Schedule on page 79.

#### **A Special Thanks**

To Peter Allen, Ashley Foster, and Bryan Norton of Moore & Van Allen for your time, talents, and patience,

And to Bill Loftin of Loftin Printing for ensuring this report reaches an even larger audience.



## COMMON LANGUAGE, PROFOUND CHANGE.

Every day, Mecklenburg County's child-serving organizations are wholeheartedly devoting their lives to children and families. This report is a resource for the countless stakeholders who need readily accessible community-level indicators. Practically speaking, it brings together indicators of child-serving systems in one place to empower us to do more together.

When it comes to improving the lives of our children, collaboration is the key to real, sustainable impact. We are stronger when we have a shared understanding of our local, community context. We all want the best possible outcomes for our children, but we need shared resources and a common language to tackle the challenge. The disparities in children's outcomes are often the result of community level inequity. Our hope is that the State of Our Children will highlight the intersections in child-serving work in Mecklenburg County so children's well-being can be understood holistically. In these pages, you will find ways to expand your awareness and discover opportunities to advocate for Mecklenburg's children.

The intention of this report is to galvanize the community to improve our systems to better support children and families. We invite you to join us in this work. Remember, together, it is our community, our children, and our challenge.

On behalf of everyone who has contributed to this report and to everyone who will use it, thank you for believing in children. Let's continue to work together to create change!

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# The measure of a society's health is how well it cares for its youngest and most vulnerable.

We all share in the responsibility for taking action to ensure all children have what they need to grow up to be healthy and successful adults. Since the 1980s, Council for Children's Rights (CFCR) has produced community indicator reports varying in length from a single page to well over 350 pages. For several years, CFCR's research committee has gathered monthly to discuss indicators of child well-being and collaborate on initiatives designed to improve children's well-being. Frequently, CFCR's research committee has commiserated over the lack of availability and accessibility of data to inform sustained community action over time. Without shared, agreed-upon metrics, success is hard to define collectively within Mecklenburg County.

How Mecklenburg County defines, measures, and tracks child well-being matters. The "State of Our Children" provides data snapshots and trends, policy context and opportunities, as well as links to additional resources and research. It is not a new strategy, but rather a tool for executing and supporting existing community action. Examining changes in child well-being creates more responsive policies and programs, and utilizes resources more effectively. This report is by no means exhaustive, and there are continuing opportunities to highlight and supplement the existing gaps in child well-being data. In future iterations, we intend to expand the scope of the report and include additional partners in an ongoing, collaborative process.

The 2019 State of Our Children Report is the evolution of an established resource made stronger by collaborative partnerships with local child-serving organizations. The report is re-branded to remind us that all children are OUR children and OUR future. There are several ingredients that positively contribute to children's development—loving, nurturing caregivers; good nutrition; access to healthcare; and safe, supportive homes are just a few. The trends in child well-being that are summarized in this report highlight the strengths and opportunities in our community's systems (e.g., education, healthcare, housing) for supporting children on a pathway to success.

Improving outcomes for children in Mecklenburg County requires a commitment to strengthening systems through increased cross-sector collaboration, integration, and shared outcomes. A holistic approach that integrates information across systems is essential for meeting children's and families' needs. This publication increases access to centralized data and information that can inform enhanced community coordination and alignment –ultimately to result in more equitable outcomes for all children in Charlotte-Mecklenburg. The State of Our Children provides metrics of child well-being across several systems so that our community can work toward an enhanced alignment and shared understanding of our children's needs.

Sincerely,

Virginia Covill, Ph.D. Vice President of Research, Evaluation & Impact Communities In Schools

Emily Tamilin, M.A. Director of Research & Policy Council for Children's Rights

## COLLABORATIVE PARTNERS

This publication wouldn't be possible without members of Council for Children's Rights' research committee and numerous collaborative partners who informed this work. Thank you for your commitment to supporting our children in Mecklenburg County.

- Charlotte-Mecklenburg Schools<sup>RC</sup>
- Child Care Resources, Inc.
- Leading on Opportunity
- Mecklenburg County Public Health
- Mecklenburg County Youth & Family Services RC
- Pat's Place
- Smart Start
- Teen Health Connection RC
- UNCC Community Psychology Lab<sup>RC</sup>
- UNCC Institute for Social Capital
- UNCC Urban Institute
- United Way

<sup>RC</sup> Denotes member of research community



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## **DEMOGRAPHIC PROFILE**

While the nation's population year-over-year growth rate recently reached its lowest (0.62%) since 1937,<sup>1</sup> Mecklenburg County saw a **2% annual population increase.** The county has experienced steady growth over the past decade, growing **20.92% (186,332 people)** between 2008 and 2017. In fact, the city of Charlotte ranks 7th in year-over-year population growth based on the most recent Census Bureau data.<sup>2</sup>



Over the past decade, the proportion of White, Black, multiracial, and Hispanic residents in Mecklenburg County declined while the proportion of residents who identify as Asian or from another racial/ethnic group increased. Data are often reported in a way that conflates race/ethnicity (e.g., White non-Hispanic or White/Hispanic compared to only Hispanic/Latino), which limits our understanding of the unique experiences and needs of each racial and ethnic group. Data in this report reflect the source and, therefore, racial/ethnic categories are not consistent throughout. Growing diversity in Mecklenburg is an asset to our community, because a diverse community can strengthen the economy through a more productive and talented workforce, and bring additional cultural opportunities.



In the past decade, Mecklenburg County saw an **8.55% increase in the child population** and **6.39% increase in families with children.** Both figures are lower than overall population growth and greater than any gains in birth rate, which indicates these increases are due to migration to the Charlotte-Mecklenburg area. In addition, these increases do not reflect national trends as the national child population declined by 1% over the same period.<sup>3</sup>



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The child population in the county is diversifying faster than total adult population. In 2017, almost one-half of children in the county identified as White (46.10%), while Black children represented one-third of children (33.01%), and Hispanic children accounted for one-fifth of the child population (20.37%).

Over the past decade, the number of children across all racial/ethnic groups increased. However, White children now make up a smaller proportion of the overall population, meaning the proportion of children from other racial/ ethnic groups has grown.







Not surprisingly, married families with children earn more than single-parent families; specifically, 2.3 times more than families headed by males and 2.8 times more than families headed by females. More alarming is the income gap between male-headed and female-headed households, where men are earning almost 20% more than women.

#### 2017 Median Household Income



# INCOME INEQUALITY & UNDERSTANDING NEED

Previous work conducted by The Equality of Opportunity Project, Charlotte-Mecklenburg Schools, and UNCC's Urban Institute has highlighted critical income-related differences in outcomes. Of particular interest, this research has shown how county averages often mask the realities of income-inequality experienced at the neighborhood level. Locally, the Quality of Life Explorer, and nationally, the Opportunity Atlas, offer users an interactive tool with which to drill down data for analysis by ZIP code, census track, and neighborhood profile areas.

Income is a key demographic marker required for understanding poverty and affordability, but it fails to capture the full scope of need in Mecklenburg County. To see how Mecklenburg compares to other North Carolina counties on several health, economic, youth behavior, and education metrics, check out the Public School Forum's Road Map of Need.

## UNDERSTANDING POLICY IN THIS REPORT

Throughout this report, we explore both *Policy Context* and *Policy Opportunity*. For the sake of clarity, we define these as:

#### **Policy Context**

Provides historical background and/or information about the current climate within which to understand existing opportunities.

#### **Policy Opportunity**

Highlights current opportunities to build on momentum to create change by introducing or enacting new policy, improving or modifying existing policy, and/or aligning policy with best practices.



For more information, or to take action, please visit the following resources.

- Quality of Life Explorer
- Opportunity Atlas
- Road Map of Need

NOTE: Links to all online resources mentioned in this report are available in the Community Toolkit of the online report, as well as on CFCR's and CIS' websites.







# LIVELIHOOD

#### The United States Federal Poverty Level (FPL) was established in the 1960s based on research

showing families spend approximately one-third of their income on food.<sup>1</sup> While slight adjustments to the FPL have accounted for inflation, the formula was never updated to reflect the shifting expenses of a modern family, who now spends approximately one-seventh of its budget on food in an economy where the costs of housing, child care, healthcare, and transportation are rising disproportionately to income.

While there is debate as to the most appropriate measure of need, most analysts agree that the FPL is inadequate, and research consistently shows families need an income that is approximately double the FPL to meet their basic needs (e.g., housing, food, child care). Because of this reality, children living in households earning up to 200% of the federal poverty level are considered living in need.<sup>2</sup>

Families experience economic hardships when they cannot fully participate in society.<sup>3</sup> Both the FPL and the living in need standard are based on an income metric that fails to account for material necessities (e.g., adequate housing, electricity, phone service, Internet), debt, or financial assets (e.g., savings, property). Further, in order to get by and, ultimately, get ahead in society, families need human and social capital, such as basic life skills, employment experience, networks, and access to civic institutions.<sup>4</sup>



For additional resources on poverty measurement and its history, visit U.S. Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation.



#### **Income and Poverty Threshold in America**

Persons in Household	1	2	3	4	5	6	7	8	>8
2017 Poverty Line⁵	\$12,060	\$16,240	\$20,420	\$24,600	\$28,780	\$32,960	\$37,140	\$41,320	Add \$4,180 for each additional person
Basic Living Standard (200% of Poverty)	\$24,120	\$32,480	\$40,840	\$49,200	\$57,560	\$65,920	\$74,280	\$82,640	

#### **Children Living in Poverty (Under 18)**

	2007 (pre-recession)	2009	2011	2013	2015	2017
Live in Poverty (100% of FPL)	29,779 (13.14%)	46,465 (19.78%)	56,196 (23.68%)	48,247 (19.92%)	46,495 (18.60%)	42,098 (16.49%)
Live Below Basic Living Standard (200% of FPL)	44,542 (19.65%)	45,465 (19.35%)	52,480 (22.11%)	58,757 (24.26%)	58,686 (23.47%)	47,623 (18.65%)
Total Living in Need (Live in Poverty + Live Below Basic Living Standard)	74,321 (32.79%)	91,930 (39.13%)	108,676 (45.79%)	107,004 (44.18%)	105,181 (42.07%)	89,721 (35.14%)

To find information on poverty status by all age groups, visit the United States Census Bureau's Fact Finder portal.

Poverty is experienced by families of all racial/ethnic groups, but it is not experienced equally along racial lines, which is reflected in local and national data. Further, the proportion of children living in poverty by race/ethnicity is not the same across all areas of the country. Nationally, more than one in ten Asian children, one in three Black children, more than one in four Hispanic/Latino children, almost one in five multiracial children, and more than one in ten White children live in poverty. Compared to the rest of the country, poverty in Mecklenburg County is more concentrated for Asian children, less concentrated for Black and Multiracial children, and similar for Hispanic/Latino and White children.







The FPL is a key qualifier for several public assistance benefits including Medicaid (eligible at 138% FPL) and Supplemental Nutrition Assistance Program (SNAP, formerly food stamps; eligible at 130% FPL). Research shows community benefit programs (e.g., nutrition programs, child-care assistance, subsidized housing) help lift families out of poverty, increasing access and disrupting the cycle of generational poverty. However, nationally, more than a quarter of people living in poverty are not accessing these benefits. In Mecklenburg County, 9.58% of households received cash or food assistance benefits in 2017, higher than pre-recession levels of 7.43% in 2007, but lower than peak utilization in the past decade of 14.37% in 2011.

#### **Policy Context: The State Budget**

In the 2018-19 North Carolina state budget, 71% of line items consisted of non-recurring funds, which means our Legislature is making initial investments but failing to allocate resources long-term to create sustainable practices. In addition, compared to the pre-2013 tax code, North Carolina realizes an annual revenue loss of \$3.5 billion. The loss of revenue compromises the state's ability to maintain its current operating budget and, further, to make critical investments in serving a growing population and meeting the state's future policy needs (e.g. Raise the Age).<sup>7</sup>

# Policy Opportunity

#### **Invest in Economic Supports**

In FY2017, SNAP provided \$2.14 billion in food benefits to 1.4 million (13%) North Carolinians.<sup>8</sup> Of those participants, more than 65% were families with children, almost 31% were families with members who are elderly or living with disabilities, and 42% were working families. On average, families received \$131 monthly in SNAP benefits, or \$1.43 per person per meal.<sup>9</sup> SNAP helps families put food on the table and, in 2017, lifted 3.4 million people in the United States, including 1.5 million children, out of poverty.<sup>10</sup> Providing public assistance to families in poverty benefits the economy. Specifically, in a weak economy, estimates show \$1 in SNAP benefits generates \$1.70 in economic activity.<sup>11</sup> Further, in FY2017, when the total US budget was \$4 trillion, SNAP participants across the country redeemed \$63 billion (1.58% of the total budget) in benefits for food purchases, supporting various retailers, including major national grocery stores, specialty stores, and farmers' markets.<sup>12,13</sup> To lift families out of poverty, we must strengthen the reach of community benefit programs while simultaneously attending to racial inequity.<sup>14</sup>

#### **Build Social Capital While Incorporating Youth Voice**

In Charlotte-Mecklenburg, it is difficult for low-income children to escape the generational cycle of poverty. Of the largest counties in the United States, Mecklenburg ranks 99th out of 100 in upward mobility.<sup>15</sup> The Leading on Opportunity task-force report identified social capital as a key factor for changing the equity of opportunity in Charlotte-Mecklenburg. Improving social capital could enhance the future for many of Charlotte's children.

Most social capital measures focus on adult indicators rather than youth perspectives. As the community aligns resources to meet this need, it is important to be able to measure youth social capital and understand youth views of social capital. Creating youth forums focused on learning from youth about their perspectives on social capital could inform the development of youth-driven social capital indicators.

In order to gauge the success of social capital programs, like Life Navigators (individuals who can connect children's vague aspirations into tangible opportunities), it is essential to understand youth views of social capital and how it can be effective in their lives. Additionally, facilitating opportunities to bring together content experts, youth representatives, and key stakeholders can ensure that social capital metrics are meaningful for all community members. Program-specific measures can be used to determine the differential effectiveness of youth social capital programs, while community-level measures can assess overall changes in youth social capital over time.

## LIVING WAGE

Because of the geographical limitations of the FPL, analysts often use a living wage or market-based approach, drawing on expenditure data (e.g., food, child care, housing, transportation, clothes, personal care items) from specific counties to determine minimum income standards required to meet a family's basic needs while maintaining self-sufficiency.<sup>16</sup>

In Mecklenburg County, the current minimum wage is \$7.25/hour. Massachusetts Institute of Technology's living wage calculator disaggregates key cost of living data by county in an effort to better contextualize the minimum amount a family would need to live in each county across the United States.

In Mecklenburg County, a family with two adults working full time and two children must earn at least \$15.33/hour to earn a living wage; however, if only one adult in the household works, the working adult must earn at least \$24.94 for a living wage.<sup>17</sup> The figure below shows some of the expenses considered in the living wage calculation. Visit the calculator for information about additional family sizes.

#### 1 Adult, 1 Adult, 1 Adult, **3 Children** 1 Child 2 Children **Housing** - \$11,604 **Housing** - \$11,604 Housing - \$15,720 Food - \$4.413 Food - \$6.644 Food - \$8.812 **Child Care** - \$6,846 **Child Care** - \$9,976 **Child Care** - \$13,107 Health Care - \$6,969 **Health Care** - \$6,625 **Health Care** - \$6,707 **Transportation** - \$8,424 **Transportation** - \$9,905 Transportation - \$11,459 **Other** - \$4,697 **Other** - \$5,099 **Other** - \$5,935 Annual Taxes - \$9,761 **Annual Taxes** - \$8.398 **Annual Taxes** - \$12.072

#### **Required Annual Income Before Taxes**

These housing estimates of \$967-\$1,310 per month may mask the reality that, according to the Charlotte-Mecklenburg Housing and Homelessness Dashboard, affording a 2-bedroom apartment requires 103 hours of work per week at minimum wage.



#### Policy Context: Charlotte's Affordable Housing Crisis

Charlotte is currently experiencing an affordable housing crisis. With the County population increasing by nearly a quarter in the past decade, the need for housing has also increased. Charlotte has a housing deficit of 24,000 units and, with rent averaging \$1,175 per month (\$14,100 annually), there is a lack of affordable housing.<sup>18,19</sup> In November 2018, Charlotte voters overwhelmingly voted in favor of a \$50 million affordable housing bond.<sup>20</sup> The housing bond will be spent according to a framework approved by City Council in August 2018, with three key pillars: increasing capacity to serve households earning below 60% of the area median income (AMI), serving residents vulnerable to housing displacement, and using housing to build and expand access.<sup>21</sup> Some have criticized the city for targeting households at 60% AMI because the largest deficit in affordable housing exists for households with extremely low incomes (i.e., below 30%).<sup>22</sup>

Further concerning are recently released 2019 property revaluations. Residential properties saw an average increase of 43%, and commercial properties (including apartments) experienced an average increase of 77% in property values. While this will not translate immediately into sharp increases in tax bills and rent, the information will be used as local governing boards set property tax rates when finalizing budgets later this year and costs will be passed on to families.<sup>23</sup>

For more detailed information about housing instability, explore the Charlotte-Mecklenburg Housing and Homelessness Dashboard and accompanying reports, as well as recent analysis focusing on children and youth in the 2018 State of Housing Instability & Homelessness Report prepared by the UNCC Urban Institute.

Do you or a family you know need assistance? Call 2-1-1 or visit www.nc211.org for help with housing, utilities, healthcare, food, mental health and substance use, clothing and household goods, aging and disability services, employment and income, and heating.



## **EARLY CARE AND EDUCATION**

Child advocates have long focused on the importance of a child's experiences between the ages of 0 and 5, recently extending that focus to age 8. Specifically, this period is characterized by rapid brain development in language, social, emotional, and cognitive skills.

The loving attachment between baby and caregiver is crucial for brain development, and lays the foundation for health and well-being that will affect a child the rest of his or her life.<sup>24</sup> However, some families are not able to take time off of work after birth or the adoption of a child. In the United States, less than two-thirds (59%) of the workforce is eligible to take unpaid family leave through the Family and Medical Leave Act (FMLA), and nearly half do not take leave due to lack of pay.<sup>25</sup>

#### Policy Context: Family and Medical Leave Act

In 1993, Congress established the Family and Medical Leave Act (FMLA), which provides eligible workers (i.e., worked at the business at least 12 months; worked at least 1,250 hours over the past 12 months; and work at a company employing at least 50 employees within 75 miles) with a federal entitlement to unpaid leave for certain familial caregiving needs. However, in the past few years, focus has shifted to paid family leave. Currently, 13% of private-industry employees may access paid leave through their employers. Only five states and DC have established public programs. In addition, of the 193 countries that are members of the United Nations, the only countries without a national paid parental leave program are New Guinea, Suriname, a few South Pacific Island nations, and the United States.<sup>26</sup>

## Policy Opportunity

#### **Expand Paid Family Leave**

The 2017-19 US Congress considered, but failed to pass, a federal proposal to expand FMLA to paid coverage through a national wage insurance program for eligible workers engaged in caregiving activities.<sup>27</sup> With bipartisan support for paid family leave, it is possible for legislation to pass in the current Congress.

Child care is the greatest expense for families with children who are not yet school-aged. The Department of Health and Human Services set the affordability threshold for child care at 10% of income.<sup>28</sup> To meet the affordability threshold, a working family with one child in Mecklenburg County needs a household income of \$109,620 for center-based child care and \$83,200 for home-based care. With 70.12% of children under 6 living in homes where all parents in the household are working, the need for quality child care is paramount.



For more information about Child Care Programs, visit Child Care Resources Inc.'s website.



At age 5, parents can enroll their children in kindergarten offered through the public school system. Currently, Mecklenburg County has three publicly funded pre-k programs for 4-year old children: Bright Beginnings, NC Pre-K, and Meck Pre-K. Bright Beginnings is a free, public pre-k program for 4-year-olds who are screened and demonstrate educational need. Bright Beginnings is administered by Charlotte-Mecklenburg Schools (CMS), offered in 53 area elementary schools, and can serve up to 3,240 children.<sup>29</sup> NC Pre-K is a free program for 4-year-old children in families with incomes at or below 75% of the state median income. NC Pre-K operates statewide and is administered locally by CMS. NC Pre-K has a capacity to serve 1,414 children in 79 classrooms in 28 area child care facilities.<sup>30</sup> Newly created by the County Manager's office in FY2018, Meck Pre-K is a free, county-funded program for 4-year-olds in families with an income at or below 220% of the poverty level. Administered by Smart Start, Meck Pre-K serves up to 600 children in 33 classrooms located in selected area child care facilities.<sup>31</sup>

For more information about NC Pre-K, visit CMS' guide to eligibility and the North Carolina Department of Health and Human Services portal. Visit Smart Start online for more information on Meck Pre-K.

# Policy Opportunity

#### **Invest in Universal Pre-K**

Our nation's primary education begins at age 5 when a child enters kindergarten. However, decades of research on brain development demonstrates critical learning takes place long before children enter the school house. The benefits of high-quality pre-kindergarten experiences, in addition to high quality child care, are two-fold: it ensures kindergarten readiness and allows parents to work and/or pursue higher education. Currently, only 23% of our children ages 0-5 attend a licensed or regulated child care setting. The primary reason parents choose a non-licensed setting is cost.<sup>32</sup> Cost should not be a barrier to children receiving high-quality early care. Adopting universal pre-k would remove that barrier for many families.

To learn more about the critical role early childhood experience plays in the future of our communities, watch The Raising of America Documentary Series.

## Community Toolkit

For more information, or to take action, please visit the following resources.

#### Poverty

- Federal Poverty Guidelines
- Resources on Poverty Measurement
- United States Census Bureau's Fact Finder

#### **Social Capital**

- The Leading on Opportunity Task Force Report
- UNCC Report on Social Capital

#### The Living Wage

• MIT Living Wage Calculator - Mecklenburg County

#### Housing, Homelessness and Assistance

- Housing Charlotte Framework
- Housing & Homelessness Dashboard
- NC 2-1-1

#### **Child Care Programs in NC**

Child Care Resources Inc.

#### **United States Congress**

• H.R. 1185 | FAMILY Act

#### NC Pre-K

- CMS Guide to Eligibility
- North Carolina Department of Health and Human Services

#### **Meck Pre-K**

Smart Start

#### **Universal Pre-K**

• The Raising of America Documentary Series

#### **Early Childhood Education**

Mecklenburg County Action Plan

NOTE: Links to all online resources mentioned in this report are available in the Community Toolkit of the online report, as well as on CFCR's and CIS' websites.







## **K-12 EDUCATION**

Charlotte-Mecklenburg Schools (CMS) is the second-largest public school district in North Carolina and one of the 20 largest districts in the nation.<sup>1</sup> It is responsible for educating over 140,000 children annually.<sup>2</sup> A large majority (77%) of local youth enrolled in school attend CMS.

#### **CMS Enrollment**

Year	#of K-12 Schools <sup>3</sup>	Total Enroliment	Asian	Hispanic	Black	White	Two or More	Other (Am Ind + Pac Is)
17-18	176	147,359	9,761	35,534	56,204	41,315	3,751	794
16-17	170	147,157	9,295	33,878	57,407	42,096	3,658	823
15-16	168	145,952	8,794	32,046	57,884	42,915	3,468	845
14-15	164	145,362	8,337	30,469	58,800	43,531	3,382	843
13-14	160	142,990	7,885	27,807	58,888	44,103	3,498	809
12-13	159	141,171	7,370	26,020	58,840	44,610	3,553	770
11-12	159	138,012	6,975	24,055	58,024	44,786	3,454	718
10-11	178	135,638	6,892	22,221	55,801	44,487	5,703	NA
09-10	176	133,664	6,488	21,214	55,121	44,719	5,530	NA
08-09	172	134,060	6,252	20,809	56,014	45,200	5,079	NA
07-08	167	132,281	5,828	19,671	55,678	45,986	71	NA

CMS is a diverse, urban school district with 186 nationalities represented and over 205 languages spoken.<sup>4</sup> The largest group of enrolled students in the district are Black (38%). 28% are White, 24% are Hispanic, and 10% identify as an other race/ethnicity. Of North Carolina school districts with more than 10,000 students, CMS is the most racially segregated.<sup>5</sup> Racial segregation is associated with larger achievement gaps, greater disparities in school resources, and lower graduation rates.<sup>6</sup>

### **Policy Context: School Segregation**

From the mid-1970s through the 1990s, CMS was a national model for desegregating large school districts. By utilizing school-pairings, student busing, school-choice policies, and other means, CMS saw success in creating schools that closely reflected district-wide demographics. These strides were largely undone by a 2001 ruling from the Fourth Circuit Court of Appeals that deemed CMS' racial desegregation plan illegal. Following this ruling, CMS could no longer consider race in student assignment, and the district shifted to a "neighborhood school" and choice-based assignment model.<sup>7</sup>

In the 2017-18 academic year, 78 of CMS' 176 schools were Title I (up from 12 in 2001).<sup>8</sup> Title I is a provision in the Every Student Success Act (ESSA) which provides financial assistance to schools with high percentages of economically disadvantaged students.

In 2016, the CMS Board of Education agreed to move forward with a two-phase student assignment plan intended to address several issues facing the school system. Phase I, approved in February 2016, focused on the use of magnets, and Phase II, approved in May 2017, focused on altering school boundaries and feeder patterns. Details on each phase may be found in the links found in the Community Toolkit at the end of this chapter. Additionally, CMS began releasing school-level data disaggregated by racial make-up and poverty level in 2017. Learn more in the 2016-17 CMS' Breaking the Link Report.\*

\*The 2017-18 Breaking the Link Report was not available when this publication went to print.

While private school enrollment has remained stable over the past decade (approximately 20,000 students), charter school and home school enrollments have increased 222% and 56% respectively. Access to quality education is fundamental to healthy child development and school quality is a critical indicator of investment in the overall well-being of children within a community.

#### Non-CMS School Enrollment in Mecklenburg<sup>9</sup>

	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18
Private School Enrollment	19,733	18,928	19,007	19,545	19,374	19,495	19,205	18,524	18,506	18,588
Home School Enrollment	6,296	6,620	6,098	5,926	6,573	7,274	7,741	8,773	9,396	9,827
Charter School Enrollment	4,682	5,568	6,175	6,761	7,189	8,484	10,722	12,466	13,332	15,085



#### Policy Context: Senate Bill 8 (2011)

Increased enrollment in charter schools is largely due to legislative changes. In August of 2011, Senate Bill 8 eliminated the cap on the number of charter schools allowed in NC (previously capped at 100). This legislation also removed enrollment minimums and allowed for charter schools to serve only certain groups of students (e.g., single-sex schools). Home schooling as an alternative learning option has grown in popularity. According to home school advocates, this trend is largely due to parent dissatisfaction with common core curriculum and standards, coupled with greater access to online learning.<sup>10</sup>



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#### **Per Pupil Spending**





The 2017-18 CMS budgeted expenditure per pupil was \$9,532;<sup>11</sup> a nominal increase of \$664 per student since the 2007-08 academic year. However, adjusting for inflation reveals that we are allocating less now than we were prior to the recession. The \$8,868 in 2007 had the buying power of \$10,498 in 2017 dollars.<sup>12</sup> According to the most recently available information from the US Census Bureau, the national average is \$11,762 per pupil.<sup>13</sup>

2017-2018

\$9,532

Further, when considering resource allocation, we must go beyond a single budgetary line-item. Resource allocation goes beyond financial investment from state and local municipalities to include high-quality and experienced teachers, support staff, technology in the classroom, books, facilities, course offerings, etc. Equity analyses should include Title I allocations as well as funds generated from parent-teacher organizations.

## Policy Opportunity

#### Adequately Fund Our Public Schools

With current funding below pre-recession levels, districts struggle to optimally staff schools (e.g., nurses, counselors, psychologists) and maintain facilities (e.g., overcrowding, maintenance). As such, with the increasingly complex needs students bring with them to schools, our teachers are being asked to fill roles outside of educating our students.

Beginning in December 2019, to comply with the Every Student Succeeds Act (ESSA), school districts nationwide are required to publicly report school-level funding.<sup>14</sup> Advocacy around funding optimal staffing levels, equitable resource allocation, and improved infrastructure at both the state and county levels is critical to setting our children up for success.



## PERFORMANCE

In North Carolina, student proficiency is assessed during End of Grade (EOG) Testing. EOGs are standardized assessments administered each year in Math, Reading, and Science for 3<sup>rd</sup> through 8<sup>th</sup> graders. The tests are scored on a five point scale, with a score of three or higher considered "On Grade Level." However, many education advocates point to a score of four or five, considered "College and Career Ready," as the benchmark for proficiency.



#### CMS 2017-18 EOG Math and Reading Performance

Third grade reading ability is an important indicator of student success, as it is highly predictive of graduation rates, as well as many other indicators of academic success.<sup>15</sup> However, it is studied and cited most often because 3rd grade is the first time children are formally assessed. Researchers and advocates stress that the foundation for learning success occurs in the early years of child development (ages 0-8).



#### **Support READ Charlotte**

In 2017-18, 56.1% of third grade students in CMS were reading on grade level. Examining student subgroups reveals large achievement gaps along racial lines and among some of our most vulnerable students. This percentage has remained relatively stable the last three years. READ Charlotte was established in 2015 as a literacy initiative with the goal of doubling the percentage of third graders reading proficiently (a score of a 4 or 5) from 39% in 2015 to 80% by 2025. Visit READ Charlotte online to learn more about how you can get involved.

To further explore CMS' outcome data, visit the district's Performance Dashboard.

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## **GRADUATION RATE <sup>16</sup>**

Historically, 4-year cohort graduation rates, or the percentage of students who attain a regular high school diploma within four years of starting 9th grade, served as an indicator of district success. Further, increases in the CMS graduation rate are often touted as an indication that the district is performing better than previous years and ensuring students progress through critical coursework in a timely way.



### **4-Year Cohort Graduation Rates**

### Policy Context: Modification to Graduation Rate Calculation

For school year 2017-18, the North Carolina Department of Public Instruction modified the graduation rate calculation to account for students previously excluded from the graduation rate percentage.<sup>17</sup> Now, students who transfer between CMS schools are included in the calculations.

The new graduation rates provide the community with valuable information about students who were not previously accounted for. However, it is inappropriate to compare graduation rates to previous years. Because many off-track transfer students are now included in the metric, year-over-year comparison will create inaccurate conclusions that graduation rates are declining. Schools with high degrees of student mobility will have what appear to be the greatest declines in the 4-year cohort rates.

Graduation rate is one measure of College and Career Readiness, but not without its limitations. Many organizations also use ACT score to create a more robust picture of college readiness because it is a nationally normed measure of student preparedness for postsecondary education. In 2017-18, 56.3% of 11th graders who took the ACT scored a 17 or above, the threshold used by the UNC system for acceptance.<sup>18</sup>

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## ATTENDANCE

There are many reasons why a child might miss school, including, but not limited to: illness, transportation issues, housing instability, and child care for younger siblings. Often students and families living in poverty face more significant barriers to school attendance than their more affluent peers. In fact, across all grade levels, students in high poverty school settings have higher rates of chronic absenteeism than students in schools with low or moderate poverty levels.



### % of Students Chronically Absent from School for 2016-17 School Year

Chronic Absenteeism is defined as a student having an Average Daily Attendance (ADA) of less than 90% of days. Put another way, a student is chronically absent if they miss more than 10% of school days. When students are absent from school, they miss valuable instructional time, chances to learn from peers, and other school-based opportunities. Further, chronic absenteeism is a primary predictor of student school achievement and high school graduation rates.<sup>18</sup>

# **EXCLUSIONARY DISCIPLINE**

Exclusionary discipline refers to punitive practices that remove students from their usual educational setting (e.g., suspension, expulsion). Research on the harms of exclusionary discipline includes overwhelming evidence that suspensions negatively impact academic achievement, student behavior, and classroom climate. They increase the likelihood that students will drop out, experience additional suspensions, and enter the juvenile justice system.<sup>19</sup>

Nationally, many policymakers, educators, and advocates have called for alternatives to exclusionary discipline so as to provide students with additional supports that allow them to avoid missing valuable instructional time in the classroom.



2018 School Year

2017 School Year **11,032** 

Students with at Least One Out-of-School Suspension (OSS)



OSS incidents in CMS have remained relatively stable over the past three years, impacting over 10,000 students each year. The overwhelming majority (97% in 2016-17) of OSS incidents are for discretionary offenses identified as "Unacceptable Behavior."<sup>20</sup> Because children of color are suspended at higher rates, the use of exclusionary discipline contributes to racial gaps in academic achievement.

Of the 10,129 students who had out-of-school suspensions issued by CMS in 2017-18, 70% were Black despite accounting for only 38% of the CMS population.<sup>21</sup> Despite recent reductions in the use of exclusionary discipline, we must be mindful that exclusions are experienced differently across racial and socioeconomic lines. Recognizing the importance of racial equity in disciplinary practices, CMS releases its Breaking the Link Report annually.\*

\*The 2017-18 Breaking the Link Report was not available when this publication went to print.



# **Community Toolkit**

For more information, or to take action, please visit the following resources.

- CMS Student Assignment Principles
- CMS Student Assignment Plan: Phase I & II
- CMS Breaking the Link Report

- CMS 2017-2018 Accountability and Testing Results
- READ Charlotte
- CMS Performance Dashboard

NOTE: Links to all online resources mentioned in this report are available in the Community Toolkit of the online report, as well as on CFCR's and CIS' websites.









# Access to quality, affordable health care is a basic human right. It comes as no surprise the

United Nations included medical care and necessary social services in its 1948 Universal Declaration of Human Rights. Accordingly, we know that access to physical and mental healthcare plays a significant role with regard to long-term outcomes for children. Over the past decade, the United States has increased access to healthcare. As of 2017, the number of uninsured Americans of all ages stood at 9.1%, down significantly from 16% in 2010.<sup>1</sup> Yet in Mecklenburg County, the number of uninsured residents of all ages stood at 11%.<sup>2</sup> While these numbers remind us where we have fallen behind, there is ample opportunity to leverage national momentum to improve local health outcomes.

## HEALTH INSURANCE

**93\_60%** of Youth 0-18 are Insured

### Medicaid<sup>3</sup>

- **10,414 children** ages 3-17 used Medicaid for mental health, substance use, intellectual/developmental delay healthcare and/or assessment and outreach services:
  - 9,634 children ages 3-17 received services for a mental health diagnosis.
  - 914 children ages 3-17 received services for intellectual and/or developmental delay.
  - **323 children** ages 3-17 received services for substance use concerns.

### Policy Context: NC's Failure to Expand Medicaid

North Carolina failed to expand Medicaid coverage through the Affordable Care Act in 2014, at a time when 24 states and DC made it a priority. In the most recent election, three states (Idaho, Nebraska, and Utah) passed Medicaid expansion via ballot referendum, leaving 14 states, including NC, that have yet to adopt Medicaid expansion.<sup>4,5</sup>

# Policy Opportunity

### **Expand Medicaid**

Governor Cooper has expressed strong support for Medicaid expansion and, with a new General Assembly, we have an opportunity make expansion a reality. In January 2019, NC state legislators filed a bill (S3/H5: Close the Medicaid Coverage Gap) to expand Medicaid and provide taxpayer-funded health insurance to hundreds of thousands of North Carolinians. If enacted, the bill would expand Medicaid to individuals 19-64 who are at or below 133% of FPL (e.g., ~\$16,612 for a single person, ~\$34,250 for a family of four).

In addition, in 2017, there was a Republican proposal for an alternative to Medicaid expansion: Carolina Cares, which differs from expansion as it would not require state funds to implement and includes employment requirements. While the Carolina Cares proposal was not discussed in the 2017 long session, bill sponsors are hopeful it or other options will be considered in 2019.

To learn more about bill S3/H5, visit the North Carolina General Assembly online.



## **MATERNAL & CHILD HEALTH**

Births to teen moms (women younger than 20) continue to decrease as a percentage of total births locally, statewide, and nationally. The majority of teens having children are older teens, 18-19 years of age. In 2017, 68% (443) of teen births in Mecklenburg County were to mothers in this age bracket, indicating a need to target family planning and pregnancy prevention efforts toward this age group. Of the 664 teen births, 79% were to new mothers and 21% (1 out of every 5) were repeat births, increasing the risk of poverty. In addition, 72% of these young women were on Medicaid. Mothers on Medicaid have a higher percentage of poor birth outcomes compared to mothers who are not on Medicaid. Furthermore, as a mother's education level increases, her likelihood of being on Medicaid decreases. Overall, 91% of teen births were to minority females, with 39% of these mothers living in areas associated with low educational attainment and high poverty.6

Consideration of the physical health status and health behaviors of females before, during, and after pregnancy is essential. Preconception health addresses the need for improving a woman's physical and mental health status regardless of whether she intends to become pregnant or not. Efforts to improve birth outcomes should address social determinants of health, such as socioeconomic status and educational attainment, combined with behavioral, environmental, and biological factors that shape or affect pregnancy.<sup>7</sup>



### **Birth Data<sup>8</sup>**

# Conditions prior to birth are the leading cause of infant mortality. Of these conditions, prematurity

(less than 37 weeks) and low birth weight (less 6lbs 8oz) are the largest contributing causes and have significant implications for a child's future health. The traditional public health approach to reducing infant mortality over the last 20 years has largely focused on prenatal care in the first trimester. Despite efforts to improve prenatal care access and utilization, there has not been a concurrent decline in adverse birth outcomes (low birth weight and preterm births) locally or nationally. For over a decade, preterm births continue to account for roughly 12% of all births and low birth weight infants account for 9% of all births. Entry into prenatal care in the first trimester is largely influenced by women's knowledge of her pregnancy and the perceived benefits of care.<sup>9</sup>

# Policy Opportunity

### **Expand Pregnancy Prevention and Access to Prenatal Care**

Women with lower educational attainment are more likely to be on Medicaid, an indicator of low socioeconomic status, than women with a higher education. Women who are on Medicaid are more likely to receive less timely or adequate prenatal care compared to women who are not on Medicaid. In more than one-third of all pregnancies and almost one-half of Medicaid pregnancies, mothers received late or no prenatal care, which suggests an unintended pregnancy and demonstrates the need for pregnancy prevention efforts and expanded access to prenatal care.

## **Policy Context: Home Visiting Programs**

Home visiting programs, such as Nurse-Family Partnership (NFP), have been found to be effective in supporting healthy pregnancies and children. NFP serves first-time mothers by providing support and care from pregnancy to a child's second birthday.<sup>10</sup> Participation in NFP has been linked to reductions in: child abuse and neglect, emergency room visits for accidents and poisonings, language delays at 21 months, behavioral and intellectual problems at age 6, preterm delivery for women who smoke, subsequent pregnancies, future arrests of the mother, and arrests of the child at age 15. <sup>11</sup> In addition, participation in NFP is related to longer employment for mothers.<sup>12</sup> A 2005 study found NFP has a \$5.70 return on every dollar invested and, for high-risk families, program costs are recovered by a child's fourth birthday with additional savings realized throughout the lives of both mother and child.<sup>13</sup>

Locally, NFP is housed at Care Ring. To refer a patient or sign up for the program, visit Care Ring's website or call 704-248-3737.



### Policy Context: Adverse Childhood Experiences (ACEs)

Adverse early childhood experiences (ACEs; e.g., physical abuse, neglect, mother treated violently, substance misuse within household, incarcerated household member) are strongly related to negative outcomes later in life, including: social, emotional, and cognitive impairment; substance misuse; high-risk sexual behavior; lifetime depressive episodes; and early death.<sup>14</sup> In addition, the section of the brain associated with planning and decision-making is not fully developed until adulthood (age 25-26). Because youths' brains are constantly developing, they are more prone to peer influence and less able to control impulses, which means they are more likely to engage in risk behaviors.

Future reports will endeavor to include data on child exposure to violence as a proxy for understanding the prevalence of ACEs in our community.



## **YOUTH RISK BEHAVIOR SURVEY**

The Youth Risk Behavior Surveillance System (YRBSS) includes a national school-based survey (i.e., Youth Risk Behavior Survey (YRBS)) of health-related behaviors conducted by the Center for Disease Control and Prevention in partnership with local school districts. For North Carolina, this survey is conducted in CMS every two years and provides our community with invaluable insight into youth behaviors and experiences. Data from YRBS are self-reported, which means indicators may not capture the full range of behaviors due to social desirability bias (i.e., responding to a question in a way that would be viewed favorably by others) and respondents choosing not to respond to questions.

While the survey isolates six major categories, the indicators identified below have been broadly organized into categories related to physical and mental health.



### **Physical Health**

	2007	2009	2011	2013	2015	2017
High Schoolers Who Consumed Alcohol in the Past 30 Days	37.7%	35%	34.3%	32.2%	29.2%	26.5%
Middle Schoolers Who Have Ever Consumed Alcohol	33.6%	Not Surveyed	29.2%	26.2%	Not Surveyed	21.2%
High Schoolers Who Smoked Cigarettes in the Past 30 Days	22.5%	17.7%	17.7%	15%	13.1%	12.1%
Middle Schoolers Who Smoked Cigarettes in the Past 30 Days	11.7%	Not Surveyed	7.6%	6.1%	Not Surveyed	5.3%
High Schoolers Who Have Ever Vaped	N/A	N/A	N/A	N/A	49.4%	44.1%
Middle Schoolers Who Have Ever Used Marijuana	11.9%	Not Surveyed	11.4%	12.7%	Not Surveyed	11%
High Schoolers Who Have Ever Used Marijuana	36.4%	37%	42.9%	40.8%	41.2%	36.5%
High Schoolers Who Have Used Marijuana in the Past 30 Days	19.1%	19.8%	24.2%	23.2%	22.3%	19.3%

The use of alcohol and cigarettes has decreased among high school and middle school students over the past decade, while marijuana use has remained relatively consistent, and almost half of high schoolers have used vape products. In addition, the opioid epidemic has gotten a lot of attention in North Carolina and nationally. The YRBS does not survey youth about opioid use, so the prevalence of use among North Carolina and Mecklenburg County youth is unclear. Future reports will endeavor to find a reliable indicator or proxy for understanding the ways this national crisis is impacting our children.

### **Policy Context: The Vaping Industry**

As vaping products have become more common and youth vaping has become more popular, schools and governments have turned their attention to the vaping industry. Specifically, North Carolina Attorney General Josh Stein submitted a civil investigative demand to Juul Labs, creator of a popular vaping device in the shape of a USB thumb drive, asking for more information related to marketing practices and their efforts to ensure age verification before purchase.<sup>15</sup> In addition, in October 2018, the Food and Drug Administration seized thousands of Juul marketing documents after raiding their offices and requested Juul and four other e-cigarette companies submit plans to limit teen access. In response, Juul plans to stop selling some flavors of vape pods (e.g., mango), implement third-party age verification for online sales, create a secret shopper program for retailers, and limit bulk shipments of online orders.<sup>16</sup>

### Mental Health: Youth Risk Behavior Survey 2017

Sad/Hopeless		Considered Suicide		Bullied at School	
25.4%	29.4%	21.4%	<b>16.2%</b>	<b>43.6%</b>	<b>18.7%</b>
Middle	High	Middle	High	Middle	High Schoolers
Schoolers	Schoolers	Schoolers	Schoolers	Schoolers (Ever)	(Last 12 Months)
Saw Bullying (Last 12 Months)		Bullied Electronically		Agree Teachers Really Care About and Encourage Them	
62.6%	51%	<b>21.8%</b>	<b>13.9%</b>	54.7%	54.5%
Middle	High	Middle	High Schoolers	Middle	High
Schoolers	Schoolers	Schoolers (Ever)	(Last 12 Months)	Schoolers	Schoolers

### Policy Context: Public School Support Staff

A byproduct of inadequately funding our public schools is the reality that teachers perform duties far beyond education. Specifically, CMS does not currently employ enough student support staff (e.g. school counselors, social workers, and psychologists) to meet recommended national standards. In the 2015-16 school year, only 40% of North Carolina school districts met the state-recommended school nurse-to-student ratio of 1:750. A study by the Program Evaluation Division of the NCGA found it would cost up to \$79 million annually for all North Carolina schools to meet this ratio. In addition, CMS does not meet recommended national standards for school counselors, social workers, or psychologists (i.e., student services). And in its 2015-2016 facility assessment, the Department of Public Instruction found the total need in North Carolina was over \$8 billion.

Charlotte-Mecklenburg Schools' School-Based Mental Health (SBMH) program attempts to expand the continuum of care available to children by increasing access to evidence-based mental health services in the schoolhouse. The programs, jointly funded by CMS and Mecklenburg County, partners with six local agencies to offer individual therapy in addition to services provided by CMS. SBMH is currently offered in 64 of 170 schools in the district.

In 2017-18, CMS provided outpatient therapy to 1,812 students during the school day, representing 65% of children referred to the program. Service utilization challenges include student lack of insurance, unaffordable co-pays for students with insurance, guardian refusal to consent, and uncompleted intake following consent. Twelve percent of referrals included a request for funding support.<sup>17</sup>

For more information on support staff standards, see Council for Children's Rights 2020 Policy Priorities on our website. For more information about CMS' school-based mental health program, please visit the district's website.



# **&** Community Opportunity

*Navigating the Maze*, a 2017 assessment of children's mental health resources in Charlotte-Mecklenburg, identified the 13 gaps and barriers to treatment:

Private Insurance	Health insurance policies tend to have high annual deductibles. For mental health, there are more limitations, fewer services and higher co-payments.
Medicaid	Eligible recipients may be denied services on technical grounds or for being "noncompliant." And the denial rate for certain services is too high, or Cardinal will approve lower levels of services than recommended by the service providers. (Cardinal disputes these allegations.) <i>Note: Cardinal is Mecklenburg County's managed care organization.</i>
Birth to Age 5	The same array of mental health services available for children covered by Medicaid who are over the age of 5 are available to children ages 3 to 5, but few clinicians statewide provide these services in an evidence-based, developmentally appropriate manner. And the services are not available to children under age 3.
Intellectual/ Developmental Disabilities	The waiting list for individuals with intellectual or developmental disabilities (I/DD) to receive an Innovations Waiver can be several years, and the Medicaid services available while they wait for a waiver are much more limited and don't include such services as personal care.
Bureaucratic Delays	Two barriers to treatment are bureaucratic delays and time-consuming paperwork. For certain Medicaid services, pre-authorization can take 14 days.
Child Psychiatrists	The American Academy of Child and Adolescent Psychiatry says Mecklenburg County has a "severe shortage" of practicing child and adolescent psychiatrists.
Trauma-Certified Clinicians	Treating trauma effectively requires training and specialized certification; Charlotte-Mecklen- burg doesn't have enough credentialed clinicians, according to experts.
Charlotte-Mecklenburg Schools	Lack of parental consent was cited as the number one barrier within the school system to children receiving clinical mental health services. A second barrier is a federal statute prohibiting undocumented individuals from receiving Medicaid. A third is the stipulation that students meet with a school counselor to be referred to a licensed therapist. A final barrier is that only 59% of public schools have a SBMH intervention program.
Latino/Hispanic Children	Hurdles to providing mental health services include cultural stigma, the lack of Spanish- speaking counselors, a shortage of trauma-trained clinicians, the challenge of overcoming stereotypes and, in some families, the fear of deportation.
Residential Placements	While Cardinal maintains that the overall inventory of residential placements is "sufficient," there is common agreement among those interviewed for this report that Charlotte-Mecklenburg doesn't have adequate supply.
Adolescent Females	In Mecklenburg County, no group homes exist for girls in need of primary substance use treatment who require around-the-clock supervision. Part of the challenge is a reluctance to treat teenage girls, who may be viewed as difficult to work with.



Therapeutic Foster Homes	Cardinal maintains that the deficiency in therapeutic foster care (TFC) is not an overall shortage of licensed beds but rather the availability of specialized treatment for youth with highly complex mental health needs. Others say the issue is a shortage of effective therapeutic foster parents, especially parents who are willing to foster teens, and lack of support from providers.
LGBTQ Youth	The national rate of suicide attempts is four times greater for lesbian, gay and bisexual youth and two times greater for questioning youth than that of heterosexual youth. Yet many interviewees said the support available to local LGBTQ youth doesn't come close to meeting the demand.

# Community Toolkit

For more information, or to take action, please visit the following resources.

- NC Bill S3/H5: Close the Medicaid Coverage Gap
- Nurse-Family Partnership (NFP)
- Care Ring (local home of the Nurse-Family Partmership)
- Council for Children's Rights 2020 Policy Priorities
- CMS School-Based Mental Health Program
- Navigating the Maze Assessment

NOTE: Links to all online resources mentioned in this report are available in the Community Toolkit of the online report, as well as on CFCR's and CIS' websites.







# The safety of our communities is something many of us can take for granted. From our

transportation options to the food we can access, government laws and programs are designed to ensure safety casts a wide net – but sometimes and in some places we fall short. Our children and families still face persistent issues like racism, bullying, abuse, and inequitable access to resources; dangers which are all too often ignored until the damage is done. As a country, we have struggled to create environments that are safe and supportive for all. Our shortcomings are exemplified by mass shootings, weapons used or found on school campuses, neighborhood violence, and mass incarceration, which has destroyed communities and been exacerbated by failed efforts like the war on drugs. Clearly more is needed to address this most basic necessity – the safety of our children – from both legislative and social standpoints. Mecklenburg currently has several opportunities to proactively tackle this critical issue.

## **SCHOOL ENVIRONMENT**

The recent wave of tragic school violence has renewed public debate about school safety reform. Because reform requires a balance between creating supportive environments and establishing consistent disciplinary practices that rely on clear boundaries, high standards, and proactive consequences, school safety must be discussed in the context of school environment. School environment is the patchwork of academics, physical environment, safety, community, and shared vision. A healthy school environment protects students, faculty, and staff from bullying, discrimination, and assault.<sup>1</sup>



### **Measure School Environment**

Simply, successful schools have better school environments than unsuccessful schools. However, there is confusion about the best way to measure something as intangible as school environment. There has been little consistency in the definitions of school climate or culture, with overlap and disagreement regarding what the essential components are and how to measure them in schools. To improve the conditions in which children learn, the community would benefit from a tool designed to measure the essential elements of the school environment. Therefore, in partnership with CMS, the Community Psychology Research Lab at UNCC and Communities In Schools of Charlotte-Mecklenburg (CIS) are developing and piloting a tool to consistently measure the school environment. Once school environment is measured, the community will have a blueprint of the seemingly intangible elements of high performing schools. We will have a way to interpret student achievement, attendance, and behavioral gains in context, with a better understanding of what works in each school's environment.





With our schools funded at pre-recession levels, they lack the appropriate staff required to meet the increasingly complex needs children bring with them to school each day. Teachers are asked to perform the roles of missing social workers, nurses, counselors, and psychologists. If we want safe schools, we must allocate more money to adequate staffing and a coordinated school climate assessment and response system, strategies which will prepare schools to identify risk factors for violence and to intervene in an appropriate and timely manner.



# Policy Opportunity

### Use a Public Health Approach to School Safety

Research shows strategies that work are grounded in public health approaches of engagement, support, and prevention rather than from enforcement or fortification. The balance between discipline and support hinges upon establishing clear boundaries and high standards along with proactive and consistent consequences.<sup>2,3</sup> When students feel supported and view discipline as fairly enforced, schools report less bullying and victimization.<sup>4</sup> Schools that use proactive approaches to discipline, such as modeling appropriate behavior and peer education, instead of punitive or exclusionary techniques, such as suspension, report lower rates of disciplinary infractions.<sup>5</sup>

Conversely, research has found high schools with access controlled doors and metal detectors have significantly higher rates of serious violence reports, while some students report that metal detectors negatively affect their perceptions of school safety and increase their sense of school disorder.<sup>6,7,8</sup> Further, visible security measures such as cameras, metal detectors, and security personnel can negatively impact academic performance, particularly in schools that serve students of low socioeconomic status.<sup>9</sup>

Research on the efficacy of police as School Resource Officers (SROs) in reducing school violence is mixed. However, an extensive body of research demonstrates that schools with regular police presence are more likely to refer children to law enforcement, particularly for lower-level infractions, perpetuating the school-to-prison pipeline.<sup>10</sup> The negative outcomes associated with exclusionary discipline are widely accepted and related to an increased likelihood students will engage in unwanted behavior, a cycle that is reinforced when students believe rules and consequences are not applied consistently to everyone.<sup>11</sup>

# **JUVENILE JUSTICE**

Juvenile justice, unlike the adult criminal justice system, is designed to balance public safety with a child's welfare and development. Adult Court focuses on whether a crime was committed and, if so, determines punishment. Juvenile Court is designed to reach further into the circumstances of a child's life to focus on the whole child and address identified educational, health, housing, prosocial, and familial needs.

	2013	2015	2017
Total Delinquency Complaints <sup>12</sup>	3,729	3,492	3,583
% of Complaints that are Minor or Status	71.15%	66.64%	59.67%
% School-Based Offenses <sup>13</sup>	30%	27%	21%
Juvenile Delinquency Per 1,000	28.11	25.06	24.56
Juvenile Detention Admissions Per 1,000	2.68	3.39	2.57
Youth Prison Commitments	17	20	37

Black youth make up one-third (33%) of our population but account for more than two-thirds of juvenile offenses in Mecklenburg (70%) and almost one-half in the state (46%). The overrepresentation of youth of color is referred to as disproportionate minority contact (DMC), or racial/ethnic disparities (RED). Black youth are overrepresented at every point of contact in the juvenile justice system (e.g., court referral, approved for court, adjudicated, disposed). Despite minor differences in offenses committed, there are no data to support that DMC is a result of differential behavior between White youth and youth of color.<sup>14</sup>

Charlotte-Mecklenburg Schools, in collaboration law enforcement and Mecklenburg County Courts, has made a concerted effort to reduce the number of disciplinary infractions that result in delinquency charges. Despite these efforts, the over representation of Black youth persists.





# Policy Opportunity

### Adequately Fund and Implement Raise the Age

North Carolina will implement Raise the Age legislation in December 2019, raising the age of criminal responsibility from 16 to 18.<sup>15</sup> The bill included \$13.2 million for implementation — all for a Youth Development Center (youth prison) – but did not include funding for additional staff or community-based programs to serve the influx of youth in the juvenile court system. In addition, multiple procedural questions remain and answers will need to be determined in the 2019 legislative session, or local governments will be charged with implementing legislation without guidance (e.g., increases to punishment for gang activity) and other provisions may cause harm to youth (e.g., no transfer back).

For a more in-depth examination of the Juvenile Justice System, see Council for Children's Rights' and Race Matters for Juvenile Justice's 2018 Juvenile Justice Report and supplemental materials on Raise the Age, the School-to-Prison Pipeline, and Disproportionate Minority Contact.



## **CHILD WELFARE**

Child maltreatment is one of the most significant issues impacting child welfare nationally. During FY17, 13,968 children, or 4.6% of all children under 18, were reported maltreated. The number of reported victims decreased 3.9%, or 568 children, from the previous fiscal year. Adverse early childhood experiences (ACEs) are strongly related to negative outcomes later in life, including: social, emotional, and cognitive impairment; substance misuse; high-risk sexual behavior; lifetime depressive episodes; and early death.<sup>16</sup> A range of experiences fit under the ACEs umbrella; because they include physical, emotional, and sexual abuse, the connection between ACEs and child welfare involvement is critical.



For a more in depth examination of child maltreatment data, see Council for Children's Rights' 2018 Child Maltreatment Report.



In collaboration with the Annie E. Casey Foundation, Mecklenburg County Youth and Family Services (YFS) has engaged in a Race, Equity, and Inclusion (REI) initiative to explore racial disparity around and within the child welfare system. In 2017, Black youth made up 33% of the county's youth population but accounted for 45% of all reports of abuse or neglect made to YFS, a significant disparity that is sustained throughout children's and families' contact with the local child welfare system. YFS did not significantly relieve nor exacerbate this disparity, which highlights the powerful downstream effects that disparate initial child welfare contact (at the report stage) can have. It is also worth noting that multiracial children show a somewhat similar sustaining pattern as Black children.

### **Racial Disparities by Decision Point**

	Black	White	Other
Reports	45%	14%	26%
Substantiated Investigations	42%	15%	29%
Entering Custody	51%	15%	21%
Family-Like Initial Placment	52%	16%	19%
Relative Initial Placement	63%	17%	9%
Less than 365 Days in Custody	54%	6%	24%
Less than 3 Placements in First 12 Months	48%	13%	25%

# **&** Community Opportunity

### Join Forces to Improve the Well-Being of Vulnerable Youth

Reporting suspected maltreatment is the obligation of every adult in Mecklenburg County. Similarly, it is also every community stakeholder's obligation to share responsibility for child safety, permanence, and well-being.

The sustaining racial disparities shown above prompted YFS to reach out to community partners for a broader dialogue regarding disparity. YFS is committed to working across agencies, stakeholder groups, and communities to improve outcomes for all the children, youth, and families served. The organization is also committed to reducing the disproportionalities and disparities within the child welfare system, which includes a strategic outreach and engagement strategy aimed to share information, obtain feedback, solicit buy-in, and develop collaborative solutions from a variety of critical stakeholders, such as law enforcement, health care providers, and educators. The goal is to develop strategies to support vulnerable children, ensure timely and appropriate reporting of child abuse and neglect, and mitigate system-wide issues that perpetuate disparities and disproportionality.<sup>17</sup>



### Policy Context: Family First Prevention Services Act

In 2018, Congress passed the Family First Prevention Services Act, federal legislation that makes changes to the child welfare system (specifically, Title IV-E of the Social Security Act) beginning October 2019. The plan diverts funds from congregate care (e.g., group homes) and adoption assistance into services that support families and prevent children from entering foster care.<sup>18</sup> North Carolina is planning to delay implementation of Family First until the deadline of September 29, 2021 to determine how federal funding limitations on congregate care can adequately support a statewide prevention services system, and coordinate with stakeholders across the state to support readiness for and implementation of the bill.<sup>19</sup>

### **Policy Context: Rylan's Law**

In 2017, the North Carolina General Assembly passed Rylan's Law to address a series of child welfare issues, such as establishing regional supervision and collaboration, reforming supervision and accountability for the system, and requiring additional observation of a family following substantiation before a child can return home. Evaluations of the child welfare system show the greatest needs are providing families with supports and treatment to prevent removal of children from the home, increasing efforts to achieve permanency, and addressing turnover. In addition to performance improvements in those areas, regional supervision provides more effective oversight of operations and technical support. These changes give county DSS agencies additional flexibility to meet the needs of the communities they serve.<sup>20</sup>

# Policy Opportunity

### **Expand NC Definition of Caretaker**

Under current law, the definition of an abused, neglected, or dependent child is framed within the scope of family-like situations where the perpetrator must be a parent, guardian, or caretaker. While the definition of caretaker includes step-parents, foster parents, and adults living in the home, it notably omits adults outside the "residential setting" – individuals who your average person may believe are included. For instance, individuals, like school teachers and coaches, who take temporary responsibility for children are excluded from the caretaker definition. In fact, a babysitter or a girlfriend/boyfriend who does not reside in the child's home would not generally be considered a caretaker. The narrow definition of who qualifies as a "caretaker" in North Carolina limits the ability of the state to investigate and substantiate allegations of maltreatment.<sup>21</sup>

Until late 2018, the caretaker requirement also applied to human trafficking victims, which is considered child abuse under statutory definition. Based on the understanding that traffickers are often not caretakers, and to account for complexity of this type of abuse, the statute was revised.<sup>22</sup>

A child's right to receive protection and assistance should not be based on who inflicted the abuse, but the fact that abuse occurred. No matter who the perpetrator of abuse is, the victim is still a child, abuse is abuse, and the statute should be modified to reflect that.

For more information about limitations to the current definition of caretaker, visit the University of North Carolina's School of Government blog post titled "Who Is a 'Caretaker' in Child Abuse and Neglect Cases?"

## **CHILD DEATHS**

The death of a child is a tragedy and is often preventable. In 2016, there were 153 child fatalities in Mecklenburg County. Twenty-one percent of those deaths were caused by preventable injuries and 18% of the children involved had either been a victim of or were exposed to domestic violence.

From 2015 to 2016, the local child fatality rate increased to 60 per 100,000 children; slightly higher than the state rate of 59.2.



### Policy Context: Local Child Fatality Prevention Teams

In North Carolina, local Child Fatality Prevention and Protection teams are statutorily mandated to review child fatalities and recommend improvements in child protective services. Specifically, teams are charged with three duties: review all child fatalities to identify issues and gaps in services, and recommend changes to policies and practices to prevent future deaths; review selected active Youth and Family Services (YFS) cases to identify gaps and deficiencies within the community child protection services system; and, conduct an intensive review of all records for any child death within 12 months of involvement with YFS to determine contributing factors and recommend improving coordination and best practices among systems.

For more information, including leading causes of death by age group, access the 2018 Mecklenburg County Community team's report (2016 data) on the Council for Children's Rights' website.

# Community Toolkit

For more information, or to take action, please visit the following resources.

- Council For Children's Rights' 2018 Juvenile Justice Report
  - Raise the Age
  - The School-to-Prison Pipeline
  - Disproportionate Minority Contact
- Council for Children's Rights' 2018 Child Maltreatment Report
- Family First Prevention Services Act
  - Prevention Services
  - Limiting Support for Congregate Foster Care
  - Adoption, Foster Home Recruitment, Reunification, etc.
  - North Carolina General Assembly: Rylan's Law
- Blog: Who Is a "Caretaker" in Child Abuse and Neglect Cases?
- 2018 Mecklenburg County Community CFPPT Report

NOTE: Links to all online resources mentioned in this report are available in the Community Toolkit of the online report, as well as on CFCR's and CIS' websites.







### Children are our most precious resource.

Our families are vibrant and diverse, enhancing our community from a variety of racial and ethnic backgrounds. While the national child population declined by 1% over the past decade, Mecklenburg's grew by more than 8%. In 2017, there were 186 nationalities represented and 205 languages spoken by the 147,359 students educated in our public school system. The tremendous growth experienced in Mecklenburg County over the past decade has both fostered opportunity and created or exacerbated challenges.

Our community has 42,098 children (16.49%) living in poverty and 89,721 children (35.14%) living in need. Only 23% of young children are enrolled in licensed early childcare settings, primarily due to cost. There are 10,414 children who used Medicaid for mental health or substance use services. While our local school system is the second-largest in the state, it is ranked 90th out of 115 in per-pupil spending and 10% of our high school students report avoiding school because they felt unsafe.

Digging deeper into these indicators, we find that the impacts of segregation ingrained in our policies are reflected in our child well-being outcomes. To strengthen our communities, we must support children and the environments in which they live, play, learn, and interact.

Many of our institutions and organizations tirelessly endeavor to improve outcomes across our community, evidenced by the recent push toward expanding affordable housing; establishing universal pre-k; raising the age of juvenile court jurisdiction from 16 to 18; reducing suspensions for students in kindergarten through second grade; and, engaging in a race, equity, and inclusion initiative to reduce disparities.

Going forward, we must collectively continue to rise to the challenge of supporting children and families, and we have no shortage of opportunity: expanding paid family leave to allow families to attend to caregiving needs; fully funding Raise the Age legislation to ensure court-involved children are adequately supported and are provided resources to live a safe, healthy, law-abiding lifestyle; expanding the definition of caregiver beyond individuals living in the home to protect children from abuse and exploitation; supporting our public schools and students by increasing funding for schools to handle the complex needs children bring with them every day; and, building social capital while attending to the perspective and needs of youth.

This report is a tool meant to help advance the initiatives our community has rallied around; compiling county-level child well-being indicators so we can clearly understand where we stand. Further, this report serves as a marker of our progress. How we choose to respond to our challenges and support all community members is our opportunity. Advancing equity and supporting children and families are not the tasks of one system or one organization. Instead, we must work together to rise to a challenge through collaboration – using data, investing in evidence-informed practices, and incorporating the voices of people directly impacted to make informed decisions.

Thank you for playing your part in advancing our common goal of improving systems to better support children and families, because this is our community, these are our children, and this is our challenge.









# SOURCES, GLOSSARY, AND DATA RELEASE SCHEDULE

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# Glossary

Term	Definition	Source	
Abuse	Inflicting physical harm on a child; allowing someone else to inflict physical harm on a child; creating an environment with substantial risk of physical injury; creating or allowing serious emotional damage on a child; encouraging/directing child to commit delinquent acts; commits or allows to be committed an offense against the child related to human trafficking, sexual servitude, or involuntary servitude.	N.C.G.S. § 7B-101	
Achievement Gap	Significant and persistent differences in academic performance among student subgroups; when one group of students (such as, students grouped by race/ethnicity, gender) outperforms another group and the difference in average scores for the two groups is statistically significant.	National Center for Education Statistics	
Adjudicated	The finding by a judge that a youth is responsible for committing a delinquent act	Council for Children's Rights Juvenile Court Glossary Adapted from: Langberg, J., & Robinson, P. (2014, Nov). A Guide to Juvenile Courts for Youth and Parents. Youth Justice North Carolina	
Adverse Early Childhood Experiences	<b>Childhood</b> household member) that are strongly related to negative outcomes		
Basic Standard of Living	Approximately double the federal poverty line; Income required to support the basic needs of a family (e.g., housing, food, child care).	National Center for Children in Poverty	
Birth Rate	The number of live births per thousand of population per year.		
Caretaker (Child Welfare)			

Term	Definition	Source US Census Bureau	
Census Tract	Small, relatively permanent statistical subdivisions of a county or county equivalent and generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The Census Bureau created census tracts to provide a stable set of boundaries for statistical comparison from census to census.		
Charter School	Public schools of choice that are authorized by the State Board of Education and operated by independent non-profit boards of directors; primarily funded using State and local tax dollars and thus cannot discriminate in admissions, associate with any religion or religious group, or charge-tuition.	North Carolina Department of Public Instruction	
Child Maltreatment	Umbrella term used to refer to child abuse, neglect, and dependency.		
Chronic Absenteeism	A student missing school 10% or more of school days during the year for any reason excused or unexcused.		
College and Career Ready	The EOG is scored on a five point scale. A score of 4 or 5 is considered "College and Career Ready."	North Carolina Department of Public Instruction	
Congregate Care	A placement setting of group home (a licensed or approved home providing 24-hour care in a small group setting of 7 to 12 children) or institution (a licensed or approved child care facility operated by a public or private agency and providing 24-hour care and/or treatment typically for 12 or more children who require separation from their own homes or a group living experience). These settings may include child care institutions, residential treatment facilities, or maternity homes.		
Court Referral	A recomendation to move forward with charges against a youth in court.	Council for Children's Rights	
Custody	CustodyA term used to describe a youth's location and the person who has the responsibility for that child; For example, if a youth is in the custody of her parents, she is staying with her parents and her parents are responsible for her; If a juvenile is in police custody, she is with police who have the right to hold her until it is appropriate to release her. A juvenile may be placed into the custody of the North Carolina Department of Public Safety (DPS) for detention in a locked facility, if community safety is at risk; a child is also considered to be in custody of the child.		
Delinquent	Any youth who is at least 6-years-old and is not yet 16-years- old who is found responsible for breaking the law. Beginning December 2019 the upper age will be extended to youth who are not yet 18.	NC Department of Public Safety	
Delinquent ComplaintA legal document submitted to a juvenile court counselor that alleges the facts and reasons why the person who wrote the document thinks a child committed a delinquent act; if approved the complaint becomes a petition and the youth goes through the formal court process.		NC Department of Public Safety	

Term	Definition	Source NC Department of Public Safety	
Detention	Detention centers are locked facilities like jails. Juveniles may be placed in a juvenile detention center pending a court hearing or waiting for a placement for a variety of reasons including when it is alleged that the child has 1) committed offenses that would be considered a felony if committed by an adult 2) assaulted people or 3) violated the conditions of their probation.		
Disparity	A great difference between groups.		
Disposition	The court's final determination of what will happen to a youth after a finding of responsibility or guilt for the delinquent act (similar to the judge giving out a sentence in criminal court).	NC Department of Public Safety	
Disproportionality	Ratio between the percentage of people in a particular group experiencing an event compared to the same groups percentage of the overall population.		
Ethnicity	Ethnicity is the commonality of people who identify with each other based on similarities such as ancestry, language, history, society, culture or nation.	Race Matters for Juvenile Justice	
Exclusionary Discipline	Disciplinary practices that remove students from their usual educational setting (e.g., suspension, expulsion).	National Clearinghouse or Supportive Schoo Discipline	
Expulsion	Disciplinary practice resulting in permanent removal from all school properties. In CMS, students must be at least 14 to be considered for expulsion and may appeal after 180 days.	North Carolina Department of Public Instruction & Charlotte- Mecklenburg Schools	
Felony	A crime more serious than a misdemeanor such as breaking and entering possessing or distributing drugs kidnapping trafficking and murder.		
GangAn ongoing formal or informal organization or association of 3 or more individuals who primarily participate in delinquent or criminal acts and share identifying characteristics (e.g., name, colors, attire, graffiti).		§ 7B-2508.1.	
Gang Activity	Activity The commission of or attempted commission of offenses defined under statute by a gang.		
Home School	Education that occurs in a home-setting rather than a school-setting.		
Human TraffickingTransporting individuals, including children, from one area to another for the purpose of sexual exploitation and/or forced labor. Children represent almost 1/3 of individuals who are trafficked.		United Nations Office on Drugs and Crime	
Hyper-Segregated	A school in which 95%+ of students identify as one race.		
Infant Mortality	Death of a child under 1.		

Term	Definition	Source	
Intellectual/ Developmental Delays	Delay or limitation with the ability to learn, reason, and problem solve.		
Juvenile Court	A district court that handles delinquency cases civil commitment cases and abuse/neglect/dependency cases.	Council for Children's Rights Juvenile Court Glossary Adapted from: Langberg, J., & Robinson, P. (2014, Nov). A Guide to Juvenile Courts for Youth and Parents. Youth Justice North Carolina	
Living Wage	Market-based approach determining minimum income standards required to meet a family's basic needs (e.g., food, housing, child care) while maintaining self-sufficiency.		
Long-Term Suspension			
Low Birth Weight	A baby born weighing less than 5 lbs 8 oz regardless of gestational age.		
Mental Health DiagnosisIdentification of a mental health disorder (e.g., depression, anxiety, posttraumatic stress disorder) by a qualified professional based on symptomology in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).		DSM-5	
Misdemeanor	Any crime that is not labeled as a felony such as simple assault disorderly conduct stealing property valued at \$1000 or less and possession of drug paraphernalia		
Neglect	NeglectGuardian has failed to provide proper care, discipline, supervision, medical attention, or is abandoned.		
Neighborhood Profile Area			
On Grade Level	The EOG is scored on a five point scale. A score of a 3 or higher is consider "On Grade Level."	NC Public School Forum	
Permanence	After being placed in foster care, a child living in a permanent and stable environment (e.g., with biological parents, kinship care, adoption).		
Policy	Ideas or plans that guide decisionmaking at multiple levels (e.g., organizational, legislative).		
Poverty	Lack of income and resources to meet basic needs (e.g., food, housing, child care).	http://www.nccp. org/faq.html	

Term	Definition	Source		
Premature Birth	Birth of a baby at or before a gestational age of 37 weeks. A full term pregnancy is approximately 40 weeks.			
Private/Independent Schools	A school that does not receive government funding and has more flexibility than a traditional public school or charter schools (e.g., students accepted, personnel, curriculum, schedule).			
Public Safety Net	Set of social services programs (e.g., free appropriate education, unemployment, food assistance, universal pre-k) intended to prevent families from entering poverty or help lift families from poverty.			
Race	RaceHistorically provisional social constructs or characterizations (Bobo & Fox, 2003) that most often categorize people based on physical characteristics such as skin color, bone structure, hair type or eye color; a specious classification of human beings, created during a period of worldwide colonial expansion, by Europeans (whites), using themselves as the model for humanity for the purpose of assigning and maintaining white skin access to power and privilege (Dr. Maulana Karenga).			
Recidivism	An individual's relapse into criminal or delinquent behavior, particularly after receiving sanctions or intervention for a previous offense. It can be measured by criminal/delinquent acts that result in rearrest, reconviction, or return to incarceration (with or without a new sentence) during the three-year period following previous adjudication/ release. CFCR measures recidivisms based on a youth being found responsible (reconvicted/readjudicated) of new delinquent behavior within three years of prior adjudication.	National Institute of Justice		
Residental Placements An out-of-home placement in a locked facility where a youth may receive mental health, substance use, and education services. An example is a Psychiatric Residential Treatment Facility (PRTF).		Council for Children's Rights Juvenile Court Glossary Adapted from: Langberg, J., & Robinson, P. (2014, Nov). A Guide to Juvenile Courts for Youth and Parents. Youth Justice North Carolina		
Reunification	The process by which a child is returned to their home after entering foster care.			
School Environment	Patchwork of academics, physical environment, safety, community, and shared vision.			
School Resource Officer	A law enforcement officer placed at a school. CMS has their own police force and utilizes local police as school resource officers (SROs). Research on the efficacy of SROs in reducing school violence is mixed. However, an extensive body of research demonstrates that schools with regular police presence are more likely to refer children to law enforcement, particularly for lower-level offenses, perpetuating the school-to-prison pipeline.			
School-to-Prison Pipeline	Describes the pathway between the school system and justice system paved by increasingly harsh school discipline policies, particularly zero tollerance policies, and the use of law enforcement to enforce the student code of conduct.			

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Term	Definition	Source
Short Term Suspension	A suspension lasting one to ten days. In CMS, a student cannot appeal a short-term suspension to the superintendent or Board of Education.	
Social Capital	Social resources such as basic life skills, employment experience, networks, access to civic institutions.	
Socioeconomic Status	Social and economic characteristics (e.g., education, occupation, income).	
Statuatorily Mandated	Required by Law.	
Status Offense	A violation of the law that is only illegal because of the person's age.	
Statute	A written law enacted by a legislative body.	
Substantiated Maltreatment Report	An investigative finding confirming abuse, neglect, or dependency; in North Carolina it is equivalent to the sum of six investigative findings categories: abuse, neglect, abuse & neglect, dependency, services needed, and services provided-no longer needed.	
Therapeutic Foster Homes	Foster parents who recieve additional training to support youth with significant emotional, mental, physical, or medical needs. In North Carolina, therapeutic foster parents most complete an additional 10 hours in training and there is not a standardized training course.	
Timeliness (Child Welfare Pernamence)	The length of time it takes for a child to be placed in a permanent home (e.g.,biological parents, kinship care, adoption) after entering foster care.	
Title I	Provision of the Every Student Suceeds Act (ESSA) that provides financial assistance to schools with high percentages of economically disadvantaged students.	US Department of Education
Trauma-Informed Care	Mental health services that take into account the pervasive effects of trauma, recognize signs and symptoms of trauma in clients and their networks, and does not re-truamatize.	
Zip Code	A geographical area used by the US Postal Service to deliver mail. Zip codes may be added or moved at any time and do not reach every square mile of the US, only areas that mail is delivered. Zip codes cover a larger area than census tracts.	

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# **Data Release Schedule**

Source	Data	Release	Example Metrics	Notes
American Community Survey	1 Year Estimates	Annually, September	Population, Poverty Families	
American Community Survey	5 Year Estimates	Annually, December		
Bureau of Labor and Statistics	Local Area Unemployment Statistics	Monthly		
Census Bureau	Quickfacts	Ongoing, As Available		
Census Bureau	Decenial Census	Every 10 Years		Next Expected in 2020
Center for Disease Control and Charlotte- Mecklenburg Schools	Youth Risk Behavior Survey	Odd Years		Last in 2017
Charlotte-Mecklenburg Schools	Community Eligibility Provision School List	Varies, Annually in October		
Child Care Resources Inc.	Star Rating Analysis Reports	Monthly for the Programs That Have Been Evaluated That Month.		
Children's Bureau	National: Adoption, Foster Care, and Maltreatment Data			
Jordan Institute for Families	Child Welfare, Work First, and TANF	Annually, Last Release September 2015 but the Month Varies From Year to Year.		
NC Center for Health Statistics	Vital Statistics by County	Annually in August/September	Births, Deaths, Marriages, Divorces	
NC Center for Health Statistics	Birth Outcomes by Medicaid and WIC			Meck County Birth Rate Data (Medicaid, Teen Mom, Etc., Can be Requested Here)
NC Child	Mecklenburg Child Health Report Card	Annually, February		
NC Department of Public Safety	Juvenile Justice County Databook	Annually, March		
NCDOA Council for Women	Domestic Violence Commission Report	Annually, April		
North Carolina Department of Health and Human Services	Child Health Assistance and Monitoring Program (CHAMP)	Health Care Coverage Reports in November Annually. Health, School, and Safety Fact Sheets Annually in February.		
North Carolina Department of Health and Human Services	Mecklenburgh Community Health Assessment	Every Four Years (Last Time Was in 2017)		
North Carolina Department of Public Instruction	NC Public School Budget	Biannually, Sept/Oct.		

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Source	Data	Release	Example Metrics	Notes
North Carolina Department of Public Instruction	Free and Reduced Lunch Applications	No Longer Collected: Replaced by CEP in 2015-16		
North Carolina Department of Public Instruction	High School Graduation Rates	Annually, September		
North Carolina Department of Public Instruction	Title One Schools	Varies, Annually in October		
North Carolina Department of Public Instruction	CMS Crime Report	Annually, March		
North Carolina Department of Public Instruction	Crime, Violence, Suspension Data for LEA & Schools	Annually, March		
North Carolina Department of Public Instruction	Annual District Expenditures	Varies, Annually in October		
North Carolina Department of Public Instruction	Performance/ Testing Data	Varies, Annually in October		
North Carolina Department of Public Instruction	Demographic and Enrollment Data	Varies, Annually in October		Prior to 2013
Office of Juvenile Justice and Delinquency Prevention	Juvenile Offenders and Victims Report	Annually, March		
Office of Juvenile Justice and Delinquency Prevention	Legislative Reports	Varies		
Office of Juvenile Justice and Delinquency Prevention	Data Snapshots	Annually, August		OJJDP's Juvenile Residential Facility Census Data: August; FBI's National Incident-Based Reporting System: April; OJJDP's Census of Juveniles in Residential Placement: October 2015
Office of Juvenile Justice and Delinquency Prevention	National Juvenile Court Statistics	Varies; Usually Spring Annually		
Public Schools Forum of NC	Roadmap of Need	Annually, March/April		
Public School Forum of NC	Local School Finance	Annually, Early January (Will Be in Early March in 2016)		
Charlotte-Mecklenburg Schools	Performance Dashboard	Ongoing, As Available		





This report is dedicated to the children of Charlotte-Mecklenburg and the countless individuals who advocate on their behalf.

