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STATE OF OUR CHILDREN

Our Community, Our Challenge

2020 Mecklenburg County, North Carolina



Council for
Children's
Rights



“If you are neutral in situations of injustice, you have chosen the side of the oppressor.”

—Desmond Tutu

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Research Statement

Because improving outcomes for all our children requires a shared understanding of our community’s needs as well as its strengths, the ways that Mecklenburg County defines, measures, and tracks child well-being matters. The purpose of this publication is to compile information about those indicators to enhance cross-sector collaboration, support service alignment, and improve shared outcomes. It uses 2018 data where available. Most data are not reported in real time and, therefore, a lag of at least 12 months is expected. Further, because of the thoughtful attention required to compile, analyze, and ensure accuracy, we consider data retrospectively rather than contemporaneously. For ease of understanding, infographics highlight data that were rounded to eliminate decimal points. However, data contained in tables, charts, and text include one decimal where possible.

Efforts to contextualize this information were grounded in a **race equity lens**: an understanding that problems and injustices in our community are created by and exacerbated through institutional-level racism. Further, disparate outcomes in our systems exist across racial groups; however, we must acknowledge these outcomes are the result of system-level factors and not attributable to any individual group’s effort, success, or failure. The purpose of shedding light on differences between groups is **not** to foster further division but, rather, to focus our collective attention on where we, as a community, are falling short and to inspire collective action to achieve equitable outcomes for all children in Charlotte-Mecklenburg.



NAVIGATING AND UTILIZING THIS RESOURCE

Choose your own adventure: The authors and contributors acknowledge that there is innovative research happening across our county, state, and nation. It would be impossible to capture its breadth and depth in a single publication of this nature. As such, in these pages, you will find opportunities to ‘choose your own adventure’ by following links to other reports, resources, and dashboards with which to advocate for our children. Regardless of whether you are a full-time child-serving professional, an experienced volunteer, a grant writer, or simply a concerned citizen wading into this important information for the first time, you can choose how best to use this resource.

Community toolkit: In addition to providing hyperlinks throughout the report, each chapter concludes with a toolkit that compiles all noted resources in one place. It’s a great starting point for advocating about the issues you’re passionate about.

Policy/Community Contexts and Policy/Community Opportunities:

Policy/Community Contexts provide historical background on information about the current climate within which to understand trends and identify opportunities for action;

Policy/Community Opportunities highlight timely opportunities to build on momentum, introduce or enact new legislation, improve existing policy, and/or align policy with best practices.

Key terminology for child advocates: As an appendix, we’ve compiled key terms and acronyms used in child-serving spaces; some of which you’ll see in these pages. While not exhaustive, we’ve included additional terminology to help advocates both speak and understand “the lingo” when raising their voices for children.

Data release schedule: Knowing how and when to access publicly-available data is a valuable skill for advocates and funders alike. As such, we do our best to include a relevant data release schedule that facilitates the use of timely data. Unfortunately, as this report was going to print, several sources updated their data portals and continue to work out remaining glitches. We are closely monitoring those changes and intend to publish a data release schedule on our website as sources become navigable.

CIVIC PARTICIPATION

If you’ve turned 18 before November 3, 2020, exercising your right to vote is critical to maintaining a healthy democracy. Voting is one of the easiest ways to show up for our kids, especially in North Carolina where [early voting](#) is open from October 15th through October 31st and early voters can visit any [polling location](#). On November 3, they will need to visit the [polling location](#) assigned to the address with which they registered. While voters are not required to present identification (as of when this report went to print), they are [required to register](#) by October 9th.

Unfortunately, many eligible adults don’t make it to the polls. Over the past 50 years, national voter turnout during a presidential election ranged between 50% and 60% and declines during midterm elections.¹ Since 2004, North Carolina’s turnout generally mirrored national trends, with the greatest participation in the 2008, 2012, and 2016 elections.²

Supporting our children is not a partisan issue. While election coverage will focus on the presidential race, voters should remain informed about down-ballot elections and research how candidates’ stances affect children and families. **Regardless of political affiliation, we encourage everyone to vote with children in mind and seize the opportunity to raise their voices.**



In addition to the typical opportunities for civic engagement, Charlotte will host the 2020 Republican National Convention from Monday, August 24 through Thursday, August 27, 2020 at the Spectrum Center in Uptown. Local officials estimate the event could generate \$200 million as upwards of 50,000 visitors descend upon our community to demonstrate their support or opposition to the Republican National Committee’s presidential nominee. We encourage locals and tourists to exercise their First Amendment right to peaceful assembly in respectful and productive ways.

COMMON LANGUAGE, GENERATIONAL CONTINUUM, PROFOUND CHANGE

Children and families do not exist in a vacuum but, rather, are embedded in our communities and in our systems. Specifically, systems such as education, healthcare, and justice, intersect with social determinants of health, to create a set of conditions within which children and families live, work, play, learn, and interact. Those conditions affect their quality of life and ability to thrive.

Creating a more equitable and supportive community requires attending to the whole child and whole family using integrated interventions that exist along a generational continuum. Sustaining that equity and support requires deliberate and ongoing cross-sector collaboration. Unfortunately, opportunities to extend efforts beyond one's immediate sector are often lost in a sea of competing interests or drowned in scarcity-approaches to public and non-profit investment.

Every day, Mecklenburg County's child-serving professionals devote their lives to improving outcomes for our children and families. While their approaches to that achieving that goal differ, the inherent tension between siloing and mission creep can make moving the need seem insurmountable. Collaborative approaches like [system of care](#) and [two-generation](#) strategies offer frameworks with which to disrupt that tension. They rely on coordination to holistically attend to the needs of both child and caregiver by recognizing that no one entity can move the needle alone. For instance, while one service provider might assist caretakers in meeting basic needs, a second is more equipped to provide mental health services to adult or child, and a third poised to offer affordable legal services. Coordinating these resources, beyond cold-referrals and in a way that avoids placing the burden of navigating complex systems on families, can create conditions that lead to generational success. This is only possible if we are all working from the same playbook.

The State of Our Children is not a new playbook or set of recommendations to address the complex challenges facing our rapidly growing community. Rather, it is a rallying point for the initiatives we've galvanized to support and a resource for the countless stakeholders in need of readily accessible, community-level indicators. And while it constitutes a toolset crafted by, and for, the child-serving sector, its reach should not end there.

Together, this is our community, our children, and our challenge.



What Do We Mean When We Advocate for Evidence-Based Programing?³



Traditional Outcomes	Promising Practice	Evidence-Based Practice
<p>Who is accessing your services?</p> <p>What programs do they participate in?</p> <p>What outcomes do they achieve?</p>	<p>Do participants experience better outcomes than comparable people who are not in the program?</p>	<p>Are there statistically significant differences in outcomes for our program participants vs. people in a randomized control group?</p>

Key characteristics of data collection and evaluation activites:

<ul style="list-style-type: none"> • Every program participant is given a unique identifier. • The organization collects basic demographic data from program participants. • Initial data about program participants serve as baseline data for measuring changes over time (outcomes). • The outcomes that the organization intends for program participants to achieve are specified. • Outcomes are tracked for all program participants (or at least for a sample). 	<ul style="list-style-type: none"> • An independent, external evaluator carefully reviews the program and services, target population, desired outcomes and indicators measuring success. • Outcomes data for program participants is compared to information and data with similar people who are not program participants, and/or to external sources. • Participants' outcomes are measured against the outcomes of a carefully chosen comparison group. 	<ul style="list-style-type: none"> • An independent, external evaluator creates and conducts an evaluation of program outcomes. • Participants in an outcomes evaluation are randomly assigned to one of-two groups-one in which they receive program services, and one in which they do not. Outcome data for both, groups are collected and compared. • The sample is sufficiently large to conclude statistically that the program is responsible for the difference in outcomes achieved by its participants versus the control group.
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The measure of a society’s health is how well it cares for its youngest and most vulnerable.

The measure of a society’s health is how well it cares for its youngest and most vulnerable. Several ingredients can positively contribute to healthy child development—loving, nurturing caregivers; good nutrition; access to healthcare; and safe, supportive homes are just a few. We share in the responsibility to ensure all children have access to the ingredients they need to grow into healthy, successful adults.

For decades, Council for Children’s Rights (CFCR) has produced an annual indicator report; varying in length from a 380 page in-depth analysis in 1985 to a one-page infographic in 2018. The vibrant 86-page report released in 2019 reestablished our commitment to producing robust and engaging policy tools that align research and action. It constitutes the evolution of an established resource strengthened by collaborative partnerships and rebranded to remind us that ***all children are our children.***

COLLABORATIVE PARTNERS

This publication wouldn’t be possible without the many partners who informed this work. Thank you for your commitment to supporting Our Mecklenburg County children.

- **Charlotte-Mecklenburg Schools^{RC}**
 - **Child Care Resources, Inc.**
 - **City of Charlotte**
 - **Communities in Schools^{RC}**
 - **Crisis Assistance Ministry**
 - **Institute for Social Capital**
 - **Mecklenburg County Public Health Dept**
 - **Mecklenburg County Youth & Family Services^{RC}**
- **Nurse Family Partnership**
 - **Pat’s Place**
 - **Smart Start**
 - **Thompson Child and Family Focus**
 - **UNCC Community Psychology Lab^{RC}**
 - **UNCC Urban Institute**
 - **United Way**

^{RC} Denotes member of research community

On behalf of everyone who contributed to this report, thank you for believing in the children we are honored to serve.

Let’s continue working together to create change.

A Special Thanks To:

To Moore & Van Allen’s Pubic Affairs Creative Team, and especially to Ashley Foster, Graphic Designer, who helped bring these issues and data to life.

And Bill Loftin of Loftin Printing for helping us make sure that everyone who wants their very own copy can have one.



Community Opportunity

Build Local Program Evaluation Capacity

Program evaluation is a rigorous method used to understand and quantify the efficacy and efficiency of interventions, practices, and policies. A quality evaluation is iterative and begins with basic agreements about the purpose, design, and intended impact of an intervention or policy (based on an identified need). It should continue through each stage of implementation and ongoing revision. Because it requires quality data, evaluability should be considered proactively, in the early stages of program/policy development. Unfortunately, reluctance on the part of public officials and private funders to invest in community research and evaluation capacity, forces many program leaders to consider intended impact retrospectively; absent of the theoretical framework and data infrastructure needed for rigorous evaluation. As such, we continually struggle to understand the degree to which interventions achieve their intended outcomes or policies lead to practice change.

For more than a decade, community researchers and program evaluators have regularly convened to discuss indicators of child well-being and collaborate on projects designed to improve child outcomes. Frequently, discussions devolve into frustrations about the lack of available and accessible data needed to answer basic questions about our children and families and to inform sustained community action.

We invited public, non-profit, university, and community partners to share some of the data gaps they want filled, such as:

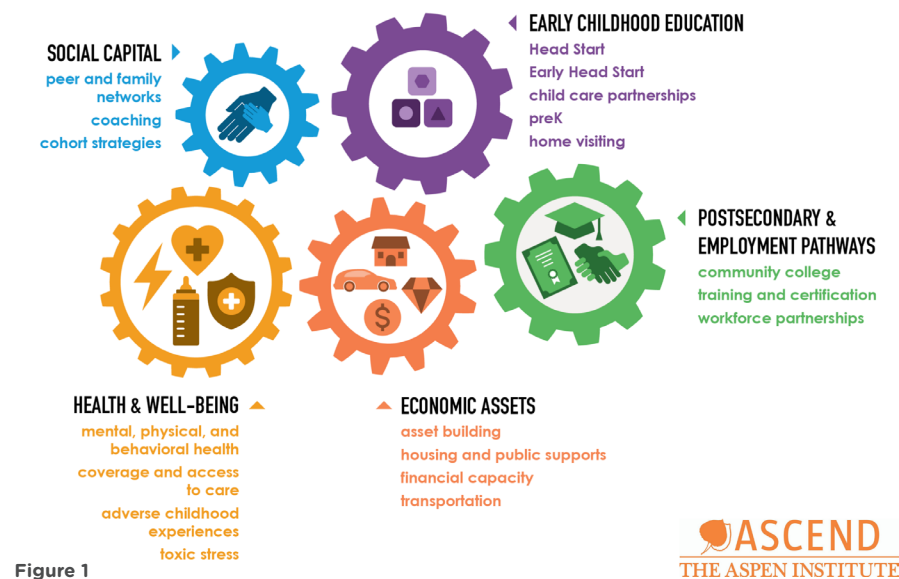
- How often children change schools due to housing instability?
- How many children in foster care need special education services?
- How many children are involved in both the juvenile justice and child welfare systems?
- How often are children under 5 suspended or removed from child care settings and for what reasons?
- What are the most common clinical and pro-social recommendations for court-involved youth? How often are they accessing those recommended services?
- What systemic factors contribute to children living in single-caregiver households?
- How many families fall into the benefits gap?
- To what degree, if at all, are LGBTQ youth overrepresented in our human service systems (homelessness, mental health, etc.)?
- How are organizations collaborating toward a common goal? Where is there overlap? How is success being evaluated?

This list is by no means exhaustive and additional submissions are available via our interactive feedback portal, where we invite input on closing data gaps.

INVITATION FOR FEEDBACK: WHAT'S MISSING?

Tough decisions were required in order to manage the report's initial expansion. We look forward to broadening its scope annually and endeavor to include information from each element⁴ (Figure 1) of a multi-generation approach to opportunity. We recognize the greatest opportunity to expand is in postsecondary and employment pathways. We look forward to filling this gap with input from our partners in an ongoing, collaborative process.

We invite **you** – as a local youth, researcher, concerned parent, public official, funder, or any other critical member of our community – to participate in that process: What information is missing that could help you advocate for our children and families? What data gaps hinder your understanding of children's needs? What 'key terms' are critical to your advocacy approach? Are there resources you wish were included? Are there community or policy opportunities we should be highlighting?



**Join our online forum at
cfcrights.org/forums to engage with
other advocates and let us know what
else you would like to see in future
iterations of State of Our Children.**



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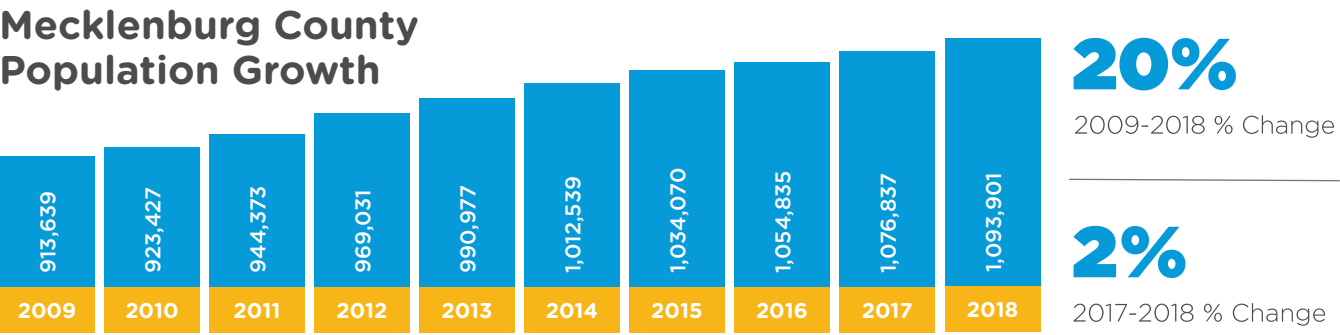




INTRODUCTION

DEMOGRAPHIC PROFILE

Every year, the U.S. Census Bureau releases population data for both the fiscal year (July-June) and the calendar year (January-December). When it released FY18 data, it drew national attention to the fact, that while it may have been a year of rising wage growth and declining unemployment rates, the year was also marked by the lowest year-over-year population growth rate (0.6%) since 1937¹; the 2018 calendar year population growth fared similarly (0.4%). Conversely, Mecklenburg County’s population growth, at 1.6%, kept pace with 2017. **The county has experienced steady growth over the past decade; increasing 19.7% (or 180,262 people) between 2009 and 2018;** however, those increases are relatively concentrated to within city limits. For instance, the city of Charlotte currently ranks 5th (based on the most recent Census Bureau data) in year-over-year population growth; up from 7th in 2017. Yet, despite the county’s growth over the past decade, it does not rank in the top 10 fastest growing in the nation.²



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 for understanding 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.

Policy context: 2020 Decennial Census (Census)

The Decennial Census, also referred to as the Population and Housing Census, is conducted every ten years as mandated by the US Constitution.³ The first Census was conducted in 1790 to count all US residents, including those residing in Puerto Rico, and other island territories. 2020 is the first year household survey submission is available online.

A complete and accurate count is paramount to ensuring our community receives the resources and political representation to which it is entitled. For instance, population totals determine the number of seats each state has in the US House of Representatives, and guides state processes for (re)drawing legislative and school districts. Additionally, federal funds are distributed based on population totals and the headcount for the 2020 US Census influences the allocation of more than \$675 billion to tribal, state, and local governments.⁴

All information provided to the Census Bureau is completely confidential—personal information is not shared with any other government agency, including law enforcement, Immigrations and Customs Enforcement, the FBI, or the local Department of Social Services. Further, under US law, that information must remain completely confidential for 72 years following a decennial census.⁵

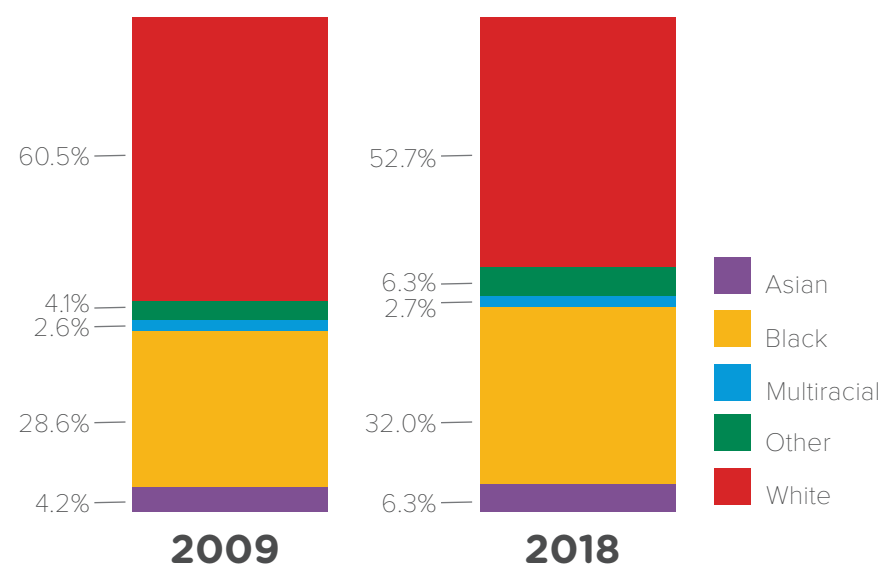
Responding to the Census is quick, easy, and confidential. Make sure your family is counted in 2020.

Make sure your family is counted in 2020.

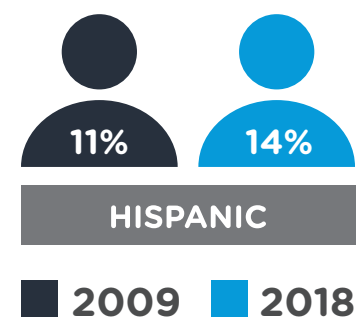


Despite shifts in racial demographics, White people still account for over half of Mecklenburg's population (52.7%). Over the previous decade, the proportion of residents who identify as Asian, Black, Multiracial, Other, and Hispanic/Latinx increased; the greatest increase was in Black residents (33.8% increase (88,110 people) from 2009 to 2018). 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.

Total Mecklenburg Population by Race/Ethnicity*



Total Mecklenburg Population by Ethnicity**



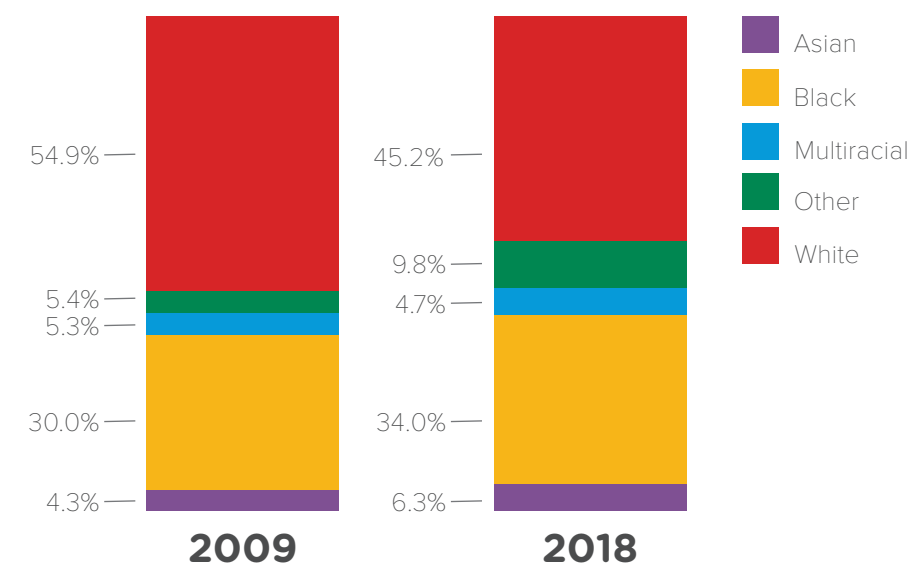
*Notes: Data are often reported in a way that conflates race/ethnicity (e.g., White non-Hispanic or White/Hispanic compared to only Hispanic/Latino), which limits our understanding of the unique experiences and needs of each racial and ethnic group. Data in this report reflect the source and, therefore, racial/ethnic categories are not consistent throughout.

**The Hispanic/Latino Mecklenburg population data have been updated to 10.8% in 2008 and 13.4% in 2017. Please use these data going forward and disregard those reported in the 2019 report.

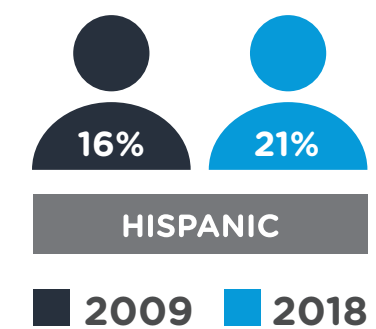
Mecklenburg County's child population is diversifying faster than its adult population. In 2018, almost 50% of children identified as White (45.2%), just over one-third of children (34.0%) identified as Black, and slightly over one-fifth (21.1%) identified as Hispanic/Latinx.

Over the past decade, the total number of children across all racial/ethnic groups in the County increased. However, White children and Multiracial children now make up a smaller proportion of the overall population today than they did in 2009, meaning the proportion of children from other racial/ethnic groups has grown.

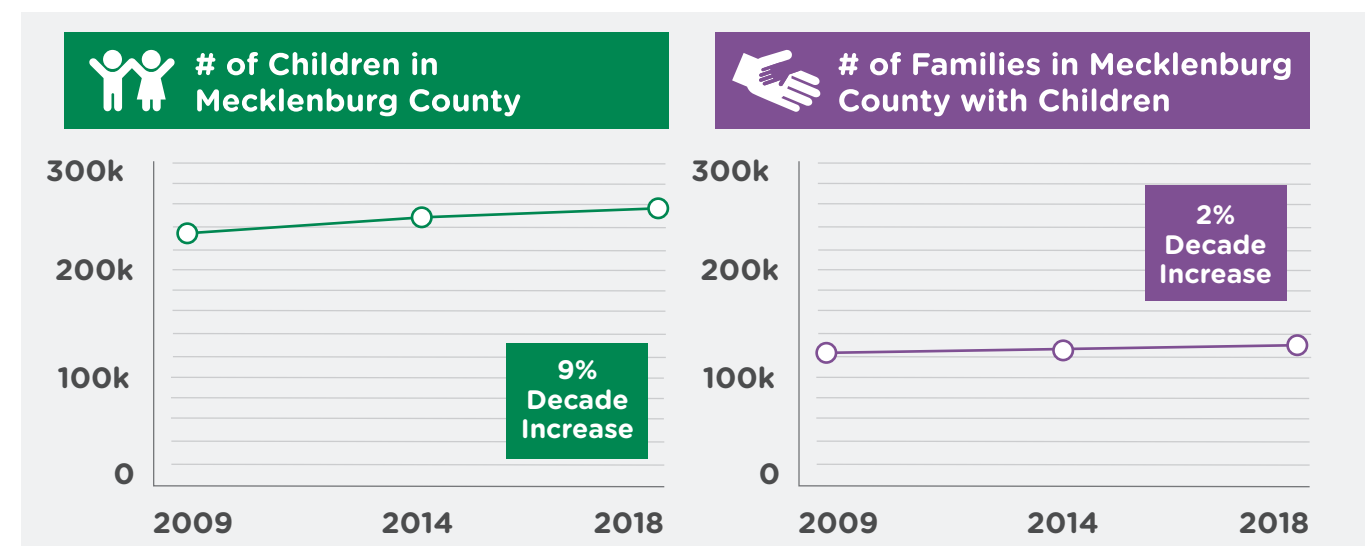
Children in Mecklenburg by Race/Ethnicity

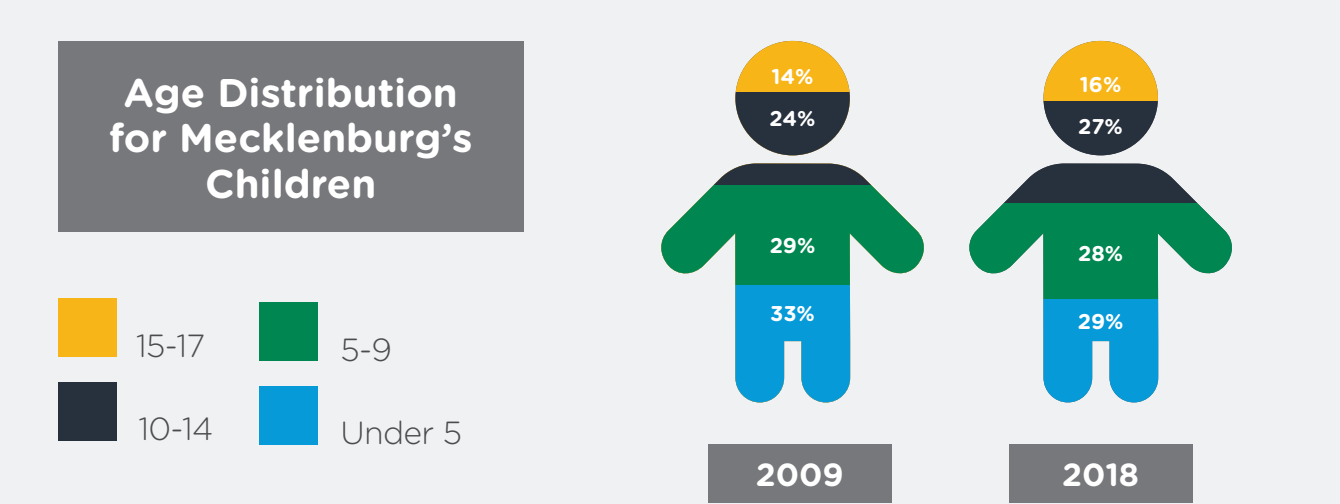


Children in Mecklenburg by Ethnicity

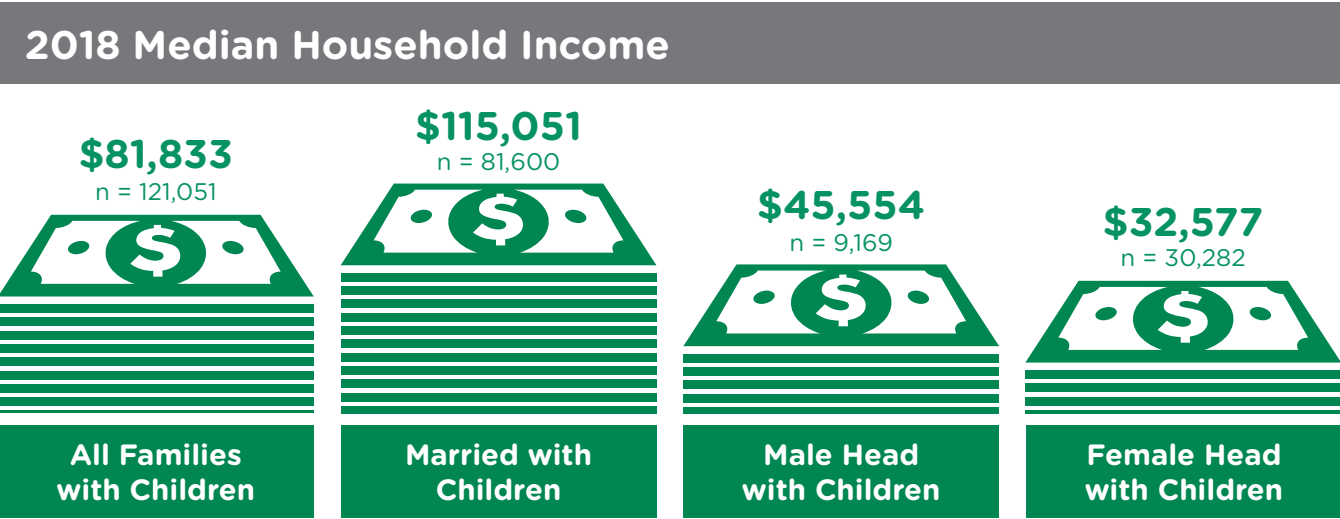


Since 2009, Mecklenburg County saw an **8.5% increase in the child population** and **2.2% increase in families with children**. Both figures are lower than overall population growth and greater than any gains in birth rate, which indicates these increases are due to migration to the Charlotte-Mecklenburg area. In addition, these increases do not reflect national trends as the child population declined by 1% over the same period.⁶ Further, the US birth rate continues to decline and reached another record low in 2018, decreasing 2% from 2017.⁷ In addition, the birth rate decreased for nearly all age groups of women under 35 but rose for women in their late 30s and early 40s.⁸





Not surprisingly, married families with children earn more than single-parent families; specifically, 2.5x more than families headed by males and 3.5x more than families headed by females. More alarming is the income gap between male-headed and female-headed households where men are earning almost 40% more than women.




INCOME INEQUALITY & UNDERSTANDING NEED

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

Income is a key demographic marker required for understanding poverty and livelihood 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](#).





Community Toolkit

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

- [Quality of Life Explorer](#)
- [Opportunity Atlas](#)
- [Road Map of Need](#)
- Census Data Explorer

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 website.



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.¹ While slight adjustments have accounted for inflation, the formula was never updated to reflect the shifting expenses of a modern family, who now spends merely one-seventh of their 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 about the most appropriate measure of need, most analysts agree that the FPL is inadequate. Research consistently shows that an income of at least double the FPL is required to meet a family's basic needs (e.g., housing, food, child care). As such, children growing up in households that earn less than 200% of the FPL are surviving in environments which fail to meet a basic standard of living.²

Income and Poverty Threshold in America

Persons in Household	1	2	3	4	5	6	7	8	>8
2018 Poverty Line ^{3,4}	\$12,140	\$16,460	\$20,780	\$25,100	\$29,420	\$33,740	\$38,060	\$42,380	Add \$4,320 for each additional person
2008 Poverty Line	\$10,400	\$14,000	\$17,600	\$21,200	\$24,800	\$28,400	\$32,000	\$35,600	Add \$3,600 for each additional person
1998 Poverty Line	\$8,050	\$10,850	\$13,650	\$16,450	\$19,250	\$22,050	\$24,850	\$27,650	Add \$2,800 for each additional person
1988 Poverty Line	\$5,770	\$7,730	\$9,690	\$11,650	\$13,610	\$15,570	\$17,530	\$19,490	Add \$1,960 for each additional person
1978 Poverty Line ⁵	\$3,140	\$4,160	\$5,180	\$6,200	\$7,220	\$8,240	\$9,260	\$10,280	Add \$1,020 for each additional person
1968 Poverty Line	\$1,600	\$2,100	\$2,600	\$3,300	\$3,900	\$4,400	\$4,900	\$5,400	Add \$500 for each additional person

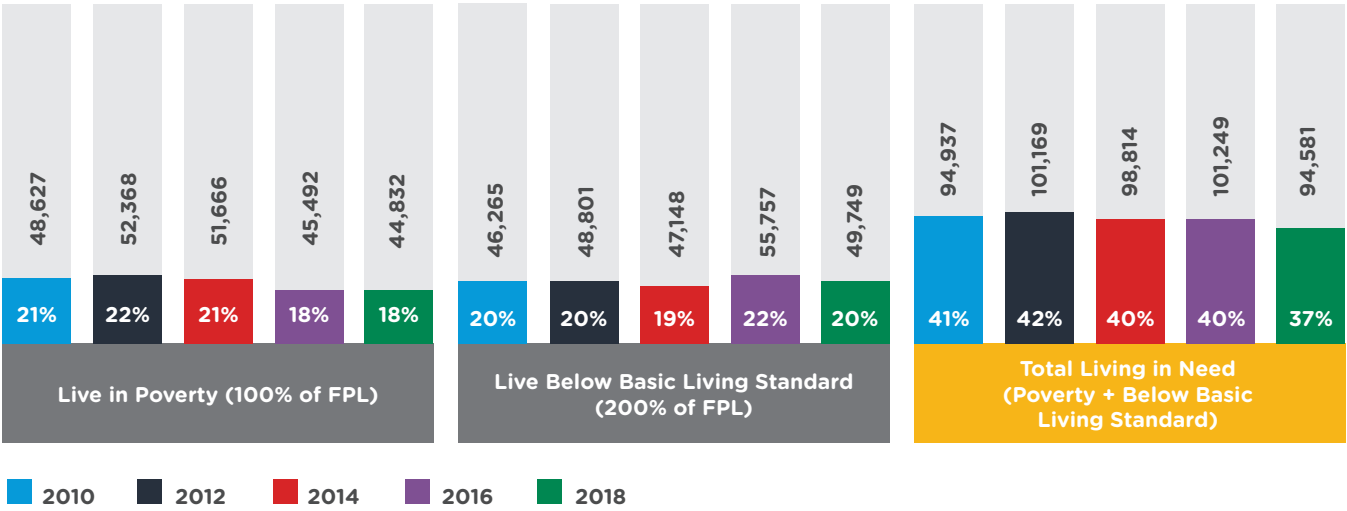
Persons in Household	1	2	3	4	5	6	7	8
2018 Basic Living Standard (200% of Poverty)	\$24,280	\$32,920	\$41,560	\$50,200	\$58,840	\$67,480	\$76,120	\$84,760

When families experience economic hardships, they are unable to fully participate in our society.⁶ Because the FPL and the basic living standard are income-based metrics, they fail to account for material necessities (e.g., adequate housing, electricity, phone service, Internet), debt (e.g. student loans, credit cards), or financial assets (e.g., savings, property). Further, in order to get by, and ultimately thrive, [families need human and social capital, such as basic life skills, employment experience, networks, and access to civic institutions.](#)⁷



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

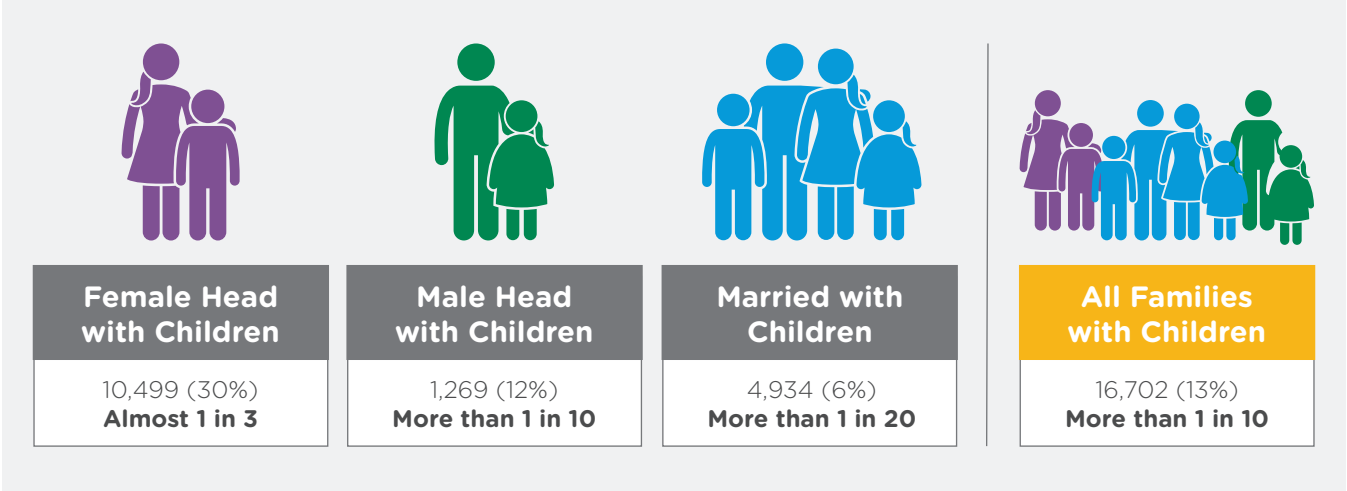
Mecklenburg Children Living in Need



To find information on poverty status by all age groups, [visit](#) the United States Census Bureau's data explorer.



2018 Families with Children Living in Poverty



The FPL is a key qualifier for several public assistance benefits including Medicaid (federal eligibility=138% FPL; NC eligibility= 42% FPL) and Supplemental Nutrition Assistance Program (SNAP, formerly food stamps; eligibility=130% FPL). Research indicates that social assistance programs (e.g., nutrition programs, child-care support, subsidized housing) can help lift families out of poverty by increasing access to opportunity and disrupting cycles of generational poverty. However, more than a quarter of qualifying Americans do not access these programs and many who do are forced to weigh income opportunities against the benefits cliff. The “cliff effect” refers to the potential impact that small increases in earnings can have on program eligibility and can function to perpetuate a family’s reliance on public assistance indefinitely rather than providing a pathway to self-sufficiency. For instance, for a family of 3 to receive SNAP benefits, the household income must remain below 130% of the FPL, or \$27,014 annually. A pay increase that pushed their annual income to \$27,015 would render them ineligible for SNAP but fail to ensure comparable access to food; forcing them to choose between career advancement and meeting their basic needs.

In Mecklenburg County, 10% of households received cash or food assistance benefits in 2018, higher than pre-recession levels of 7.4% in 2007 but lower than peak utilization in the past decade of 14.4% in 2011.

Policy Context: The State Budget

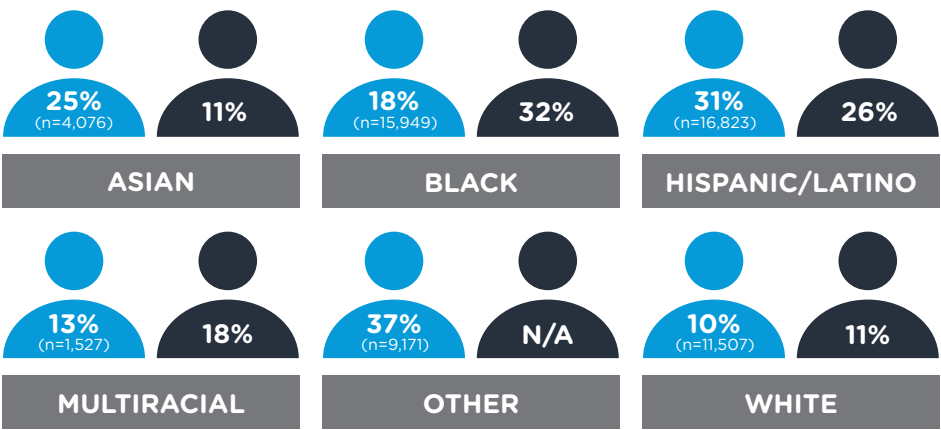
More than 70% of the line items included in North Carolina’s FY19 budget consisted of non-recurring funds, which means our Legislature is making initial investments but failing to allocate resources long term to create sustainable practices. In addition, compared to the pre-2013 tax code, North Carolina 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.⁸

During the 2019 short session, the North Carolina Legislature failed to pass a FY20 state budget. Without one, funding for recurring budget items default to FY19 allocations. By not increasing annual recurring funding and withholding all non-recurring funding, many critical services that support our children and families are harmed and long-term planning becomes difficult. Our schools have not received the non-recurring funds needed for construction, hiring of support staff (e.g., counselors, school psychologists), and other crucial functions. In addition, the rollout of Medicaid transformation was delayed indefinitely.⁹ In order to support urgent funding needs, such as school security and raise the age, the NC General Assembly passed several discrete spending measures, referred to as “mini-budgets.” This piecemeal strategy is an unconventional approach to funding budget items with widespread support but, taken together in 2019, represent only 4% of North Carolina’s annual budget.¹⁰

Poverty is experienced by families across every racial and ethnic group, but local and national data shed light on the ways poverty is experienced disproportionately by race and by region. While Mecklenburg County poverty rates for Hispanic/Latinx and White children reflect national trends, it is more concentrated for Asian children, less concentrated for Black and Multiracial children. However, comparing local averages to national averages can mask disparities, which is why UNC Charlotte’s Urban Institute has identified counties that are comparable to Mecklenburg. In 2018, child poverty in Allegheny, one such county in Pennsylvania (and the home of the Pittsburgh Steelers), was less concentrated for Asian (10%), Hispanic (26%), and White (8%) children, as well as children who identify with Other racial/ethnic groups (28%). However, child poverty was more concentrated in Allegheny County for Black (32%) and Multiracial (18%) children.

Percentage of Children Living in Poverty by Racial Group 2018

Mecklenburg Average 
National Average 



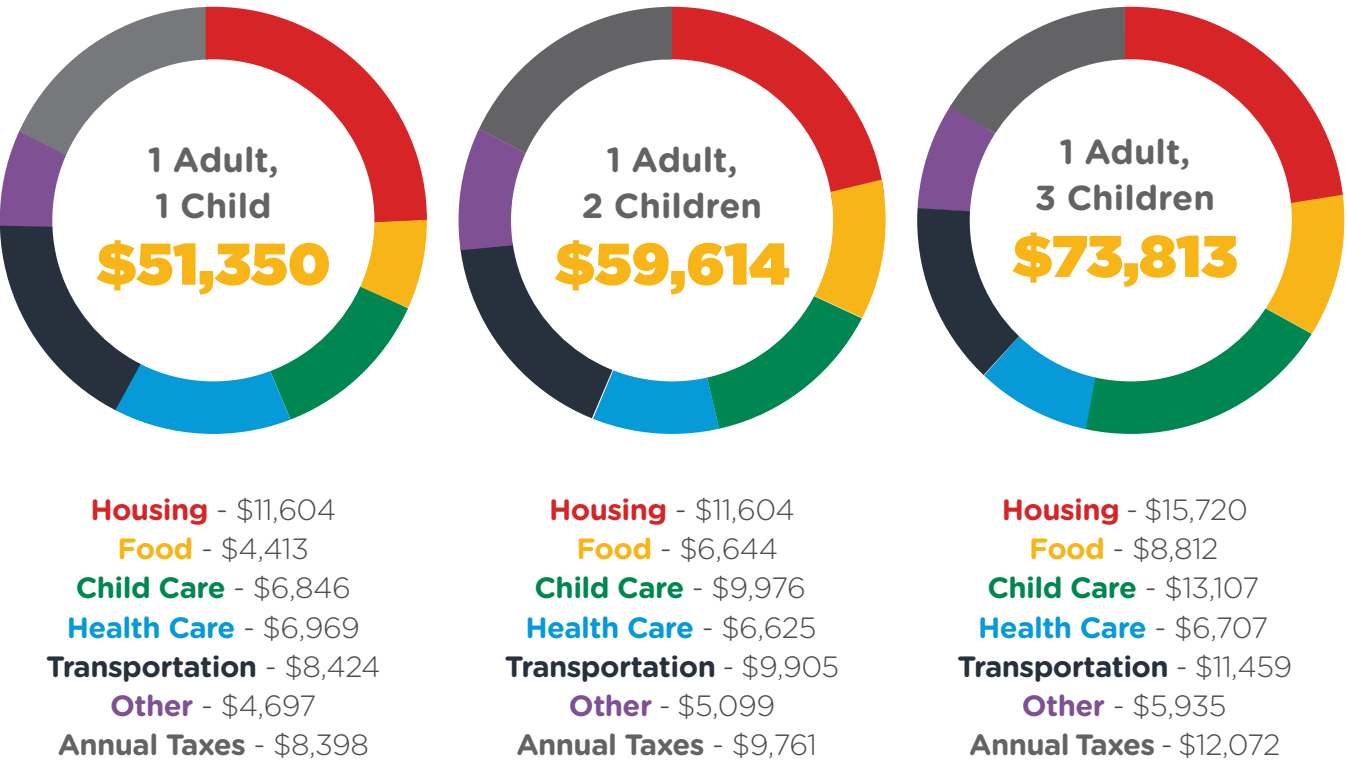


LIVING WAGE

Due to 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. [Massachusetts Institute of Technology’s \(MIT\) living wage calculator](#) disaggregates key cost of living data by county in an effort to better contextualize the bare minimum a family would need to live in each county across the United States.

Mecklenburg County’s current minimum wage is \$7.25/hour; a family with two adults working full time and two children must earn at least \$15.67/hour to bring home a living wage; however, if only one adult in the household works, the working adult must earn at least \$25.59/hour to make a living wage. The figure below shows some of the expenses considered in the living wage calculation, visit the [calculator](#) for information about additional family sizes.

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. In FY18, the number of eviction filings increased 2% to 29,140. **Children are particularly vulnerable to effects of homelessness and, in the 2017-18 school year, the number of students who were identified as eligible for McKinney-Vento services increased by 10% to 4,598 students.**¹¹



Policy Context: Mecklenburg’s Affordable Housing Crisis

More than a year after a \$50 million affordable housing bond was overwhelmingly approved by Mecklenburg County voters,¹² the area’s affordable housing crisis persists. According to the 2019 Charlotte-Mecklenburg State of Housing Instability and Homelessness Report, there is a shortage of more than 43,000 available units for households with income below 50% of the area median income (AMI).¹³

The bond allocation [framework](#), approved by Charlotte City Council in August 2018, is guided by three key endeavors: 1) increasing capacity to serve households earning below 60% AMI, 2) serving residents vulnerable to housing displacement, and 3) using housing to build and expand access.¹⁴ Since the bond approval, Charlotte City Council approved several projects to bring additional affordable units to uptown, south Charlotte, and the university area.¹⁵

Despite community support, local leaders have been criticized¹⁶ for focusing on households with income below 60% AMI when the greatest deficit in affordable housing exists for households with extremely low incomes (below 30%); a gap that exceeded 27,000 units in 2017.¹⁷ Further complicating access to affordable housing are 2019 property revaluations that resulted in an average residential property tax increase of 43% and an average commercial property (including apartments) increase of 77%.¹⁸

For more detailed information about housing instability, explore the [Charlotte-Mecklenburg Housing and Homelessness Dashboard](#) and accompanying reports. Find some of the most recent analysis focusing on children and youth in the 2019 [State of Housing Instability & Homelessness Report](#) prepared by the UNC Charlotte 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.



FINANCIAL SECURITY

Simply tackling poverty to ensure that the basic needs of our children and families are met, fails to meet the acceptable livelihood standards reflected in our American value systems. More than a decade after the nation began to recover from the Great Recession (2009), Mecklenburg County income inequality has only marginally improved. In 2011, the wealthiest 20% had an annual income 4.74x greater than the poorest 20%; narrowing slightly to 4.67x in 2018. Creating opportunity requires actively enhancing pathways to financial security so our neighbors can all experience the well-being associated with having enough money to pay bills, save for retirement, establish an emergency fund for unanticipated life events (illness, job loss, etc.), and have money left over. Yet, an average of 43% of households in large US cities are “liquid poor” and would be unable to cover basic expenses for three months following one of those unanticipated life events. In Mecklenburg, 35.6% of households fall into this category and 19.9% have zero net worth (compared to 16.5% nationally).

Policy Context: Financial Security CLT

In 2019, Crisis Assistance Ministry established a full-time position dedicated to managing a coalition of nonprofit organizations committed to helping families get on, and stay on, a path to greater financial security. Financial Security CLT was established to connect local nonprofits and coordinate their efforts to improve economic mobility through financial security. The group shares strategies; identifies gaps and barriers; identifies points of intersection; and leverages local, statewide, and national best practices to foster financial security.



Policy Opportunity

Build Social Capital by Incorporating Youth Voices

In Charlotte-Mecklenburg, it is unlikely low-income children can escape the generational cycle of poverty. Of the largest counties in the United States, Mecklenburg county ranks 99th out of 100 in upward mobility.¹⁹ [The Leading on Opportunity Task Force report](#) identified [social capital](#) as a key lever for increasing the equity of opportunity in Charlotte-Mecklenburg. Improving social capital could enhance the future for many of Charlotte’s children. In its most recent annual survey of adults in Mecklenburg County, the UNC Charlotte Urban Institute incorporated questions related to social capital like social trust, volunteerism, and relationships with others. Findings indicate that social trust is highest among White, older, college educated, and higher income respondents and lower for other groups in Mecklenburg County.

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.



EARLY CARE AND EDUCATION

Child advocates have long stressed 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 builds the foundation for health and well-being that will affect a child the rest of his or her life.²⁰ 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 of eligible workers do not take leave due to lack of pay.²¹

Policy Context: Family and Medical Leave Act (FMLA)

In 1993, Congress established 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.²²



Policy Opportunity

Expand Family and Medical Leave Act (FMLA)

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.²³ With bipartisan support for paid family leave, it is possible for [legislation to pass in the current Congress](#).

Child care is the largest 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.²⁴ To meet the affordability threshold, a working family with one child in Mecklenburg County needs a household income of \$117,830 for center-based child care and \$86,940 for home-based care. With 70% of children under 6 living in homes where all parents in the household are working, the need for quality child care is paramount.²⁵

In 2019, Governor Cooper extended paid parental leave to state employees in cabinet agencies. Specifically, employees who qualify are eligible for eight weeks with full pay after giving birth, or four weeks with full pay after their partner gives birth or in the event of adoption, foster care placement, or other legal placement of a child. Eligibility for full-time employees begins after 12 months of state employment. Extended leave for part-time employees is offered on a prorated basis.²⁶

Childcare for Children 0-5



4,650

of Children Receiving Child Care Subsidy Birth-5



3,827

Average # of Children on the Child Care Subsidy Waiting List



495

Number of Licensed Child Care Programs Serving Birth-5



19,875

Number of Children in Licensed Child Care Birth-5

Cost of Childcare



\$11,783

Average Annual Fee for Star Rated Center-Based Child Care Center for Children Birth-5



\$8,694

Average Annual Fee for Star Rated Home-Based Child Care Center for Children Birth-5



Three publically funded pre-K programs in Mecklenburg offer early education opportunities for four-year olds across the county: Bright Beginnings, NC Pre-K, and Meck Pre-K. Bright Beginnings is a free, public pre-K program for 4-year-olds who demonstrate educational need after being assessed. Administered by Charlotte-Mecklenburg Schools (CMS), it is offered in 53 area elementary schools and can serve up to 3,240 children.²⁷ NC Pre-K is a free, state-wide program for 4-year-old children in families with incomes at or below 75% of the state median income (\$57,542 for a family of four). Locally, it has the capacity to serve 1,738 children in 31 area child care facilities tied to CMS.²⁸ Meck Pre-K is a free, county-funded program, established in FY18, for 4-year-olds in families with an income at or below 300% of the poverty level.²⁹ Administered by Smart Start, Meck Pre-K has the capacity to serve up to 1,242 children in select area child care facilities; it expanded from 33 classrooms in 2017 to 69 classrooms in 2018 and, ultimately, aims to offer universal pre-k to all 4-year-olds in Mecklenburg County.³⁰

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

Sustain Investments in Pre-K and Identify Barriers to Access

Our nation's primary education begins, arbitrarily, at age 5 when a child enters kindergarten. Decades of research on brain development demonstrates critical learning takes place long before children enter the schoolhouse. The benefits of high-quality pre-Kindergarten experiences, in addition to high quality child care, are two-fold: they help ensure kindergarten readiness and allow parents to work and/or pursue higher education. **Currently, only 22% 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.³¹ Cost should not be a barrier to children receiving high-quality early care.

Our community demonstrated its commitment to creating early learning opportunities for all children by investing in organizations, like READ Charlotte, that use data to understand outcomes and in programs that meet families where they are and expanding pre-K access. However, it is not enough to simply create additional classrooms and added pre-K capacity. It is critical that we also sustain the necessary funding needed to serve children, evaluate programs for continuous improvement, and make sure families know how to access opportunities available to them.

To learn more about the critical role early childhood experiences play 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](#)
- [Census Data Explorer](#)

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](#)

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 website.



EDUCATION

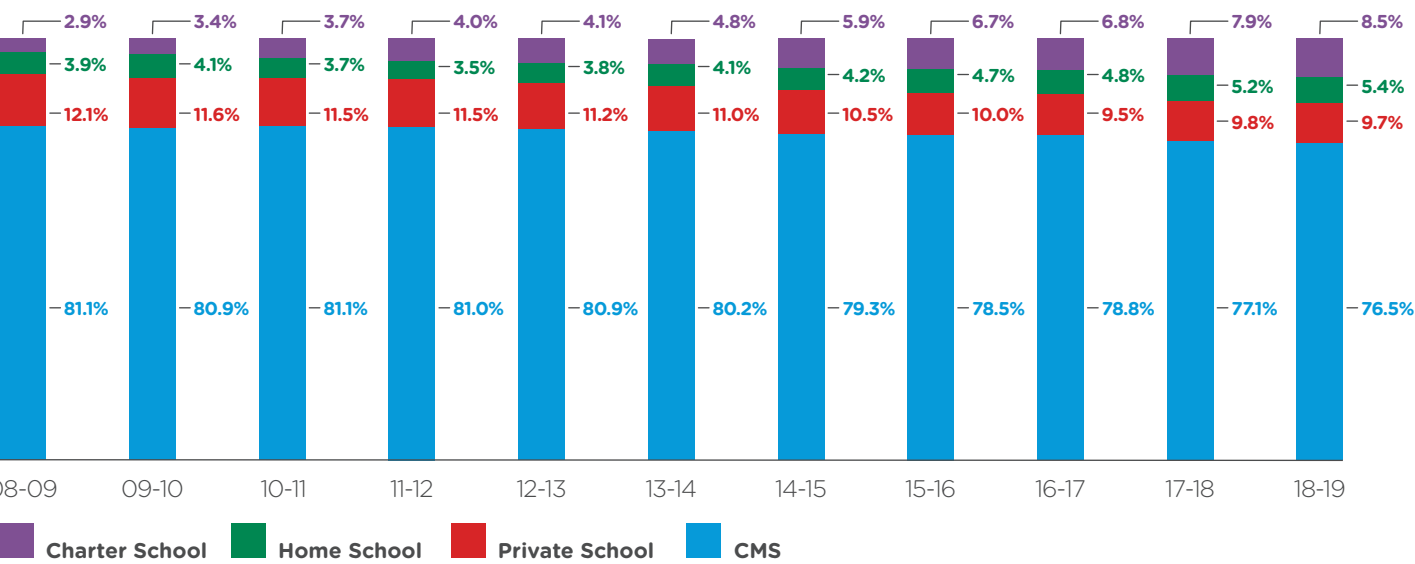
A quality education provides students with the resources to lead a healthy lifestyle and prepares them for success in post-secondary education, employment, and participation in a global environment.¹ Americans with more education are less likely to work in high-risk occupations and are more likely to be offered health-promoting benefits through their employment (e.g., health insurance, paid leave, retirement funds). In addition, individuals with more education tend to earn higher wages, which allows families to more easily afford stable and safe housing, purchase healthy foods, and pay for healthcare services. An individual's access to quality education is dictated by contextual factors, such as social policy, and individual- and family-level factors. Social policy, including decisions related to employment opportunities and individual and familial characteristics, such as socioeconomic status, conditions in the home, and support networks, impact stress and illness, and diminish an individual's ability to thrive in school, the workplace, and the community.²

From the 1990s to mid-2000s, North Carolina's efforts to establish new curriculum standards and assessments, increase education funding, strengthen teacher quality, and improve student achievement made it a leading state in educational innovation and effectiveness.³ While North Carolina elected officials continue to emphasize the importance of a strong public education system for the future of our economy, state investment in traditional public schools has stalled. Investment in education is estimated to yield benefits 2.5x greater than the original costs to taxpayers.⁴ Beyond budgetary line items, equitable school resource allocation includes high-quality and experienced teacher assignment, availability of support staff, technology in the classroom, advanced course offerings, etc. To ensure we are supporting our students, North Carolina must affirm its commitment to public education by making investments that reflect our values

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.⁵ More than 70% of local youth enrolled in grades K-12 attend CMS; it is responsible for educating over 145,000 children annually in more than 170 schools.⁶ The remaining students educated in Mecklenburg County are enrolled in private, home, or charter schools. While private school enrollment has remained stable over the past decade (approximately 20,000 students), charter school and home school enrollments have increased substantially over recent years.

Total Mecklenburg County K-12 Enrollment⁷



	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19
Total Mecklenburg County Students	162,753	163,191	165,878	169,248	173,297	177,642	182,165	185,207	194,932	190,193	191,717
Total CMS Enrollment	132,042	132,075	134,598	137,016	140,161	142,389	144,497	145,444	153,698	146,693	146,661

NOTE: Previous versions of this report cited CMS's 20th day enrollment figure. Going forward, it will cite the average daily membership during the last month of school in order to align with how North Carolina Department of Public Instruction (NCDPI) reports enrollment for charter, private, and home schools. Charter and private school enrollment captures all students attending schools located in Mecklenburg County boundaries, and may include children who reside in neighboring counties.



Policy Opportunity

Study School Voucher Programs

North Carolina funds three school voucher programs that provide support for tuition and required fees to qualifying families who wish to enroll their K-12 students in participating non-public schools.⁸ Opportunity Scholarships, the largest of the three programs, provides up to \$4,200 per student, per school year for households that qualify (e.g., household income, cannot have graduated high school, NC resident).⁹ One-third of students from low-income families do not use vouchers that were awarded because families are unable to afford other fees associated with private school (e.g., uniforms, transportation). Despite underutilization, budget allocations for the program have increased each year since its inception in 2014-15¹⁰ and will continue to do so as it is the only education program with authorized funding increases that are guaranteed indefinitely. In 2017-18, the program used \$28 million of \$45 million allocated.¹¹

A preliminary evaluation of Opportunity Scholarship student outcomes suggest that, compared to students enrolled in traditional public schools, first-year voucher students perform significantly better in math and returning voucher students perform significantly better on language assessments.¹² However, these comparisons should be cited with caution as the student populations and the schools in which they were enrolled were neither randomly selected nor comparably representative. As such, findings cannot be generalized beyond the students included in the evaluation's sample.¹³ Further, the authors caution that "the Opportunity Scholarship program [is] the only such program in the country that previously has not been nor currently is implemented in a way that supports rigorous quantitative evaluation of the program's impacts on student achievement."¹⁴

To best serve our students, state budget allocations must prioritize traditional public schools to ensure public money is used to support all residents. Beyond that, legislators must commit to creating measurable programs that include funding for rigorous evaluation. Further, evaluative findings must be used to improve promising programs or eliminate those that fail to meet intended outcomes. Finally, state oversight must ensure that private schools receiving funds through voucher programs are held to the same non-discrimination standards as public schools, particularly those not fully protected under state statute,¹⁵ such as religion, sexual orientation, gender identity, and disability status.

For more information, see NC State Evaluation.

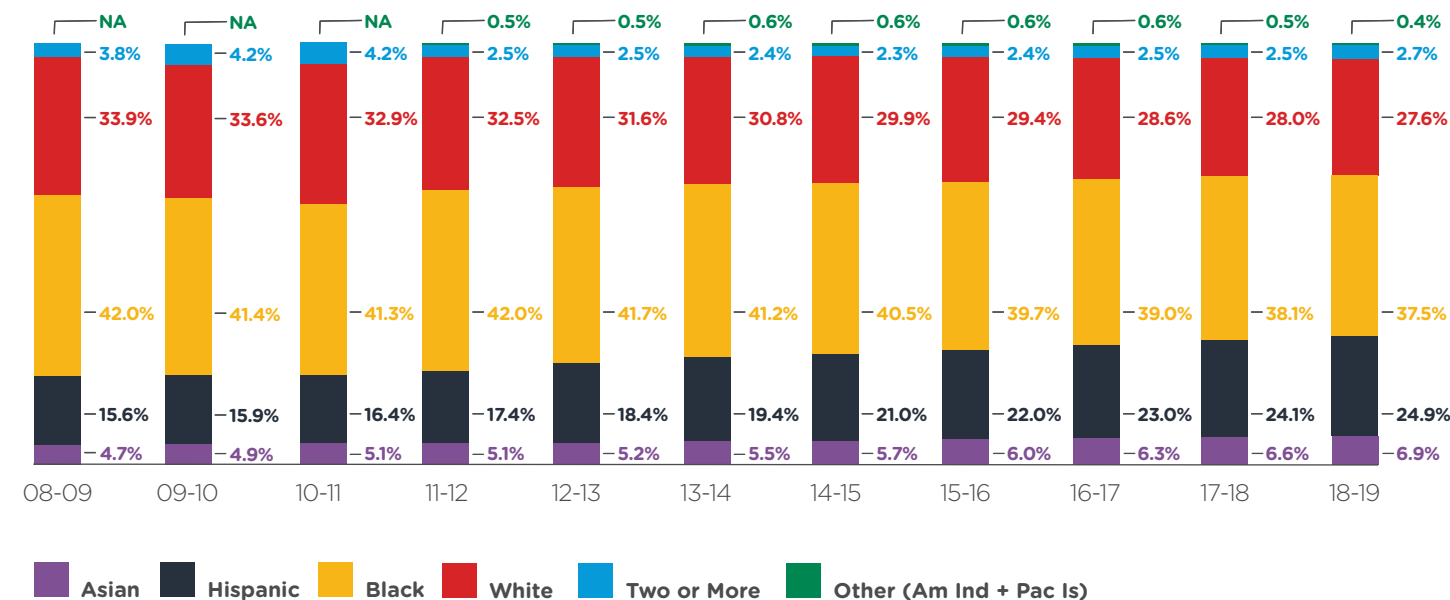


Policy Opportunity

Foster Welcoming Schools

Capitalizing on the benefits associated with diverse schools requires resources and supports that allow families to fully participate in the school community. [Welcoming America](#) is a non-profit organization established in 2009 to lead a movement of creating more inclusive communities.¹⁷ Toward that end, it published the [Welcoming Schools Toolkit](#) to provide K-12 educators and after-school providers with developmentally-appropriate activities to help youth learn and appreciate the many reasons people come to America.¹⁸ As our communities and schools continue to diversify, we urge community leaders, educators, and child care professionals to consult the toolkit and consider ways to adapt activities to fit the needs of our children locally.

CMS Enrollment



Student Population by Race/Ethnicity



CMS is a diverse, urban school district with a student population that is **38% Black**, **28% White**, **24% Hispanic**, and **10% identifying within another race/ethnicity categories**. There are 183 countries represented by students in the district and at least 197 languages and dialects spoken.¹⁶

Despite rich diversity in the student body, CMS is North Carolina's most racially segregated school district, followed by Guilford County Schools.¹⁹ Segregation is associated with larger achievement gaps, greater disparities in school resources, and lower graduation rates. Disrupting racial segregation would require reassigning 55% of CMS students; disrupting income-based segregation would require reassigning 59%.²⁰

To read more about the negative impacts of segregation and potential policy solutions, check out the [North Carolina Justice Center's education advocacy brief](#).



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 strategies, CMS successfully created schools that closely reflected district-wide demographics. That success was largely undone by a 2001 ruling out of 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.²¹ In the ten years following that shift, the number of high poverty, highly segregated schools grew from 12 to 53.

Student assignment policies continue to function as CMS' primary strategy for reducing concentrations of poverty and racial isolation. In 2016, the local Board of Education approved a two-phase student assignment plan intended to address several issues facing the school system, including concentrations of high-needs children, overcrowding, and equitable access to advanced courses.²² Phase I, approved in February 2016, focused on increasing access to magnet programs and Phase II, approved in May 2017, focused on adjusting school boundaries and feeder patterns. However, achieving socioeconomic diversity remains a challenge in a county that has invested several years and millions of dollars for advancing economic opportunity. During the 2018-19 academic year, 80 of the 174 CMS schools received Title I funds. Recognizing Title I's limitation in accounting for income inequality and the dangers of racial and economic segregation, the district's second annual [Breaking the Link Report](#) identified 66 schools as high-poverty. In publishing this annual report, CMS intends to foster equity while maintaining a zealous pursuit of excellence. By attending to disparities in the school system, the report seeks to influence the acquisition and direction of resources to better serve students.

Read the 2018-19 [Breaking the Link Report](#) and be on the lookout for the 2019-20 iteration.

Title I is a provision in the Every Student Succeeds Act (ESSA) which provides financial assistance to schools in which the percentage of identified economically disadvantaged students is at least 37%.



Policy Opportunity

Create Effective & Equitable NC Schools²³

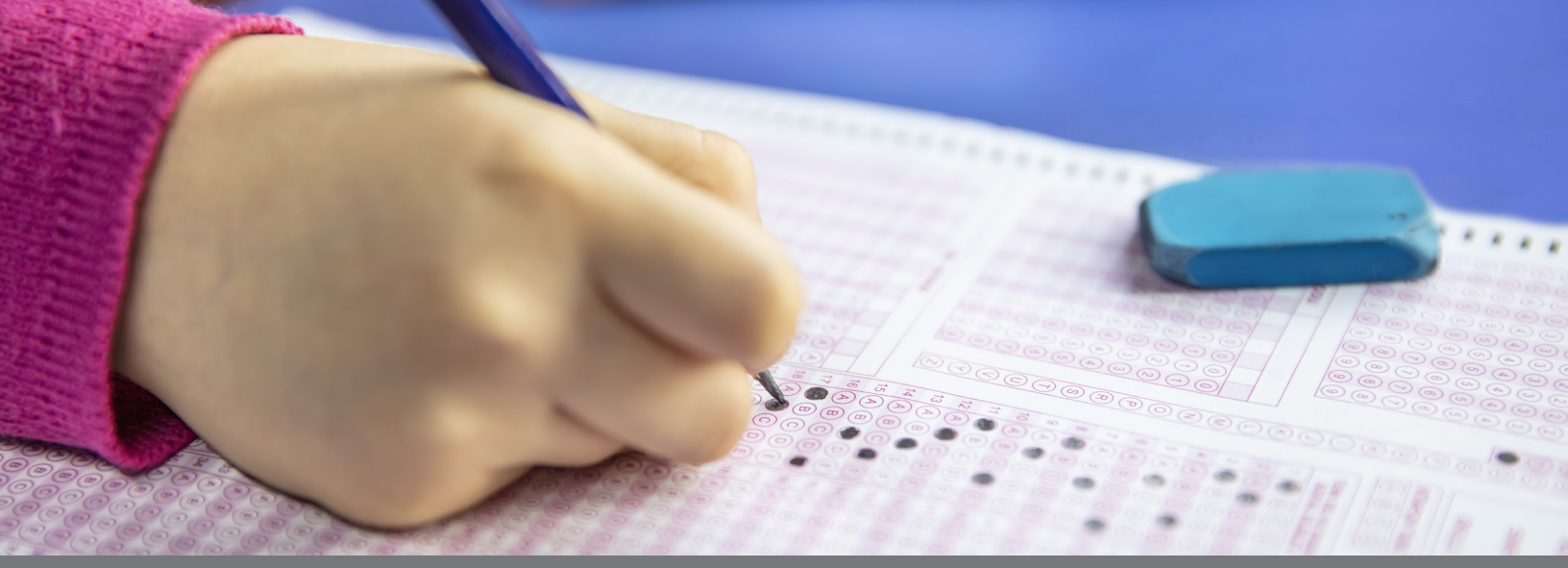
In 2019, the NC Justice Center published a guidance document to provide education advocates with 30 actionable policy recommendations that would increase efficacy and equity across public schools state-wide. Central to its strategy is investing to meet industry standards for support staff (e.g., counselors, nurses, librarians), ensuring schools are adequately funded to meet the needs of the student population (e.g., low wealth county, Disadvantaged Student Supplemental Funding, Limited English Proficiency, Children with Disabilities allotment), restoring the budget allocation for textbooks and supplies, creating universal pre-K* (state-wide), and offering universal breakfast and lunch. In addition, restoring educator pay and advancing professional development is crucial for high quality education. North Carolina must also conduct rigorous evaluation to better understand the effectiveness of programs. Ineffective programs should be eliminated and resources should be allocated to facility improvements and initiatives that best foster a student's academic, social, and emotional growth. To reduce barriers to higher education and foster opportunity for all students, North Carolina provides affordable options for all public colleges and universities. To promote equity, North Carolina must reform the school performance grading system to better reflect school quality and accountability, foster racially and socioeconomically integrated schools, and recruit and retain more teachers of color. By investing in equity measures, student supports, educators, and effective programming, North Carolina can reclaim our spot as a national leader in education while preparing our students to be productive and healthy members of our community.

Read the [North Carolina Justice Center's full list of policy recommendations](#).

*Note: In recent years, Mecklenburg County invested substantially in universal Pre-K and could serve as a model for how other counties can create early education opportunities for all children. To learn more about pre-K programming in Mecklenburg, check out the Livelihood chapter of this report.

Policy Context: School Environment

Historically, research on how school context impacts student outcomes focused on either school culture (what a school does) or school climate (how a school feels). In recent years, school environment research aligns the two by acknowledging that the common norms and expectations (culture) of a school directly relate to the experiences (climate) of students, staff, and faculty. As such, 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.²⁴ A positive school environment builds student resilience and leads to improved academic outcomes. Simply, successful schools have better school environments than unsuccessful schools.²⁵ Because the measure of a quality education extends beyond literacy and numeracy to focus on the whole child by supporting the social, emotional, mental, physical, and cognitive development of each student regardless of demographic factors, the North Carolina Department of Public Instruction (NCDPI) began including school environment in its school quality reporting.²⁶



PER PUPIL SPENDING³⁰

The 2018-19 CMS budgeted per pupil expenditure was \$10,134;³¹ a nominal increase of \$1,340 per student since the 2008-09 academic year. However, adjusting for inflation reveals that North Carolina is allocating less now than it was at the onset of the Great Recession. The \$8,794 in 2008 had the buying power of \$10,327 in 2018 dollars.³² According to the most recently available information from the US Census Bureau, school districts are allocating an average of \$12,201 per pupil nationally.³³

Per Pupil Spending

2008-2009	2013-2014	2018-2019
\$8,794	\$8,640	\$10,134



While per-pupil expenditure is one of the most commonly referenced indicators of public school funding, resource allocation is more than financial investment from state and local municipalities. Equity analysis should include Title I as well as funds generated from parent-teacher organizations. Other critical resources include high-quality and experienced teachers, support staff, technology in the classroom, books, facilities, and course offerings. Further, equity analyses should include Title I monies as well as funds generated from parent-teacher organizations.

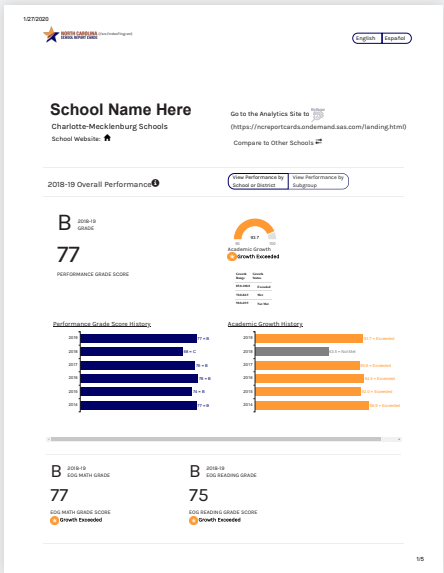
Because school-level funding and resource information is not currently available, it is impossible to fully understand equitability across the district. Beginning December 2019, in compliance with the Every Student Succeeds Act (ESSA), school districts nation-wide are required to publicly report school-level funding. Those data should be available in the [NC School Report Cards](#).

For more information about school-level financial transparency under ESSA, read this [Education Week article](#).

Policy Opportunity

Revise Current School Quality Measurements to Include School Environment

Annually, in May, the North Carolina Department of Public Instruction issues [a rating](#) for each public school district and every school within it. The purpose of school quality measures, like school-level report cards, are to inform parents and policy makers, identify areas for improvement, and provide communities a tool with which to hold schools accountable. In North Carolina, the performance portion of school quality measurement relies heavily (80%) on achievement (i.e., % of students who meet state performance goals); the remaining 20% accounts for growth (i.e., quantification of how much a student has learned in a year). Because student achievement is highly correlated with family and neighborhood income levels, this approach can exacerbate segregation and stigmatizes entire communities without providing mechanisms with which to alleviate achievement barriers or reallocate resources.²⁷ To truly understand how our schools educate and support our students, school quality measures must include information on the availability of resources, such as support staff (e.g. teacher’s aids, school counselors, nurses), learning tools (e.g., curriculum, data, technology, professional development), and school environment (i.e., whether an environment is safe and conducive to learning).²⁸ Toward this effort, Charlotte-Mecklenburg Schools (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.²⁹



Policy Opportunity

Adequately Resource Our Public Schools

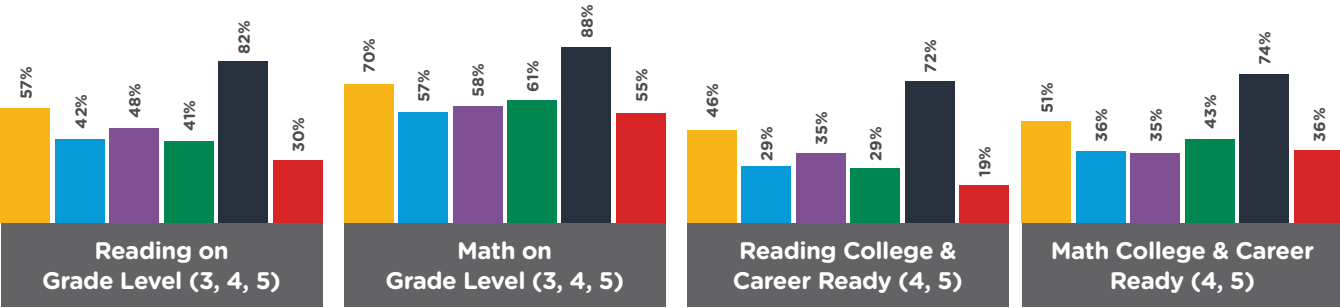
With current funding below pre-recession levels, districts struggle to optimally staff schools (e.g., teaching assistants, nurses, counselors, psychologists) and maintain facilities (e.g., overcrowding, maintenance). Consequently, as our students bring increasingly complex needs to school with them, our teachers are being asked to fill roles outside of educating our students. Because of the 2019 State budget impasse, NC school funding will default to the 2018-2019 budget allocation; which means that districts will receive flat funding for recurring budget items (e.g., student allotments, teacher pay) and lose non-recurring funds (e.g., capital projects). That flat funding fails to account for enrollment increases, stalls teacher pay raises, freezes hiring, and prevents districts from implementing their 2019-20 budget. As such, CMS was unable to fully implement its plan to hire additional social workers, counselors, school psychologists, teaching assistants, and other support staff using state funds.³⁴ Instead, Mecklenburg County used almost \$5.6 million in county funding to hire 25 new social workers for the 2019-20 school year, which still leaves the district below national standards.³⁵ 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.

STUDENT PROFICIENCY

In North Carolina, student proficiency is assessed during End of Grade (EOG) Testing. EOGs are standardized assessments administered each year to 3rd through 8th graders in Math, Reading, and Science. Each exam is scored on a 5 point scale, where a score of 3 or higher is considered “On Grade Level” performance. However, educators and advocates point to “College and Career Readiness” (scoring a Level 4 or 5) as a more accurate measure of a student’s ability to thrive after high school.

In 2018-19, 57.3%, of 3rd graders in CMS were reading On Grade level. For more than 5 years, district-level reading proficiency has remained relatively stable, with roughly 47% of third graders meeting the College and Career Readiness standard. However, during that same period, the percentage of 3rd graders who scored lowest (Level 1) increased from 21.5% to 26.9%. Drilling down into student subgroups reveals significant achievement gaps along racial lines and among some of our most vulnerable students.³⁶

CMS 2018-19 EOG Math and Reading Performance



*Economically-Disadvantaged Student



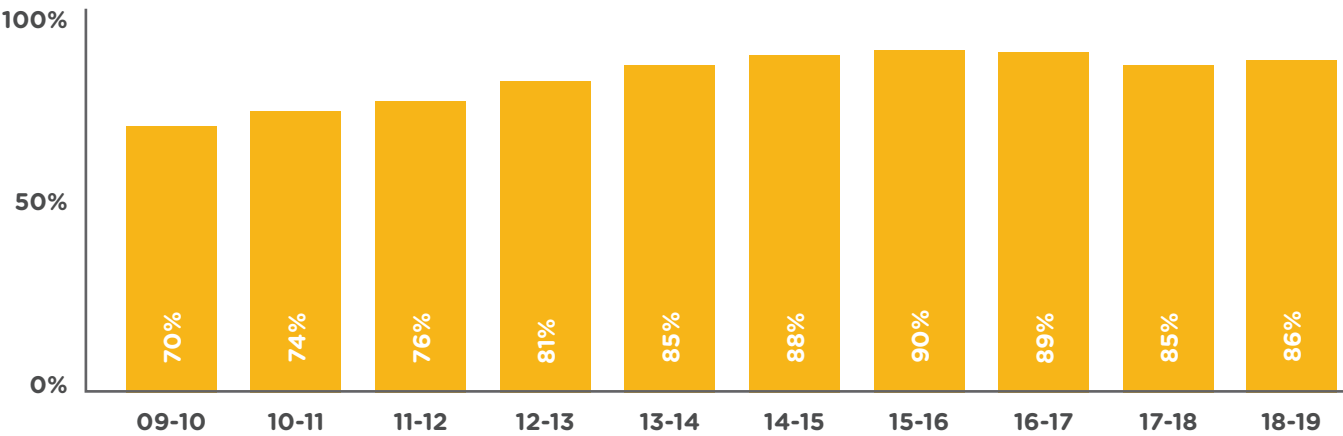
3rd grade reading ability is an important indicator of student success, as it is highly predictive of on-time graduation, as well as many other indicators of academic success.³⁷ However, 3rd grade proficiency is studied and cited most often because it is the first time children are formally assessed. Researchers and advocates stress that the foundation for learning success occurs in the critical early years (age 0 - 8).

To further explore CMS’ outcome data, visit the district’s [Performance Dashboard](#).

GRADUATION RATE³⁸

Historically, 4-year cohort graduation rates, or the percentage of students who earn a regular high school diploma within 4 years of starting 9th grade, served as a primary indicator of district success. For CMS, increases in the graduation rate are often cited 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: North Carolina High School Graduation Rate Calculation

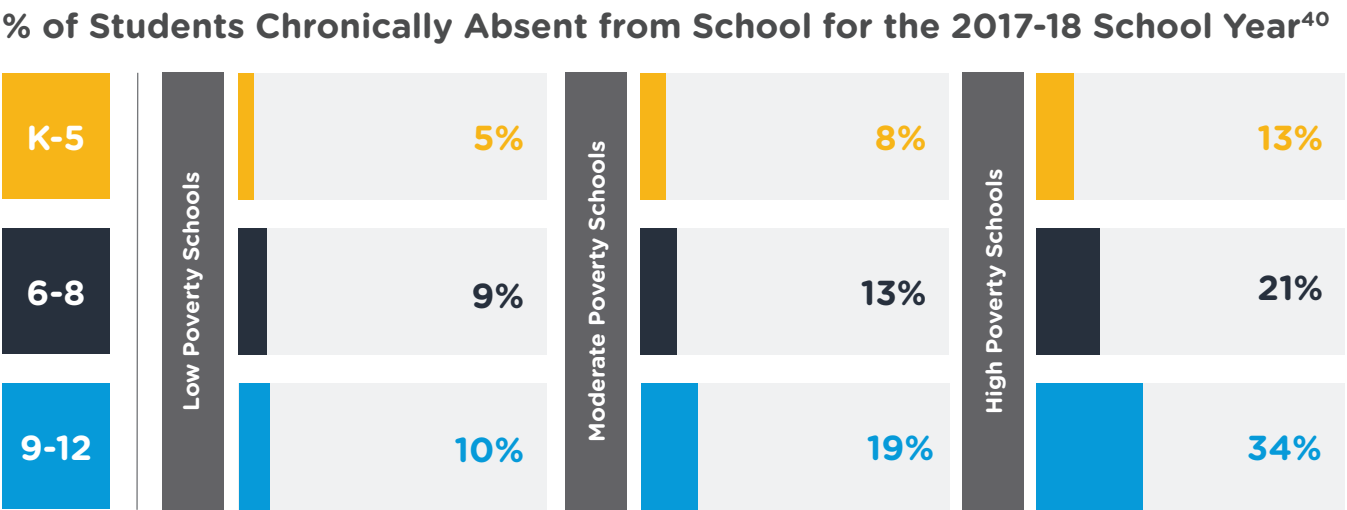
In 2017-18, the North Carolina Department of Public Instruction (NCDPI) modified the graduation rate calculation to account for students previously excluded. Two key changes resulted in what appear to be declines in high school graduation rates: (1) counting high school students who fell behind and then switched schools; and (2) excluding students who move only when school personnel verify and provide documentation (e.g., new address).

While including our more off-track students results in a more appropriate and accurate graduation assessment, it makes year-over-year comparisons difficult. In fact, attempting to compare 2017-18 graduation rates to previous years will lead to misunderstandings about declining graduation rates; particularly when schools with high degrees of student mobility will appear to have the greatest declines in the 4-year cohort rates.

Graduation rate is simply one measure of College and Career readiness, and 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 2018-19, 54.6% of 11th graders who took the ACT scored a 17 or above, the threshold used by the UNC system for acceptance. However, examining data by subgroups reveals stark disparities. For instance, 95.0% of students identified as academically/intellectually gifted met the benchmark while students only 9.0% of students identified as English Language Learners met the benchmark. Further, stark differences exist between racial and ethnic groups with 84.1% of White students meeting the benchmark compared to 27.3% of American Indian students, 70.8% of Asian students, 35.8% of Black students, 36.9% of Hispanic students, and 63.2% of students identified with two or more races.³⁹

ATTENDANCE

There are many reasons why a child might miss school, including, but not limited to, illness, transportation issues, housing instability, and caring for for younger siblings. Our 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.

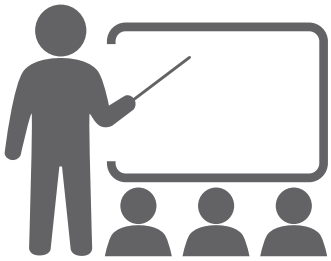


Chronic absenteeism is defined as a student having an Average Daily Attendance (ADA) that is less than 90% of days. Put another way, a student is chronically absent if they miss more than 10% of school days, including excused and unexcused absences as well as suspension days. When students are absent from school, they miss valuable instructional time, chances to learn from peers, and other school-based opportunities. Nationally, students with disabilities are 66% more likely to be chronically absent from school.⁴¹ Because exclusionary discipline contributes to chronic absenteeism, it is important to examine how often students with disabilities may be adversely affected by disciplinary practices like suspensions. Further, chronic absenteeism is a primary predictor of student school achievement and high school graduation rates.⁴²

EXCLUSIONARY DISCIPLINE

Exclusionary discipline refers to punitive practices that remove students from the typical educational environment (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.⁴³

The most common form of exclusionary discipline is out-of-school suspension (OSS), both short and long term. In CMS, 97% of OSS incidents are the result of “Unacceptable Behavior;” these discretionary violations of the Student Code of Conduct primarily include disruptive behavior, aggressive behavior, insubordination, inappropriate language/disrespect, and fighting.



Students with at Least One Out-of-School Suspension (OSS)* ⁴⁴		
16-17 School Year	17-18 School Year	18-19 School Year
11,032	10,488	10,348

**Data Note: Because CMS’ performance dashboard pulls data directly from PowerSchool (i.e., the electronic portal for school management, student growth, and family engagement) and is verified at the conclusion of the academic year, slight variations are expected.⁴⁵ Data contained here were accessed on 12/10/2019. Please see the [CMS Performance Dashboard](#) for the most up-to-date information.*

Nationally, policymakers, educators, and advocates have called for alternatives to exclusionary discipline so as to provide students with the supports that allow them to avoid missing valuable instructional time. Alternative approaches are particularly important when exclusions are experienced differently across student subgroups. In 2018-19, 69.8% of the 10,348 suspended students were Black, despite the fact that Black youth account for only 37.5% of the CMS’ total population.⁴⁶ During the 2018-19 school year, 17% of all out-of-school suspensions in CMS were experienced by students with disabilities.⁴⁷

To learn more about exclusionary discipline and the school-to-prison pipeline, read Council for Children’s Rights’ and Race Matters for Juvenile Justice’s [2019 Juvenile Justice Report: School-to-Prison Pipeline supplement](#).

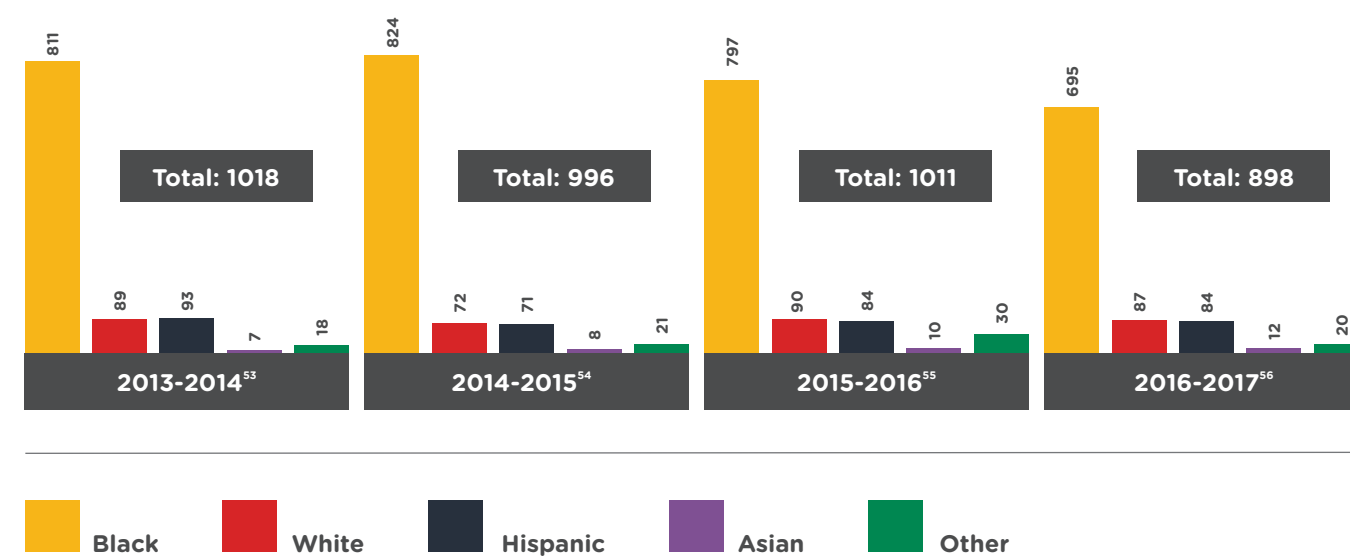


Policy Context: Suspensions in Early Grades

When considering alternatives to exclusionary discipline, it is important to note that these policies impact even the youngest students. The high rate of suspensions in early grades is a national problem that was brought to the forefront by a 2005 report that found that Pre-K students were expelled or removed at more than three times the rate of school-aged children. Policies that reduce or ban exclusionary discipline for our youngest students can decrease the associated negative impacts (e.g., anti-social behaviors, school avoidance, low academic achievement) and ensure children do not lose valuable time in school.⁴⁹

In 2015, CMS Board of Education (BOE) members expressed concern about the high number of young students being suspended in the district; one board member called for a moratorium for out-of-school suspensions for students in grades Pre-K to 2.⁵⁰ In 2017, after more than a year of debate, the BOE established a new policy to better protect our youngest students from exclusionary discipline.⁵¹ According to the most recent iteration of the CMS student handbook, all suspensions of students in pre-kindergarten through 2nd grade must be approved by the Superintendent.⁵² This additional oversight has resulted in a reduction of suspensions among young students. While the overall numbers have decreased, a racial disparity still exists, with Black students receiving 77% of all suspensions in grades Pre-K to 2.

Total Number of Pre-K to 2nd Grade Students with One or More Out-of-School Suspension



It is important to consider alternatives to exclusionary discipline that address misbehavior while still supporting the child. In 2018, California enacted a law that provided a funding mechanism for mental health consultation services for child-care providers and preschoolers as a way to help reduce preschool expulsions.⁵⁷ It is well documented that a child's mental health has a direct impact on their ability to achieve in school, both academically and behaviorally.⁵⁸ Expanding access to mental health services for young students and their teachers could help decrease exclusionary discipline practices in early grades.

Policy Context: Suspension and Exceptional Children

When a special education student is suspended for more than 10 days, they are entitled to a Manifestation Determination Review (MDR) where all available information is reviewed, including the child's Individualized Education Program (IEP), in order to understand the relationship between the child's disability, documented accommodations, and disciplinary infractions. A child is protected, under IDEA, from being suspended *if* the infraction "substantially relates" to their disabilities or is the result of the school's failure to follow the IEP. If it is found that the suspension was a manifestation of a documented disability, the student must be permitted to return to school immediately (except in cases that involve a weapon, illegal drugs, or the serious injury of another student).

For more information about MDRs and special education, see [A Parents' Guide to Special Education in North Carolina](#).



ALTERNATIVE LEARNING PLACEMENTS

Alternative Learning Programs (ALPs) are designed to serve students with behavioral needs that increase their risk of truancy, academic failure, and/or dropping out. They operate either as programs within traditional schools or as standalone academic institutions. Regardless, they are required to provide primary instruction to students, offer course credit or grade-level promotion credit in core academic areas (e.g., math), and adhere to time-delineated enrollment criteria (e.g., one academic grading period) based on student need. In 2017-18, North Carolina placed 11,322 individual students in ALPs; 5,056 of these assignments were related to disciplinary infractions. Students may be referred to ALPs more than once per school year and, in 2017-18, ALPs reported 12,750 placements.⁶⁰

ALPs primarily serve students who face long-term out-of- school suspensions, students whose learning styles are better served outside of a traditional school environment, and students who are identified as “at-risk”, which refers to a range of individual, personal, financial, familial, social, behavioral, or academic circumstances that, without adequate intervention, may place a student at higher risk for school failure or other unwanted outcomes.⁶¹ Specifically, students may be identified as at-risk based on factors including: grade retention, unidentified or inadequately accommodated learning needs, failure to meet proficiency standards, poor attendance, identification as a negative peer influence or engagement in behavior deemed unmanageable, a lack of adequate support either at home or in school, or engagement in substance abuse or other health risk behaviors. Further, students who are returning from juvenile detention, youth prison, or a psychiatric hospital may also be assigned to an ALP. In the case of CMS, ALP assignment is automatic for students who have been accused of certain crimes before being found responsible and until their cases are resolved.

Policy Context: Enhance Mecklenburg County’s School-Justice Partnership

The placement of law enforcement, i.e. school resource officer (SROs), in schools has led to misunderstandings about their role. When SROs are used to enforce the student code of conduct, it results in higher rates of juvenile and adult court referrals, lower student achievement, and decreased future earning potential.⁵⁹ For almost two decades, national efforts have focused on understanding and disrupting the mechanisms that turn student code of conduct violations into delinquency or criminal charges. School-Justice Partnerships (SJPs) are one such tool that, when effectively implemented, engage students to address minor disciplinary infractions within the school setting. Since Mecklenburg County established its SJP in 2016, the percentage of school-based juvenile justice complaints steadily decreased. In 2017-18, 19.3% of Mecklenburg complaints were referred from the school district; compared to 42.3% at the state level. Opportunities to enhance Mecklenburg’s SJP include defining local “focus acts” which outline infractions to be referred to law enforcement and which will first progress through the district’s disciplinary processes, establishing a graduated response model (i.e., a continuum of services that increase in severity with continued engagement in misbehavior) to address disciplinary infractions, and ensuring practices are consistent across the district.

**“A child whose behavior is creating issues is not trying to cause a problem. They’re trying to solve a problem.”
–American Journal of Pediatrics, 1956**

Reasons for North Carolina Student Assignments to ALPs 2017-18⁶²

Chronic Misbehavior	4,262 (33.4%)
Alternative to Long-Term Suspension	1,747 (13.7%)
Student/Parent Choice	1,699 (13.3%)
Academic Difficulty	1,673 (13.1%)
Emotional/Psychological Problem	745 (5.8%)
Transfer from ALP or Other Facility	614 (4.8%)
Academic Acceleration or Credit Recovery	565 (4.4%)
Attendance Problems	525 (4.1%)
Dropout Recovery	224 (1.8%)
Placed After EC Hearing for Disciplinary Reasons	219 (1.7%)
Personal/Family Problem	184 (1.4%)
Felony Charge (note: charge does not indicate responsibility)	179 (1.4%)
Pregnancy-related	67 (0.5%)
Placed After EC Hearing for Academic Reason	36 (0.3%)
Other	11 (0.1%)
TOTAL	12,750 (100%)



Policy Opportunity

Expand Access to Alternative Learning Program Data

Data related to ALPs at the school-level is scarce. For instance, the North Carolina Department of Public Instruction (NCDPI) publishes information related to school-level 20-day average daily membership (ADM), which shows school enrollment at the 20th day of the school year. However, because students may be reassigned to ALPs throughout the year, 20-day ADM does not provide an accurate estimate of enrollment. In addition, students cannot graduate or drop out from an ALP, which reduces transparency around the schools’ ability to educate and serve students. Most publicly-available data related to ALPs’ performance are available through School Report Cards, and include information such as student characteristics and participation, College and Career Readiness, student performance by subject area, and school environment.⁶³ In order to better understand how ALPs serve students, data regarding the number of enrolled students and their academic and behavioral outcomes must be publicly accessible.



Community Toolkit

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

- [Welcoming Schools Toolkit](#)
- [North Carolina Justice Center’s education advocacy brief- Effective and equitable: Creating a shared vision for North Carolina schools](#)
- [CIS Research Brief on School Environment](#)
- [ESSA and School Finance Transparency](#)
- [CMS Student Assignment Plan](#)
- [CMS Breaking the Link Report](#)
- [CMS Performance Dashboard](#)
- [CFCR and RMJJ 2019 Juvenile Justice Report- School-to-Prison Pipeline Supplement](#)
- [A Parents’ Guide to Special Education in North Carolina](#)

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 website.





HEALTH



Access to quality, affordable health care is a basic human entitlement recognized in the 1948

[United Nations' Universal Declaration of Human Rights](#) as inalienable and inherent to human dignity. Moreover, decades of research support the significance that access to physical and mental health care plays in improving outcomes across all life domains, including interpersonal relationships, career/education achievement, and financial security.

When children and families are uninsured, their regular access to preventive health care becomes cost prohibitive. The resulting unidentified or unmet health needs decrease our children's ability to grow into healthy, productive adults. Over the past decade, the proportion of children without health insurance declined 46% in both North Carolina and the nation as a whole. However, looking at year-over-year changes, significantly more US children were uninsured in 2018 than in 2017.¹

Together, Medicaid, the largest insurer in the US, and the Children's Health Insurance Program (CHIP) cover 94.5% of eligible children. The greatest barriers to non-participation are administrative rigmarole and a lack of public outreach.² While these numbers remind us where we have fallen behind, the bigger picture suggests ample opportunity to harness national momentum and create positive change through policy engagement. In 2018, the percentage of uninsured Americans (all ages) stood at 9%; down considerably from the decade's peak of 16% in 2010. However, the percentage of uninsured Mecklenburg County residents, at 12%, exceeded that average.

HEALTH INSURANCE

 **94%**

of Youth 0-18 are Insured

Medicaid³

- In 2018, **23,851 individuals** used Medicaid for mental health, substance use, intellectual/developmental delay healthcare and/or assessment and outreach services; **10,766 of those were children ages 3-17.**
 - 9,925 children** received services for a mental health diagnosis;
 - 991 children** received services for intellectual and/or developmental delay;
 - 281 children** received services for substance use concerns
 - 190 children** received an assessment and outreach service

Policy Context: North Carolina's Failure to Expand Medicaid

Expanding Medicaid not only increases access to healthcare, it creates jobs and raises tax revenue. In 2014, 24 states and D.C. expanded Medicaid coverage via the Affordable Care Act. The initial adopters included many conservative states such as Kentucky, West Virginia, Ohio, North Dakota, Arizona, and Arkansas. During the 2018 election, three additional states (Idaho, Nebraska, and Utah) passed Medicaid expansion via ballot referendum, leaving 14 states, including North Carolina, that have yet to adopt Medicaid expansion.⁴ North Carolina's income eligibility for Medicaid is more restrictive than all but eight states. While the criteria in most states is 138% of the federal poverty line, North Carolina's income cap is 42%.⁵

In 2019, the North Carolina General Assembly (NCGA) had an opportunity to insure 365,000 more North Carolinians (64,000+ in Mecklenburg alone) and create 37,000 new jobs.⁶ However, neither traditional Medicaid expansion nor a Republican-drafted alternative, Carolina Cares, were adopted. In fact, disagreement between the Governor and NCGA leadership over Medicaid expansion became the primary factor in the ongoing state budget stalemate.



MATERNAL & CHILD HEALTH

Whether or not a woman intends to become pregnant, reproductive health is central to her overall well-being. Widely held misconceptions equate woman's reproductive health with fertility and a desire to procreate. Today, we recognize that preconception health includes access to contraception; particularly when half of all pregnancies are unplanned. Unplanned pregnancy is the leading contributor to poor birth outcomes. Further, contraceptive decisions (e.g. birth control pills, IUD, etc.) made by women, in consultation with their doctors, are often driven by a desire to improve physical and mental health experiences. Caring for the physical health status and health behaviors before, during, and after pregnancy is essential. 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.⁷

Policy Context: Maternal Mortality

Approximately 700 US women die annually as a result of complications during pregnancy or delivery.⁸ Further, roughly 1 in 3 deaths within a year of pregnancy are pregnancy-related; two-thirds of which are preventable.⁹ Further, Black women and American Indian/Alaska Native women are two to three times more likely to die from a pregnancy-related causes than White women—these disparities increase with age and persist regardless of mother's educational attainment.¹⁰ Access to health care can mitigate risk factors in a mother's life to promote a healthy pregnancy and delivery. Interventions such as coordinated care, home visiting programs, health education, prenatal care consultations, and specialized-care referrals can benefit expecting and postpartum mothers. Finally, ensuring women are adequately insured, reducing costs associated with pregnancy, and utilizing wraparound service models are likely to increase use of pre- and postnatal care and, thus, lead to better outcomes for mothers and their families.



Policy Opportunity

Establish State-wide Home Visiting Continuum & Evaluation Structure

Home visiting is a prevention strategy used nationally to offer pregnant women and/or new parents a support structure that helps promote family planning, reduce child maltreatment, and provide tools for fostering child development. Quality home visiting programs can offer a return on investment that ranges from \$1.75 to \$5.70 for each dollar spent.¹¹ A [2016 evaluation](#) (published in 2018) of the state's home visiting landscape estimated that 5,825 North Carolina families with children under six benefitted from evidence-based home visiting programs; highlighting a 99% gap between families served and the 572,800 families that could have benefitted.

While eligibility criteria varies, home visiting programs typically serve low-income families with children under 12-months, single mothers, parent(s) without a high school diploma, and mothers or pregnant women under 21. Of the families who could have benefitted from participation, 54% met one or more criteria and 25% met two or more. Despite significant home visiting engagement in North Carolina, hundreds of families remain on waiting lists and many other families are underserved.¹²

One of the most acclaimed home visiting programs is Nurse-Family Partnership (NFP). In North Carolina, NFP helped mothers reduce smoking during pregnancy, increased immunizations for newborns 0-2, reduced the risk of infant deaths, and produced many other positive health outcomes. NFP also generates public benefits for the people of North Carolina, including reducing food stamp payments, Medicaid costs, and rates of youth substance abuse.¹³

To learn more about NFP's model, see their [overview](#).

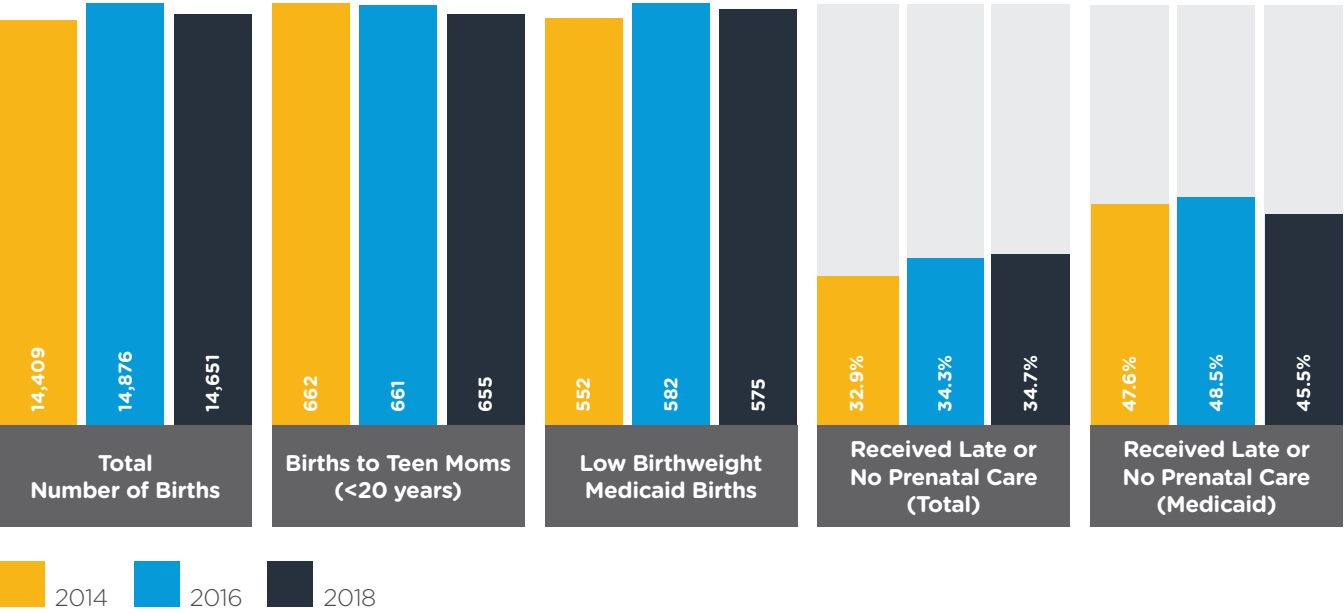
In Mecklenburg County, NFP is housed at Care Ring, where the team received national attention after being awarded NFP's 2019 Tenacious Caregiver Award for Network Partner.¹⁴ During FY19, NFP served 363 families across Mecklenburg County through more than 3,200 home visits. Care Ring's outcomes for families receiving NFP services in Mecklenburg County mirror the positive health and public benefit outcomes generated by NFP across North Carolina and around the country. In the coming years, Care Ring NFP aims to reach 600-700 families annually. Through a partnership with Novant Health, we now have an NFP nurse working in Mecklenburg County who is employed by Novant and supervised by Care Ring. This partnership is one innovative approach for how to work in concert with organizations across the Charlotte region to serve more families with this evidence-based early childhood intervention.

NFP has been shown to be a good investment for families and the broader community. 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.¹⁵ In North Carolina, the average cost to serve a family through NFP for a year is \$5,850 and average benefits to society per family served is \$46,121.¹⁶

To refer a patient or sign up for NFP, visit Care Ring's [website](#) or call 704-248-3737.



Birth Data¹⁷



TEEN MOMS

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 2018, 70% (460) 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 655 teen births, 79% were to new mothers and 21% (more than 1 out of every 5) were repeat births, increasing the risk of poverty. In addition, 67% of these young women were on Medicaid. Mothers on Medicaid are less likely to receive prenatal care and 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.¹⁸

PRENATAL CARE

Prematurity (less than 37 weeks) and low birth weight (less 6lbs 8oz) are the largest contributing factors to infant mortality and have significant implications for a child’s future health. The public health approach to reducing infant mortality over the last 20 years largely focused on prenatal care in the first trimester. Despite efforts to improve prenatal care access and utilization, no concurrent decline in adverse birth outcomes (low birth weight and preterm births) is evident either locally or nationally. For more than a decade, preterm births account for roughly 12% of all births and low birth weight infants account for 9% of all births. **Accessing prenatal care in the first trimester is largely influenced by whether or not a woman is aware that she is pregnant and recognizes the benefits of care.**¹⁹



Policy Opportunity

Access to Comprehensive Family Planning Services & Prenatal Care

Family planning creates an opportunity for women to make choices related to family size and the amount of time between pregnancies should that plan include multiple children. Access to contraception, including long-acting reversible contraception (LARC; e.g., intrauterine device (IUD), implant), is an important component of family planning. However, family planning also includes patient education and counseling, infertility services, testing and education related to sexually transmitted infections, breast and cervical cancer screenings, and pregnancy testing and counseling.²⁰ Family planning services must take a comprehensive approach because, for many women, family planning clinics are the entry point to the healthcare system and their regular source of care. For a variety of reasons, certain groups, particularly women with low educational attainment and income, Black and Latinx women, and uninsured women, are less likely to engage in family planning activities or to access available family planning services. Notable barriers include cost of services, location of services and access to transportation, public awareness gaps, and inadequate options for men.²¹

As such, it is not surprising that women insured through Medicaid are less likely to receive timely or adequate prenatal care compared to women who are not on Medicaid. Further, women with lower educational attainment are more likely to be on Medicaid and, thus, less likely to receive adequate care. In more than one-third of all pregnancies and almost one-half of Medicaid pregnancies, mothers received late or no prenatal care, which indicates unintended pregnancy and demonstrates the need for comprehensive family planning services, pregnancy prevention efforts, and expanded access to prenatal care.



YOUTH RISK BEHAVIOR SURVEY*

The Youth Risk Behavior Surveillance System (YRBSS) was established in 1990 to better understand how youth across the nation engage in behaviors identified by the Centers for Disease Control and Prevention (CDC) as significant contributors to death, disability, and social-emotional distress. In partnership with local school districts, the CDC administers a Youth Risk Behavior Survey (YRBS) to middle and high school students every two years. In North Carolina, that survey is conducted in Charlotte-Mecklenburg Schools and provides our community with invaluable insight into youth behaviors and experiences. Data from the YRBS are self-reported and, therefore, likely to underestimate the extent to which our students engage in risky behavior. Two primary factors contribute to underreporting: 1) social desirability bias (i.e., responding to a question in a way that would be viewed favorably by others) and 2) respondents choosing not to respond to questions.

Policy Context: Adverse Childhood Experiences (ACEs)²²

Adverse early childhood experiences (ACEs; e.g., physical abuse, neglect, mother treated violently, and 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. 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.

For more information on child exposure to violence and data on Intimate Partner Violence in our community, see the Safety chapter of this report.

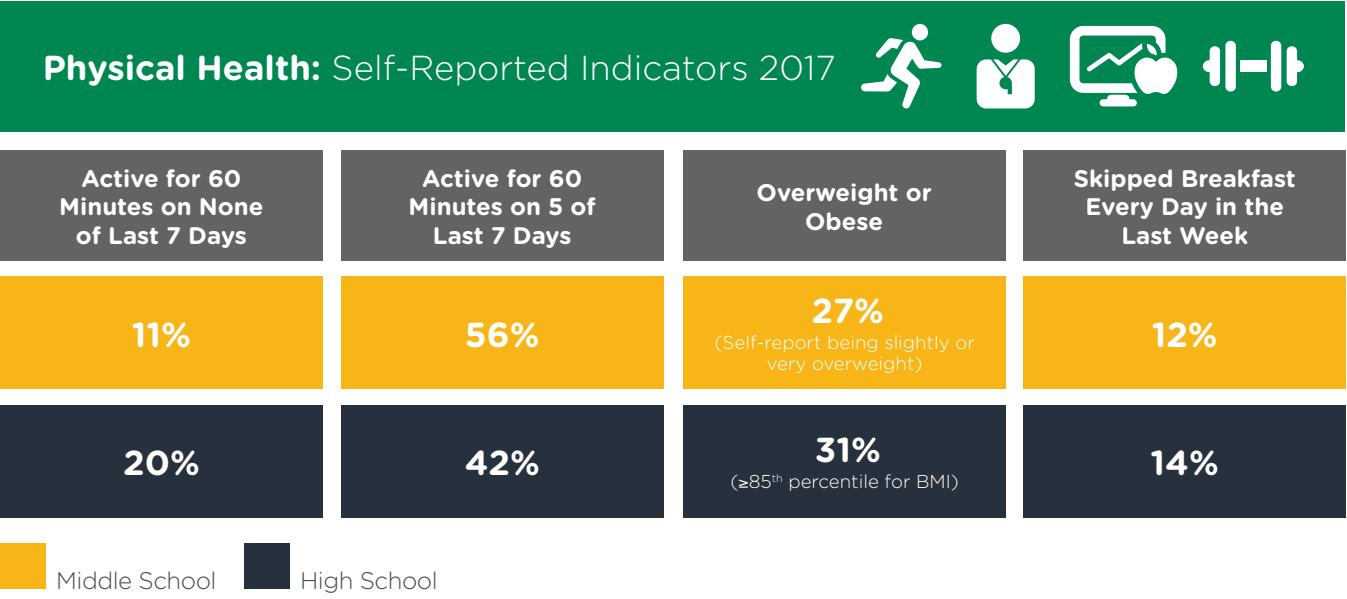


Policy Opportunity

Coordinate Efforts to Prevent and Respond to ACEs²³

Because youth whose social history includes multiple ACEs are more likely to experience negative outcomes, a successful community response requires coordinated approaches to prevention and intervention that exist on a continuum of supports for child, family, and community. The presence of positive, supportive relationships, programs that strengthen economic supports for families, and promotion of social norms that protect against violence and adversity are some of the steps we can take to prevent and adequately respond to ACEs. A successful community response requires a coordinated approach to screening and information sharing in order to translate an ACEs score into an opportunity for intervention. For instance, strengthening economic supports through tax credits, child care subsidies, and family friendly work policies (e.g., paid family leave) can reduce parental stress and depression and increase household income. Further, taking a multi-generational approach builds parental resiliency which, in turn, increases their ability to respond to youth trauma while reducing the likelihood a child will experience future ACEs. Greater parental and child resiliency benefits the community by buffering negative outcomes and promoting greater productivity and stability. To foster resiliency, our communities must coordinate efforts to better understand the prevalence of ACEs and other adverse experiences, and use this information to invest in strategies that will prevent trauma and promote health and wellness in our children and families.

To learn more about preventing ACEs and promoting resiliency, check out this [CDC report](#) on [Preventing Adverse Childhood Experiences](#).



Physical Health

	2007	2009	2011	2013	2015	2017
High Schoolers Who Consumed Alcohol in the Past 30 Days	37.7%	35.0%	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%	15.0%	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	11.0%
High Schoolers Who Have Ever Used Marijuana	36.4%	37.0%	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%



Despite decreased use of alcohol and cigarettes among high school and middle school students over the past decade, marijuana use remains 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.²⁴ 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.²⁵ In 2019, Josh Stein became the first Attorney General in the country to sue Juul and seven other vaping companies. Under the North Carolina Unfair and Deceptive Trade Practices Act, Stein claims the vaping companies are illegally targeting children. In response, some of the companies have stopped selling their products in North Carolina while the case is heard in court.²⁶ Further, due to the spate of vaping-related illness in 2019, multiple federal, state, and local regulations are being considered to reduce youth use and promote safety. One such law was raising the age for all tobacco purchases in the US to 21.²⁷



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. In 2017-18, school nurses in North Carolina served an average of 1,112 students, 48.3% higher than the recommended ratio.²⁸ 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 the recommended ratio.²⁹ Despite efforts to fund additional positions, CMS does not meet recommended national standards for school counselors, social workers, or psychologists (i.e., student services). In addition, in its 2015-2016 facility assessment, the Department of Public Instruction found the total need in North Carolina was over \$8 billion for renovations and construction projects in schools.³⁰

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. In 2018-19, CMS offered SBMH in 122 of 175 schools, up from 64 of 176 schools in 2017-18.

In 2018-19, CMS provided out-patient therapy to 1,980 students during the school day, accounting for 62% 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. Eight percent of referrals included a request for funding support at the time of referral.³¹

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](#).

Mental Health: Youth Risk Behavior Survey 2017

Sad/Hopeless		Considered Suicide		Bullied at School	
25%	29%	21%	16%	44%	19%
Middle Schoolers	High Schoolers	Middle Schoolers	High Schoolers	Middle Schoolers (Ever)	High Schoolers (Last 12 Months)
Saw Bullying (Last 12 Months)		Bullied Electronically		Agree Teachers Really Care About and Encourage Them	
63%	51%	22%	14%	55%	55%
Middle Schoolers	High Schoolers	Middle Schoolers (Ever)	High Schoolers (Last 12 Months)	Middle Schoolers	High Schoolers

More than one-quarter of students report feeling sad or hopeless almost every day for 2 weeks or more during the year prior to the survey and approximately one-fifth of middle and high schoolers reported seriously considering suicide in the year prior to the survey.



Community Toolkit

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

- [Universal Declaration of Human Rights](#)
- [Adverse Childhood Experiences \(ACEs\)](#)
- [A Look at Medicaid Expansion and Carolina Cares](#)
- [North Carolina Early Home Visiting Assessment](#)
- [Nurse-Family Partnership \(NFP\) Overview](#)
- [The Care Ring \(local home of the Nurse-Family Partnership\)](#)
- [Council for Children’s Rights 2020 Policy Priorities](#)
- [CMS School-based Mental Health Program](#)

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 website.



SAFETY



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

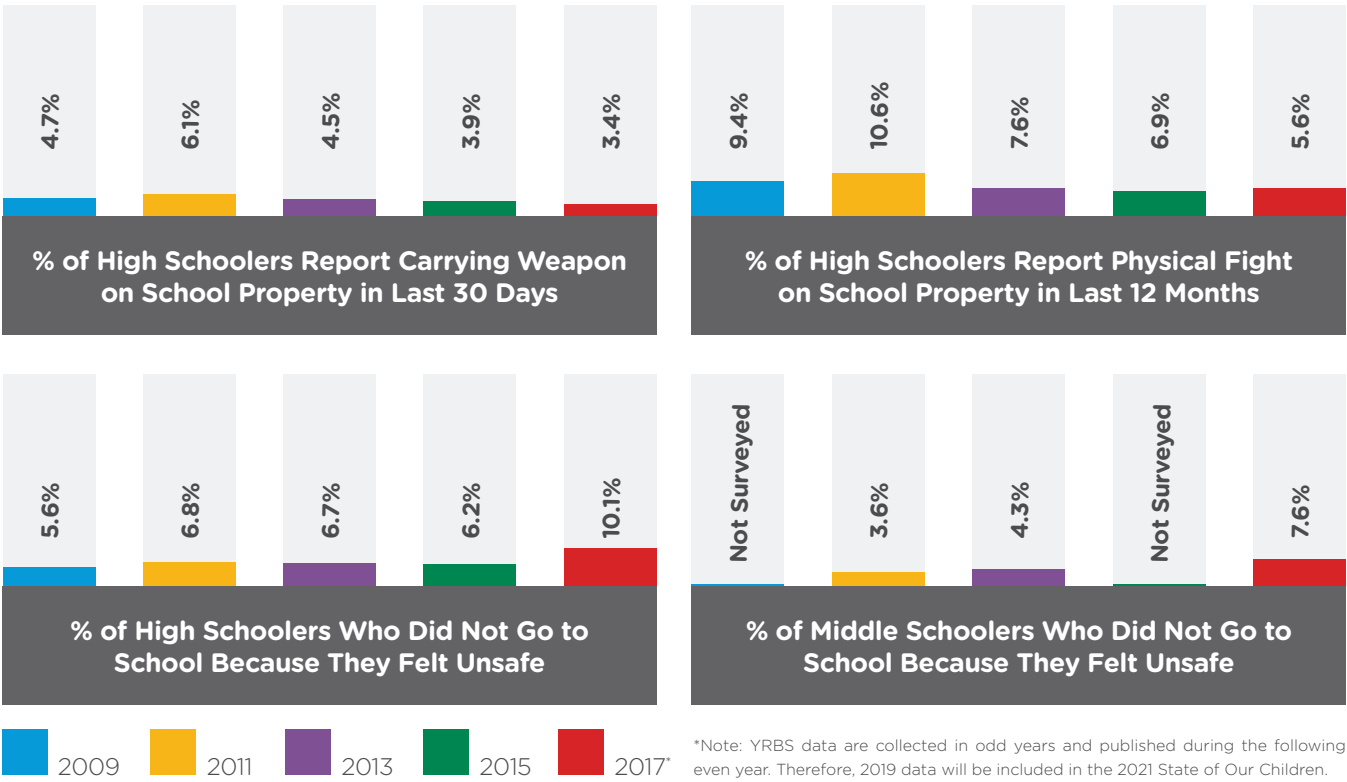
transportation options to the food we access, government laws and programs are designed to ensure safety casts a wide net—but sometimes and, in some places, we fall short. Our children and families still face persistent issues like racism, bullying, abuse, and inequitable access to resources; dangers 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 county has several opportunities to proactively tackle this critical issue head-on.

SCHOOL SAFETY

Ongoing incidents of violence in our public spaces compounded by the fatal shooting at Butler High School in 2019¹ heightened our community’s commitment to school safety reform. School safety must be discussed in the context of school environment 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 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.²

Over the past two years, the North Carolina General Assembly (NCGA) has engaged in ongoing conversations about school safety.³ In 2018, the NCGA established a House Select Committee for School Safety. Drawing on input from experts across the state, the committee approved 14 recommendations that were translated into bills⁴ but, despite bipartisan support, no substantive legislation was passed in the 2018 session. During the 2019 session, legislators passed a school safety bill (S.L.2019-75) that provided funding for additional mental health support staff in NC schools, required annual reporting on school resource officers, required the development of a school mental health crisis response program, and provided funding for additional agents of the State Bureau of Investigation to support the behavioral threat assessment program.⁵

Local efforts have prioritized school safety: Charlotte-Mecklenburg Schools (CMS) adopted a Circle of Safety outlining its commitment to safety at all levels (i.e., personal, school, community, district).⁶ CMS’ model reifies that everyone is responsible for promoting safety in school and in the community.⁷



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 environment 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

Measure School Environment to Promote Safety

Simply, successful schools have better school environments than unsuccessful schools. However, there is confusion about the best way to measure something as intangible as the 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 Charlotte-Mecklenburg Schools (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.⁸ 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.



JUVENILE JUSTICE

Juvenile justice, is designed to balance public safety with Child Welfare. Conversely, 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.

	2014	2016	2018
Total Delinquency Complaints ¹⁹	3,964	3,271	2,530
% of Complaints that are Minor or Status	73.8%	63.4%	58.0%
% School-Based Offenses ²⁰	31.0%	27.1%	19.1%
Juvenile Delinquency Per 1,000	29.00	23.07	17.49
Juvenile Detention Admissions Per 1,000	2.79	2.65	2.35
Youth Prison Commitments	8	22	29

Black youth make up just over one-third (34%) of our population but account for almost four-fifths of juvenile offenses in Mecklenburg County (79%) and over one-half in the state (52%). The overrepresentation of youth of color is referred to as disproportionate minority contact (DMC), or racial/ethnic disparities (RED). Black youth are overrepresented in every point of contact in the juvenile justice system (e.g., court referral, court approval, adjudication, disposition). Despite minor differences in offense commission, there are no data to support the notion that DMC is a result of differential behavior between White youth and youth of color.²¹

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



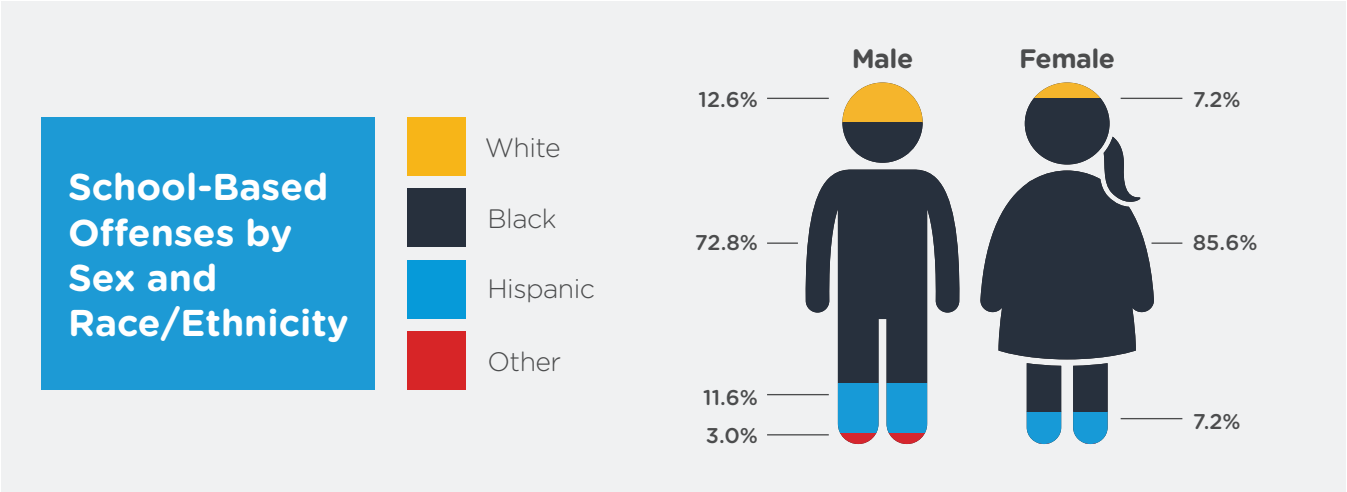
Policy Opportunity

Prioritize and Invest in Public Health Approaches to School Safety

Research shows safety 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.^{9,10} When students feel supported and view discipline as fairly enforced, schools report less bullying and victimization.¹¹ 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.¹²

Conversely, research shows 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.^{13,14,15} 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.¹⁶

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.¹⁷ 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.¹⁸





Policy Context: Raise the Age (RTA)

North Carolina Raise the Age went into effect on December 1, 2019, increasing the age of automatic adult criminal responsibility from 16 to 18.²² Despite overwhelming evidence that incarceration, unlike community-based programming, fails to reduce recidivism or improve overall outcomes for youth, the only funding allocated in the 2017 budget was \$13.2 million for a new Youth Development Center (youth prison). In August 2019, the NC General Assembly authorized RTA modifications²³ to hire additional court staff, increase funding for community-based interventions, and clarify process questions posed by juvenile justice professionals. However, no additional funds were allocated to hire additional prosecutors or defense attorneys in Mecklenburg County.

For a more in-depth examination of the Juvenile Justice System, see Council for Children's Rights' and Race Matters for Juvenile Justice's [2019 Juvenile Justice Report](#) and supplemental materials on [Raise the Age](#), the [School-to-Prison Pipeline](#), [Racial and Ethnic Disparities/Disproportionate Minority Contact](#), and [Race Matters for Juvenile Justice](#).



Policy Opportunity

Bolster RTA Advocacy Efforts and Evaluate Implementation

Many of our decision-makers and neighbors live under a false impression that North Carolina raise the age is a done deal, when in reality there is much more work to be done. First, it is expected that most youth charges with an A-G felony will find themselves transferred to adult court, which is not only a developmentally-inappropriate environment, it is also driven by the more lenient accountability standards afforded to adults. Second, despite raising the upper age of juvenile jurisdiction, North Carolina neglected to raise the lower age and while efforts to keep 6-year-olds out of court have had success, it still happens. Of states with a minimum age, NC's is one of the lowest. Finally, ongoing evaluation of RTA implementation and outcomes is critical to ensuring its return on investment (e.g. reduced recidivism, increased future earnings for youth with juvenile justice involvement, etc.) potential is realized. When the NCGA failed to authorize and fund a uniform data-system for use in both juvenile and adult systems across the state, they made it extremely difficult to understand RTA's impact or to make necessary revisions to practices that aren't successful. Without this infrastructure, which was requested by the Juvenile Justice Advisory Committee, North Carolina is at risk of doing more harm to youth than it was by treating them like adult criminals.



Policy Opportunity

Enhance Mecklenburg's School-Justice Partnership

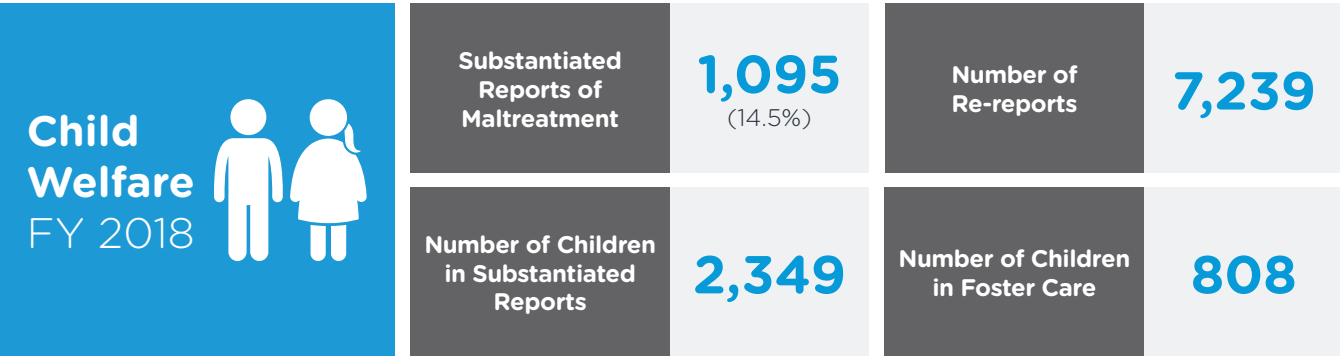
As part of Raise the Age, the NC General Assembly authorized and encouraged the establishment of School-Justice Partnerships (SJP) to reduce school referrals to Juvenile Court. SJPs are coalitions (e.g., school administrators, law enforcement, court officials) working to develop and implement effective school discipline strategies. Schools often rely on exclusionary discipline strategies (e.g., suspension), which are related to higher rates of court involvement, lower student achievement, and lower earnings.²⁴ Effective SJPs engage students to address minor infractions (i.e., serious and violent misbehavior continues to be referred to law enforcement) within the school setting.²⁵

Since establishing its SJP in 2016, Mecklenburg County experienced steady decreases in its percentage of school-based complaints. During the 2017-18 school year, 19.34% of complaints were referred from school compared to 42.26% at the state level. In 2019, the NC Administrative Office of the Courts released a [toolkit](#) to support districts' efforts to launch or strengthen their SJPs.²⁶

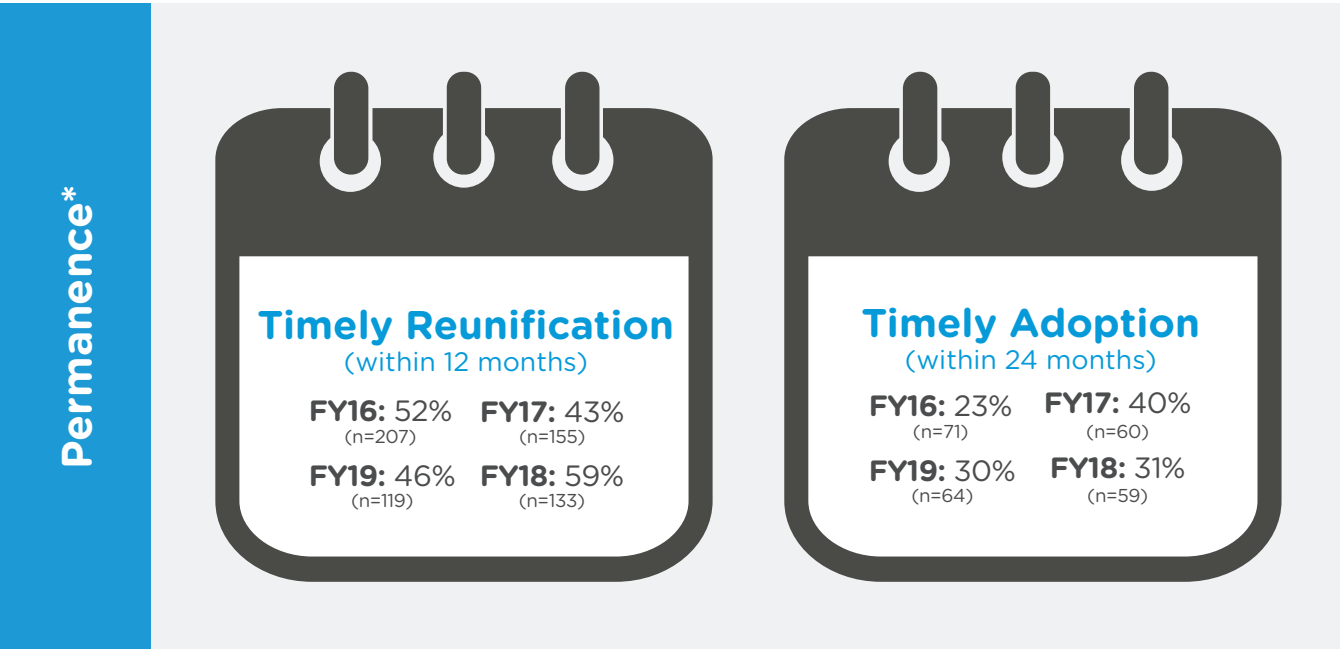
Mecklenburg County's SJP could be enhanced and applied more consistently across the district by establishing locally-determined focus acts (e.g., infractions that will not be referred to law enforcement without progression through school-based sanctions) and a graduated response model (i.e., a continuum of services that increase in severity with continued engagement in misbehavior) for addressing disciplinary infractions.

CHILD WELFARE

Child maltreatment is one of the most significant issues impacting child welfare nationally. In FY18, 14,223 Mecklenburg County children, or 4.6% of all children under 18, were reported maltreated. The number of reported victims increased 1.8%, or 255 children, from the previous fiscal year. Adverse early childhood experiences (ACEs), including child welfare involvement, 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.²⁷ 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’ [2019 Child Maltreatment Report](#).



***Data note:** In 2019, Youth and Family Services (YFS) shifted from analyzing data using an entry cohort (i.e., youth who entered the system within the same fiscal year) to an exit cohort (i.e., youth who exit the system within the same calendar year). While there are benefits to examining an entry cohort, it results in considerable data lags—particularly for 24 month permanence indicators. The 2019 State of Our Children reported permanence data based on an entry cohort which accounts for discrepancies between those data and the ones presented here.

Children of color and Hispanic/Latinx (see note) children make up 63% of Mecklenberg County’s population but account for 88% of abuse or neglect reports made to Youth and Family Services (YFS), a significant disparity that is sustained throughout children and families’ contact with the local child welfare system. YFS has not significantly relieved nor exacerbated this disparity, which highlights the powerful downstream effects that disparate initial child welfare contact (i.e. at the report stage) can have.

Racial Disparities by Decision Point*

	Hispanic/Latinx	Children of Color	White
General Population (under 18)	20%	43%	37%
Children in Screened in Reports of A/N/D (n=17,204)	19%	70%	10%
Children in Substantiated Investigations (n=2,258)	14%	76%	9%
Entering Custody (n=266)	15%	73%	12%
Remaining in Custody After 365 Days (FY18) (n=145)	8%	73%	19%

***Data note:** Previous information provided by YFS used Black, White, and Other as its racial categories. In 2019, they collapsed youth who identified as Black and youth who identified with more than one race—the second largest group involved with YFS— into a Children of Color category.



Policy Opportunity

Collaborating with Partners to Reduce Disparate Outcomes

In collaboration with the Annie E. Casey Foundation, YFS engaged in a Race, Equity, and Inclusion (REI) initiative to explore racial disparity around and within the child welfare system. The sustaining disparities shown above prompted YFS to reach out to community partners to engage in a broader dialogue. YFS believes all stakeholders share responsibility for child safety, permanence, and well-being, and are committed to working across agencies, stakeholder groups, and communities to improve outcomes for all the children, youth, and families they served. YFS is committed to working with community stakeholders in efforts to reduce 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.



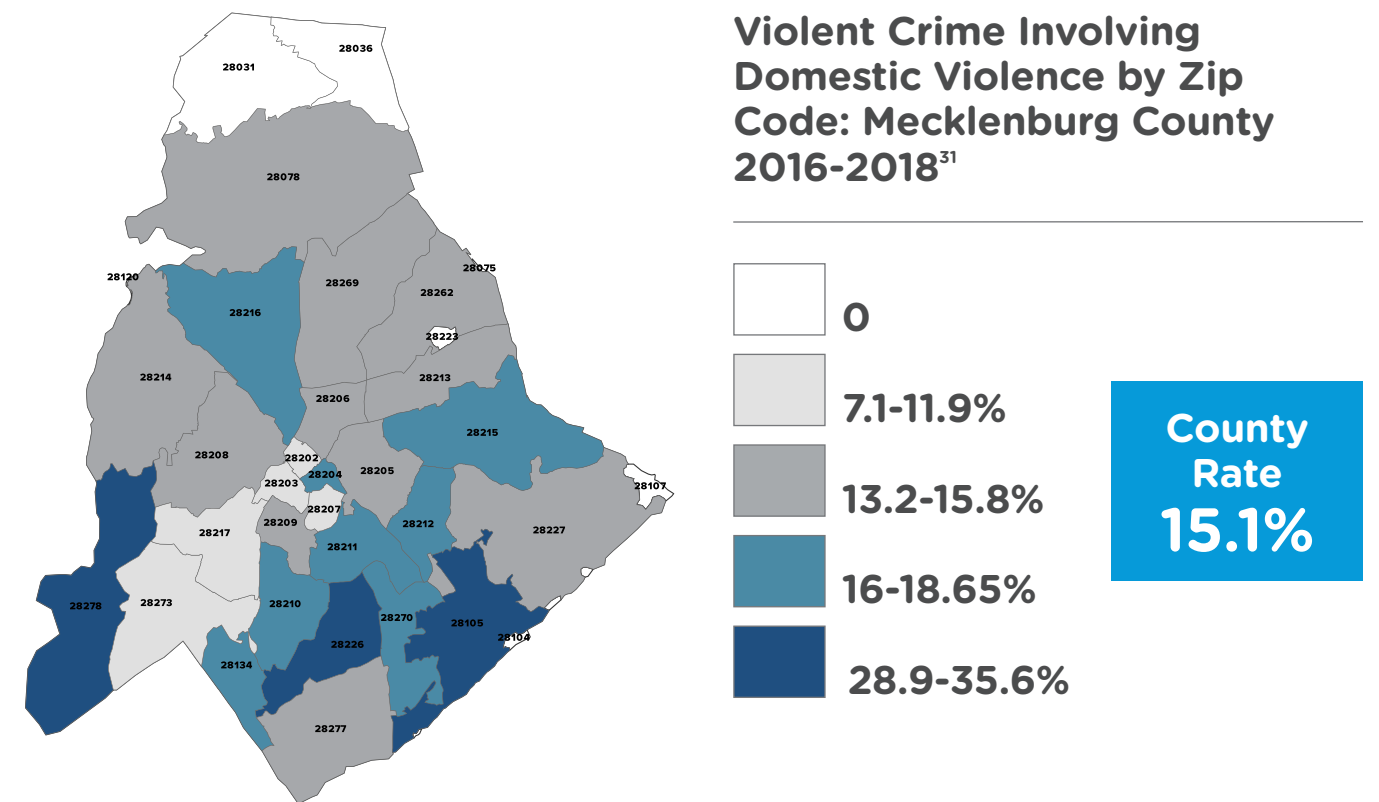
EXPOSURE TO VIOLENCE

Adverse early childhood experiences (ACEs; e.g., physical abuse, neglect, mother treated violently, and 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. In addition, the section of the brain associated with planning and decision-making is not fully developed until adulthood (age 25-26). Because youth 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 risky behaviors.

As our community's focus on understanding ACEs and mitigating the negative effects of trauma grows, so too is its desire to foster resiliency. Various child-serving agencies are striving to ensure their services are trauma-conscious. However, gaps in community data are so significant that we know very little about the types of trauma Mecklenburg County youth experience. Exposure to violence is one area where the data gap is more manageable—particularly as it relates intimate partner (or domestic) violence (IPV). IPV refers to physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse.²⁸ IPV and child abuse are strongly linked and often co-occurring.²⁹ Further, children who witness IPV are at an increased risk of experiencing depression, anxiety, aggression and conduct problems; and perpetuating IPV in adulthood.³⁰

The map below shows the distribution of violent crime involving domestic violence by victim zip code.* In Mecklenburg County, 15.1% of violent crime victims from 2016-2018 also experienced domestic violence; the highest concentration of those victims lived in south Mecklenburg County.

*NOTE: victim zip code may not reflect the location where the crime occurred.



Community Opportunity

Join Forces to Improve the Well-Being of Vulnerable Youth

Recently, our community has devoted resources to better understand the increasing use of violence and its impact on child development and resilience. While publicly available information about the prevalence of child adverse experience is scarce, a perception of escalating violence in our community and across the nation has brought increased attention to how children are exposed to and experience violence. In Charlotte, 20% of homicide incidents were domestic violence-related and 14% of homicide victims were under 18. While data on homicide perpetrators is more limited, 12% were under 18 and 41% were between the ages of 18 and 24. To prevent child exposure and engagement in violence, we need to define the scope and take action as a community. Violence is a public health issue that results from exposure to risk factors. Moreover, poverty, weak economic safety nets, social inequities, and a lack of opportunity are contextual drivers of violence. Our current approach to preventing and reducing violence is fragmented and mostly relies on police intervention. However, these approaches are insufficient as, locally, one in four individuals who are victims of violent trauma will experience repeat victimization or death. Violence takes many forms in our community and its effects are far-reaching and can be dire. A 2019 report from Charlotte's Office of the City Manager, Charlotte-Mecklenburg Police Department, and other partners calls for an integrated approach to violence prevention that supports cross-sector collaboration by investing in community-led efforts and using data and evidence. While violence reduction and prevention are the primary goals, using a community- and data-driven approach will also promote healthier neighborhoods, increase access to and awareness of youth and family programs and services, and increase community capacity.



Policy Context: Family First Prevention Services Act

In 2018, Congress passed the [Family First Prevention Services Act](#) (Family First), 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.³³ 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.³⁴



Policy Opportunity

Expand North Carolina 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 the average person likely 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.³⁵ 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.³⁶

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 of 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?*



Policy Opportunity

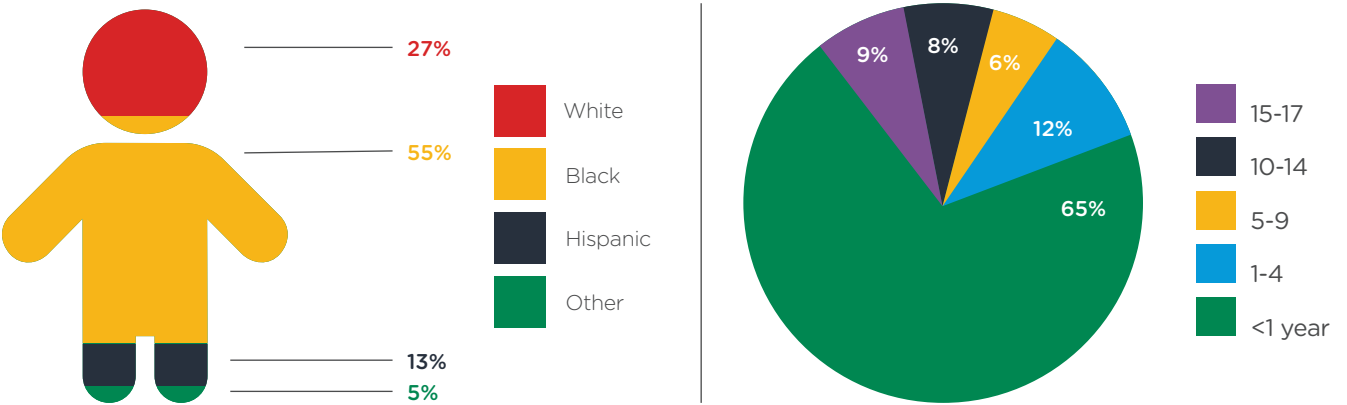
Expand Statue of Limitations for Child Sexual Abuse

During the 2019 legislative session, the NC General Assembly considered two bills (H37, S199/ H596) to strengthen protections for children who are survivors of sexual abuse. S199/H596 became law in the final two weeks of session before adjournment; extends the statute of limitations for misdemeanors involving child abuse to ten years after the commission of the crime and extends the statute of limitations for civil action to a plaintiff’s 28th birthday. Further, if a defendant is criminally convicted on a felony charge related to sexual abuse of a child, a civil action may be filed within two years of conviction. In addition, S199/H596 requires school personnel to receive training on child sex abuse and human trafficking. S199/H596 also includes a provision to expand the definition of caretaker from “an adult relative entrusted with juvenile’s care” to “an adult entrusted with juvenile’s care.”³² However, merely removing “relative” from the statute does not clarify the definition of a caretaker and continues to limit the investigation and substantiation of maltreatment reports.

CHILD DEATHS

The death of a child is an often preventable tragedy. In 2017, there were 110 child fatalities in Mecklenburg County; 23% of those deaths were caused by preventable injuries and 20% of the children involved had either been a victim of or were exposed to IPV.

Child Death by Age & Race/Ethnicity | FY 2017




Policy Context: Child Fatality Prevention and Protection 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: 1.) review all child fatalities to identify issues and gaps in services, and recommend changes to policies and practices to prevent future deaths; 2.) review selected active Youth and Family Services (YFS) cases to identify gaps and deficiencies within the community child protection services system; and, 3.) 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 2019 Mecklenburg County Community team’s report (2017 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' 2019 Juvenile Justice Report](#)
 - [Raise the Age](#)
 - [The School-to-Prison Pipeline](#)
 - [Racial and Ethnic Disparities/Disproportionate Minority Contact](#)
 - [Race Matters for Juvenile Justice](#)
- [Council for Children's Rights' 2019 Child Maltreatment Report](#)
- [CIS Research Brief on School Environment](#)
- [Family First Prevention Services Act](#)
- The Chronicle of Social Change
 - [Prevention Services](#)
 - [Limiting Support for Congregate Foster Care](#)
 - [Adoption, Foster Home Recruitment, Reunification, etc.](#)
- [Blog: Who Is a "Caretaker" in Child Abuse and Neglect Cases?](#)
- [2019 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 website.



CONCLUSION



Children are our most precious resource;

our vibrant families hail from all corners of our nation, many native to the area for generations, and represent more than 180 countries. Together, we comprise one of the nation's fastest growing areas. The city of Charlotte recently ranked 5th in year-over-year population growth and Mecklenburg County's population steadily grew by 20% since 2009; the culmination of diverse cultures and customs enhances our burgeoning region. While this rapid growth has led to exciting opportunities, it has also created or exacerbated challenges facing our children and families. Luckily, we have a long history of coming together to identify community needs and possible solutions. Dedicating resources to those solutions has led to investments towards establishing universal Pre-k, lowering birthrates for moms under 18, reducing reliance on exclusionary discipline and inappropriate referrals to law enforcement, appropriating County dollars to hire school support staff when the NC General Assembly failed to pass a State budget, and raising awareness about how childhood stress and trauma have life-long impacts on livelihood.

Yet, when 44,832 of our children (18%) grow up in poverty and an additional 49,749 live in conditions that fail to meet the basic living standard (totaling 37%), we have more work to do. At a most basic level, our children and families need a safe place to live but a shortage of 27,022 affordable housing units for families earning less than 30% of the median income undermines that human right. The high cost of child care is a primary reason cited for why only 22% our youngest children attend licensed or regulated early child care settings; this means the other 78% could be missing out on the early experiences that are foundational to success and vitality later in life. However, because of gaps in community data, we can't know for sure.

Further concerning is the reality that living in concentrations of poverty with weak economic safety nets and a lack of meaningful economic opportunity increases the risk that our children will be exposed to violence and/or engage in it. At a time when violence is increasingly used to resolve conflicts, it's not surprising that 10% of our high school students report avoiding school because they feel unsafe. By understanding the compounding effect of growing up and living in need, it becomes clear that socioeconomic status and opportunity gaps can intersect to make accessing stability, safety, and success feel insurmountable.

When we dig deeper, it becomes evident that the impacts of segregation and ingrained implicit bias show up in our alarmingly disparate child well-being outcomes; particularly in North Carolina's most segregated school district. Many of our institutions and organizations focus on improving equitable outcomes across our community; evidenced by various engagements in race, equity, and inclusion initiatives to reduce disparities.

There are countless local and state opportunities to strengthen our community, including: closing the gap in affordable housing; engaging the public to disrupt escalating violence; expanding the definition of caregiver to protect children from abuse and exploitation; improving upon Raise the Age legislation and securing adequate funding, particularly for alternatives to incarceration; and, investing in our public schools' ability to support the diverse needs of our students and enhance school environments overall. Aligning these efforts, and countless others, is key to creating and sustaining the supportive environments in which our children can live, play, learn, and thrive.

The data, context, and opportunities identified herein are designed to be approachable and engaging so as to tell a story about our constantly evolving community, help us understand child well-being trends, target and align initiatives, inform policy, and invest in interventions with evidence.

Thank you, in advance, for your commitment to our common goal and to believing that this is our community, these are our children, and this is our challenge.





APPENDICES



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Key Terms in Child Advocacy

While by no means comprehensive, the list serves as a primer for key terms used in child advocacy; some of which appear in this report and some included to assist advocates in engaging in meaningful communication. To better serve this endeavor, future iterations of this report will continue to expand upon this list.

Term	Definition	Source
Abuse/Neglect/Dependency (A/N/D)	Categories of child maltreatment under which Youth and Family Services can substantiate a complaint made against a parent, guardian, custodian, or caretaker of a child under 18.	North Carolina Judicial Branch
Achievement Gap	Significant and persistent differences in academic performance among student subgroups; when one group of students (e.g., 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
Adoption	The social, emotional, and legal process in which children who will not be raised by their birth parents become full and permanent legal members of another family while maintaining genetic and psychological connections to their birth family.	Child Welfare Information Exchange
Adverse Early Childhood Experiences (ACEs)	Range of experiences (e.g., e.g., physical abuse, neglect, mother treated violently, and substance misuse within household, incarcerated household member) that 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.	US Department of Health & Human Services Substance Abuse and Mental Health Services Administration
Alternative Learning Placements (ALPs)	Publicly-funded schools or programs that serve students outside of their assigned home school. Primarily, ALPs serve students who have been suspended or expelled, students whose learning styles are better served outside of a traditional school environment, and students who are identified as at-risk.	North Carolina Department of Public Instruction
Area Median Income (AMI)	Division of the income distribution of a specific geographic area (e.g., Charlotte-Gastonia-Rock Hill metro area) into equal parts, with half falling above the median and the other half below the median. Household income includes income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not.	US Census Bureau
Average Daily Attendance (ADA)	Attendance is the presence of a student on days when school is in session. A student is counted as present only when he/she is actually at school, present at another activity sponsored by the school as part of the school’s program, or personally supervised by a member of the staff. The total number of days of attendance for all students divided by the total number of school days in a school month gives the average daily attendance (ADA = Daily Present + Daily 1H Abs/20).	North Carolina Department of Public Instruction



Term	Definition	Source
Average Daily Membership (ADM)	The total number of school days within a given term - usually a school month or school year - that a student’s name is on the current roll of a class, regardless of his/her being present or absent, is the “number of days in membership” for that student. ADM for each school month is based on the sum of the number of days in membership for all non-violating (NVIO) students in individual LEAs/Charters, divided by the number of days in the school month (ADM = Member Days (NVIO) / # of days in the school month rounded to nearest whole number). The final ADM is the total days in membership (NVIO) for all students over the school year divided by the number of days school was in session. ADM is a more accurate count of the number of students in school than enrollment.	North Carolina Department of Public Instruction
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
Behavior Intervention Plan (BIP)	A plan designed by an Individualized Education Program (IEP) team to help a specific child make positive changes in his or her behavior. It should include support strategies and changes in the school environment that allow the child to develop new behavioral skills. A BIP should guide the teachers and others about how to intervene with a child in a way that will decrease behaviors negatively impacting the child’s education. A BIP should be based on information gathered through a “Functional Behavioral Assessment” (FBA).	Children’s Law Clinic at Duke Law School
Birth Rate	The number of live births per thousand of population per year.	Centers for Disease Control and Prevention
Board of Education (BOE)	Governing body of schools in a district or a state (e.g., Charlotte-Mecklenburg Schools BOE, Wake County Public School System BOE, North Carolina State BOE).	North Carolina Department of Public Instruction
Body Mass Index (BMI)	A person’s weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fatness. BMI can be used to screen for weight categories that may lead to health problems but it is not diagnostic of the body fatness or health of an individual.	Centers for Disease Control and Prevention
Caretaker (Child Welfare)	Any person other than a parent, guardian, or custodian who has responsibility for the health and welfare of a juvenile in a residential setting. A person responsible for a juvenile’s health and welfare means a stepparent, foster parent, an adult member of the juvenile’s household, an adult relative entrusted with the juvenile’s care, a potential adoptive parent during a visit or trial placement with a juvenile in the custody of a department, any person such as a house parent or cottage parent who has primary responsibility for supervising a juvenile’s health and welfare in a residential child care facility or residential educational facility, or any employee or volunteer of a division, institution, or school operated by the Department of Health and Human Services.	N.C.G.S. § 7B-101



Term	Definition	Source
Census	The Decennial Census is the once-a-decade population and housing count of all 50 states, the District of Columbia, Puerto Rico and the Island Areas as required by the U.S. Constitution. The results of the decennial census determine the number of seats for each state in the U.S. House of Representatives and are used to draw congressional and state legislative districts and to distribute more than \$675 billion in federal funds each year.	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.	US Census Bureau
Charlotte-Mecklenburg Schools (CMS)	Public school system for Mecklenburg County.	Charlotte-Mecklenburg Schools
Charter School	Public schools of choice that are authorized by the State Board of Education and operated by independent 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 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
Child Fatality Prevention and Protection team (CFPPT)	Group that is statutorily mandated to review child fatalities and recommend improvements in child protective services.	N.C.G.S. § 7B-1404 and N.C.G.S. § 7B-1406
Child Find	Policies and procedures under the Individuals with Disabilities Education Act (IDEA) designed to make sure that children who need special education are identified and evaluated. All school districts are required to develop Child Find activities. The activities must ensure that children with disabilities, beginning at age 3, are identified; including homeless children, migrant children, foster children, wards of the state, and students who are enrolled in charter or private schools.	Children's Law Clinic at Duke Law School
Child Maltreatment	Umbrella term used to refer to child abuse, neglect, and dependency.	World Health Organization
Child Protective Services (CPS)	Statutorily mandated services provided by the county to ensure children are safe and their basic needs are met.	N.C.G.S. § 7B-300
Children's Health Insurance Program (CHIP)	Insurance program that provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid but not enough to buy private insurance. In some states, CHIP covers pregnant women.	US Centers for Medicare & Medicaid Services



Term	Definition	Source
Chronic Absenteeism	A student missing school 10% or more of school days during the year for any reason, excused or unexcused.	Campaign for Fiscal Equity
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
Community Eligibility Provision (CEP)	A non-pricing meal service option for schools and school districts in low-income areas. CEP allows the nation's highest poverty schools and districts to serve breakfast and lunch at no cost to all enrolled students without collecting household applications. Instead, schools that adopt CEP are reimbursed using a formula based on the percentage of students categorically eligible for free meals based on their participation in other specific means-tested programs, such as the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF).	US Department of Agriculture
Community-based Program	A service designed to meet a child's needs or interests that is located near where he/she lives.	Council for Children's Rights
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.	Children's Bureau
Court Counselor	A person employed by North Carolina Department of Public Safety to work with youth in the juvenile justice system; Court counselors have two roles: they decide whether to accept or divert complaints and they then supervise juveniles whose cases were approved for court (similar to probation officers).	Council for Children's Rights
Court Referral	A recommendation to move forward with charges against a youth in court.	Council for Children's Rights
Custody	A 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 if the Department of Social Services has legal and/or physical custody of the child.	Council for Children's Rights
Delinquent	Any youth who is at least 6-years-old and is not yet 18-years-old who is found responsible for breaking the law. Beginning December 2019, 16- and 17-year-olds accused of a crime begin in juvenile court with a special transfer process to adult court for those charged with A-G felonies.	NC Department of Public Safety



Term	Definition	Source
Delinquent Complaint	A 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.	North Carolina Department of Public Safety
Demographic	Information about a population expressed statistically (e.g., age, race, sex, education, employment, income)	
Department of Health and Human Services (DHHS)	Manages the delivery of health-related services for all North Carolinians. The federal agency that protects that health of all Americans and provides essential human services is the US Department of Health and Human Services (HHS)	North Carolina Department of Health & Human Services; US Department of Health & Human Services
Department of Social Services (DSS)	Component of the North Carolina Department of Health and Human Services. Provides guidance and technical assistance to agencies that provide direct services that address issues of poverty, family violence and exploitation. The Division promotes self-reliance and self-sufficiency and works to prevent abuse, neglect, dependency, and exploitation of vulnerable individuals, children, and their families. North Carolina has 100 counties and each has a local Department of Social Services office.	North Carolina Department of Heath & Human Services
Dependency	Findng that a child is in need of a foster care placement because s/he either has no guardian or the current guardian is unable to provide adequate care/supervision.	N.C.G.S. § 7B-101
Detention	Detention centers are locked facilities, similar to adult 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.	North Carolina Department of Public Safety
Disability (Education)	Under the Individuals with Disabilities Education Act (IDEA), it is not enough for a child to have a disability to receive special education services. The disability must adversely affect a youth's education performance for entitlements under the IDEA to apply. Disabilities defined under the IDEA are: intellectual disabilities; hearing impairments; speech or language impairment; visual impairment; serious emotional disturbance (emotional disturbance); orthopedic impairments; autism; traumatic brain injury; specific learning disability; other health impairments.	Washington State Office of Public Defense
Disadvantaged Student Supplemental Funding (DSSF)	North Carolina state-level funding targeted to improve the education of disadvantaged students. Districts are funded based on their score on a measure of educational advantage developed by the Governor's office and the State Board of Education.	North Carolina Department of Public Instruction
Disparity	A great difference between groups.	



Term	Definition	Source
Disportionate Minority Contact (DMC)	The overrepresentation of minority youth in the juvenile justice system	Office of Juvenile Justice and Delinquency Prevention
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 sentencing in criminal court).	North Carolina 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.	
Diversion	Process where a court counselor or law enforcement agency provides an opportunity for a youth to avoid formal processing in the juvenile justice system by requiring that the he/she complete a diversion program; For example, a diversion program might require participation in a substance abuse program, mentoring program, and/or therapy.	Council for Children's Rights
Economically Disadvantaged Student (EDS)	Students who are eligible for public assistance programs such as supplemental nutrition.	US Department of Education
End of Course Testing (EOC)	Testing conducted at the end of a course to measure a student's knowledge of subject-related concepts as specified in the North Carolina Standard Course of Study and to provide a global estimate of the student's mastery of the material in a particular content area. EOCs are required for English II, Math 1, Math 3, and Biology.	North Carolina Department of Public Instruction
End of Grade Testing (EOG)	Testing conducted at the end of the school year to measure student performance on the goals, objectives, and grade level competencies specified in the North Carolina Standard Course of Study. Refers to reading and mathematics tests administered to students in grades 3-8, and science tests administered to students in grades 5 and 8.	North Carolina Department of Public Instruction
Enrollment	Initial enrollment represents the number of pupils registered in the state's public schools. Once a pupil is initially counted in the enrollment figure, he/ she remains in that count throughout the school year. Students transferring to the North Carolina public school system from another state or from non-public schools are added to initial enrollment. Initial enrollment is not reduced by transfers, withdrawals, deaths, or midyear graduations. The end of the year initial enrollment thus shows a higher count than the actual number of students in school. Final initial enrollment, therefore, should not be compared to first month initial enrollment.	North Carolina Department of Public Instruction
Equality	The same treatment and resources provided to all invididuals regardless of social or cultural characteristics (e.g., race, gender, class, language, disability). Equality does not take individuals circumstance or context into account, which contributes to equal treatment but not equal opportunity.	National Association for the Education of Young Children



Term	Definition	Source
Equity	The state that would be achieved if individuals fared the same way in society regardless of social or cultural characteristics (e.g., race, gender, class, language, disability). In practice, equity means all children and families receive necessary supports in a timely fashion so they can develop their full intellectual, social, and physical potential.	National Association for the Education of Young Children
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
Every Student Succeeds Act (ESSA)	Bipartisan measure signed into law in 2015. Reauthorizes the 50-year-old Elementary and Secondary Education Act (ESEA), the nation’s national education law and longstanding commitment to equal opportunity for all students. For more information, see the US Department of Education.	US Department of Education
Exceptional Children (EC)	Generally refers to children covered by the Individuals with Disabilities Education Act (IDEA), but also can refer to children covered by Section 504 of the Rehabilitation Act or who have been identified as academically gifted. Another term used, that means the same thing, is children with special needs.	Children’s Law Clinic at Duke Law School
Exclusionary Discipline	Disciplinary practices that remove students from their usual educational setting (e.g., suspension, expulsion).	National Clearinghouse on Supportive School 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
Family and Medical Leave Act (FMLA)	Policy which entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. For more information, see the US Department of Labor.	US Department of Labor
Family Planning	Services which create the opportunity for women to make choices related to family size and the amount of time between pregnancies should that plan include multiple children. While often boiled down to access to contraception, it also includes patient education and counseling, infertility services, testing and education related to sexually transmitted infections, breast and cervical cancer screenings, and pregnancy testing and counseling.	Office of Disease Prevention and Health Promotion
Federal Poverty Level (FPL)	A measure of income issued annually by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine individuals’ eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and CHIP coverage.	US Centers for Medicare & Medicaid Services



Term	Definition	Source
Felony	A crime more serious than a misdemeanor such as breaking and entering, possessing or distributing drugs, kidnapping, trafficking, and murder.	Council for Children’s Rights
Foster Care	Foster care (also known as out-of-home care) is a temporary service provided by States for children who cannot live with their families. Children in foster care may live with relatives or with unrelated foster parents. Foster care can also refer to placement settings such as group homes, residential care facilities, emergency shelters, and supervised independent living.	Child Welfare Information Exchange
Free and Appropriate Public Education (FAPE)	Under the Individuals with Disabilities Education Act (IDEA), youth with disabilities are entitled to FAPE. “Free” means that the education and services provided to the student must be provided at no cost to the parents. “Appropriate” means an education that allows a student to make reasonable progress. “Public Education” means that the services must be provided either by the public schools themselves, or under the direction and supervision of the public school system if the services are provided by a private school. In other words, if the school district does not have a program that meets a specific child’s needs it must pay for a program that does.	Children’s Law Clinic at Duke Law School
Gang	An 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).	N.C.G.S. § 7B-2508.1.
Gang Activity	The commission of or attempted commission of delinquent or criminal acts defined under statute by a gang.	N.C.G.S. § 7B-2508.1.
Gender	Socially constructed characteristics of men and women, such as behaviors, activities, norms, roles, and opportunities. Gender interacts with, but differs from, the binary categories of biological sex.	World Health Organization
Graduation Rate	Percentage of students who attain a regular high school diploma within four years of starting 9th grade.	Charlotte-Mecklenburg Schools
Guardian ad Litem (GAL)	A trained community volunteer who is appointed, along with a Guardian ad Litem attorney, by a district court judge to investigate and determine the needs of abused and neglected children petitioned into the court system by the Department of Social Services.	N.C.G.S. § 7B-601; North Carolina Judicial Branch
Historic Trauma	Cumulative emotional and psycholological wounding over the lifespan and across generations, emanating from massive group trauma experiences (e.g., slavery, The Holocaust, forced relocation, mass incarceration).	National Association for the Education of Young Children
Home School	A non-public school consisting of the children of not more than two families or households, where the parents or legal guardians or members of either household determine the scope and sequence of the academic instruction, provide academic instruction, and determine additional sources of academic instruction.	North Carolina Department of Administration



Term	Definition	Source
Homeless (McKinney-Vento definition)	When an individual or household lacks a fixed, regular, and adequate nighttime residence. According to the McKinney-Vento Homelessness Act, this includes children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (doubled up); are living in motels/ hotels, trailer parks, or camping groups due to the lack of alternative accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals.	US Department of Education
Housing Instability	When an individual or household experiences any of the following: difficulty paying rent, experiencing frequent moves due to economic or affordability reasons, doubling up with family or friends, or living in motels/hotels. Many people who become homeless have faced housing instability.	Charlotte-Mecklenburg Housing and Homelessness Dashboard
Human Trafficking	Transporting 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.	
In-school Suspension (ISS)	An intervention for minor violations of the Code of Student Conduct in which students are removed from the regular classroom setting but allowed to remain at the school. ISS provides the opportunity to redirect student behavior and to restore an orderly environment that is conducive to effective teaching and learning.	Charlotte-Mecklenburg Schools Code of Student Conduct
Indigent	The status of someone who does not have enough money to afford his/her own lawyer for a criminal case; all youth are considered indigent and are given a lawyer if their case goes to court.	Council for Children's Rights
Individualized Education Program (IEP)	A written document developed for each child eligible for special education services. The document must include student's strengths, weaknesses, and needs; measureable goals for the student to achieve in the course of a year; accommodations, related services, and specially-designed instruction needed to help student reach IEP goals; and, information regarding where services will be provided (i.e., regular or special education setting). All students with IEPs are entitled to Free Appropriate Public Education (FAPE).	Council for Children's Rights
Individuals with Disabilities Education Act (IDEA)	A federal special education law. Under the law, any state that accepts federal money to help it pay for special education services must assure that every child with a disability be provided with a free, appropriate public education and that all the other requirements of the law are met.	Children's Law Clinic at Duke Law School
Infant Mortality	Death of a child under 1.	World Health Organization
Intellectual/ Developmental Delays (I/DD)	Disorders that are usually present at birth and that negatively impact the trajectory of the individual's physical, intellectual, and/or emotional development.	National Institutes of Health
Intersectionality	The overlapping and interdependent systems of oppression across identities, for example, race, gender, ability, and social status. Intersectionality encourages us to embrace and celebrate individuals' multiple social identities. It also highlights the complex and cumulative effects of different forms of structural inequity that can arise for members of multiple marginalized groups.	National Association for the Education of Young Children



Term	Definition	Source
Intimate Partner Violence (IPV)	Physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse. Also known as domestic violence.	Centers for Disease Control and Prevention
Juvenile Court	A district court that handles delinquency cases, civil commitment cases, and abuse/neglect/dependency cases.	Council for Children's Rights
Juvenile Crime Prevention Councils (JCPCs)	Group funding services that are needed in a local community to provide court-ordered sanctions and services for youth and their families; JCPC programs are funded through a state and local partnership in all 100 NC counties.	Council for Children's Rights
Juvenile Justice and Delinquency Prevention Act (JJDPA)	Legislation enacted in 1974 to support local and state efforts to prevent delinquency and improve the juvenile justice system. Reauthorized in 2002, and amended by the Juvenile Justice Reform Act (JJRA) in 2018. For more information, see the Office of Juvenile Justice and Delinquency Prevention.	Office of Juvenile Justice and Delinquency Prevention
Least Restrictive Environment (LRE)	The school setting that allows a child with disabilities to be with nondisabled children for as much of the school day as is possible while also allowing the child to make reasonable progress. A “restrictive” environment is one that separates a student from her nondisabled peers (sometimes referred to as “general education” or “regular education” peers). When children are unable to learn or make reasonable progress in a general education classroom (or are too disruptive to others in the classroom trying to learn), then they may be removed to a classroom for students with disabilities for some or all of the day. The setting (or “placement”) is determined by the Individualized Education Program (IEP) team and documented on the student's IEP. The Individuals with Disabilities Education Act (IDEA) says that children with disabilities should be in regular settings if possible. That means that every IEP team must first consider how a child could be supported in a regular classroom before deciding to place her in a special education classroom.	Children's Law Clinic at Duke Law School
LGBTQIA+	An acronym for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more, reflecting the expansive and fluid concepts of sexual orientation, gender identity, and gender expression.	National Association for the Education of Young Children
Limited English Proficiency (LEP)	Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can have limited English proficiency, or “LEP.” These individuals may be entitled language assistance with respect to a particular type or service, benefit, or encounter.	US Department of Justice
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.	Massachusetts Institute of Technology (MIT)
Local Educational Agency (LEA)	A public board of education or other public authority, such as a school district, that administers public schools. A charter school that operates independently, or a charter school management organization that operates a group of charter schools, is an LEA. The LEA is legally obligated to provide special education and related services to eligible children. A private school is not an LEA.	Children's Law Clinic at Duke Law School
Long-Term Suspension	A suspension from school for more than 10 days and up to 365 days. Students and their parents may request a due process hearing with the superintendent/designee making a final decision on the suspension and, if unsatisfactory, may appeal the decision to the Board of Education.	North Carolina Department of Public Instruction



Term	Definition	Source
Low Birth Weight	A baby born weighing less than 5 lbs 8 oz regardless of gestational age.	World Health Organization
Manifestation Determination Review (MDR)	A special type of meeting that the Individualized Education Program (IEP) team must hold if the student is facing suspension of more than 10 days in a school year. The purpose of this meeting is to determine if the behavior that led to the suspension is a “manifestation” (or symptom) of the student’s disability. If it is, the student may not be suspended for the conduct.	Children’s Law Clinic at Duke Law School
Maternal Mortality	The death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.	Centers for Disease Control and Prevention
Median Household Income	Division of the income distribution into equal parts, with half falling above the median and the other half below the median. Household income includes income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not.	US Census Bureau
Medicaid	Government program which provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.	Centers for Medicare & Medicaid Services
Mental Health Diagnosis	Identification 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/ Minor Offense	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.	Council for Children’s Rights
Neglect	Guardian has failed to provide proper care, discipline, supervision, medical attention, or is abandoned.	N.C.G.S. § 7B-101
Neighborhood Profile Area	The unit of measurement used to break down geographical areas in the Quality of Life Explorer.	UNC Charlotte Urban Institute
North Carolina Deparment of Public Instruction (NCDPI)	Government agency charged with implementing the state’s public school laws for pre-kindergarten through 12th grade public schools at the direction of the State Board of Education and the Superintendent of Public Instruction.	North Carolina Department of Public Instruction
North Carolina Department of Public Safety (NCDPS)	Umbrella agency that oversees state-level law enforcement, adult corrections, juvenile justice, emergency management, homeland security, and other emergency services (e.g., disaster recovery).	North Carolina Department of Public Safety
North Carolina Division of Adult Correction and Juvenile Justice (DACJJ)	Responsible for the care, custody and supervision of all adults and juveniles sentenced after conviction for violations of North Carolina law.	North Carolina Department of Public Safety
North Carolina General Assembly (NCGA)	North Carolina state-level legislature which consists of two bodies: the Senate, which has 50 members; and the House of Representatives, which consists of 120 members. Laws of North Carolina, known as statutes, are made by the General Assembly.	North Carolina General Assembly



Term	Definition	Source
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
Oppression	The systematic and prolonged mistreatment of a group of people.	National Association for the Education of Young Children
Out-of-school Suspension (OSS)	Temporary disciplinary exclusion of a student that is served outside of the traditional school environment. OSSs can be short-term (10 days or fewer) or long-term (more than 10 days; exclusion for incidents occurring in the first, second, or third quarter may not exceed the end of the school year; exclusion for incidents occurring the fourth quarter may be imposed until the end of the first semester of the following school year).	Charlotte-Mecklenburg Schools Code of Student Conduct
Per Pupil Spending	Amount spent on education per student.	National Center for Education Statistics
Permanence	Marks the resolution of a dependency case when a child is successfully transitioned to a safe, secure and stable placement indefinitely (e.g., with biological parents, kinship care, adoption).	Council for Children’s Rights
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).	National Center for Children in Poverty
Premature Birth	Birth of a baby at or before a gestational age of 37 weeks. A full term pregnancy is approximately 40 weeks.	World Health Organization
Prenatal Care	Visits to a health care provider during pregnancy that usually include a physical exam, weight checks, and providing a urine sample. Depending on the stage of the pregnancy, health care providers may also do blood tests and imaging tests, such as ultrasound exams. These visits also include discussions about the mother’s health, the fetus’s health, and any questions about the pregnancy. Pre-Pregnancy and prenatal care can help prevent complications and inform women about important steps they can take to protect their infant and ensure a healthy pregnancy.	National Institute of Child Health and Human Development
Private/Independent Schools	A school that does not receive direct government funding and has more flexibility than a traditional public school or charter schools (e.g., students accepted, personnel, curriculum, schedule).	US Department of Education
Privilege	Unearned advantages that result from being a member of a socially preferred or dominant social identity group. Because it is deeply embedded, privilege is often invisible to those who experience it without ongoing self-reflection. Privilege is the opposite of marginalization or oppression that results from racism and other forms of bias.	National Association for the Education of Young Children
Prosocial Activity	Preferred terminology (as opposed to extracurricular) to describe activities outside of school or work.	Council for Children’s Rights



Term	Definition	Source
Public Health Approach	Involves defining and measuring the problem, determining the cause or risk factors for the problem, determining how to prevent or ameliorate the problem, and implementing effective strategies on a larger scale and evaluating the impact. In order to eliminate disparities in health, the public health approach must take place in the context of a balanced community health system, which includes health promotion, disease prevention, and early detection, moving towards universal access to health care.	National Institutes of Health
Public Policy	Ideas or plans that guide decisionmaking at the legislative level.	
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.	Center on Budget and Policy Priorities
Race	Historically 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).	Race Matters for Juvenile Justice
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 recidivism based on a youth being found responsible (reconvicted/readjudicated) of new delinquent behavior within three years of prior adjudication.	National Institute of Justice; Council for Children's Rights
Residential 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
Resilience	Process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress (e.g., family and relationship problems, serious health problems, workplace and financial stressors).	American Psychological Association
Reunification	The process by which a child is returned to their home after removal via court order.	North Carolina Judicial Branch
School Environment	Patchwork of academics, physical environment, safety, community, and shared vision.	Communities In Schools
School Resource Officer (SRO)	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.	Council for Children's Rights
School Vouchers	Programs that use taxpayer money to provide tuition assistance to qualified students at participating nonpublic schools. North Carolina has three voucher programs: Opportunity Scholarship, Education Savings Accounts, and Disabilities Grants.	North Carolina State Education Assistance Authority; Public Schools First NC



Term	Definition	Source
School-based Mental Health (SBMH)	A collaborative effort between CMS, Mecklenburg County, and several local mental health agencies to increase the availability of evidence-based mental health services for the purpose of improving students' emotional well-being and enhancing their ability to access and benefit from instruction. SBMH services are outpatient mental health services that are provided by a mental health clinician from one of the SBMH partner agencies at the school building during the instructional day. Additional services provided by the SBMH clinicians may include comprehensive clinical assessments, group therapy, family therapy, participation in team meetings, and crisis support. SBMH services do not replace the work that is being done by CMS student services staff members, but the SBMH services occur in addition to the support services already provided by CMS.	Charlotte-Mecklenburg Schools
School-based Offense	Complaint from an alleged offense occurring on school grounds, school property (buses, etc.), at a school bus stop, or at an off-campus school-sanctioned event (field trips, athletic competitions, etc.) or whose victim is a school (i.e., false bomb report). "School" includes any public or private institution providing elementary (K-8), secondary (9-12), or post-secondary (community college, trade school, college, etc.) education, but excludes home schools, preschools, and day cares.	Annie E. Casey Foundation
School-Justice Partnership (SJP)	Effort between local Boards of Education and law enforcement to reduce the rates of in-school arrests, expulsions, and out-of-school suspensions.	Council for Children's Rights
School-to-Prison Pipeline (STPP)	Describes the pathway between the school system and justice system paved by increasingly harsh school discipline policies, particularly zero tolerance policies, and the use of law enforcement to enforce the student code of conduct.	Council for Children's Rights
Section 504 Accommodation Plan (Section 504 Plan)	Written document detailing needed accommodations (e.g., nearsightedness requires student to sit near front of classroom) to ensure students receive equal access to education but does not require specialized instruction. Eligibility requirements are broader than that of Individualized Education Programs (IEPs) such that students are not required to present certain disabilities to receive accommodations.	Council for Children's Rights
Segregation	The separation of groups of people (e.g., by race or class) that occurs through policy (e.g., separate but equal) or practice (e.g., neighborhood-based school assignment).	
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.	Charlotte-Mecklenburg Schools Code of Student Conduct
Social Capital	Social resources such as basic life skills, employment experience, networks, access to civic institutions, etc.	UNC Charlotte Urban Institute
Social Determinants of Health	Social and environmental factors that impact health outcomes (e.g., exposure to toxic stress, adverse childhood experiences, poverty).	American Academy of Pediatrics
Socioeconomic Status (SES)	Social and economic characteristics (i.e., education, occupation, income).	
Statutorily Mandated	Required by law.	



Term	Definition	Source
Status Offense	A violation of the law that is only illegal because of the person’s age (e.g., running away, curfew violations, underage drinking).	Council for Children’s Rights
Statute	A written law enacted by a legislative body.	
Structural Inequities	The systemic disadvantage of one or more social groups compared to systemic advantage for other groups with whom they coexist. The term encompasses policy, law, governance, and culture and refers to race, ethnicity, gender or gender identity, class, sexual orientation, and other domains.	National Association for the Education of Young Children
Student Assignment	Plan determining which school a student will attend. The CMS plan includes boundary descriptions, non-magnet and magnet programs, transportation zones. Exceptional Children (EC) programs, and pre-kindergarten.	Charlotte-Mecklenburg Schools
Student Proficiency	Demonstration of sufficient understanding of grade level content standards as determined by the state.	North Carolina Department of Public Instruction
Students with Disabilities (SWD)	Students with some physical or mental impairment(s) that substantially limits one or more major life activities. Examples include, but are not limited to, students with Autism Spectrum Disorder, Deafness, Developmental Delay, etc.	Individuals with Disabilities Act
Subsidy	Financial assistance that promotes a social policy (e.g., child care, SNAP).	North Carolina Department of Health and Human Services
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.	Council for Children’s Rights
Supplemental Nutrition Assistance Program (SNAP)	Provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move towards self-sufficiency.	US Department of Agriculture
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.	Children’s Home Society of North Carolina
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.	Mecklenburg County Department of Social Services
Title I	Provision of the Every Student Succeeds Act (ESSA) that provides financial assistance to schools with high percentages of economically disadvantaged students.	US Department of Education
Toxic Stress	Prolonged exposure to adverse experiences that activate the stress response system, potentially disrupting a child’s development and increasing the risk of poor health outcomes into adulthood.	American Academy of Pediatrics
Trauma-Informed Care	Model for organizational change in health, behavioral health, and other settings that promotes resilience in staff and patients by taking into account the pervasive effects of trauma; recognizing signs and symptoms of trauma in clients and their networks; fully integrating knowledge of trauma into policies, procedures, and practices; and, resisting re-traumatization.	Substance Abuse and Mental Health Services Administration



Term	Definition	Source
Women, Infants, and Children (WIC)	Provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk..	US Department of Agriculture
Youth and Family Services (YFS)	Division of the Department of Social Services providing services and information to protect children by strengthening the capacity for self-sufficiency of families whose children's health, welfare, and safety are at risk.	Mecklenburg County Department of Social Services
Youth Development Center (YDC)	A locked residential facility that is supposed to provide long-term treatment, education, and rehabilitative services to juveniles. A judge can commit a juvenile to a YDC only under certain circumstances defined by law. Juveniles must live there for a certain period of time, which may range from 6 to 18 months or longer in some cases. Even after juveniles are released from YDCs, they are often still under the state’s supervision and can be returned to a YDC if they do not follow the terms and conditions of their release. Commitment to a YDC is the most serious disposition the judge can impose. Colloquially, a youth prison.	Council for Children’s Rights
Youth Risk Behavior Surveillance System (YRBSS)	Federal monitoring system of six health-related behavior categories (e.g., alcohol and drug use, dietary behaviors, obesity, sexual behaviors) that contribute to the leading causes of death and disability among youth and adults.	Centers for Disease Control and Prevention
Youth Risk Behavior Survey (YRBS)	National school-based survey conducted by CDC and state, territorial, tribal, local education and health agencies, and tribal governments on health-related behaviors monitored by YRBSS. In North Carolina, the survey is conducted in CMS every two years.	Centers for Disease Control and Prevention
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.	US Census Bureau



Acronyms

Acronym	Term
A/N/D	Abuse/Neglect/Dependency
ACEs	Adverse Childhood Experiences
ADA	Average Daily Attendance
ADM	Average Daily Membership
ALPs	Alternative Learning Placements
AMI	Area Median Income
BIP	Behavior Intervention Plan
BMI	Body Mass Index
BOE	Board of Education
CEP	Community Eligibility Provision
CFCR	Council for Children’s Rights
CFPPT	Child Fatality Prevention and Protection Team
CHIP	Children’s Health Insurance Program
CMS	Charlotte-Mecklenburg Schools
CPS	Child Protective Services
DHHS/HHS	Department of Health and Human Services (NC); Health and Human Services (US)
DMC	Disproportionate Minority Contact
DSS	Department of Social Services
DSSF	Disadvantaged Student Supplemental Funding
EC	Exceptional Child
ED	US Department of Education
EDS	Economically Disadvantaged Student
EOC	End of Course Testing
EOG	End of Grade Testing
ESSA	Every Student Succeeds Act
FAPE	Free and Appropriate Public Education
FMLA	Family and Medical Leave Act
FPL	Federal Poverty Level
GAL	Guardian Ad Litem
HS	High School
I/DD	Intellectual/Developmental Disabilities
IDEA	Individuals with Disabilities Education Act



Acronym	Term
IEP	Individualized Education Program
IPV	Intimate Partner Violence
ISS	In-School Suspension
JCPC	Juvenile Crime Prevention Council
JJDPA	Juvenile Justice and Delinquency Prevention Act
LEA	Local Educational Agency
LEP	Limited English Proficiency
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, and More
LRE	Least Restrictive Environment
MDR	Manifestation Determination Review
MS	Middle School
NC DACJJ	North Carolina Department of Adult Corrections and Juvenile Justice
NCDPI	North Carolina Department of Public Instruction
NCDPS	North Carolina Department of Public Safety
NCGA	North Carolina General Assembly
OSS	Out-of-School Suspension
RED	Racial/Ethnic Disparities
REI	Race, Equity, and Inclusion
SBMH	School-Based Mental Health
SES	Socioeconomic Status
SJP	School-Justice Partnership
SNAP	Supplemental Nutrition Assistance Program
SRO	School Resource Officer
STPP	School-to-Prison Pipeline
SWD	Students with Disabilities
TFC	Therapeutic Foster Care
UNC	University of North Carolina
WIC	Women, Infants, and Children
YDC	Youth Development Center
YFS	Youth and Family Services
YRBS	Youth Risk Behavior Survey
YRBSS	Youth Risk Behavior Surveillance System



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

