

2019

COMMUNITY
REPORT

on the Status of Children,
Youth, and Families

20 YEARS
CELEBRATING





About Us

About the Arlington Partnership for Children, Youth, and Families

The Arlington Partnership for Children, Youth, and Families (APCYF) is a community-led advisory group comprised of 16 appointed community members, 8 designated Arlington County Government (ACG) and Arlington Public Schools (APS) staff and other interested parties. Our mission is summarized in three words: research, engage, advocate. We identify community needs through research and surveys; engage the community to find ways to meet the needs; and advocate for improved policies and programs.

The work of APCYF is done through a variety of committees, coalitions, commissions, and councils. Our working groups include: the Teen Network Board (TNB), an advocacy group of Arlington high school students who make recommendations and spearhead initiatives to improve the lives of Arlington youth; Mental Wellness Roundtable (MWR); Healthy Communities Action Team (HCAT), which supports childhood obesity prevention efforts; Out of School Time (OST) Council; the Early Childhood Committee; Data Committee; and READY Coalition, which strives to Reduce and Eliminate Alcohol and Drug use by Youth. More information about how to get involved can be found on the APCYF website www.apcyf.org.

About the 2019 Community Report

The 2019 Community Report presents the story of Arlington's children, youth, and families through data. Its topic areas align with the Whole School, Whole Community, Whole Child framework, which focuses on ensuring each child is safe, supported, healthy, challenged, and engaged. Each section's introduction describes its contents and indicators. Each indicator page summarizes the findings, provides context, and presents key supporting data. The format enables each indicator page to serve as a stand-alone document.

About the 2019 Community Report Data Sources and Analysis

The Report draws from youth survey findings, along with ACG, APS, local non-profit, and state-wide data. Since 2001, APCYF has been administering two youth surveys to APS students—the Youth Risk Behavior Survey (YRBS) and the Search Institute's Developmental Assets® survey. Beginning in 2017, we collaborated with the Virginia Department of Health (VDH) to administer the state YRBS in order to coordinate with state and county survey schedules and align with national benchmarks. In 2018, our partnership with APS resulted in a new survey tool, Your Voice Matters (YVM). As a result, input on strengths and areas for further focus can be gathered from a larger student pool, and now staff and families. The YVM data is available by school and can be broken down into sub-populations with sufficient respondents.

Over the past three years, APCYF has streamlined the collection of survey data and collaborated with key partners to get information into the hands of those working on key issues in an actionable and timely manner.

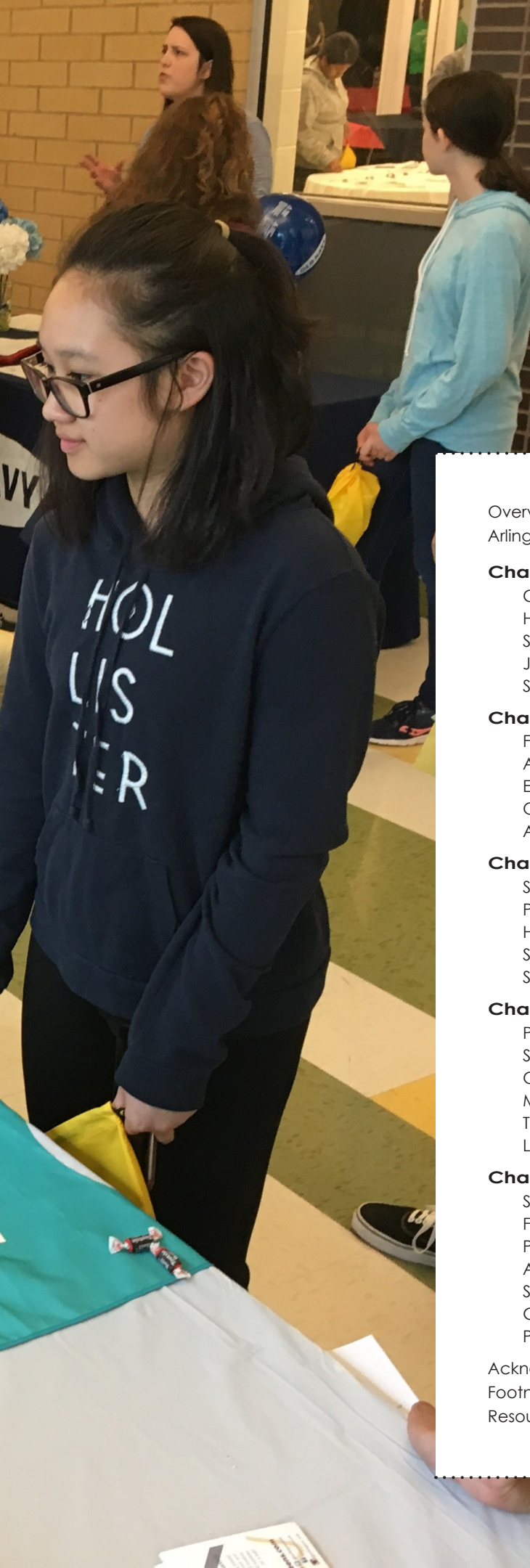


Table of Contents

Overview of Key Findings	2
Arlington Demographics	5
Chapter 1: SAFE	
Child Abuse and Neglect.....	9
Housing Instability	10
Sexual Assault and Harassment	11
Juvenile Arrests	12
Suspension.....	13
Chapter 2: SUPPORTED	
Food Insecurity and Support	17
Affordable Housing	18
Early Child Care	19
Out of School Time	20
Adult Support	21
Chapter 3: PHYSICAL HEALTH	
School Health.....	25
Physical Fitness.....	26
Healthy Weight	27
Sexually Transmitted Disease / Infection.....	28
Screen Time.....	29
Chapter 4: WELL-BEING	
Peer Relationships.....	33
Substance Use	34
Opioid Abuse Indicators.....	35
Mental Health	36
Trauma.....	37
LGBTQ+ Youth Well-Being.....	38
Chapter 5: CHALLENGED AND ENGAGED	
Student Engagement	41
Family Engagement	42
PreK Experience.....	43
APS English Learners	44
Standards of Learning.....	45
Graduation and Dropout Rates	46
Post-Graduation	47
Acknowledgements	48
Footnotes	50
Resources.....	Inside back cover

OVERVIEW OF KEY FINDINGS



Promoting the health, well-being, and safety of children, youth, and families in Arlington.

Researching the strengths and needs of young people is a fundamental step in creating a plan to improve their quality of life. The Community Report was developed to stimulate data-informed reflection and, where needed, action throughout Arlington. Areas of concern identified in prior reports have sparked new initiatives and strengthened existing actions taken by key stakeholders, including APS, Healthy Communities Action Team (HCAT), Child and Family Services Division (CFSD), Division of Public Health, and numerous non-profits. We look forward to continuing to monitor data indicators and present updates on our findings and progress.

Striking Disparities

Taken as a whole, the 2019 Community Report calls attention to striking disparities within Arlington. These inequities surface in the health and well-being of children and youth based on factors such as income, race and ethnicity, sexual orientation, gender identity, and level of English proficiency.

In the 2014 Community Report Card, APCYF began to highlight disparate issues in some of the data. In this 2019 Community Report we have worked to disaggregate the data to ensure that disproportionate findings are not hidden in the use of averages. This will help the community use the data more intentionally, targeting areas or populations that are in most need. For example, issues of mental health, bullying, adult support, and early childhood experiences can now be discussed through an equity lens. We can now (1) determine who is reporting what, which helps when we consider the why, and (2) then tailor strategies to address the specific need. This data-informed approach will move us from one-size-fits-all attempts to address issues (equality) to needs-based strategies (equity) that focus on small sub-populations across schools, the County, and the greater community.

Social Determinants of Thriving

APCYF has been actively working with two County initiatives—the Child Care Initiative (CCI) and Destination 2027 (D2027)—to take a deeper look at data and those who face increased risk for poor health and well-being. These innovative initiatives, among others, aim to improve the social and physical environments that promote good health for all. These include the (1) neighborhood and built environment, (2) health and health care, (3) social and community context, (4) economic stability, and (5) education. As illustrated in our 2019 Community Report, opportunities exist to improve the resources, supports, and determinants of thriving. Selected examples include:

- Many Arlington families lack access to quality child care, as spaces are available for only 51% of the county's children younger than age 5. Child care also puts a large financial burden on those families that can access it; requiring 39% of the Arlington median income for a family with an infant and 4-year old in care. Clear benefits exist for early childhood experiences. For example, economically disadvantaged youth who attended a private or APS preK program met the fall PALS benchmarks, a test of early literacy,

OVERVIEW OF KEY FINDINGS

at a rate much higher than those who had no formal preK. Increasing access to child care, including affordability and availability, can help with efforts to close the opportunity gap.

- Obesity and other risk factors for chronic diseases start in early childhood and disproportionately impact children who come from racial and ethnic minority populations or lower-income households. Children attending the Virginia Preschool Initiative (VPI) program, an early education program for economically disadvantaged youth, are obese at a rate much higher than the national rate of obesity for preschool-aged children. Additionally, Hispanic youth in 8th-12th grade report obesity at a level nearly 4 times that of White youth – 16% of Hispanic youth vs. 4% of White youth. This same trend is seen in youth who report the recommended amount of exercise in high school (1 hour per day on 5+ days per week), with 34% of Hispanic youth vs. 51% of White youth.
- Childhood hunger and food insecurity continues to persist. Nearly 1/3 of APS students receive free and reduced fee meals, and nearly 1 in 10 high school students reported experiencing hunger due to not having enough food in the home. Creative programs such as schools that offer breakfast in the classrooms and Family Market nights at Carlin Springs Community School help decrease stigma and increase access to healthy foods and beverages.
- Access to affordable housing is an issue not just for those in or near poverty, but those in the middle as well. Families making the median income in Arlington have very few housing options that would not require them to substantially stretch above their financial means. For low-income families, there is a 5-year wait list for affordable housing.
- ACG and APS have introduced new initiatives and interventions with youth to help prevent suicide and ensure that youth who need mental health services can receive them. It will be important to monitor the impact of these programs on youth of color. For example, Hispanic youth reported higher incidents of depression and attempted suicide in 2017. The number of youth who said they received the help they needed for depression was so low for Black and Asian youth that a percentage could not be reported.
- Adult supports are a key factor in mitigating negative experiences in the life of a young person. While efforts have been undertaken to increase staffing ratios for student services in the schools, there are still fewer social workers, psychologists, and counselors than the national recommendations. This is especially true of Arlington's elementary schools. However, using only ratios to address staffing does not consider equity, which requires placing staff where they are needed most, not merely placing them to comply with ratios.

Emerging Issues

The Arlington community is evolving and changing more swiftly than in the past. Technology is the catalyst



OVERVIEW OF KEY FINDINGS



for much of this change, both good and bad. It enables dialogue to move quickly on topics of great impact to health and well-being but it also exposes youth to information, experiences, and opportunities in ways that have yet to be fully understood. In collecting and disseminating data, APCYF tries to keep pace with many of these evolving topics as youth in Arlington face many of the same challenges and risks as youth across the nation. Emerging issues from the 2017 Youth Risk Behavior Survey (YRBS) and the 2018 Your Voice Matters (YVM) survey of note include:

- Questions about sexual harassment were added to the YRBS in 2017. Responses indicate that nearly half (46%) of female students in grades 8, 10, and 12 experienced sexual harassment on school property.
- In 2017, 13% of high school students report having used an e-vapor device within the past 30 days. Studies link the use of e-vapor products with later cigarette use and found the nicotine in these devices trigger the same reward centers that can lead to later substance use problems.
- Responses to questions about technology use indicate that high school students are on a screen for an average of 10 hours per day. These questions seek to further understand the ways that youth engage with technology, and to ascertain the correlations between time spent on a screen and time spent engaging in other activities, or the potential co-occurrence with other risk factors such as depression.

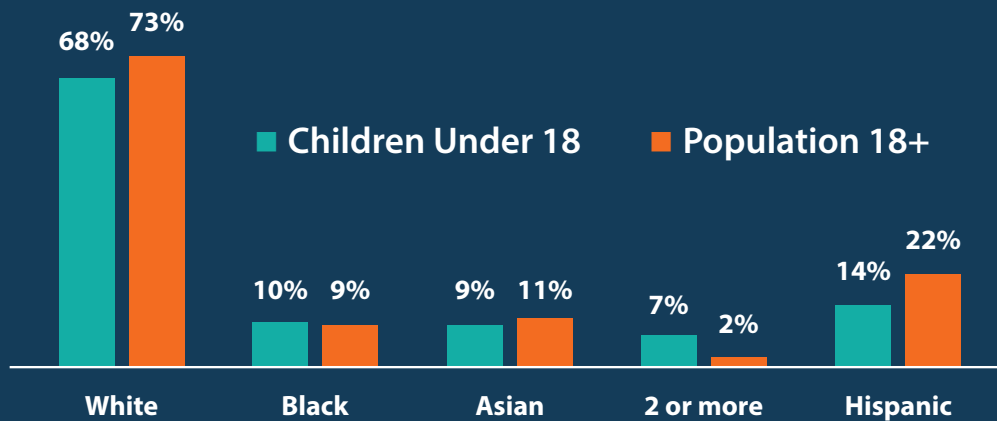
Key areas identified in the 2019 Community Report requiring additional data collection efforts include (a) monitoring the effectiveness of mental health programming, especially for children of color and (b) finding ways to measure and monitor Adverse Childhood Experiences (ACEs), with an emphasis on equity. APCYF will continue advocating for efforts that keep the lens on equity by presenting findings using characteristics such as race, ethnicity, disability status, gender identity, and sexual orientation. This work is undertaken acknowledging that Arlington families and youth possess unique strengths and face singular adversities that cannot be reduced to simple demographic categorizations. Additionally, we recognize that averages can mask the needs of vulnerable populations so we will continue to disaggregate the data as it is available.

The Arlington Partnership for Children, Youth, and Families (APCYF) is celebrating its 20th Anniversary in 2019. It is our honor to continue our tradition of engaging all members of the community in strengthening policies, programs, and resource allocations to promote the health, well-being, and safety of all children, youth, and families in Arlington.

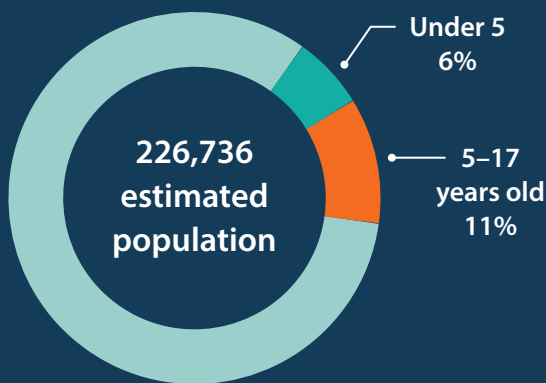
Join us - together we can make positive differences in the lives of Arlington's children, youth, and families!

Arlington Demographics

POPULATION BY RACE AND ETHNICITY, 2017¹



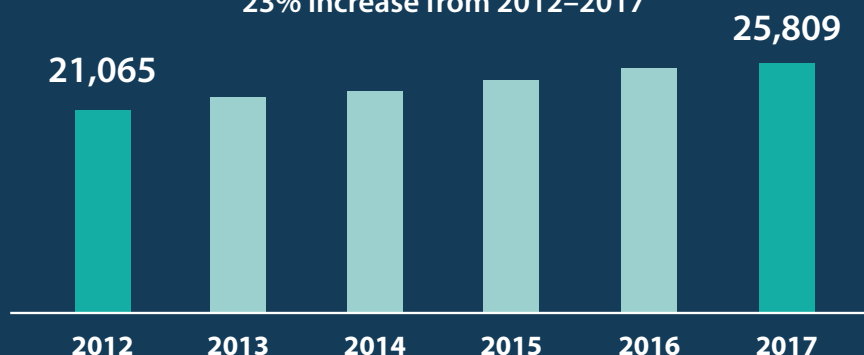
TOTAL POPULATION, 2017¹



- **21%** of Arlington households have children under 18.²
- **31% of APS students** receive free and reduced meal benefits.³
- **8%** of Arlington's population lives in poverty.⁴
- **21%** of those in poverty are children under 18.⁴

YOUTH AGE 5-17, 2012-17¹

23% increase from 2012-2017





PINWHEELS for PREVENTION

Keep children safe.
Be a connection for kids.
Make child abuse prevention a priority!



#pinwheelsforprevention
www.scansa.org/kidsneedconnections



SAFE

Safety starts in the community by ensuring that youth have access to safe and secure living arrangements. It also includes responding to child abuse, neglect and youth antisocial behavior. It further extends into the classroom and school environment by monitoring sexual harassment and consequences of unsafe decision-making, such as suspension. Since safety, support, and well-being are closely related, many measures in those sections relate back to keeping youth safe.

INDICATORS

- Child Abuse and Neglect
- Housing Instability
- Sexual Assault and Harassment
- Juvenile Arrests
- Suspension

SAFE

01

CHAPTER ONE



CHILD ABUSE AND NEGLECT



CONTEXT

Arlington's Child Protective Services (CPS) Unit has increased the number of trainings provided to the community on how to identify and report suspected incidents of child abuse. In 2018, 550 individuals received this training. Of those trained, 527 were mandated reporters, meaning they are legally obligated to report child abuse if they have a reasonable suspicion that it has occurred.

Arlington Public Schools (APS) implemented a child protection instructional lesson in elementary schools during the 2017-18 school year. Students receive at least one lesson per year using an evidence-based curriculum provided through Second Step. Arlington's Child Care unit has also been training caregivers in the Period of Purple Crying, an evidence-based shaken baby syndrome training.

Finally, Arlington offers prevention and intervention programs such as (1) Behavior Intervention Services (BIS), (2) Project Family, and (3) Strengthening Families. These programs give parents and caregivers tools to provide structure and boundaries in a safe and appropriate manner.

FINDINGS

The population in Arlington of children younger than 18 has increased 28% since 2010. However, the number of Investigations of abuse and neglect has remained relatively stable. This is due in large part to the many faceted efforts Arlington has undertaken to prevent the mistreatment of children. However, even with stability in child abuse and neglect findings, 42 children were found to have been harmed in 2018, which is 42 children too many.

The number of Child Protective Services Investigations has remained relatively stable over the last decade despite a large increase in the number of children under 18.

In 2018, 2,818 calls were received by the Child Protective Services (CPS) Hotline.

If the allegation meets the criteria to take action, it may be validated and staff will be assigned to investigate.

380 of the allegations received met criteria.

CPS staff then gather facts about the allegation. More serious cases such as sexual abuse, serious physical abuse, and child fatality always lead to an Investigation.

109 were opened as an Investigation
271 were opened as a Family Assessment

Founded cases of abuse or neglect are those confirmed by an Investigation. Family Assessments provide assessments and services to the child and family to ensure the child's safety and prevent future abuse or neglect.

42 were Founded
42 were Unfounded
25 were Pending

FOUNDED TYPE

Physical Abuse: 21 (50%)
Physical Neglect: 12 (29%)
Sexual Abuse: 8 (19%)
Mental Abuse: 1 (2%)

HOUSING INSTABILITY



APS reports 224 homeless students in 2017-18.

CONTEXT

Arlington County uses a “Housing First” approach in tackling homelessness and housing instability. This strategy first provides people with housing as quickly as possible and then provides needed services. Starting in 2015, Arlington launched a Centralized Access System (CAS) to improve access to services. The first step is to help maintain current housing when possible, or to identify natural supports, such as family members or friends, who can provide assistance. Other interventions include helping with deposits or rent when a family is facing a crisis, or assisting individuals with disabilities or those who are chronically homeless, to find specialized housing solutions.

Understanding the issues of families and youth facing homelessness is difficult, particularly for youth, as they often do not present in ways similar to Arlington’s adult homeless population. Youth may bounce from couch to couch, or live in overcrowded circumstances. Due in part to limitations in measuring and understanding this population, Arlington convened a Task Force on Youth Homelessness in 2015. This group focuses on better ways to quantify the number of homeless youth and identify their needs, as well as building capacity and identifying solutions to youth homelessness.

Arlington Public Schools (APS) provides services to homeless youth, including ensuring that they are able to stay at the school they currently attend. Research has shown that housing instability can negatively impact a child’s academic and social well-being. Youth experiencing instability, for example, may have lower vocabulary skills, behavioral problems, and higher high school dropout rates.¹

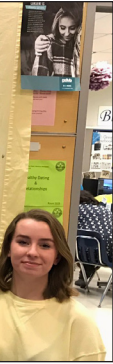
The homeless students that APS works with are defined by McKinny-Vento as children and youth who lack a fixed, regular, and adequate nighttime residence. Additional information can be found online: <https://www.apsva.us/student-services/homeless/definition/>.

FINDINGS

The Homeless Youth Task Force is working to understand the scope of youth homelessness in Arlington. The indicators in the table below provide a snapshot of families and youth who were known to have experienced housing instability. As the APS student population has increased, the number of youth who are homeless has remained an average of 210 for the past 5 years. However, the number of unaccompanied homeless youth in 2018 was 22 and 25 in 2017, nearly double the number in 2011-2014, which was an average of 10 youth each year. Affordable housing is an important factor in this discussion and is further discussed on page 18 of the Community Report.

MEASURES OF YOUTH HOMELESSNESS AND HOUSING INSTABILITY	
High School students self-reported housing instability in 2017 ²	1.5% (~102 students)
2017-2018 APS count of homeless youth ³	224 homeless students
Youth age 18-25 served in emergency shelters (FY18) ³	15 individuals
Families with children under age 25 served in family shelters (FY18) ⁴	12 families
Families served through Transitional Housing, Rapid Rehousing, and Permanent Supporting Housing options (FY18) ⁴	104 families (322 persons) housed

SEXUAL ASSAULT AND HARASSMENT



CONTEXT

Arlington's Project PEACE has tackled the issue of sexual assault and harassment over the last 10 years. This is a county-wide coordinated community response (CCR) initiative to prevent, identify, and respond to domestic violence (DV) and sexual violence (SV). The CCR model is a best practice and brings together all agencies that respond to or support victims of DV and SV. In 2015, Project PEACE expanded its scope to include youth, recognizing that early prevention and education have lasting impacts on adult relationships. These efforts are headed by the youth-led Healthy Relationships Task Force (HRT). Students talk to peers about healthy relationships and build awareness around assault and violence in dating relationships. Along with adult members, they similarly educate parents and caregivers. Healthy dating and sexual assault prevention are also included in the Arlington Public Schools (APS) health curriculum.

In Arlington, Doorways for Women and Families manages the county's hotline for DV and SV and is the primary crisis responder. Doorways also provides safe housing, ongoing counseling, and support for victims of DV, SV, sexual assault, dating violence, and stalking.

In spring 2017, APCYF included questions about sexual harassment and assault for the first time on the Youth Risk Behavior Survey (YRBS). Previous YRBS asked only about youth being forced to have sex while the current questions include coercion as an aspect of force. New questions also asked about sexual harassment and unwanted sexual contact. Even with the widened definition of force, youth reporting rape has declined.

FINDINGS

Forty percent of 8th graders report that another student made unwelcome sexual comments, jokes, or gestures that made them feel uncomfortable on school property and 46% of females in grades 8, 10, and 12 experienced that same sexual harassment.¹ More than 10% of students in 8th, 10th, and 12th grade report unwanted sexual contact; of those, the majority of 8th and 10th graders said this contact occurred at school during school hours.¹ High school seniors report it also occurs at friends' homes. This requires more inquiry and we hope to continue monitoring this issue through future student surveys.

Almost half of female students in grades 8, 10, and 12 experienced sexual harassment at school, and 8% of high school seniors report that they have been forced or coerced to have sex.

1 in 3 students in 8th, 10th and 12th grade reported experiencing sexual harassment at school.¹



Nearly every girl I know has experienced some form of harassment or assault, and the majority of them don't even define their experiences with those words, seeing them as something nearly normal.

Grace Jones, Wakefield Senior
Co-Chair, Healthy Relationships Task Force of Project PEACE



JUVENILE ARRESTS



Juvenile arrests have declined over time, with fewer youth arrested for assaults and larceny/theft.

CONTEXT

Arrest data counts only Arlington residents under the age of 18. Details of later consequences or convictions are not shown. A youth who is arrested may be diverted from the court system by completing a diversion contract. These contracts may include requirements such as performing community service or, for first-time drug- and alcohol-related offenses, completion of a program such as Second Chance. Other youth, who may be repeat offenders or ineligible for diversion for other reasons, may end up on probation or sentenced to time in a juvenile detention facility.

Second Chance is an educational program for middle and high school students to help them avoid using alcohol, marijuana, and/or certain other substances. These youth may be diverted from school suspension or prosecution. Youth may self-refer or parents may refer their child if they are concerned by signs of early substance use.

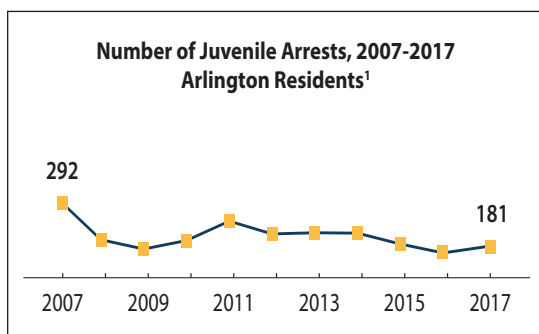
FINDINGS

Juvenile arrests have gone down over the years, but seem to have recently plateaued. The type of offense being committed has changed over time. In prior years, youth were arrested most often for theft and assault. This started to shift in 2013, with a higher percentage of arrests now for drug and alcohol offenses rather than theft and assault.

Nationally, disproportionate minority contact within the juvenile justice system is a known issue. APCYF plans to continue to work with Arlington County Police Department and the Arlington Juvenile and Domestic Relations court as they move forward in their work to reduce inequities and ensure that data reported accounts for disparities.

Second Chance provides... "open lines of communication about substance abuse/experimentation/risks. The opportunity to take responsibility without permanent "black mark" on my child's record."

- Second Chance Parent Participant



ARLINGTON JUVENILE ARRESTS BY SELECT CATEGORY ¹			
	2010	2013	2017
Drug/ Narcotics	36 (18%)	39 (17%)	38 (21%)
Alcohol	21 (11%)	60 (27%)	27 (15%)
Larceny/Theft	46 (23%)	31 (14%)	18 (10%)
Weapon	--	--	12 (7%)
Assault	36 (18%)	29 (13%)	6 (3%)

SUSPENSION



CONTEXT

Out of school suspension is one of many disciplinary outcomes that a student may be given after engaging in behavior that violates Arlington Public School (APS) policy. The table below shows a regional comparison of the percentage of students who were given an out of school suspension in the 2017-18 school year. Arlington has a lower percentage of students receiving suspensions compared to neighboring counties. To better understand the population of students who receive an out of school suspension requires a focus on examining student subgroups, such as differences by race, ethnicity, and disability status.

In 2017-18, the most common reason for suspension in Arlington was an offense “against a person”. Examples include fighting, altercation, and assault. The second most common reason was “related to behavior”; these are actions such as disruptive behavior and disrespectful language or actions. Suspensions “related to behavior” are a subjective category and provide the best opportunity for intervention through training with staff and students. Virginia Department of Education (VDOE) provides guidelines for using suspension, so in addition to staff training, discussion with VDOE to amend some of these categories will help address issues of disproportionality.

APS has undertaken initiatives such as alternatives to suspension, restorative practices, and trauma informed classrooms to help reduce the disparities in suspension rates. APS also included a goal in the 2018-2024 strategic plan, to decrease disproportionate suspensions by 15%.

STUDENTS RECEIVING OUT OF SCHOOL SUSPENSIONS, 2017-18 ¹		
	#	%
Arlington	280	1%
Alexandria	564	4%
Fairfax	3,272	2%
Virginia	68,704	5%

FINDINGS

Students who receive out of school suspensions experience negative effects such as loss of instructional time, which can impact student achievement.² Suspension for less serious, nonviolent offenses often does not address the cause of the behavior or provide tools to manage it.² Yet, in Arlington, out of school suspension rates for behavior show that Black students are suspended more than five times more frequently than White students and Hispanic students more than twice as frequently.¹ Students with disabilities are suspended nearly six times as frequently at a rate of 34.9 in 2017-18, as compared with their peers without a disability, which was a rate of 6.4.¹

Of the total offenses in 2017-18, nearly half resulted in out of school suspension, one-fourth led to in-school suspensions, and the rest in alternative placement.

DISPROPORTIONALITY AS % OF OUT OF SCHOOL SUSPENSIONS, APS, 2017-18 ¹		
	% OF TOTAL STUDENT POPULATION	% OF SUSPENSIONS
Asian	9%	4%
Black	10%	28%
Hispanic	28%	38%
White	46%	24%
Students with Disabilities (SWD)	14%	48%

TOP 3 OFFENSE TYPES RESULTING IN OUT OF SCHOOL SUSPENSION, APS ¹				
	2013-14		2017-18	
	Total Offenses	Susp.	Total Offenses	Susp.
Against Person	171	81	212	127
Related to Behavior	93	86	169	109
Related to Alcohol, Tobacco, and Drugs (ATOD)	23	<	95	43

Just 1% of Arlington’s students have been suspended, compared to 5% in Virginia, though students with disabilities (SWD) and Black and Hispanic students are suspended at disproportionately higher rates in Arlington.

Data notes:

- One individual student may have more than one offense type.
- SWDs are included across the various racial and ethnic categories. SWDs are limited to students with an Individual Education Plan (IEP).
- < notes a group below state definition for personally identifiable results.

ARLINGTON FOOD ASSISTANCE CENTER



SUPPORTED

All children, youth, and families need support for their well-being. It begins in the community by ensuring that basic needs such as housing, child care, and food are accessible. Children, youth, and families require assistance through access to quality out of school experiences and trained, qualified, and caring adults.

INDICATORS

- Food Insecurity and Support
- Affordable Housing
- Early Child Care
- Out of School Time
- Adult Support

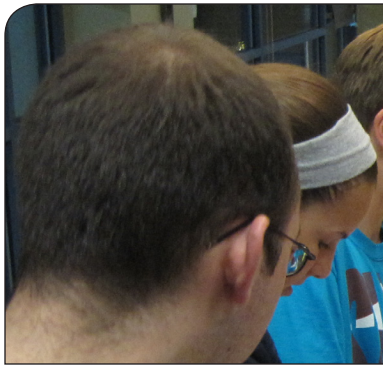
SUPPORTED

ARLINGTON FOOD
ASSISTANCE CENTER

02

CHAPTER TWO

FOOD INSECURITY AND SUPPORT



CONTEXT

Food insecurity is defined as (1) low access to food, (2) reduced access to good quality or desirable food choices, and (3) having anxiety or concerns about having sufficient food in your home. Research shows that hunger and food insecurity can negatively impact cognitive development and school performance.³ The stigma associated with seeking or receiving assistance, as well as other barriers to adequate nutrition, should be addressed by the wider community.

Some creative solutions include the Family Market nights at Carlin Springs Community School. As families come for food distribution from the Arlington Food Assistance Center (AFAC), volunteers with Virginia Cooperative Extension and AFAC conduct cooking activities with students. Oakridge and Hoffman-Boston, as well as Randolph preK, provide breakfast in the classroom each morning during the regular school day. Programs like these help eliminate barriers for children to access a healthy breakfast, which has been associated with improved cognitive function, reduced absenteeism, and improved mood.³

FINDINGS

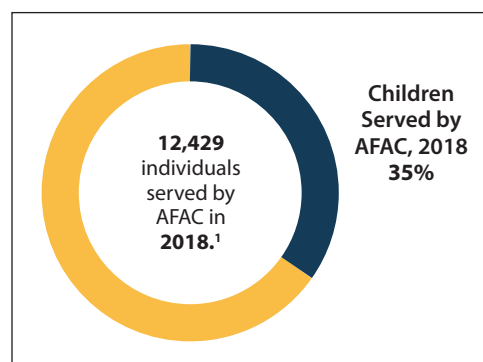
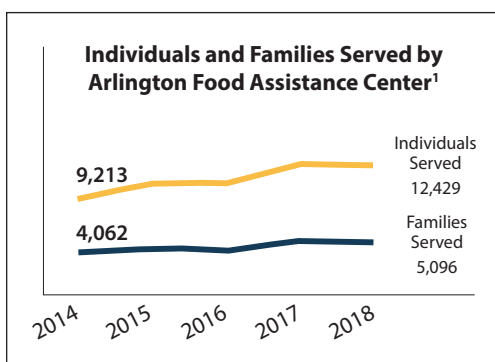
In 2018, AFAC served more than 12,000 individuals, 1/3 of whom were under the age of 18. Even with supports in place, approximately 10% of secondary students who were surveyed in 2017 said they experienced hunger from not having enough food in their home.⁴

The County Health Rankings and Roadmap program provides measures of health factors, including food insecurity. For 2015, they estimate that about 18,010 individuals in Arlington were food insecure.⁵

Nearly, 1/3 of all APS students receive free or reduced fee meals. Food insecurity exists in Arlington, with 35% of the 12,429 individuals served by AFAC being children.

31% of Arlington Public School (APS) students received free or reduced meals during the 2017-18 school year.²

A little more than 1 in 10 APS students in middle and high school report that they have experienced hunger from not having enough food in their homes.⁴



ARLINGTON AFFORDABLE HOUSING



Despite concerted efforts to increase Arlington affordable housing, the number of affordable housing units has declined.

CONTEXT

A home is considered affordable if it is of decent quality and costs no more than 30% of a household's gross monthly income for both the rent/mortgage and utility payments.¹ The Affordable Housing Study and the subsequent Affordable Housing Master Plan (AHMP), adopted in 2015, were prompted by the long-standing concern for affordable housing in Arlington. The AHMP includes policy focused on ensuring (1) an adequate supply of housing, (2) all segments of the community have access to housing, and (3) housing efforts contribute to a sustainable community. It also includes a monitoring and reporting plan, with indicators available online.

Arlington offers housing assistance such as the Housing Choice Voucher Program (formerly known as Section 8) and Housing Grants. The Housing Grants program provides rental assistance to low-income residents and covers a portion of monthly rent. Housing Choice Vouchers (HCV) help low-income families, the elderly, and people with disabilities find affordable housing on the private market. As of 2018, there are approximately 5,000 people on the waitlist with an estimated waiting period of 5 years.

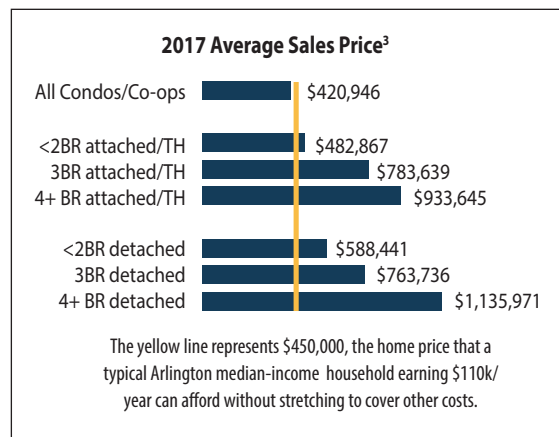
FINDINGS

AHMP's goal is to have 17.7% of all housing units in Arlington be affordable to households at or below 60% of the area median income (AMI). In 2017, only 8.2% of the rental housing stock met that criteria and that percentage has continued to decline. Additionally, the majority of affordable housing units that are available are for a family making 61-80% of the area median income, or up to \$93,760 for a family of four. This is over 3 times as much money as a family receiving housing assistance would make; with their average household income closer to \$25,000.

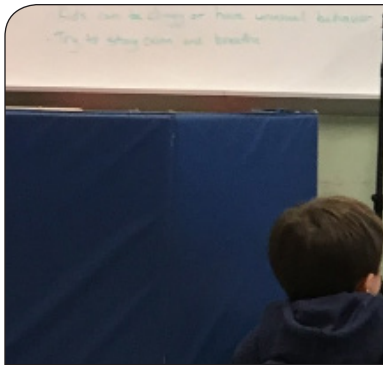
Arlington's middle class is also greatly limited in its housing options. An Arlington family making around the median household income (approximately \$110,000/year) can comfortably afford a home for \$450,000. However, recent sales records show that family homes that are being sold in Arlington are well above that amount.

ARLINGTON AFFORDABLE HOUSING MEASURES			
	2000	2008	2017
Families Receiving Housing Choice Vouchers ² *	1,094	821	707
Families Receiving Housing Grants ²	155	241	318
Market-rate affordable housing units (60% AMI) ²	19,740	6,283	2,445
Market-rate affordable housing units (61-80% of AMI) ²	8,231	9,768	11,933
Committed Affordable Units ²	3,921	6,001	7,729
Total Affordable Units	31,891	22,052	22,107

*HCV defines a family as anyone not elderly or disabled. This is a change in reporting parameters that started in 2000.



EARLY CHILD CARE



CONTEXT

In 2018, the County Manager established a Child Care Initiative (CCI) to promote the development of an inclusive, integrated child care system that effectively serves all Arlington families, with a priority focus on vulnerable populations. Solutions will emphasize accessibility, availability, and quality.

The average yearly cost of child care in Arlington is the highest in the area. The cost to a family with an infant and 4-year-old in a child care center is \$42,705, or 39% of the median annual household income.¹ However, according to the U.S. Department of Health and Human Services, child care is considered affordable if it is only 7% of gross income.² Additionally, as of December 2017, there were only enough child care spaces for 51% of Arlington's 5-and-under child population.¹

FINDINGS

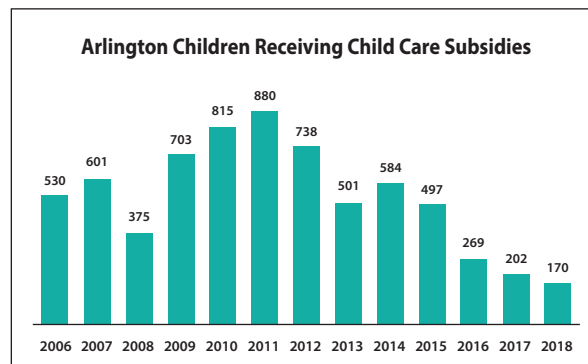
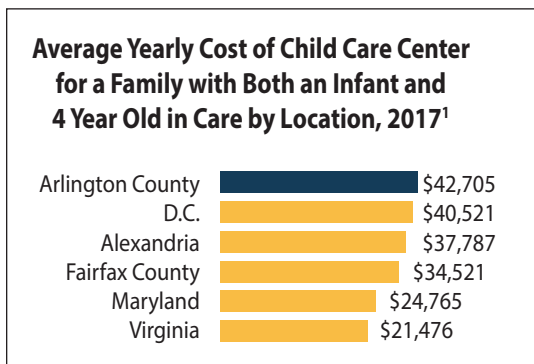
There are not enough child care spaces in Arlington to meet the growing population of children under the age of 5. Affordability of child care is a huge barrier in providing all children with quality early education opportunities in a way that can also meet the needs of working families.

This issue is exacerbated by the decline in the child care subsidy utilization. The number of children who qualified did not decrease. Factors such as limited numbers of providers accepting the subsidy or rules about how a family can receive a subsidy have led to decreases in the number of family recipients. With the increase in the maximum reimbursable rate in Arlington, which the state made starting in July 2018, opportunities for lower income families to access quality child care will hopefully increase. The new rate of \$25,578 for an infant and \$22,185 for a 4-year-old, is closely comparable to the market rate.

Arlington only has child care spaces for 51% of children age 5 and younger. The cost of that care is among the highest in the nation.

"Access to quality preschool opportunities levels the playing field and helps ensure that all children come to school ready to learn. It allows parents to join the workforce or go to school and creates communities of families."

- Deborah Warren,
DHS Deputy Director and Child Care Initiative Co-Chair



OUT OF SCHOOL TIME



In Arlington there are disparities in access to quality out of school time opportunities, particularly in Hispanic communities.

CONTEXT

Out of school time (OST) refers to supervised activities for youth outside of regular school hours - before and after school, weekends, and vacations or breaks. Activities might include sports, childcare, and clubs. Research has shown that OST programs support students' academic achievement and can even play a role in reducing health disparities.¹ Strong OST programs are one key element in a successful Whole School, Whole Community, Whole Child approach.¹

In Arlington, families have access to a wide variety of OST offerings through Arlington Public Schools (APS), Arlington Parks and Recreation, community organizations, youth sports leagues, and numerous private providers. APS Extended Day is the largest provider of before and after care at each school site and during the summer school session.

In 2012, Arlington formed the OST Advisory Council under the auspices of the Arlington Partnership for Children, Youth, and Families (APCYF). Consisting of representatives from County, APS, community providers and parents, the Council was charged with improving access to and quality of OST programs.

The Council provides a variety of training opportunities for staff who work with youth. Topics in 2018 focused on building strong relationships with children, creative games and activities, behavior management, Mental Health First Aid, and child abuse prevention.

In 2018, the OST Council adopted Program Quality Standards. These are the culmination of 2 years of work by partner agencies. The standards include a self-assessment tool that on-site staff can use to identify and improve their programs. The tool assesses (1) Safe and Supportive Environments, (2) Relationships, (3) Youth Experience, (4) Intentional Programming, and (5) Quality Staff.

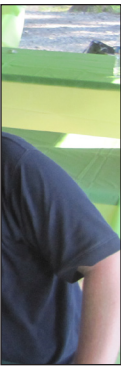
FINDINGS

With an understanding of the importance of quality out of school time activities, APCYF and APS included questions in the Your Voice Matters survey about participation and barriers to participation in out of school activities. In the 2018 student survey, 82% of students report doing some out of school time activity, which included sports, clubs, community service, or tutoring.² Only 3% of students reported spending the majority of their time outside of school home alone, without an adult.² While this is a small percentage of students, there are some disparities - nearly 50% of this respondent group was Hispanic.² Family members were also asked about their child's participation in activities. Hispanic families reported far more barriers to participation than all other families, with cost being the primary barrier (26% compared to 16% of all other families), followed by knowing how to access opportunities (11% compared with 7% of other families).²

Intentional programming provided by non-profits, such as Aspire! Afterschool Learning, help deliver targeted opportunities for students. Aspire! Afterschool Learning conducts their programming in three affordable housing developments and a community center. Out of school opportunities like this provide the accessibility and continuity to maximize impact.

SNAPSHOT OF ENROLLMENT IN ARLINGTON OST PROGRAMS, 2018	
Children Enrolled in Extended Day ³	Before: 1,787 After: 3,983
Children Attending Parks and Recreation Break Camps ⁴	482
Children Attending YMCA	900
Children Attending Aspire!, AHC, BYB, Phoenix	330

ADULT SUPPORT



CONTEXT

The Arlington Partnership for Children, Youth, and Families (APCYF) is guided by the Search Institute’s Developmental Relationships framework. Extensive evidence shows that strong, positive relationships – with family, teachers, other adults, and peers – are critical across young people’s lives. For children who have experienced trauma, or multiple Adverse Childhood Experiences (ACEs), the presence of one stable relationship with a trusted, caring adult in their life is the single most powerful counterweight to the negative outcomes associated with ACEs.¹

There are many community organizations across Arlington as well as school and government agencies that provide support, resources, and training to parents and caregivers to strengthen these relationships.

APCYF has a LUV Listen (Listen, Understand, Validate) campaign targeting parents and other caring adults as primary components of a close and trusting relationship with young people. The campaign also offers a variety of workshops throughout the community on attentive listening and alternative discipline strategies.

For families seeking a higher level of support and learning, the Child and Family Services Division (CFSD) offers a Strengthening Families Program – a 7-week workshop series for children and their parents/caregivers. Parents can get support from CFSD managing difficult behaviors with Behavior Intervention Services (BIS) or build relationship skills through Parent Child Interaction Therapy (PCIT).

The Arlington Family Engagement Network (AFEN) was re-established in 2018. Led by Arlington Public Schools’ Parent Resource Center (PRC), SCAN of Northern Virginia, and APCYF, this group brings together community, school, and county organizations that provide supports to parents and families as a way to substantially increase services.

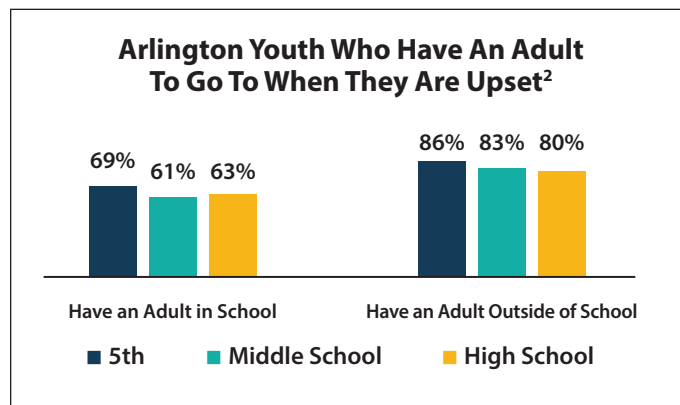
FINDINGS

Research clearly shows the importance of having adult support in the life of a young person, and many efforts are underway to improve the support provided to youth. While most youth in Arlington have someone to talk with; many do not. In middle school, about 11% of students reported that they have no one in school or outside of school to talk to if they are upset.² These are exactly the young people who would most benefit from the consistent and trustworthy support of a caring adult. Additionally, 37% of middle school youth who reported having no one to talk to when they were upset also reported feeling sad frequently; only 14% of students who had an adult to go to reported feeling sad frequently.² There is a need for more adults to build positive, supportive relationships with young people.

In Arlington 11% of middle school students don’t identify an adult they would go to if they were upset.

20% of all youth say they talk to “no one” if they are stressed.²

30% of 7th-12th graders say they “almost never” talk to their parents about the things that matter most to them.²





THE COLLEGE OF
WILLIAM & MARY
16 **W** 93

WASHINGTON-LEE
W
TRACK & FIELD

V-L
GENERALS

EMERY
FT MYER SWIM TEAM

CHAPTER THREE

PHYSICAL HEALTH

Physical health is key to the health and well-being of all children and youth in Arlington. This includes ensuring that children start healthy and learn to develop lifelong health habits. These indicators look at childhood obesity, chronic health conditions, physical fitness, and sexual health.

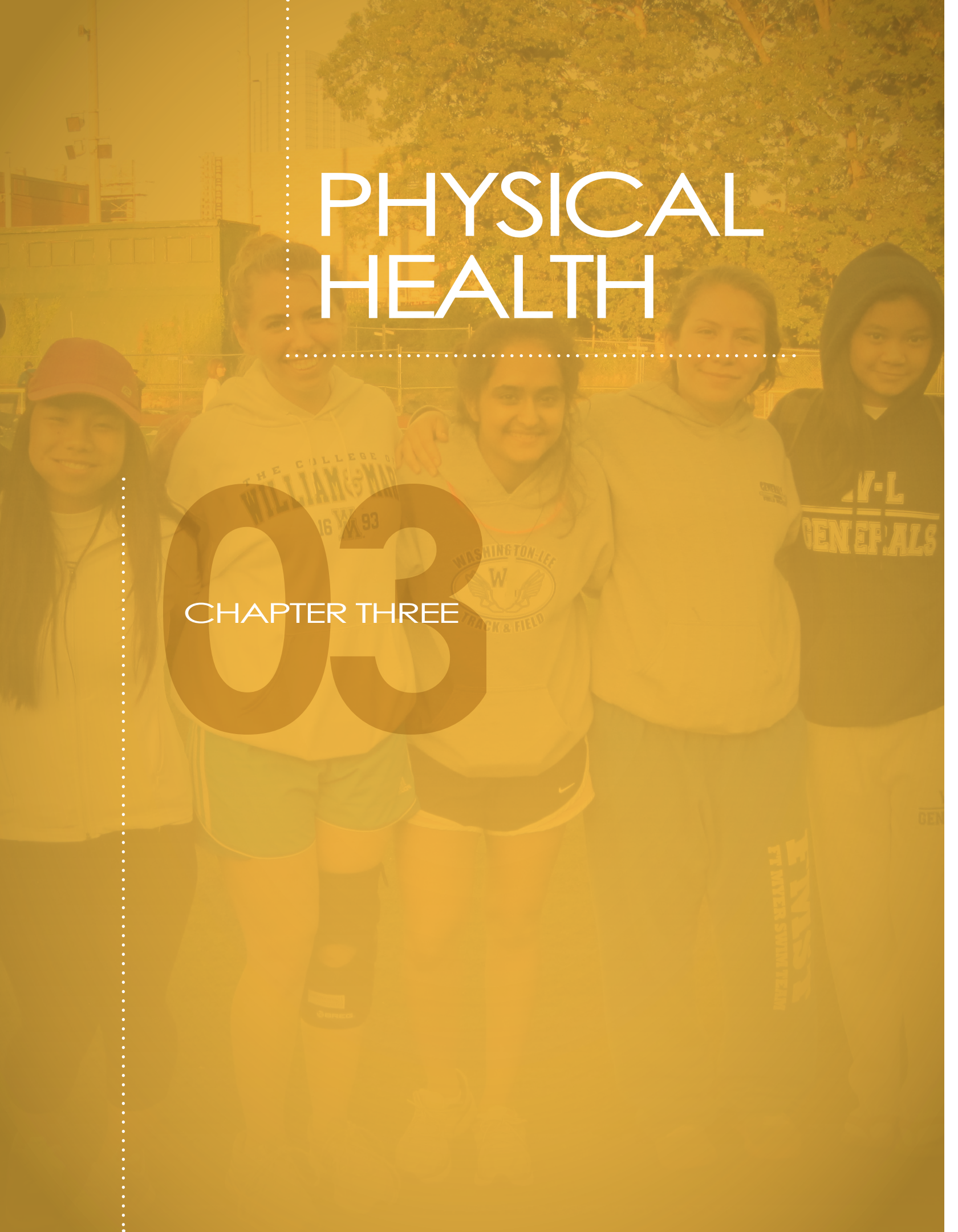
INDICATORS

- School Health
- Physical Fitness
- Healthy Weight
- Sexually Transmitted Disease / Infection
- Screen Time

PHYSICAL HEALTH

03

CHAPTER THREE



SCHOOL HEALTH



CONTEXT

A robust school health program is a key component of youth well-being. Arlington has many school and community assets working hard to make schools healthy. One comprehensive component is the work of the nurses and clinic aids in Arlington's School Health Bureau (SHB) who staff each school. SHB is administered by Arlington's Public Health Division in close coordination with Arlington Public Schools (APS). Services provided by school nurses and aids include:

- First aid and emergency care
- Administration of medications
- Immunizations and TB skin tests
- Hearing and vision screenings
- Assistance to children with complex medical needs
- Linkage to community providers and resources
- Health education
- Training of APS staff in use of emergency medications
- Promoting prevention of communicable diseases
- Coordination with Special Education and Mental Health staff
- Response to outbreaks and emergencies

The table below details the services that students received in the school health clinic during the 2017-18 school year. Note: one student may receive multiple services during one clinic visit.

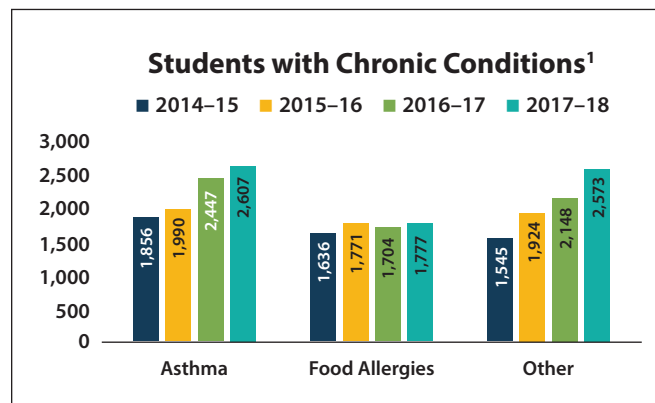
Arlington also has a School Health Advisory Board (SHAB), which includes Arlington school and county staff, parents, students, and community members. One critical advocacy component of SHAB has been to ensure that all schools have their own school wellness council to assess progress toward meeting wellness standards in a way that is tailored to each school's needs. More information about their work is online: <https://apsshaw.weebly.com/>.

FINDINGS

Thousands of students require in-school health services for asthma, diabetes, seizures, cancer, life-threatening food allergies, and other health conditions. The two most common chronic health conditions among APS students are asthma and food allergies. Asthma rates have consistently increased over the last several years. While there are no major findings in the number of students with self-reported food allergies, they remain one of the most common chronic health conditions.

The number of APS students with asthma and other chronic conditions has risen for four straight years.

IN SCHOOL CLINIC SERVICES RECEIVED, 2017-18 ¹	
First Aid	73,906
Medication Administration	26,493
Clinical Procedures	69,608
Immunizations	356
Other	25,904



PHYSICAL FITNESS



Since 2007, youth rates of physical exercise have increased, but there are some disparities in levels of physical fitness across Arlington, particularly as youth get older and physical fitness requirements in school diminish.

Nearly 60% of students in 5th-10th grade said they participated in an out of school time sport (recreation or school-based).⁵

By 11th and 12th grade, participation in sports was down to 40%.⁵

Participation in recreation programs stayed fairly steady, but school-based declined from 9th to 12th grade.⁵

CONTEXT

Setting regular exercise habits early can have lasting positive impacts on the lives of young people. Physical exercise can also have positive effects on school performance by enhancing executive functioning and helping manage symptoms of depression and anxiety.^{3,4}

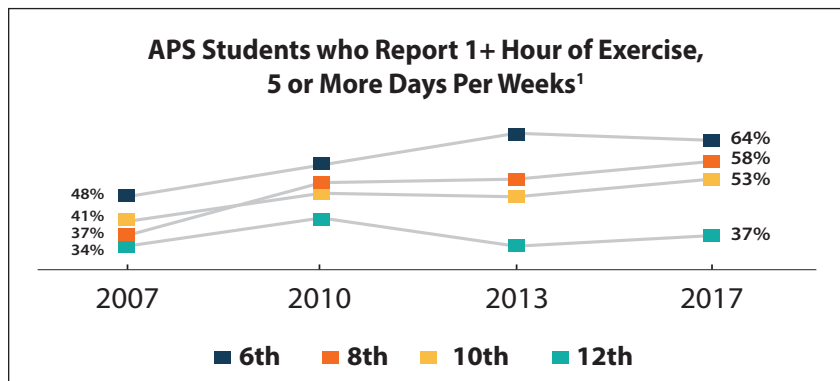
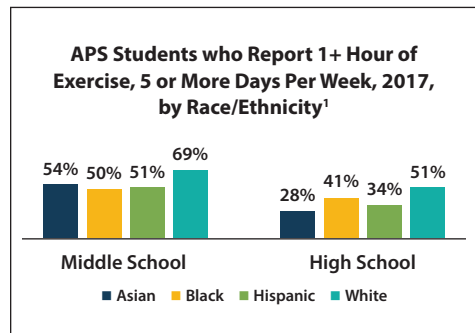
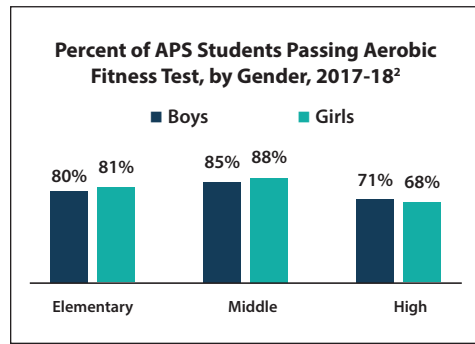
This indicator looks at self-reported frequency of exercise and includes student performance on the aerobic fitness tests that are given in grades 4-10 in the fall and spring.

Arlington Public Schools (APS) provides all students in grades K-10 with at least 1 hour per week of physical education. In 2018-19 Virginia allowed schools to include recess time as part of the instructional day. This meant that APS was able to increase recess time to a minimum of 30 minutes per day across elementary schools.

FINDINGS

While there are gender and racial/ethnic differences in levels of physical fitness, Arlington overall has seen increases in the number of youth who self-report participation in physical activity.

However, as youth get older they report participation in out of school time sports activities at lower levels according to the 2018 Your Voice Matters survey.⁵



HEALTHY WEIGHT



CONTEXT

Both healthy eating and early establishment of healthy habits impact student performance and long-term health. Behaviors that promote a healthy lifestyle and prevent obesity include eating a variety of vegetables and fruits, whole grains, lean proteins, and low-fat dairy products. It is recommended that children 6 and older also get at least 60 minutes of physical activity every day. Consequences of not promoting healthy behaviors are children who are above optimal weight for their age and height. Childhood obesity has been correlated with psychological issues such as anxiety, depression, and bullying.¹ Health risks also include asthma, joint problems, and risk factors for cardiovascular disease.¹

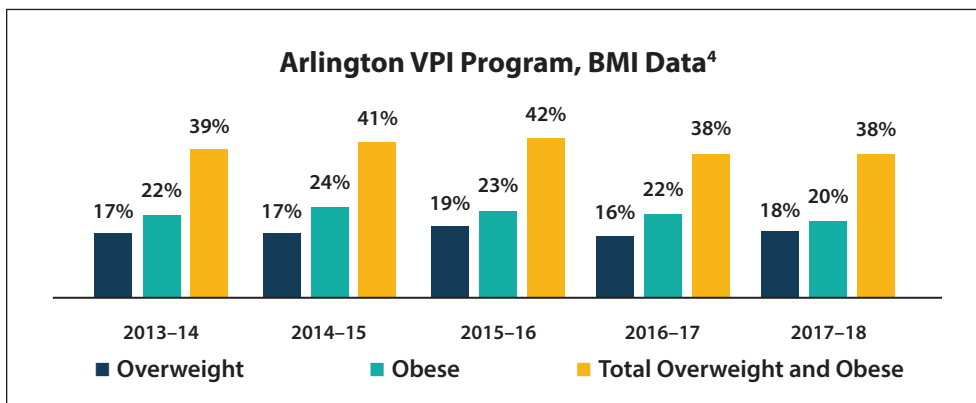
Communities that support healthy habits can enhance the options children and families have for healthy eating and physical activity. In summer 2017, at the request of Arlington Public Schools (APS), Arlington's Public Health Division created a health and fitness toolkit with practical information and healthy eating best practices for schools. The toolkit includes items such as (1) having access to water, (2) providing healthy food or nonfood for classroom parties, (3) increased Farm to School programs, (4) school gardens, and (5) healthy vending.

FINDINGS

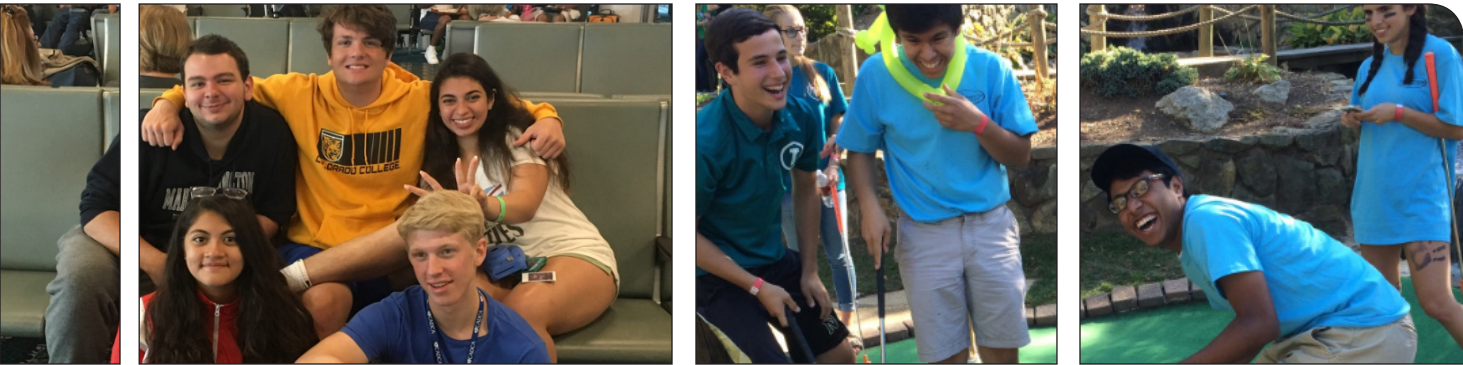
It is estimated that nationally about 18.5% of youth 2-19 years old are obese.² This number includes 14% of 2-5-year-olds and 21% of 12-19-year-olds.² National disparities show that 25% of Hispanic youth and 22% of Black youth are obese, compared to 14% of White youth.² Many of these disparities can be attributed to environmental, socioeconomic, and community factors that can limit access to healthy foods and physical activity opportunities.

Arlington is no exception. Among the preschoolers who attend Arlington's Virginia Preschool Initiative (VPI), which is a program that serves lower income families, 20% were considered obese based on BMI calculations.⁴ This is much higher than the 14% of children ages 2-5 reported to be obese nationally.² Data from older youth who self-reported their height and weight in the Youth Risk Behavior Survey (YRBS) shows that 8% of 8th-12th graders are considered obese.³ This is well below the national average of 21%.² However, 16% of Hispanic youth in Arlington, compared to 7% of Black youth and 4% of White youth self-report being obese.³

While many Arlington youth are at a healthy weight, there are disparities, with Hispanic and economically disadvantaged youth reporting higher rates of obesity.



SEXUALLY TRANSMITTED DISEASE/INFECTION



The percentage of youth having sexual intercourse has decreased, though the rate of youth diagnosed with sexually transmitted infections (STIs) is increasing.

CONTEXT

Arlington Public Schools (APS) follows the Virginia Department of Education’s Family Life curriculum standards, which are taught in grades K-10. As mandated by state law, the curriculum is abstinence-based. It also includes information about dating violence, human sex trafficking, and the dangers of sexually explicit communication via social media.

Teens identify school as their primary source of information about birth control. When asked, 36% of teens said they learned about birth control at school; 11% said their parents; and 15% said friends, internet, or other.¹ However, of these same youth, only 20% said they learned about how to access sexual health services, such as how to be tested for STDs, in their health class and 15% were not sure.¹

The Arlington Teen Clinic is an important source of information about sexual health for youth. Named as a Connect With Kids Champion by the Arlington Partnership for Children, Youth, and Families (APCYF) in 2018, it offers youth ages 13-19 a safe and supportive place for health services and information at low to no cost. Youth can access services without a parent or guardian present; however, clinic staff highly encourage youth to involve a trusted adult as s/he can provide guidance, advice, and ongoing support.

FINDINGS

According to surveys of Arlington youth, fewer teens are having sex. In 2017, about 24% reported ever having sex.¹ By comparison, 30% in 2007 and 31% in 2013 reported ever having sex.¹ This is in line with national trends.

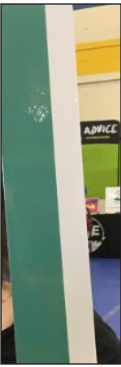
Of those Arlington youth who have had sex, about 1/3 first had sex at the age of 14 or younger.¹ Among all youth who reported ever having sex, 14% said they used no form of birth control.¹

Despite diminishing rates of sexual activity, rates of sexually transmitted infections (STIs, also known as sexually transmitted diseases, or STDs) have been increasing. Chlamydia is the most commonly contracted STI; however, increases have been seen in gonorrhea, hepatitis C, and early syphilis. These trends are seen nationally as well as locally. The rising rates of infection are concerning. They run counter to what would be expected with 67% of youth using condoms for birth control in 2017, and the number of sexually active youth decreasing. Higher rates of STIs may be a result of decreased public health messaging around prevention, the presence of more effective treatments for HIV, or increasing sexual fluidity.

ARLINGTON SEXUALLY TRANSMITTED INFECTIONS, DIAGNOSES, 15-24-YEAR-OLDS, RATE PER 1,000 ²		
	2014 RATE (#)	2017 RATE (#)
Chlamydia	14.9 (344)	18.4 (424)
Gonorrhea	1.5 (35)	2.6 (61)
Early Syphilis	0.1 (<5)	0.4 (10)
Hepatitis C	0.1 (<5)	0.6 (13)
HIV	0.1 (<5)	0.2 (<5)

ARLINGTON BIRTH CONTROL USED BY 8TH-12TH GRADERS WHO ARE SEXUALLY ACTIVE, 2017 ¹	
YOUTH COULD SELECT MORE THAN 1 OPTION	% OF SEXUALLY ACTIVE YOUTH
Condoms	67%
Pill	29%
Withdrawal	14%
No Form	14%
IUD	4%
Shot	3%

SCREEN TIME



CONTEXT

Screen time is a phrase that is often broadly used to refer to any time spent on a device such as a computer, smartphone, tablet, or television. Guidelines and research about the impact of screen time, particularly for youth, is ever-changing and evolving. Time spent on a device is time not spent sleeping or engaging in in-person interactions or, in many cases, physical activity.

There are myriad issues related to screen time. This subject is receiving increased attention in Arlington as a result of Arlington Public Schools' (APS) one-to-one initiative, which gives all students in 3rd-12th grade their own personal device for school-related tasks. APS has online resources for parents and others available on their website. In addition, the Arlington Partnership for Children, Youth, and Families (APCYF) continues to research how best to engage the community in monitoring the impact of screens on the lives of Arlington children and families.

FINDINGS

As youth get older, they are spending more time in front of screens. In a recent survey, APS students were asked to self-report the amount of time they spend on a device for learning and entertainment and on social media. On average, youth spend about 3-4 hours online for entertainment, with the total time increasing as they age.¹

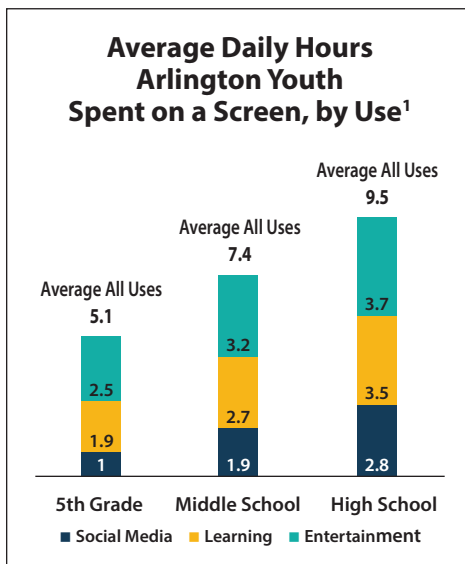
The survey also showed that high school students who spend 6 or more hours on a device per day were more likely to also say that they frequently feel sad (25%), compared to students who are on a screen fewer than 6 hours per day (16%).¹

This relationship is likely due to an interplay of factors. Youth who are depressed or frequently sad may spend more time online. Conversely, youth who spend more time online may engage in fewer activities such as exercising, clubs, sports, or spending time outside.

This same survey showed that 67% of elementary and middle school students report spending time outside on most days or almost every day when they spend fewer than 6 hours per day on a screen.¹

On the flipside, only 58% of elementary and middle school students who spend 6 or more hours per day online report being outside with the same frequency.¹

As youth get older, they spend more time viewing screens; as much as 10 hours per day on average for high school students.



— THE ARLINGTON —
PARTNERSHIP
FOR CHILDREN, YOUTH & FAMILIES



#LUVListen
Listen. Understand. Validate.
— The Rev. Dr. —
#ConnectWithKids
@apcyf

WELL-BEING

The indicators included in the well-being section examine some of the possible risk behaviors or social and emotional factors that impact the health of youth in Arlington. In addition to a focus on substance use and mental health, data are presented on LGBTQ+ youth, childhood trauma, and peer relationships.

INDICATORS

- Peer Relationships
- Substance Use
- Opioid Abuse Indicators
- Mental Health
- Trauma
- LGBTQ+ Youth Well-Being

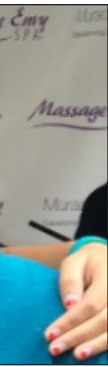
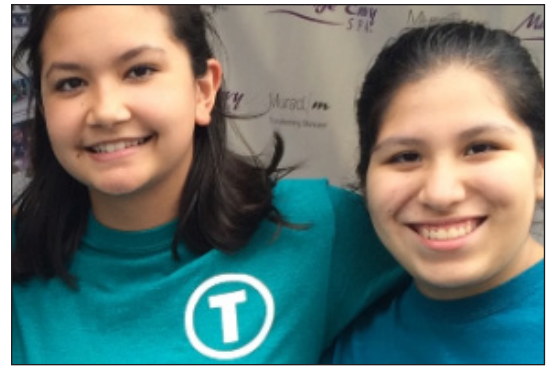
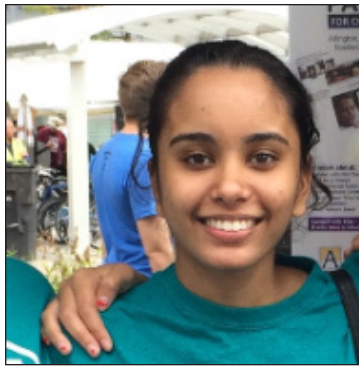
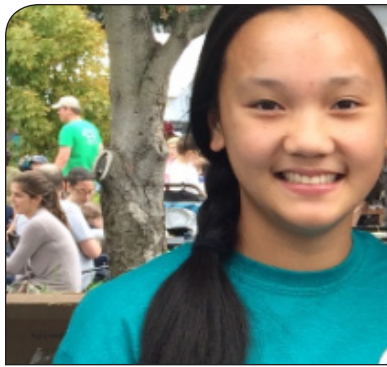
— THE ARLINGTON —
PARTNERSHIP
FOR CHILDREN, YOUTH & FAMILIES

WELL- BEING

04

CHAPTER FOUR

PEER RELATIONSHIPS



CONTEXT

Arlington Public Schools (APS) defines bullying/harassment as the repeated infliction or attempted infliction of injury, discomfort, or humiliation on a student by one or more students.¹ It is a pattern of aggressive, intentional, or hostile behavior that occurs repeatedly and over time. Bullying/harassment typically involves an imbalance of power or strength.²

Bullying can have a lasting negative impact on both the victim and the bully. Thus, effective prevention programs are essential. Research done by the Women's and Children's Health Policy Center found that universal programs that aim to reduce risk for all youth provide the highest level of evidence for effectiveness.³ An example of this is Second Step, which is used by APS. Second Step teaches skills such as empathy, managing emotions, and problem solving.⁴ Knowing the value of these relationship skills, APS and the Arlington Partnership for Children, Youth, and Families (APCYF) measured their development in the 2018 Your Voice Matters survey. The resulting data will help in monitoring not just incidences of bullying, but the effectiveness of efforts to prevent it.

FINDINGS

Well over 1/3 (38%) of youth in Arlington report experiencing bullying at least once in their lifetime. APS has implemented the Second Step program to prevent bullying and help develop social-emotional skills in youth in grades K-8. From the 2018 Your Voice Matters survey results, youth report caring about others' feelings, but they still struggle to understand their own.¹ The Committee for Children, which developed the Second Step program, emphasizes the need to turn empathy into action through kindness. As a community, we can all work to reinforce this universal program's message by "making kindness the norm."⁵

Students and families both report that in-person bullying is more common than online bullying. Only 38% can describe their own emotions clearly.

67% of APS students in 5th-12th grade say they listen to others' point of view "quite" or "extremely" carefully.¹

38% of APS students in 5th-12th grade say they can "quite" or "extremely" clearly describe their own emotions.¹

74% of APS students in 5th-12th grade say they care "quite a bit" or "a tremendous amount" about other's feelings.¹

	HAVE YOU [YOUR CHILD] EVER BEEN BULLIED ONLINE, THROUGH SOCIAL MEDIA OR TEXT? ¹	HAVE YOU [YOUR CHILD] EVER BEEN BULLIED BY OTHER STUDENTS IN PERSON? ¹
Arlington Students said "Yes"	18%	38%
APS Families said "Yes"	6%	29%

SUBSTANCE USE



Early use of illicit substances is decreasing, with alcohol remaining the most widely used illegal substance for Arlington youth. The use of e-vapor products is an emerging concern.

CONTEXT

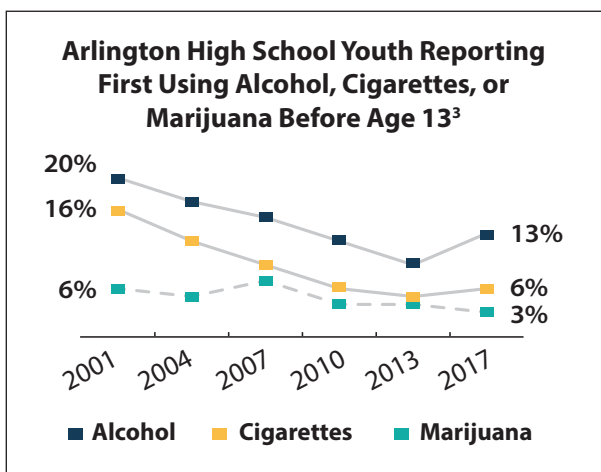
Youth who use or misuse substances such as alcohol, tobacco, and illegal or prescription drugs increase their chances of later substance use, the risk of STIs, and incidences of behavior leading to arrest or school suspension. With this in mind, it is important to understand that substance use is no longer known as substance abuse or dependence; rather it is defined by a level of severity of use in an effort to treat the individual and avoid stigmatization and isolation that can come from the term “abuse”.

Arlington Public Schools (APS) includes substance misuse education to students in grades K-10 and LifeSkills components in 6th-8th grade. Elementary PE teachers include lessons about alcohol, tobacco, and other drug safety, as well as risk information. Students in 5th grade receive lessons on refusal skills in partnership with School Resource Officers. Arlington also has substance abuse counselors in middle and high schools who are available to students who voluntarily seek them out or who have been referred for issues related to substance use.

FINDINGS

Alcohol use by Arlington high school students is higher than the overall rate for Virginia. Binge drinking in particular is notably higher, with 16% of high school students reporting that they have engaged in binge drinking in the past month.¹ However, there has been a decline in the number of students who report using substances for the first time before the age of 13.³

E-cigarettes or e-vapor product use, often known by the brand name Juul or Juuling, is an emerging and concerning issue. The 2017 Youth Risk Behavior Survey (YRBS) asked youth about their use of e-cigarettes. Those results show that 6% of 12-year-olds and 5% of youth age 11 and younger report ever using an e-vapor product; this is about 100 students in APS.¹ E-cigarettes are an emerging public health issue and early research suggests that youth who use an e-cigarette prior to 9th grade are more likely to later start smoking cigarettes.² Furthermore, since nicotine in any form is highly addictive, it can prime the brain’s reward system, thereby putting the user at risk for addiction to other drugs.²



CURRENT USE, BY ARLINGTON HIGH SCHOOL STUDENTS AND SUBSTANCE TYPE, 2017 ¹		
	ARLINGTON	VIRGINIA
Alcohol	26.5%	25.5%
Binge Drinking	16%	24.5%
E-Vapor Product	13%	12%
Marijuana	16%	16.5%
Cigarettes	6%	6.5%
Prescription Pain Medication	4%	5%
Ecstasy	2.5%	2%
Synthetic Marijuana	2%	3%
Offered or Sold Drugs on School Property	19%	15.5%

OPIOID ABUSE INDICATORS



CONTEXT

The rise in opioid addiction is being addressed both statewide and locally in Arlington. The Arlington Addiction Recovery Initiative (AARI) was formed in 2017 as a collaborative public-private effort to address the increase in drug overdose and to facilitate a county-wide response. More information is available on the AARI website www.onearlington.org. In 2018, Virginia mandated that health education programs at public elementary and secondary schools include age-appropriate instruction on the safe use and risks of abuse of prescription drugs. Arlington Public Schools (APS) has been including this information in its K-10 health curriculum, but the mandate should help to strengthen and extend the initiative.

Prompted in part by AARI's work, Arlington now has four secure drug take-back boxes where unused, unwanted, or expired prescription medications can be deposited anonymously 24 hours a day. Arlington is also training

families and individuals impacted by opioids on the administration of Naloxone, a medication that can reverse an opioid overdose. Anyone who has been prescribed an opioid painkiller should have Naloxone readily available.

FINDINGS

Signs of opioid abuse and overdose are surfacing with youth, even those under 14, based on visits to emergency departments.¹ Youth ages 15-24 are being seen for opioid overdoses at a rate nearly 3 times other age groups.² In Arlington, overdose deaths for youth spiked in 2014, but have since leveled off. Yet these findings indicate that opioid abuse is still very much an issue for youth and their families in Arlington.

Five percent of Arlington youth report misusing prescription opioids. This issue cuts across age, income, and geographic location. Of those youth who report misusing opioids, 70% started when they were 14 or younger.¹

On the 2017 YRBS, 5% of high school youth in Arlington self-reported misusing prescription opioids.¹

Youth who misused prescription pain medication most commonly reported that it was their own prescription.¹

ARLINGTON OPIOID ABUSE INDICATORS, BY AGE, 2017 ²						
	0-14	15-24	25-34	35-44	45-54	55-64
Fentanyl and/or Heroin Overdose Death	0.0	4.2	10.4	15.6	6.8	13.1
Prescription Opioid Overdose Death	0.0	4.2	5.2	5.2	0.0	13.1
Emergency Dept. Visits for Heroin Overdose	0.0	8.5	13.8	2.6	3.4	26.2
Emergency Dept. Visits for Opioid Overdose	19.7	114.5	34.6	46.7	37.5	34.9
Narcan Administration	0.0	33.9	45.0	41.5	37.5	56.7

MENTAL HEALTH



Thirty percent of students in high school report experiencing feelings of sadness or hopelessness for two or more consecutive weeks during the past year. Of those students, only 30% said they got the help they needed.

6% of high school students reported that they attempted suicide during the past year.

Self-reported experiences of depression and suicidal ideation were higher for females in both high school and middle school.

CONTEXT

Arlington has undertaken many new approaches to improving the mental health and well-being of its youth. In 2018, Arlington Public Schools (APS) introduced the “SOS Signs of Suicide” program, a universal, school-based depression awareness and suicide prevention program for 8th and 10th graders. The screening component for all 8th grade students is particularly noteworthy.

Using the results of the Youth Risk Behavior Survey (YRBS), the Arlington Partnership for Children, Youth, and Families (APCYF) continues to advocate for additional mental health staff in the schools. The current student-to-staff ratios are well above nationally recommended levels.¹ Individual school responses are guided by the needs of their students using a tiered system of support with a focus on prevention and early intervention.

School social workers, psychologists, and counselors do not have enough time to work with all students. Therefore, other adults and staff such as nurses, teachers, substance abuse counselors, administrators, parents, coaches, extended day staff, and front office staff play a key role in making connections with youth.² That is why efforts have been underway to train adults across

Arlington in Mental Health First Aid and through Kognito, an online training on how to identify signs of psychological distress. In 2018, 103 Extended Day staff were trained in Mental Health First Aid and 800+ school staff were trained through Kognito.

In 2018, Arlington’s Behavioral Health Bureau began offering same-day access to family mental health services.

FINDINGS

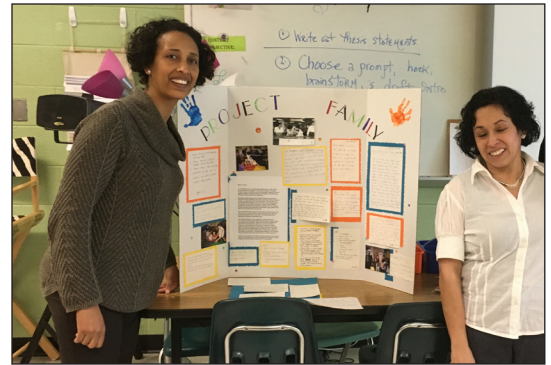
Nearly 1/3 (30%) of high school students in Arlington report that they have experienced feelings of sadness or hopelessness for 2 or more weeks in a row during the past year. Of those students, only 30% said they got the help that they needed.³ Disparities were seen in students who report depressive symptoms; with Hispanic youth reporting higher incidents of depression and attempted suicide. LGBTQ+ youth also reported higher rates of depressive symptoms.

Since 2010, the percentage of youth who self-report depression has remained rather steady. As new efforts and initiatives are introduced across Arlington, it will be important to monitor their impact, particularly for youth of color. On the 2017 YRBS, the number of youth who said that they received the help they needed for depression was so low for Black and Asian students that it could not be reported. Therefore, monitoring that question for youth of color will be a key priority of APCYF.

APS STUDENT SERVICES STAFFING RATIOS, 2018-19		
	ARLINGTON RATIOS	RECOMMENDATION
School Social Workers	1:959	1:400 ¹
School Psychologists	1:885	1:650 ¹
School Counselors	1:481 elementary 1:250 secondary	1:250 ²

APS HIGH SCHOOL STUDENTS, MENTAL HEALTH AND SUPPORT, BY RACE/ETHNICITY, 2017 ³		
	FEELING SAD OR HOPELESS	ATTEMPTED SUICIDE
Asian	36%	-
Black	28%	1%
Hispanic	37%	11%
White	23%	4%

TRAUMA



CONTEXT

Trauma refers to an event that threatens the life or integrity of an individual or their loved ones. Examples include physical abuse, death of a parent, witnessing domestic violence, abandonment, natural disasters, war, community violence, or a medical crisis.¹ Arlington has been working to address the impact of trauma on members of the community. The Department of Human Services launched a Trauma-Informed Care initiative in 2017 that raises awareness and offers training and education to staff who work with individuals who may have experienced significant trauma.

When this type of a trauma-informed approach is implemented in human services, the individuals served generally have a better chance of having their social and emotional needs met and not being re-traumatized.

FINDINGS

Effective measures of trauma are Adverse Childhood Experiences (ACEs). One of the largest studies of ACEs was conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente. This study found that, as the number of ACEs increase, so does the risk for poor outcomes on issues as varied as sexual violence, liver disease, and poor work performance. The National Survey of Children's Health (NSCH) in 2011-12 provided the first ever profile of ACEs among children age 0-17, including Arlington-specific information.² While the percentage of youth in Arlington who have experienced an ACE is lower than nationally, children in Arlington are still facing trauma.² The findings from the 2011-12 NSCH did not distill these results by demographic groups. When the survey was updated in 2016 it included only state-specific rather than local findings. Advocating for ways to monitor ACEs in Arlington is something that the Arlington Partnership for Children, Youth, and Families plans to further explore.

The percentage of youth in Arlington who have experienced an Adverse Childhood Experience (ACE) is lower than for youth in both the state and the nation, but Arlington's ACE rate is not negligible.

In Arlington, 15% report hard to meet basic needs due to income.

15% report family discord leading to divorce/separation.

NSCH ADVERSE CHILDHOOD EXPERIENCES (ACEs) PROFILE, 2012, YOUTH 0-17²

	ARLINGTON COUNTY	VIRGINIA	NATIONAL
Parent served time in jail	4%	6%	7%
Often treated or judged unfairly due to race/ethnicity	5%	5%	4%
Hard to meet basic needs due to income	15%	21%	26%
Has been a victim of or witness to neighborhood violence	6%	7%	9%
Witnessed domestic violence in the home	5%	6%	7%
Has lived with someone who was mentally ill/suicidal	8%	8%	9%
Family discord leading to divorce/separation	15%	18%	20%
Death of a parent	2%	3%	3%
Has lived with someone who had alcohol/drug problem	7%	8%	11%
Youth who reported a total of 2 or more ACEs	14%	19%	23%

LGBTQ+ YOUTH WELL-BEING



LGBTQ+ youth report much higher rates of depressive symptoms than their peers.

CONTEXT

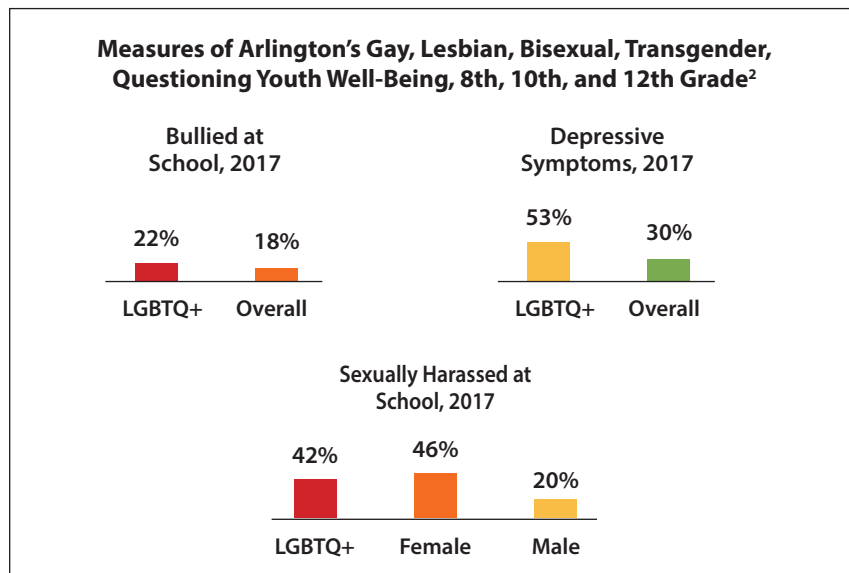
Lesbian, gay, bisexual, transgender, questioning, and queer (LGBTQ+) youth have historically had more negative experiences in school than their peers. However, much has been done over the past decades to make improvements. National data collected through the GLSEN National School Climate Survey in 2007 found that about 72% of LGBTQ+ students reported being sexually harassed at school; in 2017, this percentage decreased to 57% of LGBTQ+ students.¹

GLSEN also found that schools that have a gay-straight alliance (GSA) and comprehensive anti-bullying policies have seen improvements for LGBTQ+ student success and well-being.¹ In Arlington, all high schools and most middle schools have a GSA. In addition, Arlington Public Libraries has a teen group that meets monthly, providing an opportunity for teens to connect with one another outside of school. The Metro DC Chapter of PFLAG sponsors two groups that also meet monthly

in Arlington. They are (1) Arlington PFLAG Community Group, which provides support and community for parents and family members of LGBTQ+ youth and LGBTQ+ adults, and (2) ALY, Arlington LGBTQ Youth and Allies, which is a safe-space group for ages 12-19.

FINDINGS

Much has been done in Arlington to provide support for LGBTQ+ youth. In 2017 GLSEN found that 57% of LGBTQ+ youth nationally reported being sexually harassed compared to 42% of LGBTQ+ youth in Arlington. This percentage is actually slightly lower than that experienced by cis female (female at birth) youth.² Additionally, LGBTQ+ youth report that they would talk to a family member about a serious concern with nearly the same likelihood as youth in general.² However, LGBTQ+ youth experience bullying slightly more (22%), as compared to 18% of 8th, 10th, and 12th grade students overall. LGBTQ+ youth also report much higher rates of depressive symptoms.²



CHALLENGED AND ENGAGED

The challenged and engaged section focuses on ensuring that every student is individually connected to school and challenged in a way that prepares her or him academically and social-emotionally for long-term success. This section starts with early learning opportunities and continues through post-graduation.

INDICATORS

- Student Engagement
- Family Engagement
- PreK Experience
- English Learners
- Standards of Learning
- Graduation and Dropout Rates
- Post-Graduation



CHALLENGED
AND ENGAGED

105
CHAPTER FIVE

STUDENT ENGAGEMENT



CONTEXT

The Centers for Disease Control and Prevention's (CDC) Whole School, Whole Community, Whole Child model acknowledges that learning, health, and school are integral components of and reflect the local community. This model places students in the center with the community working collaboratively to support them. One of the key tenets identified in the model as a measure of student well-being is engagement. Social-emotional learning research provided by Panorama Education has identified ways to ask students about engagement such as (1) feeling excited about class, (2) feeling a sense of belonging or connection in school, and (3) feeling that teachers encourage students. The Your Voice Matters (YVM) survey asked some of these questions for the first time in 2018, setting a baseline for future measurement. It will be important to see how this information changes over time.

FINDINGS

Indicators of student engagement at school are lowest for students in middle and early high school.¹ This is similar to national trends on this topic as measured by Panorama Education's School Belonging scale.

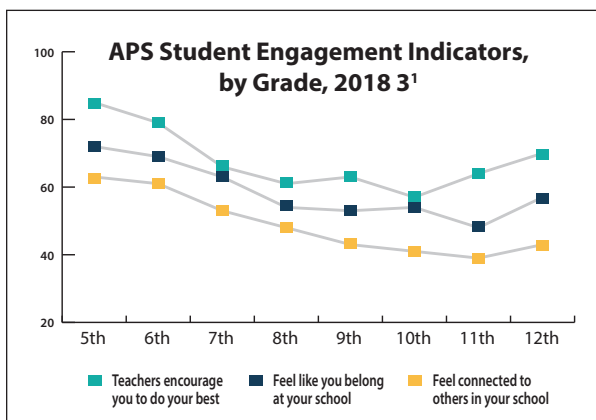
Students with individual education plans (IEPs) report feeling less connected and have less of a sense of belonging than peers who do not have an IEP.¹ Black students report that their teachers encourage them less often than their peers of other races/ethnicities; they also report lower levels of connection and belonging.¹

2018 was the first year that students were asked on the YVM survey about their sense of belonging and connection. Providing this level of detailed information to school administrators, parents, teachers, staff, and students facilitates the development of programs and initiatives to address belonging and connection issues. Many schools have included goals in their school management plans to specifically tackle engagement topics. The Arlington Partnership for Children, Youth and Families (APCYF) will continue to monitor disparities experienced by student subgroups on these measures.

Students report lower engagement in middle and early high school. Youth in 11th grade report the lowest sense of connection and belonging.

"While we're in sophomore year we try our best to find where we belong best, but when you get to junior year it, in a way, doesn't matter as much because you have other things to worry about."

- Sylvian Chassagneux, Co-Chair of the Teen Network Board



APS 7TH-12TH GRADERS ¹	WITH IEP	BLACK	OVERALL
Teachers encourage	64%	56%	63%
Feel like you belong	48%	47%	55%
Feel connected to others	38%	38%	45%

FAMILY ENGAGEMENT



Family engagement is a key to student academic success and overall well-being.

CONTEXT

The family is a key component in ensuring the well-being of children and youth. The work of family engagement is a dual undertaking, requiring building the capacity of both staff and families to forge strong partnerships for student success.

Recognizing that effective family and community engagement is fundamental to the success of every student, in September 2014, the Arlington School Board adopted a Family and Community Engagement (FACE) policy. It calls for a variety of pathways for engaging families. The policy directs Arlington Public Schools (APS) to work actively and in a coordinated fashion to achieve six nationally recognized standards for building strong home-school-community partnerships. Since 2014, FACE has (1) adopted implementation guidelines, (2) created learning opportunities for faculty, administrators, and diverse parent leaders, (3) established “Engage with APS”, (4) appointed parent ambassadors, and (5) crafted a self-assessment checklist for schools and programs to identify areas for growth and high impact strategies.

APS provides myriad parent learning opportunities including those hosted through individual schools’ Parent Teacher Associations/Organizations and Hispanic parent groups and the Special Education Parent Teacher Association (SEPTA). Additional learning opportunities are provided through APS departments and programs

such as the Parent Resource Center (PRC), the English for Speakers of Other Languages/High Intensity Language Training (ESOL/HILT) program, and Student Services. Many schools also have a school-based bilingual family liaison to assist families in getting involved.

Arlington County hosts many family resources through the Arlington Families website: www.arlingtonfamilies.com. For more clinical assistance, Arlington has a behavioral intervention team that can work with families of elementary-age children to assist with strategies to improve communication and help address behavior concerns. Finally, the Arlington Partnership for Children, Youth, and Families (APCYF) has an adult outreach coordinator who offers a variety of workshops to help parents improve communication and provide support.

FINDINGS

Research shows that building strong ties with families and community members is a crucial ingredient for schools and students to have successful outcomes. Thus, APS and APCYF wanted to ensure that information from the 2018 Your Voice Matters survey around family engagement can be monitored in an actionable way that aligns with FACE’s framework. With this framework as guidance, it is anticipated that these measures will improve as family engagement and training opportunities are enhanced and expanded.

57% of youth say that an adult in their home “frequently” or “always” talks to them about what they are doing in school.¹

91% of families say that they have someone in their child’s school whom they can go to with questions about their child.¹

56% of families say their child’s teacher does “quite” or “extremely well” partnering with them to support their child’s learning.¹

PREK EXPERIENCE

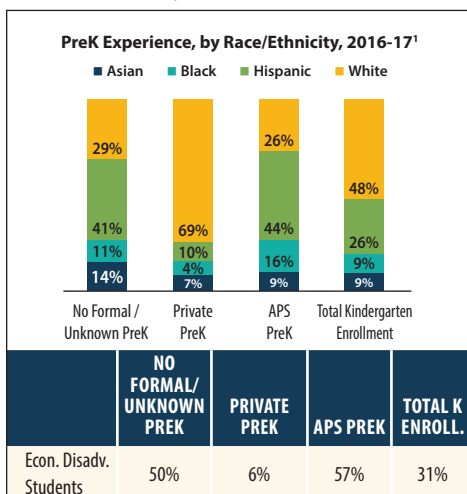


CONTEXT

PreK experiences are self-reported by parents when they register their child for kindergarten. Early literacy skills are measured through the Phonological Awareness Literacy Screening (PALS). Students entering kindergarten are screened in early fall and then again in the spring.

The largest change in preK enrollment has been those enrolled in Arlington Public School (APS) programs. In 2006, 25% of kindergarteners had attended an APS preK program; in 2016, 40% had. These APS preK programs include Montessori, Virginia Preschool Initiative (VPI), and Special Education PreK. VPI is a preK program for 4-year-olds and is free to students whose families meet income requirements. About half of youth enrolled in APS preK programs attend VPI and that proportion has remained relatively stable.

The increase in preK APS enrollment has been seen primarily in the Special Education program. That total figure includes special education students enrolled in private programs at The Children's School, Head Start, and Little Beginnings Child Development Center, in addition to students attending programs in APS elementary schools. These private providers give APS special education students the opportunity to attend a general education classroom with a peer model, while also reducing the need for space within APS elementary schools.

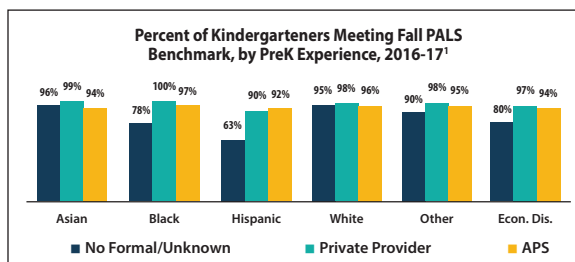
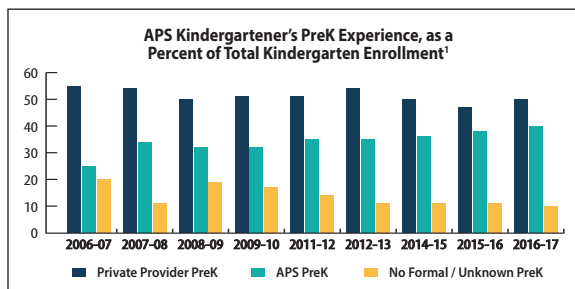


FINDINGS

Most students in Arlington who have formal preK experience come prepared for kindergarten, as indicated by their fall PALS assessments. Many students who lack formal preK experiences, especially those who are Black, Hispanic, or economically disadvantaged, do not meet PALS benchmarks. Fifty percent of students who came into kindergarten with no formal preK experience were economically disadvantaged.¹ Yet 57% of students enrolled in APS preK programs are economically disadvantaged and 94% met their PALS benchmark.¹ This demonstrates the powerful intervention that preK experiences have in setting the groundwork for literacy skills. Research has also demonstrated the lasting impact of preK on student achievement into middle school, including positive impacts on economically disadvantaged students and students of color.²

While only about 10% of students come into kindergarten with no formal or unknown prior preK experience, this represents about 200 students. Therefore, expanding opportunities for quality preK will greatly benefit children in Arlington.

Ninety-four percent of economically disadvantaged students who attended an APS preK program met key literacy benchmarks in 2016-17.



APS ENGLISH LEARNERS



English Learners who exit language services perform similarly to their non-EL peers on standardized tests and in advanced course enrollment.

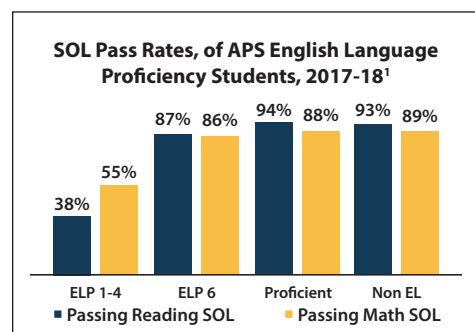
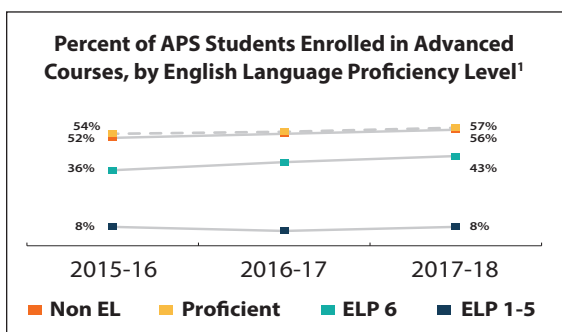
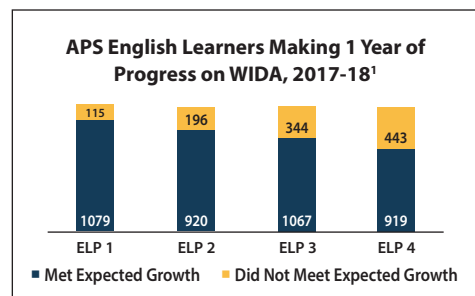
CONTEXT

Under the Every Student Succeeds Act (ESSA), Virginia is accountable for monitoring and reporting English learner (EL) progress toward English language proficiency. Prior to the 2017-18 school year, EL students in grades 3-8 were eligible to take the Virginia Grade Level Assessment (VGLA) rather than the Standards of Learning (SOL) in reading. However, starting in academic year 2017-18, EL students no longer had that option. In addition, the new 2018-2024 Arlington Public Schools (APS) strategic plan includes an accountability measure focused on ensuring that all students make at least one year's academic growth every year.

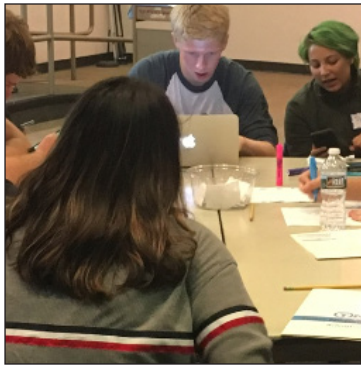
Virginia is a member of the WIDA Consortium, a group focused on ways to best support ELs. Part of the consortium's work was to develop the ACCESS for ELs 2.0 test, which Arlington uses to monitor student progress in learning academic English. This test assesses development in listening, speaking, reading, and writing and is administered annually to EL students in grades K-12. English language proficiency (ELP) levels are determined from the WIDA assessment. Students with an ELP level of 1-5 receive direct English for Speakers of Other Languages/High Intensity Language Training (ESOL/HILT) services. ELP 6 students have exited services and are monitored. "Proficient" students were once in the ESOL/HILT program, but are not considered English learners any longer.

FINDINGS

English learners (EL) who have exited direct ESOL/HILT services (ELP6) and former ELs ("Proficient") performed about as well as their non-EL peers. This is seen in 94% of "Proficient" students passing the reading SOL as compared to 93% of non-EL peers and 86% of ELP 6 students as compared with 89% of non-EL students passing the math SOL.¹ They are also enrolling in advanced courses at nearly the same rate as their non-EL peers. While passing a standardized test may not be an appropriate expectation for a student who has only had access to the curriculum in English for a year or two, the continued focus on monitoring those students in meeting expected academic growth outcomes helps Arlington ensure that all students are engaged and challenged.



STANDARDS OF LEARNING



CONTEXT

The Standards of Learning (SOLs) for Virginia public schools establish minimum expectations for what students should know at the end of each grade or course in reading, math, science, history/social science, and certain other subjects. These tests are given to students in grades 3, 5, 8, and high school. In 2006, new reading and math SOLs were introduced in grades 4, 6, and 7 to comply with the No Child Left Behind (NCLB) requirements. Beginning in 2013, all students took the SOLs online, and in 2015 new computer adaptive tests for 6th grade math began, which has since expanded to include grade 3-8 math and reading tests. These adaptive tests allow for a customized experience for each student's ability.

Every Student Succeeds Act (ESSA) went into full effect in the 2017-18 school year, removing the option for English learners (ELs) and students with disabilities (SWD) to take the Virginia Grade Level Alternative (VGLA). Note: some students with disabilities have the option to participate in the Virginia Alternate Assessment Program instead of taking the SOL. Although important to monitor SOL scores,

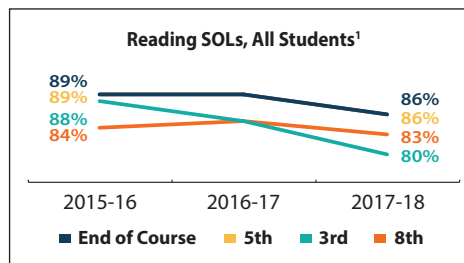
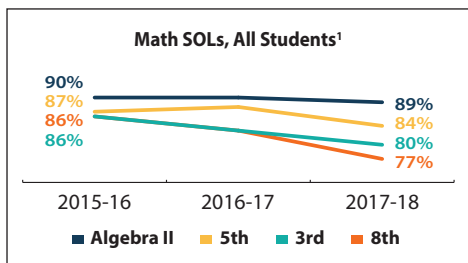
the shift over time in the format and students taking the test make year-to-year comparisons difficult.

FINDINGS

Overall SOL scores for Arlington students in 2017-18 remain above those for the Commonwealth of Virginia. However, the expanded inclusion of English learners (ELs) and students with disabilities (SWD) in the 2017-18 SOLs make the drop in overall scores difficult to interpret without additional information about changes in the composition of subsets of students.

Comparing subgroups of students shows that only White and Asian students have SOL scores above the Virginia average. Other students – Black, Hispanic, ELs, SWDs, and those who are economically disadvantaged – have lower pass rates than the Virginia average. In 2018, Arlington Public Schools (APS) restructured its focus from achievement gaps to opportunity gaps; now centered in the Office of Equity and Excellence. The 2018-2024 APS strategic plan broadens measures of academic achievement to further examine performance growth.

Overall APS students continue to outperform Virginia's students on standardized tests, though disparities in the performance of student subgroups remain.



PASS RATES, 2017-18¹	BLACK	HISPANIC	ASIAN	WHITE	EL	SWD	ECON. DISADVANTAGE	ARLINGTON OVERALL	VIRGINIA OVERALL
Reading	73%	67%	87%	94%	61%	55%	63%	84%	79%
Math	71%	69%	90%	93%	69%	55%	68%	83%	78%
Science	72%	69%	88%	95%	62%	59%	67%	84%	81%
History	71%	70%	91%	95%	63%	62%	67%	85%	84%

GRADUATION AND DROPOUT RATES



Since 2013
Arlington's on-time
graduation rate has
remained over 90%.
The dropout rate
decreased from
11.4% in 2010 to
5.0% in 2018.

CONTEXT

The on-time graduation rate refers to students who receive a diploma within 4 years of entering high school for the first time. Students who graduate after completing work over the summer count with their cohorts as completing within 4 years. A student who was expected to continue his or her education but has not enrolled and has not graduated is defined as having dropped out.

A transfer or a temporary absence for illness or suspension is not considered a dropout. However, a student who was enrolled for a portion of a given school year, but has not yet enrolled by October 1st of the next school year, and did not meet the criteria of transfer, illness, graduation, etc. would be considered a dropout.

GradNation, a national campaign to bring attention to the topic and importance of on-time high school graduation, has set a goal for high school graduation rates to be at least 90% by the class of 2020.

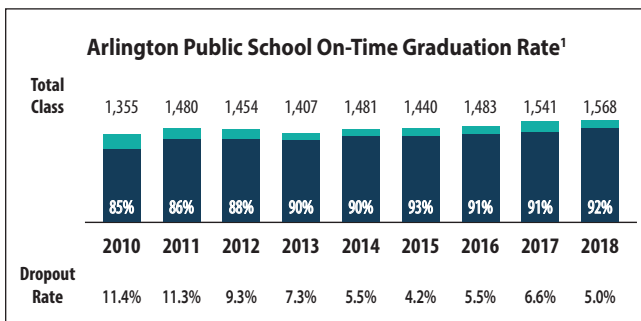
FINDINGS

Since 2014, Arlington's on-time graduation rate has remained over 90%. Additionally, Arlington's dropout rate in 2018 was less than half (5.0%) of what it was in 2010 (11.4%).¹

Even with an overall high graduation rate, there are disparities among student subgroup on-time graduation rates. Hispanic and English learner (EL) students in particular had noticeably lower on-time graduation rates, although both have seen improvements. In 2012-13, only 61% of ELs graduated on-time, but 75% did so in 2018. There are many other areas that demonstrate success.¹ As the chart shows, many other subgroups have an on-time graduation rate that exceeds the Virginia rate of 92%.

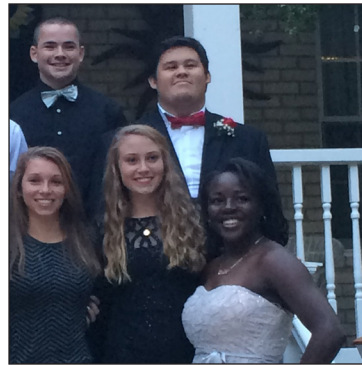
In 2010, Arlington Public Schools (APS) formed the Graduation Task Force to identify and implement best practices to ensure that students graduate on time. The Task Force, composed of APS staff and community members, working with the National Dropout Prevention Center, was tasked to identify students at risk of not graduating and create reports to monitor their attendance, enrollment, and other risk factors. Improvements seen in on-time graduation and reduction in dropouts may be attributed to this work.

APS DROPOUT RATES, BY SUBGROUPS ¹		
	2012-13	2017-18
Black	4.9%	1.7%
Hispanic	18.5%	13.6%
Econ. Dis.	10.3%	1.2%
Students with Disability	5.1%	3.4%
English learner	31.6%	17.5%



APS ON-TIME GRADUATION, BY SUBGROUPS ¹		
	2012-13	2017-18
Asian	93%	96%
Black	87%	94%
Hispanic	78%	82%
White	98%	99%
Econ. Disadvantage	84%	94%
Students with Disability	92%	95%
English Learner	61%	75%

POST-GRADUATION



CONTEXT

The Senior Survey is given to seniors at all comprehensive high schools during the last two months of school. For high school programs on a semester schedule it is given twice per year. In 2013, 86% of seniors completed it and in 2018 that percentage increased to 98%. The postsecondary enrollment chart looks at high school graduates who enrolled in a 2- or 4-year college within 16 months of graduating with a Standard, Advanced Studies, or International Baccalaureate Diploma.

Arlington offers many programs to help students plan for life after high school. Non-profits such as Communities in Schools (CIS), Buckingham Youth Brigade (BYB), Edu-Futuro, and AHC, Inc. partner with Arlington Public Schools (APS) and Arlington families to work with students in a targeted manner by providing after school tutoring, one-on-one mentoring, and assisting with the college application process.

APS school counselors use the Profile of a Virginia Graduate to guide their work with students from K-12. This dynamic academic advising model emphasizes two-way communication with families, teachers, equity/excellence coordinators, case carriers, and many

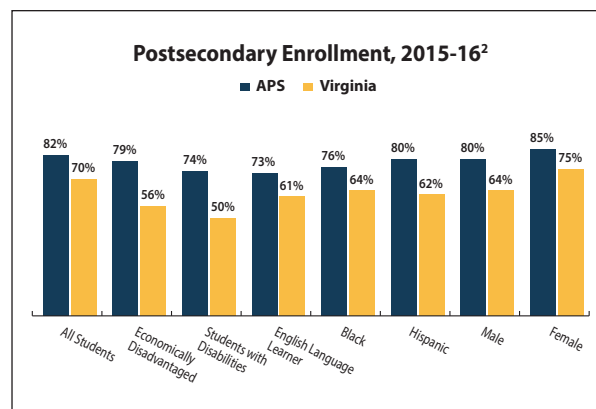
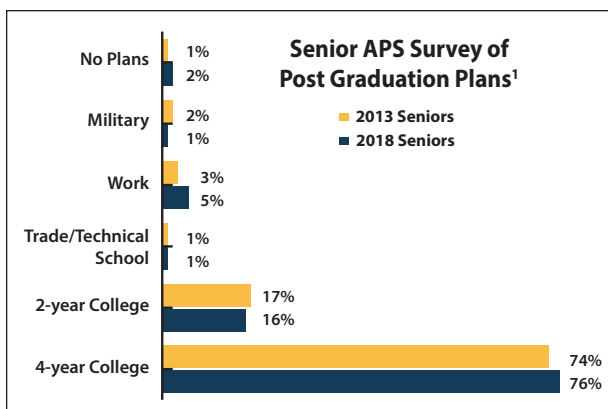
others who support students. School counselors also provide services and supports that meet other academic, career, and social-emotional student needs. Their work complies with the Virginia Department of Education college and career readiness objectives so that students are prepared for rigorous postsecondary course work and multiple other pathways beyond high school.

FINDINGS

Arlington students attend 2- or 4-year colleges at substantially higher rates than Virginia graduates overall. This is most notable for economically disadvantaged students and students with disabilities (SWD).² In 2015-16, 74% of Arlington SWDs enrolled in postsecondary education; in Virginia only 50% did so.²

Comparing survey results from the Senior Survey with the actual postsecondary enrollment data, 92% of all graduating seniors intended to enroll in a 2- or 4-year college, but only 82% actually did.^{1,2} There would be value in trying to understand the factors that interfered with the students' postsecondary intentions.

Arlington youth enroll in postsecondary education opportunities at a higher rate than their peers from across the Commonwealth of Virginia.



ACKNOWLEDGEMENTS



This document is the result of assistance, input, and information provided by our deeply passionate and caring community members, county, school, and non-profit staff.

LEAD RESEARCHER AND WRITER

Rebecca Toni Hjelm

EDITORIAL REVIEW

John Andelin

Linda Henderson

COMMUNITY REPORT WORK GROUP MEMBERS

John Andelin

Rolf Blank

Kim Durand

Sheila Fleischhacker

Siobhan Grayson

Michael-dharma Irwin

Sally LaBonte

Stephanie Mickelson

Michael Swisher

Regina Van Horne

Anne Vor der Bruegge

DATA COLLECTION AND SUPPORT

Jeannette Allen, *Director*,
Administrative Services Arlington Public Schools

Sarah N. Bell, *School Health Bureau Chief*,
Department of Human Services

Cheryl Bozarth, *Project Peace*,
Department of Human Services

Alfree M. Breland-Noble, *Principal Director at the*
AAKOMA Center, Georgetown University

Rosa Briceno, *FACE Specialist*, Arlington Public Schools

Bill Briggs, *Behavioral Health and Wellness Specialist*,
Child and Family Services Division

Wendy Carria, *Supervisor of School Psychology and*
Social Work, Arlington Public Schools

Deborah DeFranco, *Supervisor, Health, PE, and Athletics*,
Arlington Public Schools

Barbara Fisher, *Homeless and Foster Care Liaison*,
Arlington Public Schools

Lissa Friedman, *Bureau Chief*, Child Welfare Services,
Department of Human Services

Kathleen Pons Haines, *Public Health Nurse Coordinator*,
Teen Health Services

Nan Haugan, *STD Epidemiologist/Surveillance Coordinator*,
Virginia Department of Health

Daniel Hauser, *ESOL/HILT Assessment Specialist*,
Arlington Public Schools

Elizabeth Hardy, *Principal Planner/Demographer*,
Department of Community Planning

Nicole Harmon, *Housing Assistance Bureau Chief*,
Department of Human Services

Caitlin Hutchison, *Assistant Director*,
Department of Human Services

Michael-dharma Irwin, *Quality Assurance Manager*,
Department of Human Services

Cheryl Johnson, *Division Chief*, Community Recreation,
Department of Parks and Recreation

Bobby Kaplow, *Director*, Extended Day,
Arlington Public Schools

Tabitha Kelly, *Division Chief*, Child & Family Services,
Department of Human Services

Patricia Loverich, *Youth Services Technology and Maker*
Librarian, Arlington Public Library

Amy Maclosky, *Director*, Food and Nutrition Services,
Arlington Public Schools

Pam McClellan, *Supervisor*, Counseling Services,
Arlington Public Schools

Charles Meng, *Executive Director and CEO*,
Arlington Food Assistance Center

Stephanie Mickelson, *Epidemiologist*,
Department of Human Services

Craig Morin, *Supervisor*, Reportable Disease
Surveillance Program, Virginia Department of Health

Elaine Perkins, *Early Childhood Coordinator*,
Arlington Public Schools

Julie Powell, *Eligibility Supervisor*,
Economic Independence Division

ACKNOWLEDGEMENTS



Jamii PremDas, *Bureau Chief*, Child Behavioral Health,
Department of Human Services

Sarah Putnam, *Director of Curriculum and Instruction*,
Arlington Public Schools

Andrea Reigle, *Assistant Director*, *Aspire!*

Robyn Ristau, *Evaluation Specialist*,
Arlington Public Schools

Aisha Salazar, *Manager*, Cooking and Nutrition Program,
Arlington Food Assistance Center

Barbara Scott, *Crime Analyst*,
Arlington County Police Department

Emily Siqveland, *Assistant Program Manager*,
Substance Use Residential Treatment Programs

Maria Slattery, *Health and PE Teacher Specialist*,
Arlington Public Schools

Sarah Snyder, *Coordinator of Counseling Services*,
Arlington Public Schools

Suzanne Somerville, *Bureau Chief*,
Residential and Specialized Clinical Services

Rick Strobach, *Deputy Director*,
Arlington Court Services Unit

Regina Van Horne, *Assistant Director
for Program Evaluation*, Arlington Public Schools

Emily Ward, *Assistant Director*,
Resident Services, AHC, Inc.

Michelle Winters, *Executive Director*,
The Alliance for Housing Solutions

APCYF MEMBERS (AS OF JANUARY 2019)

Appointed Community Members

John Andelin

Alflee Breland-Noble

Janetta Brewer

Michael Brown

Dave Carlson

Bart Devon (*Vice Chair*)

Sheila Fleischhacker (*Chair*)

Barbara Gomez

Michael Griffin

Alicia Guajardo

Judy Hadden

Linda Henderson

Anne O'Brien (*Immediate Past Chair*)

Devanshi Patel

Jim Tuomey

Anne Vor der Bruegge

Sylvan Chassagneux, *TNB Liaison*

Gracia Melendez, *TNB Liaison*

Board Liaisons

Monique O'Grady, Arlington School Board

Katie Cristol, Arlington County Board

Designated Agency Members

Rachel Harlan, Arlington Public Libraries

Cheryl Johnson, Parks and Recreation

Cintia Johnson, Arlington Public Schools

Tabitha Kelly, Department of Human Services

Laura Newton, Arlington Public Schools

Susan Noack, Arlington County Police

Rick Strobach, Juvenile and Domestic Relations

Court Services Unit

Partnership Staff

Kim Durand, *Coordinator*

Siobhan Grayson, *Youth Outreach*

Rebecca Hjelm, *Data Specialist*

Sally LaBonte, *Web Coordinator*

Michael Swisher, *Adult Outreach*

FOOTNOTES



Arlington Demographics

1. U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table B01001.
2. U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table S1101.
3. Arlington Public Schools, Quick Facts. Available online at: <https://www.apsva.us/publications/>.
4. U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table S1701.

SAFE

Housing Instability

1. Sandstrom, H. & Huerta, S. The Negative Effects of Instability on Child Development: A Research Synthesis. Washington, DC. The Urban Institute: 2013.
2. Arlington Partnership for Children, Youth, and Families, Virginia Youth Survey (Virginia Department of Health): Fall 2017.
3. Arlington Public Schools, Office of Student Services.
4. Arlington County, Arlington Department of Human Services, Housing Assistance Bureau.

Sexual Assault and Harassment

1. Arlington Partnership for Children, Youth, and Families, Youth Risk Behavior Survey: Spring 2007, 2010, 2013, and 2017.

Juvenile Arrests

1. Arlington County Police Department Record Management System.

Suspension

1. Virginia Department of Education, Safe Schools Information Resource (SSIR). Available online at: <https://p1pe.doe.virginia.gov/pti/>.
2. Lacoë, J. & Steinberg, M. P. Do Suspensions Affect Student Outcomes? American Educational Research Association. 2018.

SUPPORTED

Food Insecurity and Support

1. Arlington Food Assistance Center, Fact Sheet FY19. Available online at: <https://afac.org/about/hunger-facts/>.
2. Arlington Public Schools, Student Demographics. Available online at: <https://www.apsva.us/statistics/>.
3. Centers for Disease Control and Prevention, Childhood Nutrition Facts. Available online at: <https://www.cdc.gov/healthyschools/nutrition/facts.htm>.
4. Virginia Youth Survey (Virginia Department of Health): Fall 2017. Arlington Partnership for Children, Youth, and Families.
5. County Health Rankings and Roadmap. Available online at: <http://www.countyhealthrankings.org/>.

Affordable Housing

1. The Alliance for Housing Solutions. Just the Facts: A housing advocacy source book for Arlington, Virginia. Available online at: <https://www.allianceforhousingolutions.org/understanding-affordable-housing/>.
2. Arlington County, Housing Assistance Bureau, Arlington Department of Human Services.
3. 2017 MRIS data from RBI, Provided by the Arlington Alliance for Housing Solutions.

Early Child Care

1. Arlington Department of Human Services, Risk and Reach Study. Available online at: <https://commissions.arlingtonva.us/child-care-initiative/>.
2. Child Care and Development Fund Program, 45 C.F.R. § 98 (2016).
3. Arlington County, Department of Human Services.

Out of School Time

1. Centers for Disease Control (CDC). Healthy Schools, Out of School Time. Available online at: <https://www.cdc.gov/healthyschools/ost.htm>.
2. Arlington Partnership for Children, Youth, and Families and Arlington Public Schools. Your Voice Matters Survey, 2018.
3. Arlington Public Schools, Extended Day Office.
4. Arlington County, Department of Parks and Recreation.

Adult Support

1. Bellis, M.A. Hardcastle, K., Ford, K., Hughes, K., Ashton, K., Quigg, Z., & Butler, N. "Does continuous trusted adult support in childhood impart lifecourse resilience against adverse childhood experiences – a retrospective study on adult health-harming behaviours and mental well-being." BMC Psychiatry, 2017, 17, 110. Published online at: <https://doi.org/10.1186/s12888-017-1260-z>.
2. Arlington Partnership for Children, Youth, and Families and Arlington Public Schools. Your Voice Matters Survey, 2018.

FOOTNOTES

Physical Health

School Health

1. Department of Human Services, Public Health Division, School Health Bureau.

Physical Fitness

1. Arlington Partnership for Children, Youth, and Families, Youth Risk Behavior Survey: Spring 2007, 2010, 2013 and 2017.
2. Arlington Public Schools, Health, Physical Education and Athletics.
3. Educating the Student Body: Taking Physical Activity and Physical Education to School. Chapter 4, Physical Activity, Fitness, and Physical Education: Effects on Academic Performance.
4. Centers for Disease Control and Prevention. Children's Mental Health: Anxiety and Depression. Online at: <https://www.cdc.gov/childrensmentalhealth/depression.html>.
5. Arlington Partnership for Children, Youth, and Families and Arlington Public Schools. Your Voice Matters Survey, 2018.

Healthy Weight

1. Centers for Disease Control and Prevention (CDC). Childhood Obesity Causes and Consequences. Available online at: <https://www.cdc.gov/obesity/childhood/causes.html>.
2. Centers for Disease Control and Prevention (CDC). Childhood Obesity Facts. Available online at: <https://www.cdc.gov/obesity/data/childhood.html>.
3. Arlington Partnership for Children, Youth, and Families, Youth Risk Behavior Survey: Spring 2017.
4. Department of Human Services, Public Health Division, School Health Bureau.

Sexually Transmitted Disease / Infection

1. Arlington Partnership for Children, Youth, and Families, Youth Risk Behavior Survey: Spring 2017.
2. Virginia Department of Health.

Screen Time

1. Arlington Partnership for Children, Youth, and Families and Arlington Public Schools. Your Voice Matters Survey, 2018.

Well-Being

Peer Relationships

1. Arlington Partnership for Children, Youth, and Families and Arlington Public Schools. Your Voice Matters Survey, 2018.
2. Arlington Public Schools, Student Services, Bully Prevention, <https://www.apsva.us/student-services/bully-prevention/>.
3. Lai Y-H, Gracia S, Grason H, Strobino D, & Minkovitz C. "Strengthen the Evidence Base for Maternal and Child Health Programs MPM 9: Bullying. Available online at: https://www.mcchevidence.org/documents/reviews/npm_9_bullying_evidence_review_brief_feb_2017.pdf.
4. Council for Children, Second Step Program K-5 Review of Research. Available online at: https://www.cfchildren.org/wp-content/uploads/research/K-5_Review_Research_SS.pdf.
5. Committee for Children Blog. "Why Empathy Alone Won't Stop Bullying." Available online at: <https://www.cfchildren.org/blog/2018/02/empathy-alonewont-stop-bullying/>.

Substance Use

1. Arlington Partnership for Children, Youth, and Families, Virginia Youth Survey (Virginia Department of Health): Fall 2017.
2. National Institutes of Health, National Institute on Drug Abuse. Electronic Cigarettes. Available online at: <https://www.drugabuse.gov/publications/drugfacts/electroniccigarettes-e-cigarettes>.
3. Arlington Partnership for Children, Youth, and Families, Youth Risk Behavior Survey: Spring 2007, 2010, 2013 and 2017.

Opioid Abuse Indicators

1. Arlington Partnership for Children, Youth, and Families: Youth Risk Behavior Survey, Spring 2017.
2. Virginia Department of Health, Virginia Opioid Addiction Indicators. Available online at: <http://www.vdh.virginia.gov/data/opioid-overdose/>.

Mental Health

1. National Association of School Psychologists. NASP Recommendations for Comprehensive School Safety Policies. Available online at: www.nasponline.org/x27124.xml.
2. American School Counselor Association. Student-to-Counselor Ratio 2015-2016. Available online at: <https://www.schoolcounselor.org/asca/media/asca/home/Ratios15-16.pdf>.
3. Arlington Partnership for Children, Youth, and Families, Virginia Youth Survey (Virginia Department of Health): Fall 2017.



FOOTNOTES



Trauma

1. Trauma Informed Care: Perspectives and Resources. Understanding the Impact of Trauma. Available online at: http://guchdtdcenter.georgetown.edu/TraumaInformedCare/issueBrief1_UnderstandingImpactTrauma.pdf.
2. National Survey of Children's Health. Analysis provided by the Child & Adolescent Health Measurement Initiative, Johns Hopkins Bloomberg School of Public Health Department of Population, Family and Reproductive Health.

LGBTQ+ Youth Well-Being

1. GLSEN National School Climate Survey. Available online at <https://www.glsen.org>.
2. Arlington Partnership for Children, Youth, and Families, Youth Risk Behavior Survey: Spring 2017.

Challenged and Engaged

Student Engagement

1. Arlington Partnership for Children, Youth, and Families and Arlington Public Schools. Your Voice Matters Survey, 2018.

Family Engagement

1. Arlington Partnership for Children, Youth, and Families and Arlington Public Schools. Your Voice Matters Survey, 2018.

PreK Experience

1. Arlington Public Schools, Office of Planning and Evaluation.
2. Dodge, K., Bai, Y., Ladd, H.F., & Muschkin, C.G. (2019). Evaluation of North Carolina Early Childhood Program among Middle School Students. Available online at: <https://duke.app.box.com/s/ospjbc5z1021crd5i1cn48vzj3htu57g>

English Learners

1. Arlington Public Schools, Department of Teaching and Learning.

Standards of Learning

1. Virginia Department of Education, School Quality Profiles. Available online at: <http://schoolquality.virginia.gov/divisions/arlington-county-public-schools>.

Graduation and Dropout Rates

1. Virginia Department of Education, Virginia Cohort Reports, Four-Year reports, available online at: http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/index.shtml.

Post Graduation

1. Arlington Public Schools, Office of Student Services.
2. Virginia Department of Education, School Quality Profiles. Available online at: <http://schoolquality.virginia.gov/divisions/arlington-county-public-schools>.

Resources

There are many resources available in Arlington County. Here are a few that may be helpful:

Child Protective Services

- If you feel that a child is in immediate and severe physical danger, call Child Protective Services at 703-228-1500 or local law enforcement immediately.

Housing Services

- **Housing Vouchers:** 703-228-1450.
- **Housing Grants and Tax Relief Programs:** 703-228-1350.
- **Affordable Housing Master Plan Monitoring Report:** <https://housing.arlingtonva.us/plans-reports/annual-reports/>.
- **Facing a housing crisis?** Call 703-228-1010.

Homelessness

- **Homeless Student Rights:** <https://www.apsva.us/student-services/homeless/information-for-families>

Domestic Violence

- **Doorways for Women and Families 24-Hour Hotline:** 703-237-0881; <https://www.doorwaysva.org>.

Arlington Teen Health Services

- **703-228-1214 or 703-228-1200**
<https://health.arlingtonva.us/public-health/health-clinics-services/teen-health-services/>.

Behavioral Health

- **Children's Behavioral Health:** 703-228-1560

Substance Use

- **Arlington's Addiction Recovery Initiative:** www.onearlington.org; 703-228-4216
- **Support for Addiction Line:** 703-527-4077

Suicide Hotlines

- **Crisis Link Regional Hot Line:** 703-527-4077
- **National Hope Line:** 1-800-SUICIDE
- **National Suicide Prevention Lifeline:** 1-800-273-TALK
- **Arlington's Children's Behavioral Health:** 703-228-5160

LGBTQ+

- **Arlington Public Schools with Gay/Straight Alliance:**
 - Gunston, H-B Woodlawn, Jefferson, Swanson, Wakefield, Washington-Lee, and Yorktown
- **LGBTQ Lifeline:** 1-866-488-7386
- **SMYAL (Regional LGBTQ Youth Suicide Prevention and Support):** 202-546-5940; www.smyal.org

Others

- **Arlington Families:** <http://arlingtonfamilies.com>
- **APS Parent Resource Center:** <https://www.apsva.us/special-education/parent-resource-center/>
- **APS Screen Time Resource:** <https://www.apsva.us/digital-learning/parent-resources/screen-time/>
- **APS Student Services:** <https://www.apsva.us/student-services/bully-prevention/>

2019 Community Report Available online: www.apcyf.org



Designed and Edited by Creative Design Solutions:
Ann-Marie Wildman and Shakura Sabur

APCYF would like to thank the APCYF Foundation and the
READY Coalition for their financial support to help pay for
the design and editing of this Community Report.
Their generosity is greatly appreciated.

**The Arlington Partnership for
Children, Youth, and Families**
*Arlington Dept of Human Services,
Child and Family Services Division*
2100 Washington Blvd, 3rd Floor
Arlington, VA 22204
703-228-1667
apcyf@arlingtonva.us
www.apcyf.org