



10. HUMAN SERVICES

FRAMEWORK FOR THE FUTURE VISION STATEMENT

Newport News is a City committed to improving its human condition as well as its physical environment. The City is a culturally rich, healthy, caring, public spirited community whose residents are physically and emotionally healthy and who provide support for the welfare of every citizen. The City's commitment to wellness has resulted in lowering health risks for its citizens and elevating the quality of health care. Competent medical care and human support services are readily available to persons in need without regard to their economic status. As a result of the increased availability of prenatal care, the infant mortality rate has decreased to below the national average.

Substance abuse has been significantly reduced as a result of comprehensive educational and treatment programs. Smoking in public places is no longer acceptable.

The focus has shifted from problem assistance and maintenance to the development of each citizen's full potential. Human support programs enable all citizens to reach a level of self-sufficiency. The interpersonal relationships among all races have dramatically improved due to regular meetings where real problems are discussed and ideas implemented.

ISSUES

Aging of the Population

The population in the U.S. and Virginia is aging, with the national median age rising from 30 in 1990 to 36.5 in the Year 2010. Those age 85 and older are the fastest growing segment of the population, increasing the need for in-home, community-based and institutional support. Newport News is becoming an attractive place for retirees. It is estimated that the City's population of citizens 65 and over will grow by 44 percent by the Year 2010. While these retirees and senior citizens are financially stable, an aging population makes specific demands on the support services system. One percent of housing assistance within the City has been set aside to specifically target senior citizens and other special needs populations (See Chapter 7, Housing) Six residential developments for senior citizens have been constructed in the City since 1996 to accommodate this growing population.

Poverty

Between 1980 and 1990, Newport News' population below the poverty line grew from 13.5 percent to 14 percent. During this time, more families slid into poverty. While this corresponded to the national trend (the U.S. population in poverty increased from 11.7 percent to 12.8 percent), it is opposite the trend in the region. Newport News is one of three localities in the Hampton Roads area that had an increase in its population below the poverty line. According to the 1990 Census, 16 percent of all households in Newport News had an income less than \$10,000, and 25 percent of all households had an income less than \$15,000. About

12.2 percent of the City's families had incomes below the poverty level. One factor contributing to the increase in poverty was the increase in families having female heads of households (with no husband present). This portion of the population has traditionally been the lowest income group. In 1980, 6,864 families were female householder families (13.8 percent) compared to 9,534 female householder families (14.9 percent) in 1990.

Between 1980 and 1990 more families with female heads of household fell below the poverty line. In 1980, 41.9 percent of the female householder families were below the poverty line, compared to 43.8 percent a decade later. In 1990 one in five children under the age of 18 were below the poverty line (21.4 percent). The poverty rate was higher for children living in female householder families (61.4 percent) or minority families (38.4 percent).

In 1998 the City's per capita income of \$21,415 was the lowest of all cities and counties on the Peninsula. For 1995 the U.S. Census Bureau estimated that the City had over 28,000 people, including 12,000 children (ages 0 to 17) in poverty. This 1995 estimate would put 15.8 percent of the population and 24.2 percent of its children in poverty.¹ In 1998 approximately 2 percent of the City's population received assistance from TANF (Temporary Assistance to Needy Families) and 9 percent received food stamps. There are more Medicaid recipients in the City than there are in other Peninsula jurisdictions.

¹ Small Area Income and Poverty Estimates, 1995 State and County FTP Files, U.S. Census Bureau

Teen Pregnancy

The United States has the highest rates of teenage pregnancy, birth and abortion in the Western world, and this social dilemma is expected to continue into the 21st Century. Children of teenage parents are at greater risk for health problems, low academic achievement, behavior problems and teen pregnancy. Nationally, the number of teen pregnancies decreased between 1980 and 1990 by 15 percent for girls between 15 and 19. Since 1990, teen pregnancies in Virginia, on the Peninsula, and in Newport News has seen a steady decline. The rate of teen pregnancies per 1,000 females, ages 15-19, has decreased in both Hampton Roads and Newport News. According to the Virginia Department of Health, teen pregnancy is decreasing.

Local health workers and counselors attribute the declines to a variety of factors, from greater contraceptive use and more abstinence to a fear of HIV and changing social mores. However, since Newport News has consistently had a teen pregnancy rate 1.5 times that of Virginia, efforts to reduce teen pregnancy are still needed.

In July 1997, the City initiated a Partners in Prevention coalition of public and private nonprofit organizations to address issues of out-of-wedlock births in the City of Newport News as part of a statewide and national effort to reduce the number of out-of-wedlock births. Planned Parenthood offers family planning services (e.g. counseling, educational services, physician referrals, contraceptive information.)

Table 10-1
Teenage Pregnancy Rates
Per 1,000 Females

	1990	1996	1998
Virginia	48.5	36.2	34.1
Hampton Roads	60.5	N/A	40.9
Peninsula	55.2	45.0	39.6
Newport News	70.8	53.2	49.7

Source: Virginia Department of Health, Center for Health Statistics, Prenatal Care

Infant Mortality

The Nation hopes to reduce the infant mortality to no more than seven per 1,000 live births. In 1998, Virginia reached its all time low rate of 7.4 infant deaths per 1,000 live births. Although the Peninsula has experienced a steady decline in infant mortality since 1970, the rate is still high. In 1998, the Peninsula had the fourth highest infant mortality rate in Virginia (11.4 infant deaths per 1,000 live births) of 21 Planning Districts. Newport News' rate of 14.1 infant deaths per 1,000 live births exceeded all other jurisdictions on the Peninsula.

Trends of infant mortality have also indicated disparity between races. Even though infant mortality is at an all time low in Virginia, the rate for blacks rose slightly while the rate for whites declined. Community efforts in reducing infant mortality will be more effective when focused on these and other identified high risk groups.

Table 10-2
Infant Mortality Rates
Per 1,000 Births

	1990	1995	1998
Virginia	9.1	N/A	N/A
Hampton Roads	10.2	7.7	7.4
Peninsula	14.5	12.6	11.4
Newport News	15.2	14.4	14.1

Source: Virginia Department of Health, Center for Health Statistics

Prenatal Care

As indicated earlier, the poverty rate is high for female heads of households--43.8 percent in 1990. Indigent mothers typically neither seek nor receive prenatal care and poor nutrition is a common problem. Entry into care is the lowest for younger pregnant women.

Even when prenatal care is available, younger women do not enter care in the first trimester. Community efforts, therefore, should focus on pregnant young women.

Teenagers account for the majority of pregnant drug users, but even drug-free teens put their babies at risk. When prenatal care is neglected, the high costs of saving and caring for a newborn often fall to the locality through its human service programs.

The key to reducing infant mortality is early access to quality prenatal care. Expanded

Medicaid has reduced the financial barriers to access to prenatal care. Recipients must join a Health Maintenance Organization (HMO). As HMO members, recipients have access to private physician care, improving the continuity from prenatal through postpartum care. Total obstetrical care is available from private physicians, Riverside Regional Medical Obstetrical/Gynecological Residency Practice, and Peninsula Institute for Community Health (PICH) located in the southeastern and Denbigh sections of the City.

The national goal is for 90 percent of pregnant women to enter care in the first trimester. Table 10-3 shows when prenatal care begins for women by age group in Virginia.



Prenatal care should begin as early as possible.

TABLE 10-3
WHEN PRENATAL CARE BEGINS
Percentage of Births in Virginia in 1996 by
Age and Trimester When Care Began

Trimester Care Began	Age Under 15	Age 15-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45+
1st Trimester	36.0	70.0	75.0	84.0	90.0	87.0	84.0	100.0
2nd Trimester	64.0	25.0	21.0	13.0	8.0	9.0	11.0	0.0
3rd Trimester	0.0	3.0	3.0	2.0	1.0	2.0	5.0	0.0
None	0.0	2.0	1.0	1.0	1.0	2.0	0.0	0.0

Source: VA Department of Health Statistics

Substance Abuse

Youth violence is rising, impacted by substance abuse, child abuse and exposure to violence. Other criminal activity is also increasing, especially in areas of poverty, overcrowding and social problems. Law enforcement officials in Newport News believe the vast majority of criminal activity is linked to substance abuse.

Many educators believe that the most promising way to reduce the American people's demand for drugs is to begin drug education before people make their initial decision to try a drug. Since national surveys show that most drug users begin their use in the middle school and early high school years, many people feel that drug education should start in the primary grades. These early drug education programs include lessons in which children learn to identify safe and dangerous substances.

The Federal Office of Substance Abuse Prevention has determined that there are fourteen common factors that research has indicated put youth at a greater risk for the use of alcohol and other drugs. These include:

- Friends who use alcohol or other drugs or who approve of use.
- Experimentation with alcohol or another drug before age 15.
- Aggressiveness, defiance and conduct problems in early elementary school.
- Rebelliousness and lack of social values during middle school grades.
- Difficulty within the family in enforcing rules and discipline.
- Lots of unsupervised time.
- Lack of praise, love and caring for the child.

- Family members who abuse alcohol or use other drugs.
- Facing a major transition or stress at school or at home.
- Failure in school.
- Lack of interest in school.
- Living in a neighborhood or going to a school which does not take a firm, consistent stand against alcohol or other drug use by youth.
- Living in a neighborhood or going to a school which does not have a strong sense of community.
- Living in a neighborhood or going to a school where drug use is prevalent.

In contrast, research indicates there are four common factors which help protect a young person from getting involved with alcohol and other drugs. All substance abuse prevention efforts should be based on this information to better protect young people from alcohol and other drugs. These include:

1. The youth established a clear bond with family, school or community.
2. The family, school and community gave out strong, clear and consistent messages that the use of alcohol and other drugs by youth was not acceptable.
3. The youth developed the skills to resist negative peer pressure and make appropriate decisions about alcohol and other drug-use.
4. The young person chose friends who are alcohol and other drug-free.

A program aimed at educating our youth about the dangers of drug use is Drug Abuse Resistance Education (D.A.R.E.). D.A.R.E. is a preventive program. Its aim is to equip youth with the skills needed to resist peer pressure to experiment and use harmful drugs. One of the unique features of project D.A.R.E. is the use of police officers as instructors.

The program is coordinated and administered through the Police Department's Youth Services Division, with assistance by its Community Services Division personnel and Newport News Schools. It is taught to all fifth and seventh grade students in the public schools, with visitation lessons to kindergarten through fourth grade, and several private schools.

In addition to D.A.R.E., there is also a second semester life skills class named "Aware." This is a preventive program aimed at 4th, 5th, and 6th graders and is taught by classroom teachers. Each year's focus adds new information from the previous year's curriculum. The 4th graders focus on friendship, the 5th graders focus on knowing oneself and the 6th graders focus on peer pressure. "Aware" has been an extremely effective reinforcement to the D.A.R.E. program. However, the lessons learned through D.A.R.E. must be continued throughout the student's academic career to be successful.

Health Care

Access to health care has been improved for pregnant women, infants and children due to expanded medicaid eligibility and the main streaming of Medicaid recipients into private care through Health Maintenance Organizations (HMOs). Two populations continue to need assistance in obtaining medical care. The first group is indigent adults who have mul-

multiple chronic diseases requiring complex medical management and many expensive drugs. The poor suffer disproportionately from cancer, heart disease, diabetes and AIDS. The second group is poor women, just above medical eligibility who seek family planning services. Access to health care will continue to pose a problem for many families. Approximately 27 million of America's children and 53 million adults have no health care coverage.

AIDS and HIV-infection

The Peninsula AIDS Foundation is a private nonprofit agency which serves persons with HIV-infection from Newport News, Hampton, York County and Poquoson. The agency reported in August of 1998 that they had provided services to more than 600 people who have either Acquired Immune Deficiency Syndrome (AIDS), or have tested HIV positive. The Virginia Department of Health reported that as of June 30, 1998, there were a total of 293 AIDS reported cases in the City and 409 reported cases of HIV infection in the City. AIDS will pose an even greater health risk in the coming decade.

Many communicable diseases, unintended injuries, tooth decay and disease and chronic diseases can be prevented through personal health behaviors and the use of protective measures. Only 64% of the children are adequately immunized by age two. Each year 20 to 25 percent of all children sustain an injury sufficiently severe to require medical attention, missed school or bed rest. Dental examinations of school children in the City reveal that 10 percent have tooth decay and disease and 83 percent need a tooth sealant. The indigent population needs

dental care. Sealant is a small part of prevention efforts which need to be pursued.

Smoking

Twenty-two percent of the general population in Virginia smokes and almost 10 percent of teenagers smoke regularly. Twenty-two percent of the population in Virginia does not participate in any exercise program.

Aging Services

As the population ages, long term care will become increasingly important, creating an increased need for in-home and institutional services. Funding for the local Health Department has been reduced by the State, adding to the problem of an already overburdened budget. This lack of funding strains government and personal resources. Medicare's current cost-containment strategies will help, but will not be enough to counter the growth in demand for health care services by our aging population. The population increase in long-lived elderly will cause a dramatic rise in chronic illness and the need for long-term care.

Long-term care is no longer simply convalescent care but rather a comprehensive system of services needed by the elderly and disabled. These services include in-home care, companion services, congregate meals and home delivery of meals, housing, transportation and emergency services. Some of these needs are being addressed through the "Newport News Long-Term Care Committee." The committee includes representatives from the Department of Public Health, Department of Social Services, the Community Services Board, the Area Agency on Aging and other volunteers from Newport News' elderly population.

While the Area Agency on Aging presently serves as an advocate for senior citizens, there remains the need for a single organization to serve as an umbrella agency to ensure representation in City government activities affecting senior citizens, to identify needs of senior citizens and to develop means by which those needs can be met.

Healthy Families

Economic stress, inadequate health and child care place pressures on families. The consequences for children can be child abuse and neglect, poor nutrition, low immunization rates and lack of school readiness. The City has initiated a Healthy Families program which is designed to improve child health and development and reduce child abuse and neglect. The cost of providing services to at risk children continue to increase. The passage of the State Comprehensive Services Act (CSA) in 1993, requires localities to fund 30 percent of the cost of providing these children with foster care, special education, residential care, in-home services and counseling. The total cost for these services in Newport News has increased from \$3.7 million in fiscal year 1994 to \$15 million in fiscal year 1998. Since then, these costs have been reduced through effective management controls. It is also essential that the City invest in the prevention of child maltreatment which can reduce the need for more expensive intervention for children and families at a later date.

Positive Youth Development

Positive youth development is defined "as the process in which all youths engage over time to meet their needs and build their com-

petencies." Research has shown that all youth have the following needs which are critical to their survival and healthy development:

1. Safety and structure,
2. Belonging and membership,
3. Self-worth and an ability to contribute,
4. Independence and control over their life,
5. Closeness and several positive, supportive relationships,
6. Competence and mastery, and
7. Self-awareness.

To meet these needs and succeed as adults, all youth must acquire adequate attitudes, behaviors and skills in five areas: Health, Personal/Social, Vocational, Citizenship, and Knowledge/Reasoning/Creativity.

Additional support to this approach is research which shows that children who are "resilient," who have thrived despite very difficult life situations, have in common the presence of caring adults in their lives. Moreover, resilient children have four basic characteristics:

1. Social competence,
2. Problem-solving skills,
3. Autonomy and
4. Sense of purpose and future.

Environments which support the development of healthy, resilient children are characterized by the following:

1. Caring and support,
2. High expectations and
3. Encouraged participation and recognition.

The individual building blocks to help young people meet basic needs and develop the

core competencies are 40 internal and external assets which have been identified through surveys of almost 400,000 young people in 700 urban, suburban and rural communities. The surveys have shown that the more developmental assets a child has the less likely he or she will engage in negative behavior and the more likely they are to embrace life-enhancing behaviors.

According to a survey conducted in 1999 of more than 1,900 youth in Newport News, ages 11-18, Newport News' youth average 17.7 assets in their lives. Males have an average of 16.4 and females have an average of 19 assets present in their lives.

Research indicates that youth need between 31-40 assets present in their lives to help them grow up healthy and responsible. Only 5% of youth in Newport News reported that they have that many assets in their lives. The majority of youth in Newport News reported having between 11-20 assets present in their lives.

Average Number of Assets
by Grade in 1999

7th Grade	21.5
8th Grade	19
9th Grade	16.5
10th Grade	16.9
11th Grade	17
12th Grade	17.7

The more assets youth have in their lives the more likely they are to succeed in school and maintain good health. Youth having between 31-40 assets in their lives succeeded in school (23%) and maintained good

health (87%). The power of assets in a young person's life not only increases the likelihood that he or she will grow up healthy, but it also helps in reducing negative or risk behaviors. Youth in Newport News who reported having between 31-40 assets present in their lives were less likely to engage in risk behaviors such as alcohol use, tobacco use, marijuana use, school truancy and eating disorders.

Human Support Services

Between now and the Year 2010, two out of three workers entering the labor force will be women, bringing child and elderly care issues to the forefront. Childcare is expensive, generally becoming the fourth largest budget item for families with children.

Family structure is changing, with fewer households headed by married couples and more single parent households. Women and children continue to be the fastest growing segment of the poor.

Welfare reform programs are decreasing the number of recipients of Temporary Assistance to Needy Families (TANF). Child support is the front line against poverty for many single parent families, yet many children do not receive child support. Limited child support contributes to dependency on TANF, especially for single parent families including those resulting from teenage pregnancy.

Human services needs in Newport News differ only slightly from needs on the state and national levels. Needs include adequate housing, access to health care, assistance to the elderly, teen pregnancy, prenatal care, AIDS and substance abuse.

Historically, public human services programs in Virginia have been funded by the State and Federal Government. Because of changing state and federal rules, local governments now are forced to play larger roles in funding and managing human services programs. The local challenge to the locality is how to meet the human needs of its citizens in the most cost-effective way possible.

With limitations on City revenues and an uncertainty as to future Federal and State financial support, the City must exercise prudent judgement in how it allocates funds. By careful planning of public facilities and selective support for private agencies and programs, the City can maximize the services it provides while minimizing the investment cost.

Welfare to Work

Most welfare recipients are gaining full-time employment through Virginia's welfare reform efforts, but many are not holding onto their jobs for long. A report by the Virginia Department of Social Services showed that one-fourth of the welfare recipients failed to keep a job for three months, and about half are out-of-work within six months. Some of the common reasons given for losing a job are:

- lack of transportation,
- difficulty finding child care,
- health problems within the family and
- inability to meet work standards.

Thomas Nelson Community College launched a welfare-to-work program in 1997. The college provided job training to 35 welfare recipients and found work for 16 out of the 25 students it tried to place. The program's 64 percent success rate was based on students who were still working after two months. In April 1998, College administrators suspended

the program due to the lack of referrals by local social services agencies. The program charged the referring agencies \$800 per student, a fee which included six college credits per student and job placement services. Local social service agencies indicated the emphasis has evolved from work force preparation to retention. The Newport News Department of Social Services has contracted with Resource Opportunities Inc. to work one-to-one with welfare recipients seeking employment. Another program called Family Investment Center works with public housing recipients.

With welfare reform the Newport News Department of Social Services' average monthly caseload has been falling. Between 1998 and 2000 the number of households receiving TANF dropped 33% from 2,253 to 1,518. During the last two years the average monthly caseload for food stamps fell 19% from 7,016 to 5,661.

Homelessness is the outgrowth of many other social problems. These include lack of affordable housing, the high cost of housing in general, substance abuse, family violence, unemployment and underemployment resulting from a lack of job training. Newport News has five privately run emergency shelters. They include: Sheltering Arms, Peninsula Rescue Mission, Transitions Family Violence Services, the Friends of the Homeless family shelter and the Salvation Army Shelter. These shelters maintain a 90 percent occupancy rate. It is estimated that the Peninsula had 1,083 homeless people, many of which were in Newport News.²

²Consolidated Plan for Housing and Community Development 2001-2005, Table 4, page 31

Many of these are homeless children under the age of six and are spending these critical developmental years without the stability and security of a permanent home. In 1999-2000, HomeBase placed 744 children and 881 adults from Newport News into shelters.

Mental Health

With the current policy of the Commonwealth to shift responsibility for care of individuals with serious mental illness from State facilities to the communities, Newport News is now required to respond to an increasing population at risk.

There are approximately 1,500 individuals on the Peninsula with serious mental illness who require medication management, residential services, outpatient treatment, crisis intervention, and case management. With reductions in nervous and mental disorder coverage by private insurers, and with the implementation of the Comprehensive Services Act more individuals will need active treatment for mental disabilities than the present system can serve. In Fiscal Year 2000, 622 youth received therapy, foster care, residential treatment, shelter, private day school and home based support services under the Comprehensive Services Act. This program serves severely emotionally disturbed children. The cost was over \$9 million with the City providing \$2.5 million in local funds. Although the number of children receiving services and total program costs was substantially reduced last fiscal year, the annual cost per case is increasing.

Current efforts by the Department of Mental Health, Mental Retardation and Substance Abuse Services to reduce the number of beds at Eastern State Hospital will

cause additional demands on the community service system. Efforts should be made to ensure the reduction in the number of beds at Eastern State Hospital and other State-run facilities does not result in the release of the seriously mentally ill into the community.

Services for the Disabled

Newport News provides employment placement, education assistance, life skills training, housing placement and other supportive human services to the disabled from numerous public and private agencies. The Peninsula Center for Independent Living is a private nonprofit agency which provides both individual and group counseling, employment counseling and placement, housing counseling and placement, advocacy and life skills training to those with physical disabilities. They estimate there are more than 9,000 severely disabled persons in Newport News and another 21,000 persons have some degree of disability.

Hampton Roads Transit offers "Handi-Ride" which gives demand responsive, curb-to-curb bus service for the physically and mentally disabled. The Virginia School for the Deaf and Blind provides educational and life skills instruction for the visually and hearing-impaired populations in the State.

The Hampton-Newport News Community Services Board, a State agency, partially funded by the City, serves the mentally ill and mentally disabled populations in the City. Services provided by the Board include: advocacy, program development, program funding and evaluation, education, community alternatives to institutionalization and coordination of existing services.

The Association of Retarded Citizens (ARC-Peninsula) is a nonprofit agency which provides for the needs of persons with mental retardation through supportive housing and employment placement. From July 1, 1997 to June 30, 1998, the agency placed 13 people in residential homes in Newport News.

HUMAN SERVICES GOALS, POLICIES, STRATEGIES AND IMPLEMENTATION

The *Framework for the Future* sets forth the following goals, policies, strategies and implementation for Human Services:

GOAL 1. Increase the education, information, prevention, early intervention, treatment and support services related to alcohol, tobacco and other drug use.

POLICY 1.1: Develop a comprehensive approach for addressing individual and community conditions related to alcohol, tobacco and other drug use. Insure that this approach incorporates information from the most current research, accesses the knowledge, skills and abilities of the experts in the field and utilizes input from citizens and consumers. The approach needs to be integrated throughout each service agency within the City and supported by clear and consistent City policy.

IMPLEMENTATION 1.1:

1.1.1: *Support* a comprehensive long-range plan that addresses the substance abuse education, information, prevention, early intervention, treatment and support needs of the citizens of the City.

1.1.2: City Council should develop a Citywide campaign that focuses on offsetting the effects of alcohol and tobacco advertising.

POLICY 1.2: Focus on preventing the youth within the City from becoming involved with alcohol, tobacco and other drugs. Approaches should be based on the Federal Office of Substance Abuse Prevention's list of risk and protective factors.

IMPLEMENTATION 1.2:

1.2.1: Enlist young people into the fight against drugs by supporting the development and implementation of school and community based drug-free clubs and peer-to-peer efforts.

1.2.2: Utilize police officers *and recruit physicians or emergency medical technicians* in the delivery of the D.A.R.E curriculum and in other activities designed to foster interaction with students.

1.2.3: Identify, evaluate *and support* other successful prevention efforts and implement them in the schools and/or community.

1.2.4: Increase the ability of families to identify factors which might place their children at risk for experimentation or continued involvement with alcohol, tobacco and other drugs.

1.2.5: Increase the awareness of community members about factors which place young people at risk for developing problems with alcohol, tobacco and other drugs and how to create an environment which encourages them to be drug-free.

1.2.6: *Continue to support* the school system's policy to concentrate its substance abuse prevention efforts at the transition points in the student's life. These include, but are not limited to, moving from elementary school to middle school, from middle school to high school and graduation.

1.2.7: Increase the amount of drug-free recreational, educational and social activities in which a young person can participate.

1.2.8: Decrease the number of barriers that exist within the community, school and service providing agencies inhibiting a young person from being able to access prevention or intervention services. Support a school nurse at each school to address this problem.

1.2.9: Increase the awareness of the negative effects of second-hand smoke.

1.2.10: *Increase* monitoring and enforcement activities related to non-smoking areas and underage purchasing of tobacco products.

1.2.11: Increase efforts that focus on *eliminating the abuse* of anabolic steroids.

POLICY 1.3: Continue to evaluate and enhance existing efforts to identify, treat and support the recovery of individuals already involved in the inappropriate use of alcohol, tobacco and other drugs.

IMPLEMENTATION 1.3:

1.3.1: Evaluate the available substance abuse services and encourage the expansion of community funding of the most effective programs.

1.3.2: Ensure the coordination of the services offered by agencies that do not have substance abuse as their primary mission (e.g., schools, Department of Social Services, Health Department, Department of Parks and Recreation) with those who do target substance abuse.

POLICY 1.4: Increase the business and medical communities' involvement in the recognition of and solutions to the City's alcohol, tobacco and other drug problems.

IMPLEMENTATION 1.4:

1.4.1: Encourage businesses throughout the City to institute some form of on-the-job-site Employee Assistance Program.

1.4.2: Work to encourage insurance companies to provide more substance abuse treatment coverage.

1.4.3: Encourage local employers to more effectively utilize the training offered by service providers.

1.4.4: Encourage the medical community and pharmacological profession to explore *sharing information* to reduce the misuse and *dangerous interaction* of prescription drugs.

1.4.5: Support the State Police Drug Diversion program.

GOAL 2. Integrate housing assistance programs with social services programs.

POLICY 2.1: Provide public housing recipients with temporary economic and social support that will give them the ability to afford housing and become self-supporting. (See also Chapter 7, Housing)

Strategy 2.1.1: Provide technical training targeted to specific jobs for public housing recipients.

Strategy 2.1.2: Provide goal-oriented training and job opportunities in conjunction with public housing.

Strategy 2.1.3: *Distribute* a coordinated, comprehensive inventory of social service programs available and *in Newport News*. *Make personnel at each social service agency aware of the existence of the inventory via access through the City's web page.*

Strategy 2.1.4: Promote community integration/interaction through volunteers in neighborhoods and coordinate new and existing programs and voluntary efforts, such as Meals on Wheels, Habitat for Humanity, etc.

IMPLEMENTATION 2.1:

2.1.1: *Support the cooperative efforts* of the Newport News Redevelopment and Housing Authority, the Hampton-Newport News Community Services Board, and the Newport News

Department of Social Services which provide training for unemployed and underemployed persons in public and subsidized housing.

2.1.2: ~~In cooperation with the Newport News Redevelopment and Housing Authority, provide a "job sharing" program.~~ (*Incorporated into the Family Investment Center program.*)

2.1.3: *Support the Newport News Redevelopment and Housing Authority in its Economic Initiative Program* whereby residents work and are paid for maintenance, data entry, landscaping, and pest management.

2.1.4: In cooperation with the Newport News Redevelopment and Housing Authority, offer incentives for single *parents* in public housing to *learn a skill to gain meaningful employment (e.g. quality on-site day care)*.

2.1.5: In cooperation with the Newport News Redevelopment and Housing Authority, involve churches in sponsoring people that are in public housing to find jobs.

2.1.6: *Continue to provide childcare for single parents of young children so they can further their education or work.*

GOAL 3. Make health care accessible.

POLICY 3.1: Increase the accessibility of health care, including physical and mental health and mental retardation services, to the City's indigent population by providing additional services, facilities and information.

Strategy 3.1.1: Determine the availability of community programs which take an active role in ensuring that the health care needs of the elderly, children and indigent are met.

Strategy 3.1.2: Provide a framework for public and private health care providers to reduce red tape, ensure access for all people and eliminate duplication of services.

IMPLEMENTATION 3.1:

3.1.1: Continue providing support to enhance operation of the Peninsula Institute for Community Health (PICH) Center and support its expansion.

3.1.2: *Encourage community support of medical facilities to provide needed health care services for the underserved population.*

3.1.3: Develop needed community programs which address the physical and mental health care needs of the elderly, children and indigent.

3.1.4: Continue the Patient Advocacy Care Team (PACT) program by the Newport News Health Department.

3.1.5: Encourage the efforts of the Community Services Board and support an expansion of their case management day support, residential, crisis, and outpatient services for citizens with mental disabilities.

POLICY 3.2: Support the development of a Peninsula Health Services Coordinating Commission as a forum to discuss health issues.

Strategy 3.2.1: Assist the Peninsula Health Services Coordinating Commission.

IMPLEMENTATION 3.2:

3.2.1: Assist the Peninsula Health Services Commission in its evaluation of health care for the indigent, unemployed and underemployed.

POLICY 3.3: Increase health education efforts to *decrease sickness and mortality*.

Strategy 3.3.1: Promote wellness care and healthier lifestyles through education.

IMPLEMENTATION 3.3:

3.3.1: Encourage parenting classes as part of an expanded health curriculum in the schools and make these classes available to community groups.

POLICY 3.4: *Work closely with the Peninsula Health District to ensure that funding and effort are applied equitably to meet the dental health needs of the City's indigent citizens.*

GOAL 4. Change the focus of public assistance programs to one with a long-term goal of independence.

POLICY 4.1: *Continue to support the agencies which serve as clearinghouses for public assistance which coordinates with other area agencies and programs and properly direct clients to the assistance they need.*

Strategy 4.1.1: *Continue to provide training programs, transportation and daycare for financial assistance recipients and assist them in retaining and improving their employment upon completion of the program. (See also Chapter 2, Economic Development and Chapter 4, Transportation.)*

Strategy 4.1.2: Reduce the case load of social workers to provide more personal contact and to more efficiently screen applicants requesting public assistance.

Strategy 4.1.3: *Continue to eliminate unnecessary duplication of services.*

IMPLEMENTATION 4.1:

4.1.1: Continue to provide training programs, transportation and daycare for financial assistance (TANF, food stamps, etc.) recipients and assist them in retaining and improving their employment upon completion of the program.

4.1.2: Hire more social workers to manage cases.

4.1.3: Continue to provide support groups for recipients of social services.

4.1.4: The City should continue to assist and encourage the LINK program (Living Interfaith Network) and the United Way's First Call program in their function as a clearinghouses for assistance.

4.1.5: Support the Emergency Resources Forum in its effort to coordinate emergency assistance to the needy.

POLICY 4.2: Change the local system from one of maintenance to independence of beneficiaries.

Strategy 4.2.1: *Continue to lobby State and Federal legislators to examine all public assistance and encourage changes which include a fall-back program for people who fail.*

Strategy 4.2.2: *Help people become more employable and retain their jobs by supporting a second effort which serves those people who do not become financially independent within the two year time limit imposed by welfare reform.*

IMPLEMENTATION 4.2:

4.2.1: Examine the full range of institutionalized public assistance programs so as to change the local system from one of maintenance to independence of beneficiaries.

4.2.2: Lobby Federal legislators to change the rules of Federal welfare programs. *Rules were changed by Welfare Reform.*

4.2.3: Hire additional personnel to provide employment services and comprehensive services to clients.

4.2.4: Develop a plan for the transition period after the two year term of eligibility passes for recipients still in need of assistance.

4.2.5: Teach the necessary skills to help recipients retain employment (e.g., attitude, respect for oneself and others, responsibility, on-the-job behaviors, communication skills, etc.)

4.2.6: Continually update the on-line community resources inventory on the City's web page.

GOAL 5. Coordinate assistance to the elderly.

POLICY 5.1: Encourage local senior citizen advocacy groups.

Strategy 5.1.1: Support the Newport News Long Term Care Coordinating Committee.

Strategy 5.1.2: Encourage the efforts of the Peninsula Agency on Aging.

Strategy 5.1.3: Determine the availability of assistance programs geared to the elderly.

IMPLEMENTATION 5.1:

5.1.1: Expand the membership of the Newport News Long Term Care Coordinating Committee to include senior citizens, and *representatives of* the Newport News Redevelopment and Housing Authority and the Department of Parks and Recreation.

5.1.2: Support an expansion of the case management system *of the Peninsula Agency on Aging and the Department of Social Services.*

5.1.3: Encourage the development of volunteer community programs which provide support to the elderly.

5.1.4: Encourage the efforts of the Community Services Board and support an expansion of their services to aging individuals with problems of mental illness, mental retardation, and chemical addiction.

POLICY 5.2: Encourage and support co-sponsorship and outreach by individuals, organizations and businesses to coordinate services to the aging population.

IMPLEMENTATION 5.2:

5.2.1: Support the use of existing and new publications which address the issues of the aging (e.g. *a Guide to Services published by the City*).

5.2.2: Encourage wide distribution of the publication Silver Service: The Most Comprehensive Resource Guide of Community Services and Quality Businesses for People 50 and Over.

POLICY 5.3: Increase flexibility in regulations to allow housing alternatives for the elderly.

Strategy 5.3.1: Examine the Zoning Ordinance to determine its flexibility regarding housing alternatives for the elderly.

Strategy 5.3.2: Encourage the development of on-site or off-site *adult* day care by developers.

IMPLEMENTATION 5.3:

5.3.1: Amend the Zoning Ordinance to allow alternative forms of housing to include accessory apartments on a single family lot as a permitted use in single family zoning districts provided that there is sufficient land area.

5.3.2: Investigate the use of incentives or trade offs during the rezoning and site plan review process which would make the provision of on-site or near-site adult daycare more attractive to developers. *Lobby legislature for the authority to require trade offs.*

POLICY 5.4: *Provide community recreational facilities for senior citizens. (See also Chapter 6, Parks and Recreation)*

GOAL 6. Promote community service.

POLICY 6.1: *Develop and implement a community network that embraces all volunteer organizations.*

Strategy 6.1.1: *Continue to maintain a registry of skilled citizens willing to volunteer.*

Strategy 6.1.2: Support the efforts of all community service groups.

Strategy 6.1.3: Encourage publication of the volunteer needs of community service organizations.

Strategy 6.1.4: Encourage all citizens and businesses to participate in the network.

IMPLEMENTATION 6.1:

6.1.1: Maintain a registry of skilled citizens willing to volunteer.

6.1.2: Support the efforts of all community service groups.

6.1.3: Encourage publication of the volunteer needs of organizations in The Guide to Services on the Peninsula published annually by The Daily Press. *Use the city website for the distribution of this information.*

6.1.4: Promote the values of volunteerism.

POLICY 6.2: Promote community service among local citizenry, organizations, businesses and industries.

Strategy 6.2.1: Support the efforts of non-profit volunteer-based groups.

Strategy 6.2.2: Recognize the efforts of volunteers and volunteer-based groups on an annual basis.

Strategy 6.2.3: Involve teenagers in volunteer programs.

IMPLEMENTATION 6.2:

6.2.1: Advertise the efforts of non-profit, volunteer-based groups on the City cable channels and on local radio. Special announcements may be made when individual groups require additional volunteers.

6.2.2: Recognize the efforts of volunteers and volunteer-based groups on an annual basis.

6.2.3: Offer participation in volunteer activities to middle and high school students as a community service project with acquired skills to go on their permanent school record and as a way to discover vocational interests.

6.2.4: Involve teenagers in volunteer programs (e.g. high school students tutoring middle school students).

6.2.5: Work with the Voluntary Action Committee of the United Way in efforts to support volunteers.

REVISED GOAL 7. Continue to reduce teen pregnancies and out-of-wedlock births through public awareness, education and services.

POLICY 7.1: *Through family, school, community coalitions promote programs designed to deter teenage pregnancies and out-of-wedlock births.*

Strategy 7.1.1: Continue to teach the *family life* courses in public schools.

Strategy 7.1.2: Expand the *family life* curriculum in the public schools to stress the importance of prenatal care, parenting skills, the family unit and the programs available to help pregnant teens *including the use of condoms, information on AIDS and other STDs.*

Strategy 7.1.3: Develop community *awareness and educational programs about the risks to children born out-of-wedlock and/or to teenage parents.*

Strategy 7.1.4: Pursue all available means to inform pregnant teens and women about available assistance programs (e.g. Hotlines, etc.).

Strategy 7.1.5: Direct the message to young males as well as females regarding the necessity of prenatal care.

IMPLEMENTATION 7.1:

7.1.1: *Remove barriers that exist within the community, school and service providing agencies inhibiting a young person from being able to access prevention or intervention services.*

7.1.2: Recommend to the Newport News School Board that it *continue to teach and expand the family life* curriculum in the public schools to stress the importance of prenatal care, parenting skills, the family unit, the roles and responsibilities of both a mother and a father and the programs available to help pregnant teens.

7.1.3: Develop community education programs *for distribution through the cable channel, newspapers, the radio and the classroom.*

7.1.4: Pursue all available means to inform pregnant teens and women about available assistance programs (e.g. hotlines, etc.).

7.1.5: *Continue to provide counselors in school to advise teens on pregnancy prevention and prenatal care assistance and inform students of their availability.*

7.1.6: *Continue to promote the development and use of an educational video about the negative consequences of teenage pregnancy and the time commitment of parenting. Design educational campaigns to convey prevention-oriented messages.*

7.1.7: *Stress the importance of responsibility for one's actions to young men as well as young women.*

7.1.8: *Make resources available to implement responsible programs that strive to limit the catastrophic effects of teen pregnancy on young lives, families and communities.*

7.1.9: *Provide information regarding contraception to students.*

REVISED GOAL 8. Improve child health, development and school readiness.

POLICY 8.1: *Support the Healthy Families program.*

Strategy 8.1.1: *Promote public and private partnerships to increase public awareness of factors that affect pregnancy outcomes.*

Strategy 8.1.2: *Continue to encourage the recruitment and retention of midwives and nurse practitioners.*

Strategy 8.1.3: *Promote community education programs on prenatal care.*

IMPLEMENTATION 8.1:

8.1.1: *Pursue all available means to inform pregnant women of available assistance programs by sponsoring literature concerning prenatal care programs which would be distributed through the Public Health Center, hospitals, doctor's offices, libraries, schools, shopping centers, and substance abuse programs.*

8.1.2: *Promote community education programs and the development and use of an educational video about prenatal care, its cost and availability, parenting skills, foster care and adoption.*

8.1.3: *Facilitate early entry into care by expediting Medicaid enrollment.*

8.1.4: *Support the nutrition program for pregnant women and children (WIC).*

8.1.5: *Identify "at risk" families and prevent child abuse and neglect by proactive social services.*

8.1.6: *Teach positive parenting and discipline methods to young parents.*

GOAL 9. Increase the education, information, prevention, treatment and support services related to HIV infection and other sexually transmitted diseases.

POLICY 9.1: Develop a comprehensive approach for addressing individual and community conditions related to HIV infection and other sexually transmitted diseases. Ensure that this approach incorporates information from the most current research, accesses the knowledge, skills and abilities of experts in the field and utilizes input from citizens and consumers. The approach needs to be integrated throughout each service agency within the City and supported by clear and consistent City policy.

Strategy 9.1.1: Increase public awareness of the danger of AIDS (Acquired Immune Deficiency Syndrome) and other STDs (sexually transmitted diseases) and how rapidly they spread especially in at-risk populations.

IMPLEMENTATION 9.1:

9.1.1: Coordinate with public and private health education groups to produce educational literature on HIV infection and other sexually transmitted diseases for dissemination to citizens at high risk, as well as the general public.

9.1.2: Support the School Board's policy regarding non-discrimination of HIV-Positive school children.

9.1.3: Encourage the School Board to utilize the information from the National Survey of Student Resources and Assets as developed by America's Promise and Search Institute.

9.1.4: Review the policies and procedures of organizations providing services within the City to ensure that they are not creating barriers to citizens seeking and getting help for HIV infections or to the appropriate information on HIV infection getting to the public.

9.1.5: Establish sufficient test sites to ensure that those seeking anonymous testing for the HIV infection may do so without fear that their confidentiality will be violated.

9.1.6: Ensure that no patients seeking services in the City will be denied because they are infected with HIV.

NEW GOAL 10. Increase the understanding and practice of Positive Youth Development theories and strategies.

POLICY 10.1: *Develop a comprehensive approach to educate the community on the importance and benefits of Positive Youth Development and the Asset framework. Insure that this approach incorporates information from the most current research, accesses the knowledge, skills and abilities of experts in the field, and utilizes input from both youth and adults in the community. The approach needs to be integrated throughout each program and service within the City and supported by clear and consistent City policy.*

Strategy 10.1.1: *Implement a community mobilization initiative to promote the theories and practices of Positive Youth Development and build assets.*

IMPLEMENTATION 10.1:

10.1.1: *Encourage ongoing relationships between youth and caring adults within the community.*

10.1.2: *Provide safe places and structured activities for youth in the City.*

10.1.3: *Provide resources that insure all youth have access to healthy starts for healthy childhoods and productive adulthoods.*

10.1.4: *Support the process of providing marketable skills for youth through effective education.*

10.1.5: *Provide opportunities for youth to serve the community in a productive manner.*

10.1.6: *Support education and training opportunities for City and community youth development workers and the general public.*

10.1.7: *Provide research, best practices and statistical information related to Positive Youth Development.*

10.1.8: *Develop linkages within the community and City to develop collaborative strategies to expand the capacities of youth serving groups.*

10.1.9: *Develop evaluation tools to measure progress toward Positive Youth Development Goals.*

NEW GOAL 11. Increase the awareness of public employees and citizens about persons with physical disabilities, mental illness, mental retardation, and substance abuse disabilities.

POLICY 11.1: Develop a comprehensive approach to educate the community and the public employees on the issues concerning people with mental illness, mental retardation and substance abuse disabilities.

Strategy 11.1.1: Educate the public on the issues of persons with disabilities by including information from experts and current research in the field, local professionals working with persons with disabilities, family members and consumers of disability services.

Strategy 11.1.2: Support a local initiative to educate the community and public officials and employees on the issues and facts surrounding persons with disabilities.

Strategy 11.1.3: Take a regional approach to address affordable housing issues for persons with disabilities.

Strategy 11.1.4: Demonstrate particular sensitivity to neighbors and neighborhoods when integrating persons with disabilities into the community.

IMPLEMENTATION 11.1:

11.1.1: Encourage working relationships among agencies serving persons with disabilities and City departments and City employees who have direct or indirect work-related interest or requirements to work with people with disabilities.

11.1.2: Provide opportunities for sharing information and training among agencies serving persons with disabilities.

11.1.3: Provide access to experts in the fields of Fair Housing, Mental Health Law, and Housing and Services for persons with disabilities.

11.1.4: Support education of City employees and the general public regarding mental illness, mental retardation and substance abuse disorders.

11.1.5: Provide research, best practices, and information relating to services for people with physical disabilities, mental illness, mental retardation and substance abuse disorders.

11.1.6: Develop linkages within the community to develop collaborative strategies to expand the housing, employment, recreational and other opportunities for people with *physical disabilities, mental illness, mental retardation and substance abuse disorders.*

NEW GOAL 12. *Ensure that persons with physical disabilities, mental illness, mental retardation and substance abuse disorders have a wide array of housing choices and service opportunities appropriate to their needs.*

POLICY 12.1: *Increase housing opportunities throughout the city that meet the needs of persons with disabilities.*

Strategy 12.1.1: *Establish a panel or subcommittee to focus on the study of this issue to include: the Hampton-Newport News Community Services Board, Peninsula Agency on Aging, Office of Human Affairs, Association of Retarded Citizens-Peninsula, Newport News Redevelopment and Housing Authority and the City departments of Codes Compliance, Planning & Development and Social Services and citizen representation.*

Strategy 12.1.2: *Ensure safe and adequate housing for consumers of disability services by providing a directory of housing that meets standards of quality, requires leases for tenants, and annual inspections of such housing to ensure standards are being met.*

IMPLEMENTATION 12.1:

12.1.1: *The mission of the panel/subcommittee is to study the housing needs of the disabled in Newport News and develop a plan that addresses the needs of persons with disabilities. The plan should also address the process for successfully integrating these individuals into the community through establishment of partnerships with neighborhood organizations and neighborhood programs.*

12.1.2: *Develop criteria to provide an inventory of housing choices for persons with disabilities (e.g. requirement of a lease, inspection of homes, etc.)*

12.1.3: *Amend the Fair Housing Ordinance of the City of Newport News to include "disability" in its Declaration of Policy.*

12.1.4: *Encourage the City to apply for additional Section 8 certificates for use by persons with disabilities.*

12.1.5: *Continue to support the development of small clusters of affordable housing, including multi-family rental units and public housing, throughout the city.*

12.1.6: Continue to work closely with housing providers to identify appropriate programs and funding sources to address the needs of those leaving emergency shelters or being discharged from institutions.

12.1.7: ~~Clarify the definition of group homes in the Zoning Ordinance and other city documents.~~ Accomplished.

12.1.8: Support the Hampton-Newport News Community Services Board in monitoring/improving unlicensed homes serving CSB consumers.

POLICY 12.2: Provide service opportunities throughout the city that meet the needs of persons with disabilities.

IMPLEMENTATION 12.2:

12.2.1: Establish a panel or subcommittee to focus on the study of this issue to include: the Hampton-Newport News Community Services Board, Peninsula Agency on Aging, Office of Human Affairs, Association of Retarded Citizens-Peninsula, Newport News Redevelopment and Housing Authority and the City departments of Codes Compliance, Planning & Development and Social Services and a citizen representative. The mission of the panel would be to provide an in-depth study of the needs of the disabled in Newport News and develop a plan for improved service delivery to persons with disabilities.

12.2.2: Continue to work closely with service providers to identify appropriate programs and funding sources to address the needs of those leaving emergency shelters or being discharged from institutions.

12.2.3: Support the Hampton-Newport News Community Services Board in its development of a regional plan for services for persons with disabilities.

12.2.4: Encourage a continuum of care approach to services for persons with disabilities.

POLICY 12.3: Increase the number of housing opportunities for persons with disabilities as part of a regional plan and regional strategy in which localities share the responsibility for ensuring adequate housing for this segment of our population.

Strategy 12.3.1: Avoid impacting the City and its neighborhoods with undue concentrations of housing for disabled persons by having other Peninsula jurisdictions share in the burden of providing housing for this segment of the population.

Strategy 12.3.2: The Commonwealth of Virginia should take the responsibility for encouraging localities to develop a regional approach for meeting the housing needs of the disabled.

IMPLEMENTATION 12.3:

12.3.1: Support the Hampton-Newport News Community Services Board in its development of a regional plan with the Colonial Community Services Board for housing for persons with mental illness, mental retardation and substance abuse disabilities.

12.3.2: Address the needs of the homeless on a regional basis by encouraging the continuum of care agencies.

NEW GOAL 13. Enforce and support the goals of the Americans with Disabilities Act. (See Chapter 13, Urban Services)

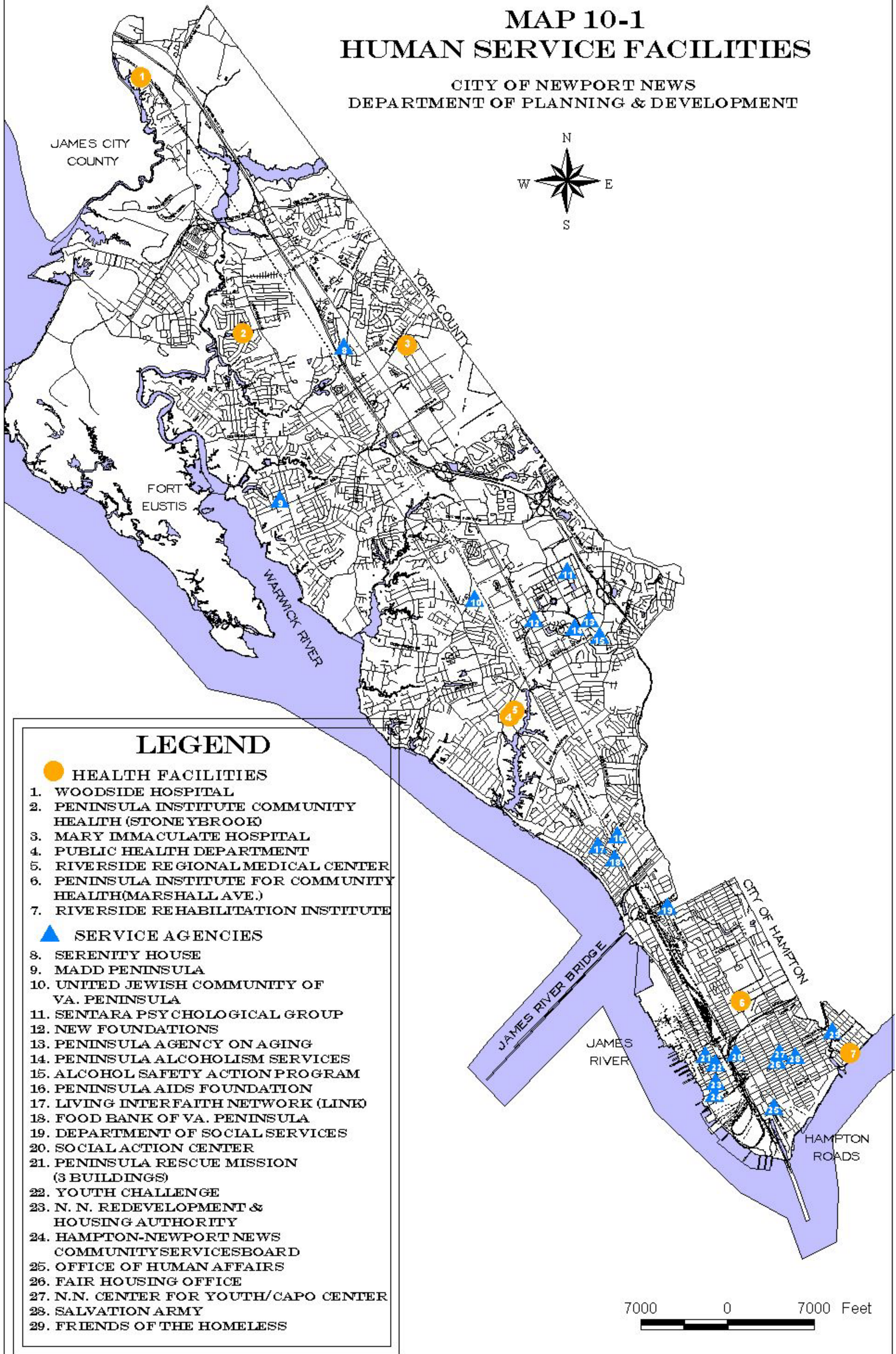
POLICY 13.1: Develop a comprehensive approach for addressing accessibility issues for all persons with disabilities.

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FRAMEWORK FOR THE FUTURE

MAP 10-1 HUMAN SERVICE FACILITIES

CITY OF NEWPORT NEWS
DEPARTMENT OF PLANNING & DEVELOPMENT



LEGEND



HEALTH FACILITIES

1. WOODSIDE HOSPITAL
2. PENINSULA INSTITUTE COMMUNITY HEALTH (STONE YBROOK)
3. MARY IMMACULATE HOSPITAL
4. PUBLIC HEALTH DEPARTMENT
5. RIVERSIDE REGIONAL MEDICAL CENTER
6. PENINSULA INSTITUTE FOR COMMUNITY HEALTH (MARSHALL AVE.)
7. RIVERSIDE REHABILITATION INSTITUTE



SERVICE AGENCIES

8. SERENITY HOUSE
9. MADD PENINSULA
10. UNITED JEWISH COMMUNITY OF VA. PENINSULA
11. SENTARA PSYCHOLOGICAL GROUP
12. NEW FOUNDATIONS
13. PENINSULA AGENCY ON AGING
14. PENINSULA ALCOHOLISM SERVICES
15. ALCOHOL SAFETY ACTION PROGRAM
16. PENINSULA AIDS FOUNDATION
17. LIVING INTERFAITH NETWORK (LINK)
18. FOOD BANK OF VA. PENINSULA
19. DEPARTMENT OF SOCIAL SERVICES
20. SOCIAL ACTION CENTER
21. PENINSULA RESCUE MISSION (3 BUILDINGS)
22. YOUTH CHALLENGE
23. N. N. REDEVELOPMENT & HOUSING AUTHORITY
24. HAMPTON-NEWPORT NEWS COMMUNITY SERVICES BOARD
25. OFFICE OF HUMAN AFFAIRS
26. FAIR HOUSING OFFICE
27. N.N. CENTER FOR YOUTH/CAPO CENTER
28. SALVATION ARMY
29. FRIENDS OF THE HOMELESS

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