



2015 Legislative Agenda

Virginia's General Assembly faces a daunting challenge when it convenes on January 14th for the 2015 session: Virginia faces a \$2.4 billion shortfall in this biennium. For the last several years, Voices has advocated that funding for programs and services that benefit children be restored to pre-recession levels in many areas; however, those gains are now at risk of being reversed. In addition, Voices has successfully advocated that new resources be allocated to targeted, evidence-based policy changes that benefit children in the foster care system and those with mental health disorders. At this precarious time, these gains also have the potential to be rolled back. Along with other partners in the human services advocacy sector and an increasing chorus of bipartisan legislators, Voices calls on the General Assembly to consider changes to the revenue side of the budget that invest in children as the future of Virginia's workforce and thriving economy.

Children's Mental Health

Support efforts to improve the children's mental health system by building capacity to recognize and treat mental health disorders in communities.

The Commonwealth is currently engaged in both legislative and administrative efforts to transform Virginia's mental health system. Voices will work to ensure that the needs of children are represented and given thorough consideration in these policy discussions, as half of all mental illnesses develop before the age of 14. Voices will continue to advocate that Virginia develop a community-based system of care for children that allows children to receive treatment and services in the least restrictive settings and near their families whenever possible, regardless of where in the state they live.

Continue to expand community-based crisis response services for children and child psychiatry services throughout Virginia.

Voices and its partners in the Campaign for Children's Mental Health are grateful for the ongoing annual funding – which will be \$4.65 million in FY16 – provided by the General Assembly in the last three sessions to expand children's access to crisis response services and child psychiatry in each of the five regions of the state. In FY13 and FY14, each region of the state (led by the designated community services board) initiated or expanded services to improve access to community-based care. Examples include telepsychiatry in rural areas, mobile crisis teams, ambulatory crisis stabilization units, and a residential crisis stabilization unit. Having proven successful in preventing unnecessary hospitalizations, significantly reducing wait times for psychiatry, and providing families additional supports to help their children manage mental health disorders, these pilots need to be expanded so that additional children in each region can be served.

Increase access to community services for children and families by permitting parents to refer their children to Family Assessment and Planning Teams (FAPT) in all localities.

Currently, referrals to FAPT teams must come through a local agency (local departments of social services, local school divisions, etc.). Parents often face the prospect of waiting until their children reach the point of needing agency intervention before they are able to receive consideration for services covered under the Comprehensive Services Act. Virginia Code allows localities to adopt their own rules for how cases are referred to FAPT, and while some localities permit parent referrals, many do not. Along with our partners at JustChildren, Voices will pursue options that would establish a path for parents to seek assistance from FAPT teams without requiring an agency referral to do so.

Early Childhood/School Readiness

The following issues are priorities of the Voices-led *Early Childhood Policy Network*.

Continue investment in two generation approaches, home visiting and early intervention.

- Fully fund comprehensive home visiting programs, CHIP of Virginia and Healthy Families. Despite successes helping families gain employment and meet children’s developmental needs, our statewide home visiting network only reaches is 12% of need.
- Fully fund early intervention (IDEA Part C) for infants and toddlers with developmental delays. Each year local systems must balance budget decisions with providing timely access to developmental therapies.

Ensure safe child care environments for all children.

Virginia has reached a crucial moment to ensure that all children are in safe child care settings that promote healthy development. The state must implement basic health and safety protections for children and ensure accountability for non-relative caregivers to give working parents options for safe, high quality care in every community. We must review the content of our standards to uphold children’s safety and school readiness and promote uniform enforcement.

Improve quality by improving the skills of early childhood educators.

Early childhood professionals are backbone of the quality of early care and education. Virginia must review the opportunities and barriers for professional development across early learning settings and identify the resources for educators to improve quality. We should define a vision for quality across all early learning settings.

Maximize the Virginia Preschool Initiative through a mixed-delivery approach.

Over a quarter of the preschool opportunities for at-risk four year-olds are not offered in some localities due to lack of local funds and classroom space. We must increase enrollment in the Virginia Preschool Initiative (VPI) by reducing these two barriers to participation. To fully maximize our preschool initiative, we should encourage a mixed delivery approach involving private, faith-based and community partners.

Align resources to improve coordination and collaboration.

Virginia's early learning programs are fragmented across agencies and sectors. To leverage our limited resources, we must develop a vision for an infrastructure for early childhood in Virginia that supports collaboration, alignment and coordination.

Foster Care Reform

Extend and strengthen critical supports for youth aging out of care without permanent family connections.

Though we have made many improvements in making sure children who come into foster care are living with families (preferably relative caregivers), Virginia still has a significant number of young people "age out" of the foster care system without permanent family connections intact: in 2013, more than 500 youth turned 18 years old while still in foster care and before being connected to a family, leaving them at high risk of negative outcomes such as homelessness, unemployment, and involvement in the criminal justice system. Voices will continue to advocate that Virginia opt in to a provision of the Fostering Connections Act that will draw down significant additional IV-E dollars to fund transition and stability services and supports for this population until age 21. This effort was included in the 2015-16 biennial budget, but remains at risk of de-authorization due to the overall state budget reductions resulting from the fiscal shortfall.

Streamline Medicaid enrollment under the ACA's former foster youth eligibility provision by instituting "auto-enrollment" for youth aging out of foster care into this category as part of their transition plan upon turning 18 years old.

Voices will advocate for budget language that will allow Medicaid eligibility to age 26 for youth who aged out of foster care in another state, but now reside in Virginia—an effort that would mirror the Affordable Care Act mandate that provides such eligibility for youth living in the same state from which they aged out of care. Closing this loophole recognizes that this population is often very mobile, living without safe, consistent housing, and lacking in family connections that would entitle them to coverage to age 26 under a parent's private insurance.

Voices will support partner organizations who are taking the lead on the following issues:

Access to Health Care

Support health care reform initiatives in Virginia that increase access to health insurance and health care for children and their parents, including closing the coverage gap for low-income adults.

We will continue to advocate as part of the Healthcare for All Virginians (HAV) Coalition for Virginia to draw down federal dollars to expand health care coverage to low-income adults up to 138% of the federal poverty level. This action could provide insurance coverage to approximately 400,000 low-income adults, one-fourth of whom are parents of children younger than 18. Research shows that when parents are insured, they are more likely to insure their children and take them to the doctor for preventive and other health care.

Family Economic Security

Strengthen the Earned Income Tax Credit (EITC) and Child Tax Credit (CTC) programs in Virginia in order for families to receive the greatest benefit from their participation, and support efforts to protect TANF from the reductions and restrictions that hurt families and children.

Given that approximately 15% of Virginia's children are living in poverty—and that figure has worsened considerably since 2006—it is crucial that Virginia ensures that EITC and CTC programs are accessible and provide the greatest benefit to eligible families. These two programs are essential tools to help lift families and children out of poverty, and our own state policies could be improved to increase the effectiveness of both. Voices will work with our partners at The Commonwealth Institute for Fiscal Analysis to monitor any proposed actions related to and support efforts that strengthen these programs.

Similarly, any cuts to TANF payments or eligibility will be an extraordinary threat to the well being of a great number of low-income children. TANF payments to low-income families are an important component for mitigating poverty's negative and lasting effects on children.