

Virginia can build strong brains by addressing childhood trauma

With appropriate supports, children can be resilient

SOME CHILDREN EXPERIENCE ADVERSITY THAT IMPACTS HEALTHY BRAIN DEVELOPMENT

Adverse Childhood Experiences (ACEs) include:

Physical or emotional abuse or neglect

Separation from parent including death or incarceration

Living with or experiencing: domestic violence, parental substance abuse or mental illness, or community violence

Some children experience these events as trauma

Trauma = when a child is threatened by an event that he or she has experienced or witnessed

Sometimes these experiences are more than one-time events, and are experienced as stress

Toxic Stress = unrelenting stress caused by extreme poverty, neglect, abuse, or severe maternal depression



THIS IMPACT ON THE BRAIN CAN LEAD TO CHANGES IN PHYSICAL, EMOTIONAL, AND BEHAVIORAL HEALTH

ACEs can negatively impact:

- Brain development
- Cognitive development
- Social-emotional development
- Ability to form secure emotional attachments
- Physical health

IN VIRGINIA

19%

OF CHILDREN HAVE EXPERIENCED TWO OR MORE ACEs

RESEARCH HAS DEMONSTRATED LONG-TERM AND DEVASTATING IMPACTS OF ACEs

Children who experience toxic stress or trauma are more likely to have chronic health conditions as adults

If a child experiences three or more ACEs, as an adult they are...

4x

MORE LIKELY

TO REPORT HAVING POOR HEALTH

7x

MORE LIKELY

TO BE AN ALCOHOLIC

12x

MORE LIKELY

TO DIE BY SUICIDE

CHILDREN ARE RESILIENT AND CAN THRIVE DESPITE TRAUMA IN THEIR LIVES

Research shows us how to counteract those experiences:

- Promote positive relationships with parents and other caregivers.
- Design our systems to better serve kids. Our systems - from schools, to child welfare, to mental health - need to understand how to recognize kids who've experienced trauma and how to help them become resilient.
- Support interventions that provide the social and emotional support necessary for children who experience trauma.
- Change our view of children: ask "what has happened to you?" instead of "what is wrong with you?"

* All sources available at vakids.org/elections



Questions for Candidates

#VAVotes4Kids

- 1 Brain research demonstrates that growing up in poverty can create toxic stress that impacts physical and mental health. However, those experiences can be buffered by positive relationships with parents and caregivers. **What initiatives would you champion to mitigate the effects of toxic stress, or trauma, on children?**
- 2 A child's first five years of life are the most critical period for brain development. A key method to prevent trauma is to provide supportive parenting skills and strong family connections, especially during those first five years. **What role, if any, should state policymakers play to promote strong families?**
- 3 Children of color are disproportionately represented in the juvenile justice system. This system has the potential to exacerbate mental health and behavioral issues for children who have experienced trauma. **What efforts would you support to address racial disparities in the juvenile justice system?**
- 4 Research shows that we can reduce the number of children exposed to toxic stress or trauma if we can improve our childhood poverty rate. **What efforts would you promote to bring families out of poverty?**
- 5 Children can interact with many systems (schools, health and mental health, courts, and others) as they grow up. At times these systems do not work together and can create additional challenges for families. **What would you do to ensure better outcomes for families involved in multiple systems?**
- 6 A Children's Cabinet has been established to facilitate cross-agency collaborations in Virginia at the highest levels of state government. **If elected, how would you facilitate this type of cross-agency collaboration for children?**
- 7 Communities across Virginia are forming regional Trauma-Informed Community Networks (TICNs) to support training in trauma-informed approaches in health, courts, schools, and other systems. **What role, if any, should the state play in advancing these efforts?**

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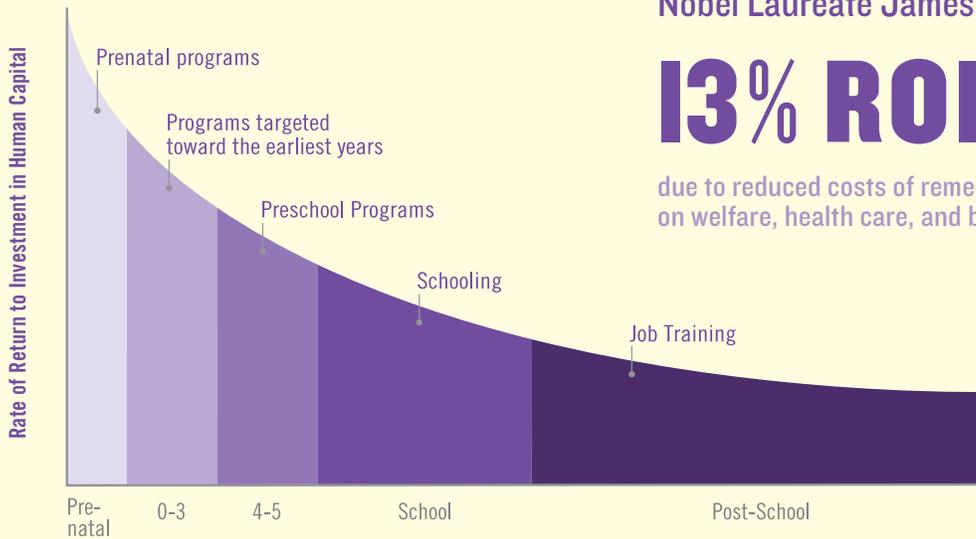


Investing in early childhood education provides biggest return on investment

Public investments help Virginia's kids, families, and employers

EARLY CHILDHOOD DEVELOPMENT IS A SMART INVESTMENT

The earlier the investment, the greater the return



Nobel Laureate James Heckman estimates a

13% ROI



FROM INVESTING IN HIGH QUALITY EARLY CHILDHOOD PROGRAMS

due to reduced costs of remediation, incarceration, reliance on welfare, health care, and better employment outcomes

Source: James Heckman, Nobel Laureate in Economics

FAMILIES STRUGGLE TO AFFORD CHILD CARE

THE AVERAGE COST OF INFANT CARE IN VIRGINIA IS

\$12,000 PER YEAR

Child care is often more costly than college tuition

EMPLOYERS STRUGGLE WITH EMPLOYEES' CHILD CARE CHALLENGES

On average, workers miss between



4 to 8 DAYS A YEAR

due to child care problems

Productivity-loss estimates for a medium-size company range from

\$75,000 A YEAR to several hundred thousand dollars a year

TARGETING ECONOMICALLY DISADVANTAGED CHILDREN YIELDS GREATER RETURN FOR PUBLIC INVESTMENTS

A task force representing the top early childhood researchers in the country recently put out this consensus statement: "There is often greater improvement for economically disadvantaged children and dual-language learners after a year of pre-k than there is for more advantaged and English-proficient children."

In Virginia, economically disadvantaged children are significantly less likely to attend preschool than their higher income peers.



35% OF ECONOMICALLY DISADVANTAGED 3- & 4-YEAR-OLDS ATTEND PRESCHOOL

COMPARED TO



55% OF THEIR HIGHER INCOME PEERS

* All sources available at vakids.org/elections



Questions for Candidates

#VAVotes4Kids

- 1 The average cost of infant care in Virginia is more than \$12,000 per year, about the same as college tuition. Only about 1 in every 6 kids that need financial assistance for care so that their parents can work receives it. **What solutions do you propose to improve access to child care for low-income families with infants?**
- 2 Children from higher income households are more likely to attend preschool than their economically disadvantaged peers. The Virginia Preschool Initiative has a track record of success but faces challenges to serve all the at-risk students who could benefit. **What strategies would you suggest to ensure that all children, regardless of their families' incomes, arrive at kindergarten ready to learn?**
- 3 Employers struggle to support their employees who are juggling family responsibilities. The decisions about work-life balance can lead to missed days and losses in productivity. **How could Virginia incentivize the business community to support parents' child care and parenting responsibilities?**
- 4 Young children are more likely to live in poverty than any other age group. **What, if anything, do you think should be done to help families with very young children living in poverty to ensure their children's healthy growth and development?**
- 5 Federal funding plays a significant role in Virginia's early learning system by funding home visiting services, early intervention, preschool, health care, and nutrition programs. **What would you do if federal funding for these initiatives was cut?**
- 6 Virginia is known to have a "non-system" of early learning where programs operate under different departments and sets of rules. **What would you do to better link programs and improve the efficiency and effectiveness of Virginia's early learning programs?**
- 7 The role of early childhood educators is undervalued, considering the impact these individuals have on preparing young children for success in school. **What would you do to elevate the role of early childhood educators?**
- 8 In the most recent school year nearly 300 preschool-age students were suspended in Virginia public schools. **What do you think about the practice of preschool suspension? Would you champion any efforts to change the practice of preschool suspension?**

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Virginia falls short of preparing all students for success

The system is not designed to close achievement gaps for economically disadvantaged children and children of color

For the future economic success of Virginia, every child should have educational opportunities that lead to graduation from high school and being college- or career-ready.

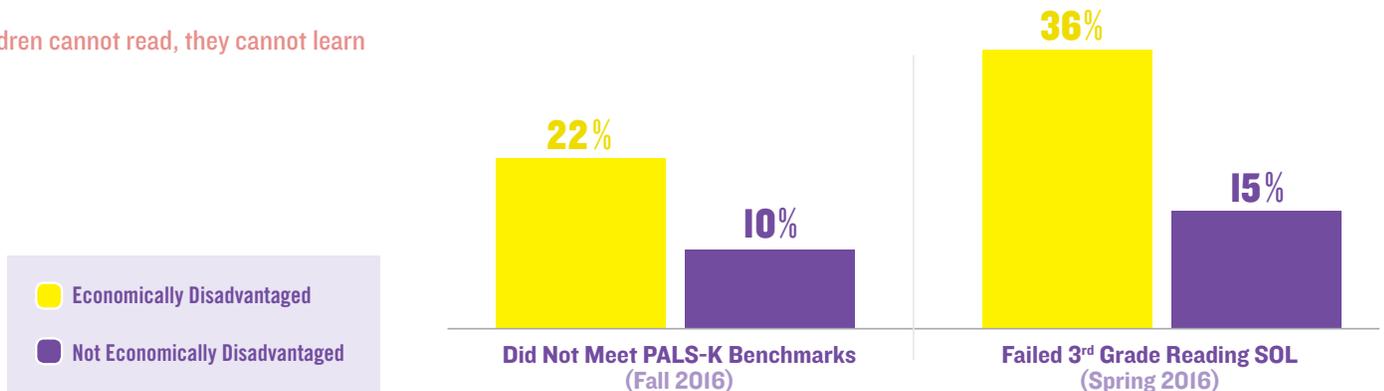
Too many children from disadvantaged backgrounds and children of color do not fulfill this goal and, consequently, are less likely to be able to contribute to the economy as adults. Without targeted intervention and resources, disparities in school start early and persist through graduation.



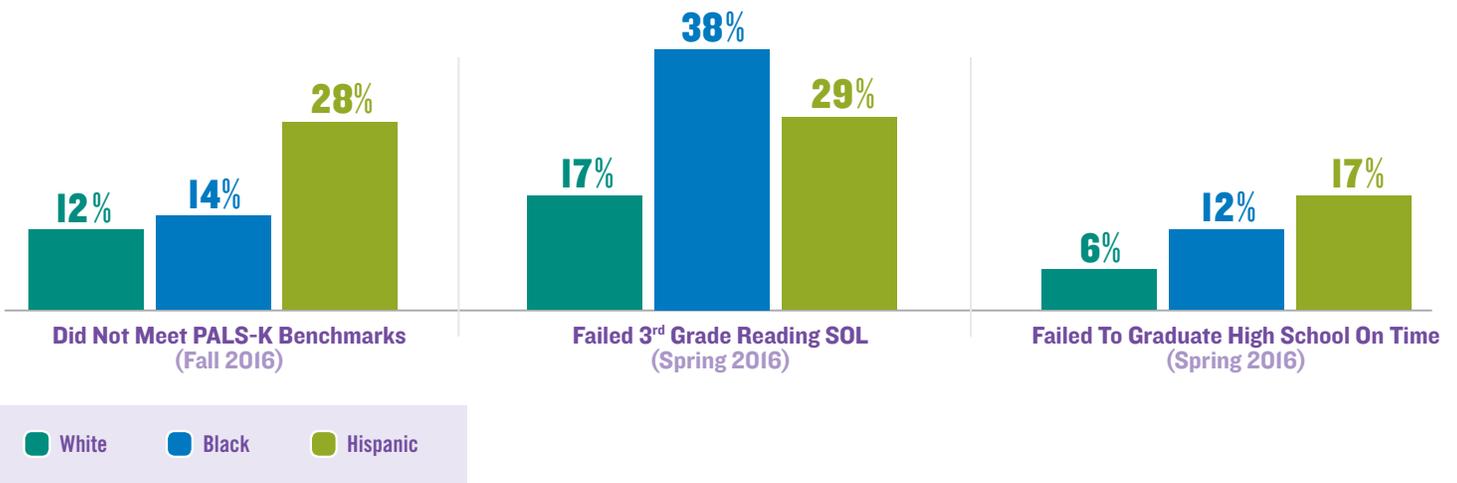
ECONOMICALLY DISADVANTAGED CHILDREN TEND TO START SCHOOL BEHIND AND LAG BEHIND

3RD GRADE READING PROFICIENCY IS A CRITICAL MEASURE ALONG THE PATH TOWARDS EDUCATIONAL SUCCESS

When children cannot read, they cannot learn



BY 3RD GRADE, BLACK AND HISPANIC STUDENTS ARE NEARLY TWICE AS LIKELY TO FALL BEHIND THEIR WHITE PEERS



* All sources available at vakids.org/elections



Questions for Candidates

#VAVotes4Kids

- 1 The Virginia Preschool Initiative (VPI) for at-risk 4-year-olds has grown to serve about 18,000 children a year and has demonstrated positive results: students who attend VPI are more likely to meet kindergarten readiness benchmarks than their peers. However, the state estimates that an additional 7,000 at-risk 4-year-olds do not get the opportunity to attend VPI. **If elected, how would you try to shape the future of preschool in Virginia?**
- 2 The achievement gap between lower income students and their higher income peers and between white students and students of color has been a persistent problem in Virginia and has worsened recently. **How would you address the achievement gap in Pre-K to 12 education?**
- 3 Virginia lags behind many other states in its targeted support to assist students from low-income families. Additionally, school divisions in high-poverty communities suffered deeper budget cuts from the state than other divisions during the recession and the budget has not yet returned to pre-recession levels. **How would you address the budget shortfalls faced by school divisions in high poverty areas of the state?**
- 4 Virginia's Board of Education has made a recommendation to ensure Virginia schools have adequate staffing for critical positions such as principals, assistant principals, school counselors, nurses, social workers, psychologists, and other support staff. **What do you think of these recommendations? How would you address the issue of school support staff?**
- 5 While on-time graduation rates have improved over the last 10 years, approximately 5,000 students did not complete high school during the most recent school year with their peers. **What would you do for students who struggle to complete high school?**
- 6 Virginia schools disproportionately suspend Black students and students with disabilities. In 2016, African American students were 23% of the student population, but were subjected to 60% of long-term suspensions. Students with disabilities were 12% of the student population but 22% of long-term suspensions. **What would you do to ensure that all children are treated equally in the school system when it comes to behavior and discipline?**
- 7 In the most recent school year, 42% of students participated in the free and reduced lunch program. This represents a 35% increase since the recession. While many students are provided meals through the school lunch and breakfast programs, Virginia does not participate in all available school nutrition programs. **If elected, how would you address the increase in students participating in school nutrition programs?**
- 8 Children in poverty, children experiencing behavioral challenges, and English language learners need additional support to succeed in school. **What efforts would you champion to ensure that children from all backgrounds succeed in school?**

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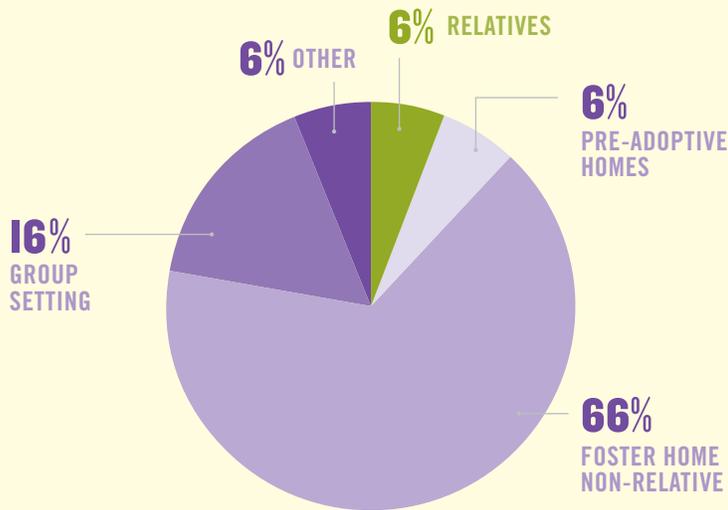
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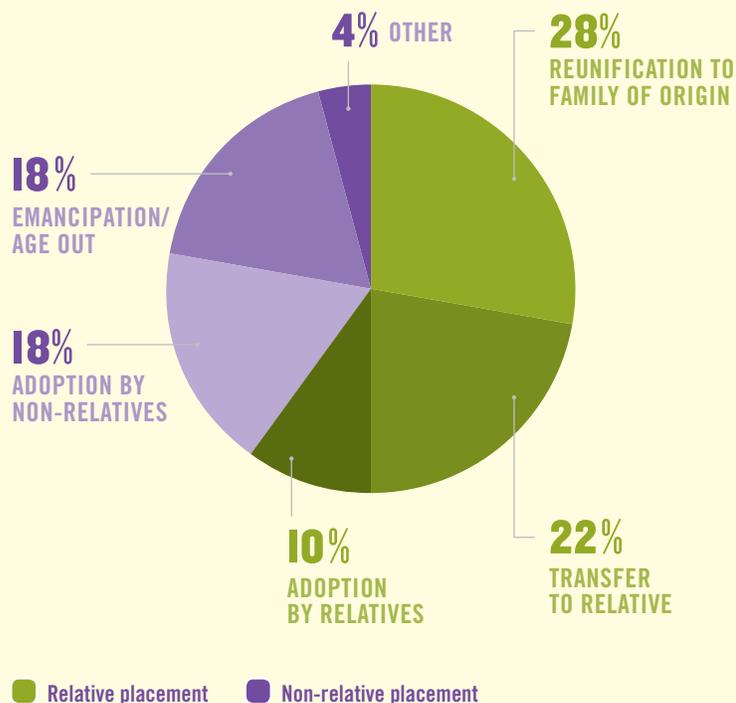
Success for kids in foster care relies on strengthening families

The majority of children leave care to live with their families

THE MAJORITY OF CHILDREN IN FOSTER CARE ARE PLACED IN NON-RELATIVE HOMES



3 OUT OF EVERY 5 KIDS WHO EXIT FOSTER CARE GO TO LIVE WITH FAMILY



WHEN CHILDREN EXIT FOSTER CARE TO LIVE WITH RELATIVES, THEY HAVE A BETTER SENSE OF BELONGING AND STAY CONNECTED TO THEIR FAMILIES AND THEIR CULTURE

Research shows children who exit to family have better outcomes, but continue to face challenges

Families need assistance with:



Financial support when they take in relative children



Coordinated health and mental health services for children who experienced trauma



Educational stability for kids transitioning to new environments



Ability to connect to community resources

NOT ALL CHILDREN WHO EXIT THE FOSTER CARE SYSTEM HAVE PERMANENT FAMILY CONNECTIONS

To help support youth who turn 18 while in foster care, Virginia has started the Fostering Futures program

In this program youth 18 to 21 years old receive:



Case management



Housing



Financial aid for education



Job training



Health insurance

* All sources available at vakids.org/elections



Questions for Candidates

#VAVotes4Kids

- 1 All children in foster care have been exposed to some form of trauma. The very act of entering foster care is traumatic for children because it means the loss of their birth families and often friends, schoolmates, teachers, and everything that is familiar. **If elected, what would you do to support children in care no matter where they are in the system?**
- 2 Most children entering foster care are returned to their families. Usually, these families do not receive additional support and services from the child welfare system, which can lead to poor health and education outcomes for children. **How do you think the Commonwealth can better support children once they are returned to their families?**
- 3 According to census data, approximately 170,000 children in Virginia are living in informal kinship family placements. Kinship care promotes a sense of belonging and helps children stay connected to their families and culture and prevents them from remaining in foster care. **What role, if any, do you think government should play in supporting children being raised in kinship homes?**
- 4 From fiscal year 2015 to 2016, Virginia experienced a 21% increase in the number of substance exposed infants reported to the local departments of social services – up to 1,334 reports of substance exposed infants. **If elected, what policy solutions would you propose to respond to this growing epidemic?**
- 5 On average youth in the foster care system miss five weeks of school per year. Only 4% of youth in foster care obtain a four-year degree. **How do you propose we address the problem of children in foster care falling behind in school?**
- 6 Studies show that children who have been involved in the child welfare system face a number of adverse outcomes compared to their peers, including higher rates of mental health issues, homelessness, risk of sexual abuse, poor educational attainment, over-prescription of psychotropic medications, and other obstacles that hinders their overall well-being. **What would you do to achieve better outcomes for youth in foster care?**

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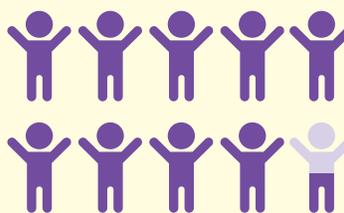
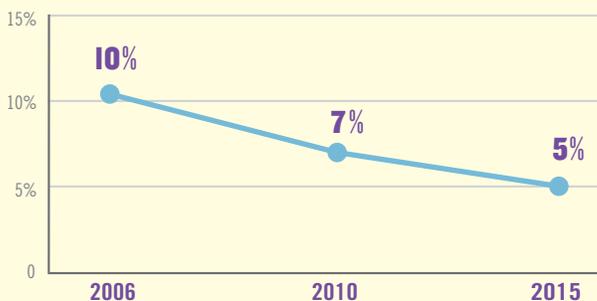


Health insurance leads to better long-term outcomes for kids

Success is largely a result of public health insurance programs like Medicaid and FAMIS

VIRGINIA IS ON THE RIGHT TRACK WHEN IT COMES TO PROVIDING INSURANCE FOR OUR CHILDREN

The rate of uninsured children in Virginia is at record lows, reaching 5% in 2015.



95%
OF KIDS IN VIRGINIA
ARE INSURED

720,000 OF WHICH ARE COVERED BY
MEDICAID & FAMIS (Virginia's
Children's Health Insurance Program)

RESEARCH SHOWS THAT INVESTING IN CHILDREN'S HEALTH INSURANCE PAYS LONG-TERM DIVIDENDS



IF MEDICAID AND FAMIS PROGRAMS ARE CUT, SOME POPULATIONS OF KIDS WOULD BE DISPROPORTIONATELY AFFECTED

IN VIRGINIA



OF BLACK CHILDREN



OF HISPANIC CHILDREN

RELY ON MEDICAID OR FAMIS FOR HEALTH INSURANCE

VIRGINIA'S CONTINUED SUCCESS RELIES ON MAINTAINING CURRENT ELIGIBILITY LEVELS (200% FPL) AND DEVELOPMENTALLY APPROPRIATE HEALTH COVERAGE



Vision



Wellness visit



Dental



Sick visit



Mental

* All sources available at vakids.org/elections



Questions for Candidates

#VAVotes4Kids

- 1 Virginia's Children's Health Insurance Program (known as FAMIS in Virginia) and Medicaid provide low-income children with health insurance that their families would otherwise be unable to afford. **If the federal government cuts payments to the states for Medicaid and/or FAMIS, how would you support the health needs of low-income children?**
- 2 Medicaid is a critical funding source for children served in hospitals and schools. If the federal government reduces Medicaid payments to the states through a block grant or per capita cap, **how would you ensure stable funding for hospitals and schools that currently provide health care for low-income children through Medicaid reimbursements?**
- 3 Research shows that when parents have health insurance, their kids are more likely to have health coverage and use it. Many adults in Virginia, including parents, lack health insurance. **What, if anything, should Virginia do about the high number of uninsured parents?**
- 4 All children in foster care rely on Medicaid for their health coverage, 1 in 3 births are covered by Medicaid, and more than 50% of all Medicaid recipients are children. If the federal government cuts Medicaid payments to the states, children and pregnant women will be potentially competing for Medicaid coverage with the elderly and those with disabilities. **How would you handle this funding challenge for Virginia?**
- 5 While Virginia has achieved a 95% health insurance coverage rate for children, 97,000 eligible children remain uninsured. Over half of those uninsured are children of color. **How would you address the health care needs of these uninsured children?**
- 6 Medicaid eligibility for pregnant women and children improves health throughout their lives, from prenatal development through adolescence to adulthood. **What changes, if any, would you make to Virginia's Medicaid and FAMIS eligibility criteria for children and pregnant women?**
- 7 Virginia Medicaid offers a comprehensive dental benefit to children and pregnant women. This is important because dental disease is the most common chronic disease in kids, more common than asthma. Also, poor oral health in pregnant women is tied to premature birth and poor birth outcomes. **If the federal government changes the funding for Medicaid, what will you do to address the dental care needs of children and pregnant women?**

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Virginia trails nation in mental health access for children

Increasing access and coordination of quality mental health care for children leads to better outcomes

THE ONSET OF MENTAL HEALTH DISORDERS CAN START EARLY IN CHILDHOOD



Age 6 IS THE MEDIAN AGE OF

onset for anxiety disorders



of all lifetime cases of mental illness

BEGIN BY **Age 14**

CHILDREN'S MENTAL HEALTH DISORDERS ARE PREVALENT ACROSS VIRGINIA



1 IN 5

KIDS LIVE WITH A MENTAL HEALTH CONDITION IN VIRGINIA

75,000

YOUTH (AGE 12-17)

report suffering from at least one major depressive episode in the past year

MENTAL HEALTH CONDITIONS AFFECT MANY CHILDREN IN VIRGINIA, BUT ACCESS AND TREATMENT IS LIMITED

VIRGINIA IS RANKED

49th

FOR THE RATE

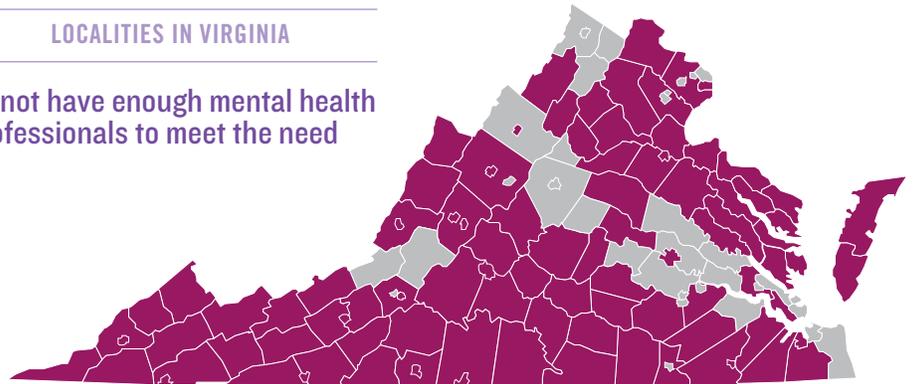
of youth with major depression who did not receive mental health services in the nation

That means 3 out of 4 youth in Virginia with depression and who are most at risk of suicidal thoughts, difficulty in school, and difficulty in relationships with others do not get the treatment needed to support them.

100 of 133

LOCALITIES IN VIRGINIA

do not have enough mental health professionals to meet the need



* All sources available at vakids.org/elections



Questions for Candidates

#VAVotes4Kids

- 1 The current administration and General Assembly endorsed a comprehensive road map for the future of Virginia's behavioral health system, called STEP-VA. If STEP-VA is fully implemented, the 40 community services boards will be able to provide a select set of services to adults and children with behavioral health needs. **What do you think about the STEP-VA model and would you support its continuation if elected?**
- 2 Virginia ranks 40th in the nation in the availability of mental health professionals. The workforce shortage among specialized mental health professionals is even more pronounced. For example, there are only 236 child psychiatrists in Virginia (or 13 per 100,000 children). **If elected, how will you address this critical shortage of qualified mental health providers in Virginia?**
- 3 Pediatric primary care providers routinely identify and manage their patients' behavioral health needs, yet two-thirds of pediatricians report a lack of training in treatment of children's behavioral health disorders. Research shows that integrating mental health and primary care services can improve health outcomes. **What actions, if any, do you think Virginia should take to support behavioral health and primary care integration?**
- 4 Research on child development tells us that the foundation for sound mental health is built early in life. Although not often recognized, very young children can experience significant mental health problems. **What would you propose to support the social-emotional development of Virginia's young children and to provide access to mental health services for our youngest children and their families?**
- 5 In 2016, Virginia ranked 49th in the nation for the rate of youth with major depression who did not receive any mental health treatment. That means 76% of youth in Virginia who live with depression and are most at risk of suicidal thoughts and difficulty in school do not get the treatment they need to support them. There are many barriers to quality mental health treatment for children, including: insurance type, place of residence, lack of access, and stigma. **What do you view as the most significant barrier to effective mental health care for children and adolescents in Virginia, and how would you propose addressing this barrier?**
- 6 Many individuals with serious mental health disorders experience the first signs of illness during adolescence or early adulthood, and long delays often occur between symptom onset and treatment. Due to the lack of coordination between the child and adult mental health systems, many adolescents and young adults with serious mental health disorders fall through the cracks. **What steps do you think Virginia should take to bridge the divide between the child and adult mental health systems?**
- 7 A majority of youth committed to the Department of Juvenile Justice in Virginia require mental health services. In 2016, over 64% of youth who entered Virginia juvenile justice facilities demonstrated symptoms of one or more mental health disorders. Additionally, more than three in five of these youth were prescribed psychotropic medication at some point in their lives. **How would you support the behavioral health needs of children who come in contact with the juvenile justice system?**

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Virginia's opioid epidemic requires two-generation response

Community solutions should prioritize services for families

COMMUNITIES ACROSS VIRGINIA ARE EXPERIENCING AN INCREASE IN SUBSTANCE EXPOSED INFANTS

FROM FISCAL YEAR 2015 TO 2016, VIRGINIA EXPERIENCED A

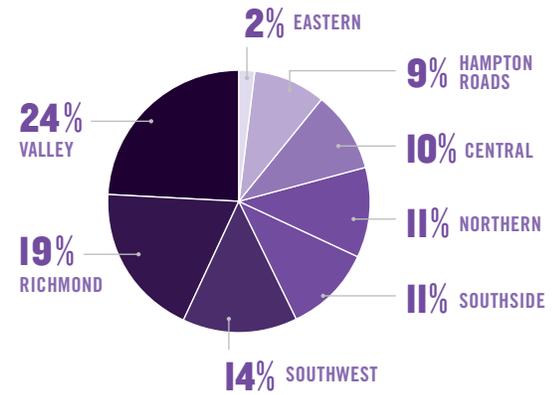
21% INCREASE

in the number of substance exposed infants reported to the local departments of social services

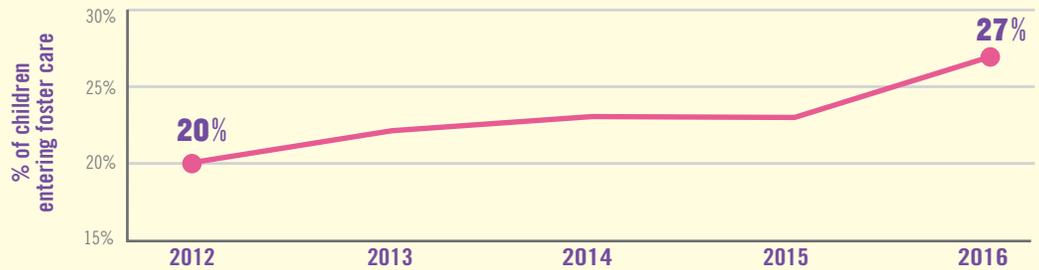
THAT'S

1,334

reports of substance exposed infants in FY 2016



Substance abuse disrupts families: over the last 5 years, more children have entered foster care due to parental substance abuse



COMMUNITIES ARE STEPPING UP TO ADDRESS THE INCREASE IN SUBSTANCE EXPOSED INFANTS, BUT THERE IS MORE WORK TO DO

Home visiting models provide parents with a mentor or coach to help parents connect to the path to recovery and to connect children to appropriate health and developmental services.

Early Impact Virginia estimates that current home visiting programs

CAN REACH LESS THAN

10% OF AT-RISK FAMILIES WHO COULD BENEFIT

Collaborative partnerships in some communities include:

WINCHESTER: Provided universal screening of pregnant women at delivery hospitals for substance abuse, and follow-up care for moms and babies

LYNCHBURG: Formed a local partnership with the community services board; home visiting programs; a birthing hospital; and recovery programs to screen, support, and serve families

RICHMOND: Added treatment slots for pregnant women in the publicly-supported recovery facility



* All sources available at vakids.org/elections



Questions for Candidates

#VAVotes4Kids

- 1 Substance abuse is not new; we know that generations of families have dealt with this issue. **What do you think is different about the opioid epidemic that Virginia is currently facing, and how would you respond to it if elected?**
- 2 Virginia has recently expanded Medicaid benefits to treat substance use disorders through the Addiction and Recovery Treatment Services (ARTS). **What do you find valuable about these efforts? Is there anything you would change or improve?**
- 3 It has been frequently reported that the opioid epidemic is a crisis in rural parts of the state, but there are increases in overdoses in urban and suburban areas, as well. **What are the roles you see for localities, regions, and the state in addressing this epidemic?**
- 4 Substance abuse by parents affects both the parents and their children. Brain research shows that positive attachment between a parent and child in the first few years of life is critical to the child's healthy brain development. Substance abuse can significantly impact those early bonds between parents and children. **If elected, what policy solutions would you promote to address the needs of the whole family?**
- 5 Public safety and the courts are involved in monitoring illegal substance abuse. **How do you feel these intervention points are working? Are there other angles or strategies that should be considered?**
- 6 In the past year, 27% of children entered foster care due to parental substance abuse. The Virginia Department of Social Services has recently increased staff support to meet the increased need. **If elected, how would you handle the increase in families involved in foster care?**
- 7 A critical period to reach substance abusing women is during pregnancy. Virginia enrolls low-income pregnant women in public health insurance through Medicaid but maintains their insurance coverage only for 60 days after delivery. This short time period has been identified as barrier to ensuring that pregnant and postpartum women receive appropriate treatment services. **How would you address the substance abuse treatment needs of low-income women?**

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For kids to succeed, dismantle the school to prison pipeline

Alternatives to suspension help keep kids out of juvenile justice

CURRENT SCHOOL DISCIPLINE PRACTICES LEAD TO A HIGH NUMBER OF REFERRALS TO THE JUVENILE JUSTICE SYSTEM



When kids are not in school they are more likely to engage in delinquent behavior



1 IN EVERY 10

KIDS MISSED 10% OR MORE OF SCHOOL IN THE 2015 - 2016 SCHOOL YEAR

Too often law enforcement intervenes in school discipline

VIRGINIA RANKS _____

WORST FOR NUMBER OF REFERRALS TO LAW ENFORCEMENT

_____ IN THE COUNTRY

Children are suspended early and in large numbers

FOR PRE-K TO 12TH GRADE IN THE 2015-2016 SCHOOL YEAR:

123,000

SHORT-TERM SUSPENSIONS

3,000

LONG TERM SUSPENSIONS



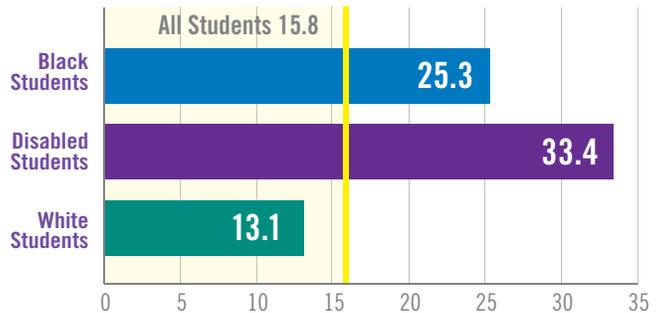
1 OUT OF 5

SUSPENDED STUDENTS ARE IN PRE-K TO 5TH GRADE



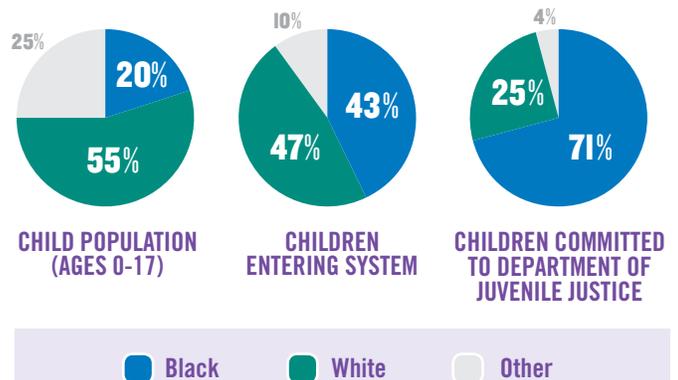
BLACK STUDENTS AND STUDENTS WITH DISABILITIES ARE DISPROPORTIONATELY REFERRED TO LAW ENFORCEMENT

Referrals to law enforcement per 1,000 students 2011-2012



Once children have been referred to the juvenile justice system from school, their experiences vary. Children in foster care, students with disabilities, children with mental health needs, and children who are homeless enter the system at higher rates, and have greater difficulty exiting, than other populations of children.

THE JUVENILE JUSTICE SYSTEM COMMITS BLACK CHILDREN TO THE JUVENILE CORRECTIONS SYSTEM AT DISPROPORTIONATE RATES



* All sources available at vakids.org/elections



Questions for Candidates

#VAVotes4Kids

- 1 Statistics show that truancy, defined as missing more than 10% of school in a school year, has devastating effects on both students and communities. The short-term effects are an increase in delinquent, criminal, and gang activity. Long-term effects include poor physical and mental health, the continuance of family poverty, and a high risk of addiction and incarceration. **What efforts do you think Virginia should be making to keep children in school?**
- 2 The U.S. Department of Education data analyzed by the Center for Public Integrity shows that Virginia schools, in a single year, referred students to law enforcement agencies at a rate nearly three times the national rate. Numerous studies show that these school discipline policies increase the chances of these students becoming involved with the adult criminal justice system. **If elected, how would you address these issues?**
- 3 Virginia schools disproportionately suspend Black students and students with disabilities. In 2016, African American students were 23% of the student population, but were subjected to 60% of long-term suspensions. Students with disabilities were 12% of the student population but 22% of long-term suspensions. **What would you do to ensure that all children are treated equally in the school system when it comes to behavior and discipline?**
- 4 Data on Virginia's juvenile justice system point to its ineffectiveness and high cost: 58% of kids placed on parole are rearrested within 12 months. In addition, it costs roughly \$100,000 to incarcerate youth for one year. Virginia's Department of Juvenile Justice is in the middle of a transformation that is shifting the system from punitive to rehabilitative. **If elected, what would you suggest to improve our juvenile justice system?**
- 5 Some Virginia localities have analyzed their school discipline data, made changes to their codes of student conduct and school resource officer procedures, and instituted alternatives to suspension and court referrals. The Virginia Department of Education is working to expand the use of evidenced-based approaches to improve student behavior. **What is your view on investing in programs that promote alternatives to suspension?**
- 6 A majority of youth committed to the Department of Juvenile Justice in Virginia require mental health services. In 2016, over 64% of youth who entered Virginia juvenile justice facilities demonstrated symptoms of one or more mental health disorders. Additionally, more than three in five of these youths were prescribed psychotropic medication at some point in their lives. **How would you support the behavioral health needs of children who come in contact with the juvenile justice system?**

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