THE FUTURE OF VIRGINIA STARTS TODAY

Economic Success Depends on Children’s Economic Security

2017 ELECTION GUIDE
The KIDS COUNT Data Center for Virginia is the foundation for the advocacy work of Voices for Virginia’s Children, allowing us to speak confidently and persuasively on critical issues that affect the lives of children. Thanks to a partnership with the Annie E. Casey Foundation, we have tracked and reported multiple indicators on the well-being of Virginia’s children for over 20 years. We provide data and analysis on child well-being at the state and local level. We use this information to identify unmet needs and emerging trends, and to inform policy recommendations.

To view our interactive maps, or to learn what data is available, visit: vakids.org/kids-count-data.

The mission of Voices for Virginia’s Children is to champion public policies that improve the lives of Virginia’s children.

To view our 2017 Election Guide, or learn more about election resources, visit: vakids.org/elections.
We know that the decisions our leaders make today impact the opportunities our children have tomorrow to be healthy, educated, and financially secure. In other words, for children to grow up and contribute to the economic success of Virginia, it is critical for us to look at the decisions we make today and ask ourselves: is the way we are taking care of our kids preparing us for a competitive future?

The mission of Voices for Virginia’s Children is to champion public policies that improve the lives of Virginia’s children. We are the Commonwealth’s only independent, multi-issue, child policy and advocacy organization. Voices neither supports nor opposes any candidate or political party, but instead aims to support your efforts as advocates for kids.

Virginia is unique in that we hold elections every year, including what is known as the off-cycle, and we have a one-term governor. These circumstances make the time period around elections very important. Conversations with candidates on the campaign trail will shape their focus and priorities after they are elected.

To support your advocacy, we have developed this guide with information and questions to ask Virginia’s 2017 candidates for the House of Delegates, attorney general, lieutenant governor, and governor during forums, town halls, and meetings. These questions get to the heart of some of the greatest challenges facing children today.

We hope this resource will help you provide candidates running for office with knowledge and information they need to make decisions that propel the Commonwealth’s economy forward, and support the children who make up its future workforce.

Margaret Nimmo Holland
Today’s children will lead our communities, make decisions about the Commonwealth’s future direction, and drive our economic growth. To ensure every child has the chance to realize his or her full potential in the years ahead, we must recognize that children face different challenges and opportunities based on where they live, their race or ethnicity, and their income level. Our policy efforts to assist children in overcoming these challenges and making the most of opportunities often need to be tailored to account for these differences.

All children should have access to opportunities that lead to prosperity for them and the Commonwealth. For Virginia to have a strong economy in each region, every child needs to be healthy, educated, and economically secure. Virginia’s families must be able see a path towards success, with opportunities to contribute to the economy, including the opportunity for their children to learn the skills necessary to enter the future workforce. To make the best decisions for our kids, we first need to understand who they are, the opportunities they have, and the barriers they face today.

**Research shows that areas with the greatest economic growth are those with an increasingly diverse population.** This is good news for Virginia, as its varied economic opportunities attract families from across the world to work and thrive here.

While the number of children in Virginia has remained fairly steady over the last 15 years, the makeup of children mirrors a national trend of increased diversity. In 2015, children of color, including those who are Hispanic, accounted for 45% of Virginia’s child population—a significant increase of 10% since 2000.

The majority of children in Virginia (55%) are White, non-Hispanic. The increase in the number of children of color has led to a near even split between children of color and White children, highlighting the need to consider what opportunities exist for all children to develop into healthy, productive adults who will support and drive our economy.

**Understanding our diverse child population can help Virginia’s future economic prosperity.**

**DEMOGRAPHICS OF CHILDREN POINT TO INCREASINGLY DIVERSE COMMUNITIES ACROSS VIRGINIA**

While the majority of children in Virginia are White, children of color have experienced the greatest population growth

<table>
<thead>
<tr>
<th>2000:</th>
<th>2015:</th>
</tr>
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<tbody>
<tr>
<td>Non-Hispanic Asian alone</td>
<td>44,045</td>
</tr>
<tr>
<td>Non-Hispanic Black alone</td>
<td>405,070</td>
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<td>Non-Hispanic White alone</td>
<td>1,119,775</td>
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<tr>
<td>Hispanic or Latino</td>
<td>103,885</td>
</tr>
<tr>
<td>Non-Hispanic Two or More Race Groups</td>
<td>63,259</td>
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</table>

<table>
<thead>
<tr>
<th>2015:</th>
<th>2000:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic:</td>
<td>↑133%</td>
</tr>
<tr>
<td>Two or More Races:</td>
<td>↑132%</td>
</tr>
<tr>
<td>Asian:</td>
<td>↑89%</td>
</tr>
<tr>
<td>White:</td>
<td>↓9%</td>
</tr>
<tr>
<td>Black:</td>
<td>↓6%</td>
</tr>
</tbody>
</table>

Percent change from 2000 to 2015.

Hispanic and multi-racial kids lead the pack in the shifting child population.
NEARLY 2 MILLION CHILDREN RESIDE IN THE COMMONWEALTH

CHILDREN OF IMMIGRANTS ARE CRITICAL TO VIRGINIA’S FUTURE ECONOMY

Children in immigrant families play an important role in the diverse makeup of Virginia’s child population. Research shows that U.S. citizen adults who were raised in immigrant families have higher incomes, educational attainment, and homeownership than their parents. U.S. citizen children who live in immigrant families, where at least one parent was born outside the United States, now make up one out of every five kids in the Commonwealth – an increase of 6% in the last decade.

When children in immigrant families are supported, they are likely to experience greater economic prosperity than their parents. As the population of children in immigrant families continues to increase in Virginia, it is important that we consider what resources they need in the greater context of what all children need to succeed.

Children living in immigrant families will have a positive impact on Virginia’s economic prosperity.

![Graph showing increase in number of children from 2005 to 2015: 247,000 in 2005, 335,000 in 2010, and 375,000 in 2015.](chart)
For children to contribute to Virginia’s economy, they must first be economically secure.

Economic security is more than a family’s income. In every county and city in the Commonwealth, whether rural, urban, or suburban, many families have to make difficult decisions about whether the money they have left at the end of the week should go to feeding their child, getting gas to drive to work, or paying the electric bill to keep the heat on.

While families may be above the U.S. Government’s official measure of poverty (often referred to as 100% of the federal poverty level, or FPL), they can still face economic hardship. A child is considered economically disadvantaged or insecure when he/she lives in a family that struggles to meet basic needs, such as food, housing, utilities, child care, and transportation.

In this report we focus on children living in economically disadvantaged families, defined as 200% of poverty, because it is widely considered a better measure of economic security than the official measure of poverty, which is often thought of as outdated and unable to reflect the high cost of living in some areas.

How much income does a family make if they are in or near poverty?

<table>
<thead>
<tr>
<th>FAMILY SIZE</th>
<th>100% FPL POVERTY</th>
<th>200% FPL ECONOMICALLY DISADVANTAGED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 1 adult</td>
<td>$11,770</td>
<td>$23,540</td>
</tr>
<tr>
<td>2 - 1 adult + 1 child</td>
<td>$15,930</td>
<td>$31,860</td>
</tr>
<tr>
<td>3 - 2 adults + 1 child</td>
<td>$20,090</td>
<td>$40,180</td>
</tr>
<tr>
<td>4 - 2 adults + 2 children</td>
<td>$24,250</td>
<td>$48,500</td>
</tr>
</tbody>
</table>

2015 Federal Poverty Thresholds

Children who experience economic security have better physical and mental health, which then leads to improved school performance and higher workplace productivity as adults. Children who grow up economically disadvantaged, on the other hand, have an increased chance of struggling in school and dropping out, becoming involved in the juvenile justice system, and having poor health.

CHILDREN IN EVERY PART OF VIRGINIA LIVE IN FAMILIES THAT STRUGGLE TO MEET BASIC NEEDS

Percentage of Children Economically Disadvantaged

- 1-14%
- 15-30%
- 45-59%
- 60-75%
- 31-44%
ECONOMIC INSECURITY IS NOT JUST AN URBAN OR RURAL PROBLEM

In 2010
562,100
Kids were Economically Disadvantaged

In 2015
621,800
Kids were Economically Disadvantaged

59,800 more kids and a 10% increase

Numbers have been rounded to the hundred.

The top 15 areas with the highest rates of growth of economically disadvantaged families are mostly in what are considered to be suburban communities. Statewide, the number of children who are economically disadvantaged increased nearly 10% in just five years. But some communities have outpaced the state in growth.
LIVING IN CONCENTRATED POVERTY LEADS TO MORE CHALLENGES FOR KIDS

Between 2010 and 2015, Virginia experienced a nearly 10% increase in the number of children who are economically disadvantaged. During that same time period, children living in areas of concentrated poverty increased by more than twice that amount (22%). Families who live in areas of concentrated poverty, where 30% of the neighborhood lives below 100% of the federal poverty level, are even more likely to struggle to meet their children’s basic needs.

Geographic concentrations of poverty lead to an increased likelihood of food hardship, lack of health insurance, difficulty paying for housing, and challenged schools. Children who grow up in these environments are more likely to experience harmful levels of stress and emotional and behavioral problems than children overall, or children in similar household incomes who are not living in areas of concentrated poverty. The higher rate of crime and violence, physical and mental health issues, and unemployment in high poverty areas are some of the reasons children experience higher levels of stress and behavior problems. This in turn affects a child’s ability to succeed in school, and undermines his/her chances of adult economic success. On average, living in a high poverty area reduces ones chance of economic mobility (moving to a higher income bracket) as an adult by 52%.

Not all races or ethnicities of children live in areas of concentrated poverty in equal proportion. Black children in Virginia are 2.5 times more likely to live in areas of concentrated poverty than White or Hispanic children. This is a double whammy – to be more likely to live in poverty and to grow up in an environment of concentrated poverty means that for Black children, the negative effects of growing up in struggling families is compounded. This reality makes it even more difficult for these children to have the supports and resources they need to become adults who can reach their full potential and contribute to the economic growth of the Commonwealth.

An Additional
17,000
children lived in areas of concentrated poverty in 2015 than 2010.

An Additional
3,400 kids each year who grew up in neighborhoods of concentrated poverty.

Children Living In Areas Of Concentrated Poverty By Race And Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian and Pacific Islander</td>
<td>2,000</td>
</tr>
<tr>
<td>Black or African American</td>
<td>57,000</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>8,000</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>22,000</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>5,000</td>
</tr>
</tbody>
</table>
HALF OF ALL CHILDREN IN RURAL VIRGINIA ARE ECONOMICALLY DISADVANTAGED

While it is common to associate poverty and economic disadvantage with urban environments, it is only part of the story. Nearly 120,000 economically disadvantaged children live in rural regions of the Commonwealth.

Rural areas of the Commonwealth have fewer children, both overall and who are economically disadvantaged, than their urban counterparts. A higher proportion of economically disadvantaged children, however, live within Virginia’s more rural regions — Eastern, Southside, and Southwest.

In rural areas, one in every two children live in families that struggle to meet basic needs. In urban areas — Richmond and Hampton Roads, for example — the number of economically disadvantaged children is closer to two in five.

Limited job opportunities, fewer incoming economic investments, less funding for education, and lack of community resources, present unique challenges for rural Virginia and make it difficult for these communities to provide opportunities for children and families.

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Nearly 600,000 children across Virginia live in single-parent families. Single parents often make less than two parent households. For households headed by single females, it’s even harder to maintain financial stability, as women are more likely to be in lower paying jobs than men.

Often, it takes one incidence of a car breaking down or a health-related emergency to destabilize a family already living on the edge of poverty. When only one income is available to provide groceries for the week, rent, gas money, child care, and other expenses, the likelihood of falling into economic hardship increases. Single parent families that have access to a support system, such as reliable and affordable child care, are better able to provide financial security for their children. Since we know a child’s economic security foreshadows his or her future prosperity, we must ensure that all children, regardless of family type, have economic security.

FAMILY TYPE AFFECTS THE LIKELIHOOD OF ACHIEVING FINANCIAL SECURITY

Holding constant race, ethnicity, and region of the state in which a child lives, children living in families with one income have access to fewer economic resources than children in two-income households.

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1 IN 2
KIDS ARE ECONOMICALLY DISADVANTAGED IN RURAL VIRGINIA

2 IN 5
KIDS ARE ECONOMICALLY DISADVANTAGED IN URBAN VIRGINIA

1 IN 3
CHILDREN IN VIRGINIA LIVE IN SINGLE PARENT FAMILIES

$28,446
Median Household Income for a Single Female Head of Household in 2015 in Virginia
By paying close attention to children’s diverse needs today, we are better positioned to maintain and enhance Virginia’s reputation as a place where people want to live, work, and play.

IN CONCLUSION

We know investments in health, education, and security for all children produce returns into adulthood in the form of productivity and contributions to society. Children whose daily lives are disrupted by the negative outcomes associated with economic instability are less likely to grow into the adults the Commonwealth will come to rely on. This is true regardless of where in Virginia they live, their family structure, their race and ethnicity, or whether their parents are immigrants.

It is critical that as our child population shifts to an increasingly diverse one, we strive to develop policies that reduce the number of children who are economically disadvantaged. We must recognize that while children have different starting points, all children should have access to opportunities that lead to prosperity for themselves and the Commonwealth.
REFERENCES


4 U.S. Census Bureau; American Community Survey, 2015 American Community Survey 5-Year Estimate, Table B17024.


4 U.S. Census Bureau; American Community Survey, 2015 American Community Survey 5-Year Estimate, Table B19126

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
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?**

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?**

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?**

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?**

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?**

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?**

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?**
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

Rate of Return to Investment in Human Capital

- Prenatal programs
- Programs targeted toward the earliest years
- Preschool Programs
- Schooling
- Job Training

Pre-natal 0-3 4-5 School Post-School

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

55% OF THEIR HIGHER INCOME PEERS

* All sources available at vakids.org/elections

VOICES FOR VIRGINIA’S CHILDREN
The Future of Virginia Starts Today: 2017 Election Guide
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?**

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?**

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?**

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?**

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?**

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?**

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?**

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?**
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*
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?

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?

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?

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?

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?

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?

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?

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?
Success for kids in foster care relies on strengthening families

The majority of children leave care to live with their families

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

3 out of every 5 kids who exit foster care go to live with family

When children exit foster care, they have a better sense of belonging and stay connected to their families and their culture.

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
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?**

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?**

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?**

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?**

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?**

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?**
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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate of Uninsured Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>10%</td>
</tr>
<tr>
<td>2010</td>
<td>7%</td>
</tr>
<tr>
<td>2015</td>
<td>5%</td>
</tr>
</tbody>
</table>

95% of kids in Virginia are insured, of which are covered by Medicaid & FAMIS (Virginia’s Children’s Health Insurance Program).

720,000 kids in Virginia are insured, of which are covered by Medicaid & FAMIS.

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

- Investments in health coverage
- Access to care
- Greater success in school
- Higher earnings and better health in adulthood
- Adults who pay taxes and contribute to the economy and their communities

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

47% of black children rely on Medicaid or FAMIS for health insurance.

36% 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
- Dental
- Wellness visit
- Sick visit
- Mental

*All sources available at vakids.org/elections*
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?

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?

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?

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?

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?

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?

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?
The Future of Virginia Starts Today: 2017 Election Guide
VOICES FOR VIRGINIA'S CHILDREN

* All sources available at vakids.org/elections

**Mental Health**

**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.

50% 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.

100 of 133 localities in Virginia do not have enough mental health professionals to meet the need.

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.

* All sources available at vakids.org/elections
Questions for Candidates

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?
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.

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.

Early Impact Virginia estimates that current home visiting programs can reach less than 10% of at-risk families who could benefit.

*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?
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

<table>
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<tr>
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<th>All Students 15.8</th>
<th>Black Students 25.3</th>
<th>Disabled Students 33.4</th>
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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
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?**

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?**

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?**

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?**

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?**

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?**