



2014 Legislative Agenda

Children's Mental Health

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 \$3.65 million in ongoing annual funding provided by the General Assembly in the last two sessions to expand children's access to crisis response services and child psychiatry in each of the five regions of the state. In FY13, the first year of implementation, the three pilot programs reduced admissions to the state children's psychiatric hospital by 10% and reduced bed day utilization by 21% as a result of the new services being available in their communities. Having proven successful, these pilots need to be expanded so that additional children with serious mental health challenges can be treated more effectively and at lower cost.

Support efforts to improve the transition for youth with mental health disorders from the child mental health system to the adult mental health system to help ensure continuity of treatment.

Adolescents with serious mental health disorders often discontinue their participation in treatment once they turn 18 due to the lack of coordination between systems, different eligibility criteria, lack of supports for independent living and other barriers. The needs of this age group were highlighted in the Governor's School and Campus Safety Task Force recommendations, and Voices supports efforts to implement services for this population.

Early Childhood/School Readiness

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

Support prevention by fully funding Early Intervention (Part C) to meet needs.

Without sufficient resources to meet an increasing need, local Infant and Toddler programs have been forced to cut back on services or ask families to wait until caseloads decrease. The Virginia Association of Community Services Boards estimates that an additional \$2 million will be needed to serve all infants and toddlers identified with developmental delays.

Complete restoration of funds to evidence-based home visiting programs.

Budget cuts since 2009 have reduced state funding for our comprehensive home visiting programs, CHIP of Virginia and Healthy Families, by almost one-third and caused the closure or downsizing of programs in many communities. Although over \$1 million was restored to CHIP and Healthy Families during the

2013 General Assembly session, these programs are still at a deficit of \$2.5 million from 2009 funding levels.

Identify strategies at the state and local level to give 7,500 at-risk four-year-olds a chance to participate in the Virginia Preschool Initiative (VPI).

Approximately one-third of the children who could benefit from VPI do not get served because local school divisions do not use their full allocation. We will ask policymakers to consider state and local policy changes to encourage localities to offer all of their allocated VPI opportunities such as partnerships between school divisions and non-profit and private providers of early care and education.

Improve the quality, safety and cost of child care and preschool in Virginia.

Virginia's leaders must explore our opportunities to strengthen our child care system while ensuring that already high costs do not increase. When it comes to ensuring the safety of children in care, Virginia is behind other states that require fingerprint background checks and that provide more quality improvement services to child care providers.

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 2012, more than 600 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 like homelessness, unemployment, and involvement in the criminal justice system. Voices will advocate that Virginia opt in to a provision of the Fostering Connections Act that will allow the state to draw down significant additional IV-E dollars to fund transition and stability services and supports for this population until age 21, and also allow youth who either refuse or terminate these extended services and supports after turning 18 to re-enter the program in certain circumstances.

Remove barriers to adequate health care for foster youth who reside in Virginia but have aged out of foster care in a different state.

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.

Enhance stability for families and children in kinship diversion cases.

Thousands of children in Virginia are diverted from foster care every year by social workers who facilitate informal placement of children with relatives—a process that is not overseen by a court and currently follows no standard practice or policy, leaving many families without information or services

and support that would help these children return home. Voices will advocate for the promulgation of regulations around this process by the Virginia Department of Social Services and establish a more comprehensive informed consent policy by which agreements to these placements are secured.

Ensure greater stability for children in formal relative foster care placements.

The federal Foster Connections Act requires states to prioritize finding family members for children brought into foster care and placing them with relatives whenever possible. These placements require stability to be successful, and Voices will advocate that Virginia take steps to protect these placements and ensure continuity for children.

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 Medicaid Expansion for Low-Income Adults.

Continue to advocate as part of the Healthcare for All Virginians (HAV) Coalition for Virginia to expand the Medicaid program, ruled optional under the Patient Protection and Affordable Care Act, to grant health coverage to low-income adults up to 138% of the federal poverty level. This expansion would 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. It would also include youth with serious mental illness who currently age out of Medicaid at age 19 and who do not meet the threshold for social security disability.

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.

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.