



2012 Legislative Agenda

Voices champions public policies that improve the lives of Virginia's children

Since 2007, Virginia lawmakers have faced severe revenue shortfalls. Efforts to balance the budget have resulted in significant budget cuts, some of which adversely impact children and families. These include significant cuts to public education and to early childhood home visiting services for vulnerable families. Yet on the whole, policymakers have heeded the call of Voices and others to make children the highest priority and to preserve the safety net services that help children and families weather tough times.

Again this year the revenue picture is challenging and we are confronted with the prospect of additional proposed cuts. Given this circumstance, our overall priorities must include: protect existing funding for safety-net services so critical to vulnerable and hard-hit children and families; and preserve the recent gains in key policy areas such as foster care and early education.

Our most far-reaching legislative initiative is to address the glaring inadequacies in mental health care for Virginia's children and youth. The Voices-led **Campaign for Children's Mental Health** has developed comprehensive policy recommendations to improve and expand the most essential services. This priority and the others listed below are all central to promoting the continued well-being of Virginia children. Policy decisions that protect and enhance that well-being will ensure that all children reach their full potential and become the capable workers and responsible citizens upon whom our future depends.

Children's Mental Health

Expand the array and capacity of community-based services to assure a consistent base level of services for children and families statewide (approximately \$20 million).

- *Fund 5 regional demonstration crisis stabilization units (\$6.326 million) and 5 regional demonstration mobile crisis teams (\$10 million).*
- *Add 1 case manager per CSB to 20 CSBs with inadequate capacity (\$1.6 million).*
- *Increase access to child psychiatry services by starting 5 regional demonstration projects with a child psychiatrist in each region to provide direct services and extensive training (\$1.4 million).*

Equip a highly trained and qualified workforce by establishing a children’s behavioral health workforce development initiative, led by the Department of Behavioral Health and Developmental Services (DBHDS) (\$500,000).

Ensure high quality of services through increased licensing, quality assurance, and data collection and analysis capabilities at DBHDS, in coordination with quality assurance initiatives in Medicaid. (\$160,000)

All of the above initiatives are priorities identified by DBHDS in *A Plan for Community-Based Children’s Behavioral Health Services in Virginia* (November 1, 2011). Funding for these initiatives to improve access to mental health services for children throughout Virginia should be the reinvested savings from other parts of the children’s mental health system in Virginia, namely the surplus of \$32.4 million in the Comprehensive Services Act in FY11 and the savings being generated in the current fiscal year’s Medicaid budget through the Virginia Independent Clinical Assessment Program (VICAP).

Foster Care Reform

Promote better educational outcomes for youth living in informal kinship care arrangements by providing a means for school enrollment in the division in which their kinship caregiver resides.

The Virginia Commission on Youth recently conducted a study examining barriers to kinship care in the Commonwealth, and specifically addressed school enrollment of children in informal kinship care arrangements – that is, children living with biological relatives other than a custodial parent or legal guardian, but unsupported by a formal relationship with social services. The Virginia Department of Social Services estimates that between 1,400 and 1,800 children are currently living in such kinship care arrangements, and reports that 94% of the Commonwealth’s local DSS agencies diverted children from foster care to informal kinship care in 2010. Children residing with kinship caregivers experience better outcomes, both generally and educationally, than their peers in the foster care system, and are more likely to achieve permanency. Addressing the current barriers to enrollment for these children will cut down on unnecessary educational delays, encourage permanent family connections for children at risk of entering foster care, and offer these children a smoother path toward educational success and graduation.

Early Childhood/School Readiness

Restore \$3.2M previously cut from Early Childhood Home Visiting services provided by Healthy Families Virginia and CHIP of Virginia.

Home visiting services are an essential component of Virginia’s early childhood system, ensuring a good start in life for children born into very challenging family circumstances including deep poverty and high family stress. These services have been shown to improve early childhood health outcomes, prevent

child abuse and neglect and increase the use of positive childrearing practices in these vulnerable families.

Budget cuts since 2009 have reduced state funding by almost one-third and caused the closure or downsizing of programs in many communities. Nine localities have lost all home visiting services, and statewide the number of families served has fallen by 10% - nearly 600 families per year no longer have access to these essential services.

Voices will also be supporting efforts to restore the supplement paid via TANF funds to children receiving child support, so that the monthly amount going directly to each child can exceed the maximum \$50 per month.

Prior to last year, TANF funds were used to supplement the maximum \$50 child support direct payment to each child. The General Assembly eliminated these TANF funds in 2011, reducing much-needed direct support to low-income children.