Voices for Virginia's Children 2017 Candidate Survey

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Question 1: Early Learning: 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?

Currently, one of the biggest concerns I have with early learning in the Commonwealth is that many otherwise eligible children are not being provided early learning opportunities because their localities are not providing matching funds. These children had no say in their situation and should not be punished.

Among my initial efforts in this area would be a push to provide 100% state and federal funding for early learning programs for these less fortunate children. They should not be left behind just because those that are more fortunate refuse to support these children in need. These more fortunate individuals are being shortsighted since by their refusal they are greatly increasing the possibility these individuals will end up requiring even more public support later in life.

Question 2: Foster Care: Most children entering foster care are returned to their families. In most cases, 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?

In my opinion, foster children who are returned to their natural families should continue to be supported by the Commonwealth in whatever means needed. A case officer should be assigned to “look in on” these children to ascertain whether their needs and best interests are being met. In those cases where they are not being met, the case officer would make recommendations to support the child. This should be able to include both monetary support and mediation services.

Question 3: School to Prison Pipeline: The US 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 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?

I would advocate and co-sponsor legislation for a restorative justice approach to handling student referrals that otherwise would go to law enforcement.

The legislation would provide funding for a full-time specialist in each school to lead the “restorative justice” system, specialized training for the specialist in “restorative justice” techniques, and training for teachers and administrators within the system about the new resource.
Restorative justice is as its name implies, a justice system where the primary goal is not only to seek amends for wrongdoing but also restoration of the offender’s behavior so that it is in an acceptable form for continued inclusion in “the classroom environment”.

Question 4: **Health Insurance** 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?

**In the event federal Medicaid resources are cut, it will be my position to find money within the state budget to make up the difference. Priority will be given to children and pregnant women.**

Question 5: **Opioid Epidemic**: 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?

**The opioid epidemic within families is an epidemic that must be confronted head on. First, we do not want to see parents taken from their children either by incarceration or death from an overdose. Second, we do not want any more children to become addicted and have it impact the rest of their life.**

**What can we do about it? One, we must make sure that insurance will cover opioid addiction treatment for our children and their parents. Two, we must expand educational efforts to prevent abuse through commercials, publications and education in our schools. Three, we must divert individuals arrested for opioid use into treatment programs rather than being in jail. Four, we must expand the availability of naloxone. And finally, we need to make sure prescribers adhere to all guidelines in prescribing opioids and also to push them to prescribe non-opioid pain relievers in their place.**

Question 6: **Cross-Systems Collaboration**: A child can interact with many systems (schools, health and mental health, courts, etc.) as they grow up. A Virginia Children's Cabinet has been established to facilitate cross-agency collaborations at the highest levels of state government. If elected, how would you facilitate this type of cross-agency collaboration for children?

**The Virginia Children’s Cabinet is a good step toward cross-system collaboration, but it is moving at a snail’s pace. Communities throughout the Commonwealth need assistance in catching and saving students before it is too late. I would recommend that the Commonwealth step up the pace and begin to fund all communities within the state.**

Question 7: **Mental Health**: In 2016, Virginia ranked 49th in the nation for the rate of youth with major depression who did not receive any mental health treatment. There are many barriers to quality mental health treatment for children, including: type of insurance, 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?
The most significant barrier to effective mental health care for children and adolescents is both “stigma” and lack of parental involvement. The mental health of many children and adolescents is simply never examined or considered by their parents unless the child is “beyond control”. Furthermore, children are not equipped to diagnose their own mental health, nor do they want to be seen as “different” to their peers.

To overcome this barrier, we must educate the parents and their teachers to look for warning signs. How do we go about doing this? Teachers need to be trained to spot the warning signs and be mindful to offer their concerns to the school counseling staff. At the same time, the school counselors need to be trained to an even greater degree as to the warning signs, how to assess them, and to refer these cases to qualified professionals.

Question 8: **Education:** 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 that has recently worsened. How would you address the achievement gap in Pre-K to 12 education?

*Studies on the impact of environment suggests that the gap is not caused by the school environment as much as it is caused by the home and community environment. This is not surprising as students spend more time at home and in their neighboring community than in school. If the students home and neighboring community are not “into” education than most likely the student in these communities will not be “into” education either.*

The question is what can be done additionally to reduce this gap.

First, we must provide more funding for pre-K education for disadvantaged students. Getting them engaged in education at an earlier age has been shown to improve their later performance.

Second, I believe that a move from a “no child left behind” system to a “direct instruction” system with technology added where appropriate will narrow the gap. “Direct Instruction” systems include:

- Explicit instruction based on lesson plans, often with specific teacher “scripts
- Ability Grouping. Students are grouped based on their rate of progress through the program.
- Emphasis on pace and efficiency of instruction. Lessons are designed to bring students to mastery as quickly as possible.
- Frequent assessment.
- Embedded professional development/coaching. Program developers recommend careful monitoring and coaching.

Finally, I believe developing schools where teachers work to make the disadvantaged students feel like an integral and wanted part of the school community (i.e., included) will do even more to bridge the gap.