

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?

Four state government departments (Education, Health, Social Services and Behavioral Health and Developmental Services), reporting to two different secretariats (Education, and Health and Human Resources), currently administer a broad array of services serving the needs of the families of young children in Virginia. This has resulted in a fragmented, confusing system of services. The Commonwealth Council on Childhood Success has done considerable work on integrating and streamlining the system to address this fragmentation. I would particularly support implementing the recommendations of the Data and Governance Workgroup of the council.

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?

The three most common reasons for children to enter foster care in Virginia include child neglect, child behavior problems, and parental drug or alcohol abuse. Sometimes there are several reasons for a child to enter care. While many families make progress dealing with the issues that resulted in foster care placement, these are often difficult problems that may require years of intervention to mitigate. In the case of parental drug or alcohol abuse, relapse is a common issue, making additional foster care placement a real possibility. Families should continue to receive support after reunification that can be gradually reduced and concluded as there is consistent, documented improvement in parent and child functioning.

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?

A research team at the Virginia Tech School of Education recently released findings from a study launched in January 2016 on the Center for Public Integrity data concerning suspension and referral to juvenile justice rates for various student groups. The data indicated that students with disabilities, as well as African-American students, were much more likely to be suspended or referred to juvenile courts than other students. A single suspension significantly increases the possibility that a student will not graduate from high school, and any involvement with the courts makes graduation even less likely. One effective approach is structured restorative justice. Many schools, including at least one high school in Chesterfield County, have implemented this approach school-wide to good effect. The program has been shown to prevent conflict from escalating to fights among students. I would support increasing the availability of such initiatives across Virginia school divisions.

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?

Since Medicaid represents the single largest source of federal funding for the Commonwealth (43% of all federal funding in Virginia), a loss or reduction in federal Medicaid funding could shift costs to our state, posing a threat to the state budget and other priorities such as education. Republican refusal to embrace Medicaid expansion has left Virginia at a disadvantage relative to other states with higher eligibility and per capita Medicaid spending. If elected, I will do everything I can to expand Medicaid to the 400,000 Virginians, including families with children, who currently do not qualify for this essential insurance coverage.

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?

If Virginia were to expand Medicaid, the federal government would cover 90 cents on every dollar spent on all aspects of combating the opioid crisis: prevention, initial intervention, treatment and recovery management. These services are particularly important to low-income Virginians, including pregnant women, and their children.

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?

Since the inception of the Virginia Children's Cabinet in 2014, the group has made considerable progress in establishing, for the first time, effective cross-agency collaboration and communication to support better alignment of policies and programs to serve our children. The October 2016 annual report describes progress made on the three main goals of the cabinet: reducing school disciplinary practices such as suspensions and expulsions that disproportionately affect minority students and students with disabilities; improving student outcomes in three school divisions with the highest percentage of unaccredited schools; and clarifying agency responsibilities for young people in foster care who were are committed to the Department of Juvenile Justice.

There were costs associated with the outcomes achieved on each of the goals. These costs were covered, in part, by allocations approved by the General Assembly. If elected, I would support continued funding of the recommendations developed by the cabinet. With the level of collaboration seen here, more efficient, leveraged use of state and local tax dollars will actually ultimately save money. Investing in our young people is investing in our future. This is state government at its best.

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?

For years, Virginia has ranked among the lowest of all the states in per capita spending on mental health. This has resulted in a chronic shortage of state funding for mental health services in general, particularly local community mental health services offered through the community services board system. This lack of investment has created serious accessibility issues for children and their families. Some community mental health centers offer limited services to this population, serving only those children and adolescents with the most serious mental health issues. While many studies of our mental health system, including children's services, have been conducted over the years, the results have been occasional increases in funding, usually short-lived. As a delegate and mental health professional, increased, sustained funding for our public mental health system will be a focus area for me. It is essential that funding be focused on providing primary mental health services to children and teens, instead of being focused on emergency treatment and hospital care as it often is now. If

young people receive care early on, they can receive treatment before their symptoms get worse. Early treatment paves the way for a better outcome and a better future for our youngest citizens. Finally, providing proactive care is also less expensive than paying for hospital services once a youngster experiences an emergency.

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?

Since children experience their most significant brain development in the first five years of life, we need to boost our efforts to provide developmentally appropriate early childhood education to all young children in Virginia. These services are particularly important for young children living in poverty or environments that do not promote early learning. Once children reach kindergarten, it is essential that public schools have professionals who are trained to identify students who are beginning to experience academic and/or behavioral difficulties. Proven, proactive intervention strategies like Positive Behavior Intervention Services (PBIS) should be available at every school in the Commonwealth. Department of Education statistics show that African American students and students with disabilities are much more likely to be suspended or expelled than other students. Interventions such as PBIS have been shown to be effective in keeping these students in school so they can graduate from high school on time, prepared for a positive future.