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Page 2: Contact Information

Q1

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Page 3: Question 1: Early Learning

Q2

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?

Early Learning is definitely critical and an area of opportunity for our state. It is imperative that schools, social services, mental health, and all other stakeholders communicate effectively and deliver services efficiently. Our governor established The Children's Cabinet to address this specific issue. As a member of the House of Delegates, I would establish a district-based Children's Cabinet that would meet quarterly in order to facilitate communication, stream-line practices and policies, as well as promote effective strategies for engaging our most underserved communities in receiving the services that they require. It is also important to engage our families to ensure that programming and services are delivered in a manner that is relevant and effective. I would accomplish this by hosting quarterly town hall meeting throughout the district to provide our families the opportunity to engage and provide feedback directly to the agencies. See the Children's Cabinet model: <https://hhr.virginia.gov/childrens-cabinet/our-approach/>

Page 4: Question 2: Foster Care

Q3

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?

Providing sustainable and effective wrap-around supports for families that have worked hard; often overcoming significant life challenges such as substance abuse, homelessness, lack of employment, mental/physical health issues, and more; requires that we provide counseling, parent education/coaching, parent support groups/mentors, workforce/career development, as well as ensuring that our families receive resources for medical care and food provisions. Creating long-term post-placement wrap around supports by partnering with schools and social services to do so, will greatly improve the quality of life, long-term, for our families. This would be one of the focus initiatives for the local Children's Cabinet that I am proposing to implement

Page 5: Question 3: School to Prison Pipeline

Q4

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?

Unfortunately, Virginia's Pre-School-To-Prison Pipeline has garnered national attention that is not representative of what Virginia can be in supporting our youth, specifically our youth of color and with special needs, who are the populations that are most impacted by the pipeline. Researchers, such as The UCLA Civil Remedies Project in 2012, provided effective interventions to combat the referral rates of school divisions like Henrico County Public Schools, which in 2012, was identified as third in the nation for referring African-American male students to law enforcement for minor behavior occurrences. It is important to note that neither suspensions, law enforcement presence in schools, nor referral to law enforcement improve the quality of school climate or academic performance based on the data. I am proposing the following interventions:

- It is imperative that a moratorium on referring our youth to law enforcement for non-violent actions be implemented immediately. A student should not be referred to a School Resource Officer for "defiance" or "disrespect." Those are matters that the school district personnel must be equipped to address as learning opportunities by culturally competent school staff.
- I would advocate for the training of school staff regarding the best practices of restorative justice and alternatives to referring our students to law enforcement, even for minor issues. This would include equipping schools to be mandatory training to ensure that all Virginia schools are trauma-informed and more importantly, have access to trauma-informed evidenced based practices.
- I would advocate for the removal of law enforcement from our schools is a requirement to ensure that we are not creating an atmosphere in which referral to law enforcement is the primary and widely used option.
- I would propose moratorium on school suspensions for students in kindergarten through fifth grade, who have yet to develop emotionally and socially as it relates to behavior. Alternative to suspension must be developed and exhausted prior to removing our students; specifically our students with special needs and of color, out of the school setting.
- I would advocate for mandatory training for all school staff in trauma and its impact on our students. I would also promote trauma-informed schools throughout the state. See: <http://www.fact.virginia.gov/wp-content/uploads/2017/04/FACT-ISSUE-BRIEF-TRAUMA-INFORMED-SCHOOLS-final1.pdf>

Page 6: Question 4: Health Insurance

Q5

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?

As a member of the House of Delegates, we would need to be very creative to ensure that FAMIS is funded and that non-traditional methods of promoting health care are explored. I would propose partnering with medical care providers such as MCV and VCU in an effort to establish low-cost or no-cost "Child Care Clinics," in which the basic health screenings and needs of our children would be addressed. This would include dental and mental health needs as well. I am also advocating for our schools to become "community resource" portals that our families and stakeholders can access for preventative and ongoing health services since access is a major obstacle.

Page 7: Question 5: Opioid Epidemic

Q6

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?

It is important that we, as a Commonwealth, are recognizing the fact that substance abuse is not to be criminalized, but it is an illness, and the efforts to provide treatment as opposed to incarceration is an enormous step in the right direction for our families. As a delegate, I plan to advocate for a substance abuse "family treatment" model, not just an "individualized treatment model." Wrap-around services, which include parenting support are essential to guiding families to healthy and stable place. One of the most effective strategies in promoting positive parenting is to surround our parents that are struggling with substance abuse and other challenges with those that they can model and that provide support. These services must be available at no/low cost, must be long term in order to be effective, and involve all of the community stakeholder that our families interact with.

Page 8: Question 6: Cross-Systems

Q7

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?

As I mentioned in question one, I would promote the cross-agency collaboration through the development of a local branch of the Children's Cabinet within my district for which our families and stakeholders can interact. All advocacy begins at the local level. By modeling a branch of the Children's Cabinet, all stakeholders would have greater opportunities for not only collaboration, but interaction and the creation of innovative service delivery strategies based on the individualized needs of our communities.

Page 9: Question 7: Mental Health

Q8

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 greatest barriers to mental health services for children and adolescents is access to qualified providers and affordability regarding mental health services. While there is a stigma associated with mental health illness, creating greater awareness and education in this area is beginning to decrease the stigmas, especially within our traditionally underserved communities of color. I propose addressing this issue by, once again, utilizing our schools as “community resource” model, where mental health service providers are either based in our schools or provide education, support, and other services directly from the school setting; during school hours as well as outside of traditional school hours; (evenings, weekends, etc.) Allowing these services as a component of public education services expands access, eliminates the insurance issue, and ensures increased accessibility. I will also propose legislation to ensure that a full-time mental health service provider is required at every school, including pre-school. The investment in this intervention will save resources and lives in the long-term. Our schools, as community resources are being severely underutilized. I plan to change this for our children and communities.

Page 10: Question 8: Education

Q9

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?

I assert that we do not have an “achievement gap,” but an “instructional gap.” Our students of color, students with special needs, and students that speak English as a second language, are being subjected to instructional strategies that are not effective with them. In order to address the “achievement gap,” I am proposing that we equip our educators with the skills that they require in order to meet the instructional needs of a highly diverse student population that is growing in diversity daily. I will propose legislation that will allow educators, who are on the front line of this “instructional gap” crisis, to secure additional specialized and advanced training at no cost to them. I will also propose legislation that requires all licensed educators to participate in mandatory cultural competence training as a condition of their licensure renewal under the VADOE. The professional development would address the issues of implicit and explicit biases as well as classroom strategies that dismantle the pre-school-to-prison pipeline; decreasing the criminalization of our students of color within the school settings.

Closing: I am honored to serve Virginia’s families, and plan to do so at an even greater level as a member of the House of Delegates; focusing on our most underserved communities and children. Thank you for this opportunity to share my vision and passion for our children.

A vote for me, Is a vote for you!
I am the candidate for all the people, all the time.