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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?

No matter how it is re-structured to create a more cohesive system, the most important thing is to fund it! However, any income eligibility and/or parental co-pays must be based on a full Cost of Living Adjustment. Federal poverty definitions are the same no matter where the family is living. \$24,600 for a family of four is extremely challenging anywhere but it is impossible in Northern Virginia. Localities and private efforts here are morally compelled to go beyond the state program -- however inadequate the program still may be -- and hence we have a non-system trying to fill the most egregious lapses.

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?

For 7 years, I was the Director of the Fairfax Court Appointed Special Advocates program, which trains and supports volunteers to work with the most severe cases of child abuse and neglect. At that time, CASA's caseload averaged over 350 children per year with the median age under 5. Therefore, I am well-aware of the poor health and educational outcomes that are ingrained in many of the dysfunctional families that require foster care to protect the children.

Close coordination between the Court and the local family services agency is essential which is focused on the full array of services needed to have a functioning adult -- including but not limited to mental health, employment, housing, child care, and parenting skills. The time to start services is while there is the power of the court behind providing them and accountability for non-compliance. Building on such initial success gives follow-up services to the re-united family a real chance for positive results.

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?

The unsuccessful debate in the last General Assembly on the need to significantly change Virginia Code provision that allow 365-day suspensions combined with the Center for Public Integrity analysis of referrals to law enforcement raise very troubling concerns. I believe that there are on-going elements of Virginia's segregationist history, as well as failure of children of immigrant families to feel part of the broader community due to overt prejudice and economic and social isolation.

These issues need to be openly discussed and thereby confronted through staff and administrative mandatory training in both public schools and local law enforcement; the GA needs to pass legislation limiting suspensions and reflecting national best practices regarding involvement of law enforcement; and ongoing analysis needs to determine in which school divisions and in which schools suspensions and law enforcement referrals are the highest. The focus then needs to be on what demographic factors may indicate that additional resources are needed to constructively address underlying factors contributing to student discipline problems and on whether schools need to be held accountable for unacceptably high rates of suspension, expulsion, and law enforcement referrals.

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?

This question is so serious and immediate that I am deeply frustrated the obvious answer -- "meet the need with state funds" -- is also obviously unrealistic. As I heard it in the House, the repeated rejection of medicaid expansion in any form was more than anti-federal politics. It is a denial that government has a responsibility to ensure that all have affordable access to basic healthcare, much less recognizing the cost-benefit of prevention.

Of course I will support any efforts to fund replacement services if federal payments are cut under ACA or medicaid reforms to FAMIS just as I have supported and will continue to advocate for expansion of Virginia's barebone medicaid program to provide family healthcare.

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?

The late Senator Moynihan observed that welfare man-in-the-house rules gave us the one-parent family and that drugs gave us the no-parent family. Crack / cocaine was the first drug to be used more by women than men resulting in decades of children born into the challenge of surviving on their own, without receiving the socialization and respect that establishes respect for the rights of others and without a belief in the future. Crime and addiction are almost inevitable.

I have and will support policy changes in a full range of areas including sane drug laws regarding proportionate penalties, resources and oversight to combat opioid abuse, expanding health services provided through any means to include mental health and addiction, pre-natal care for women in poverty including parenting skills, full family life education in our schools that conveys parental responsibility and information about how to nurture a child as well as preventing an un-planned pregnancy, health care for the parents in poverty as well as for their children, and preschool programs that address early learning deficits.

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?

I am glad that the basic structure is finally in place. I expect resistance in actual implementation in deference to agency silos over most effectively meeting client needs and I will look for and support measures that will be required to institutionalize change.

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?

I have a long involvement with mental health issues and am dismayed as a legislator with how often we have reacted to a crisis, only to let the funding for needed reforms slip-away in the next budget cycle. I am hopeful that the concentrated effort of the Deeds Jt Cttee will result in systemic change.

I believe the most significant barrier is the stigma combined with denial. Many mark it off to just a character weakness. This not only effects persons seeking services but it definitely effects the politics of establishing budget priorities. I believe that the tragedies coming out of the conduct of the Iraq and Afghan battles including the traumatization of repeated deployments are having one positive effect of bringing mental health issues affecting persons who were normal out into the open. We could use further affirmation through the courage of those who've benefited from mental health services speaking out in order to build public understanding of the efficacy of services and positive outcomes .

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 represent an area of Fairfax County where on average 40% of the school children qualify for free reduced lunch. Six of my elementary schools have 50%-83% who qualify. As I have worked with these schools over many years, I have become a firm believer that the most critical thing is to reduce class sizes, especially in early elementary. Secondly, we need full summer school programs for children who qualify for free and reduced lunch, not only to provide them the opportunity to continue to learn – as children not in poverty are more apt to have – but because for many what they've been eating at school makes up a significant part of their nutrition. Finally, state educational programs directed at children in poverty need to be funded on an individual per child basis, not put under the standards of quality where the funding will be dissipated. See also Question #1 on Early Learning.