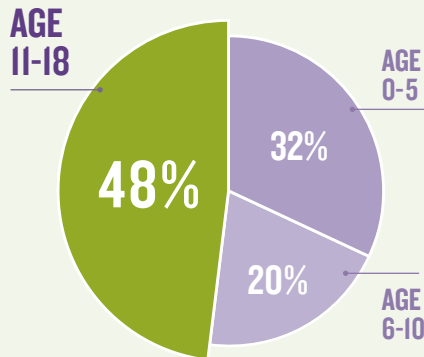


# FOSTER CARE

Despite making some improvements to the foster care system, Virginia policymakers have the opportunity to continue to improve child welfare in the best interest of children. Additionally, Virginia needs to dedicate resources to ensure the child welfare workforce can meet its goal of ensuring every child has a safe, loving, and permanent family.

Each year about 500 youth in foster care will turn 18 and age out without being reunited with family or adopted.

## AGE OF CHILDREN IN FOSTER CARE



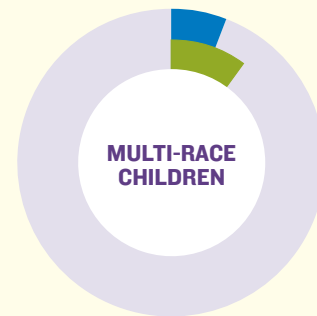
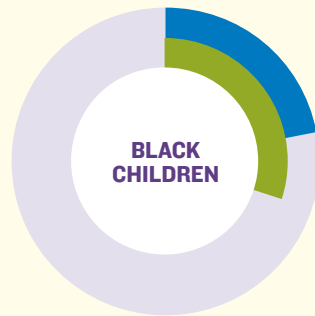
## Virginia ranks

**49<sup>th</sup>** out of 50  
— FOR —

youth aging out of foster care without a permanent connection

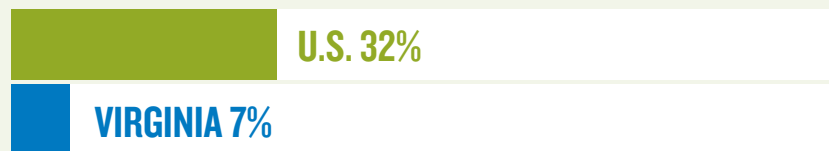
Black children and children of 2 or more races continue to be overrepresented in foster care.

## DISPROPORTIONALITY OF BLACK AND MULTI-RACE CHILDREN IN FOSTER CARE



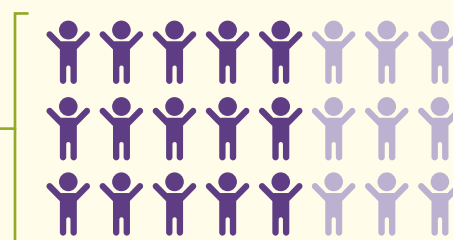
Formal kinship care is increasing nationwide, but Virginia still lags behind.

## PERCENT OF CHILDREN IN FOSTER CARE PLACED WITH RELATIVES OR KIN



Child welfare workers are expected to do too much and are paid too little.

**\$30,828**  
starting base salary for entry-level Family Caseworker



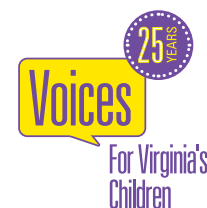
Many child welfare workers in Virginia have caseloads that **exceed the recommended 15 children per worker**

## Questions for Candidates

#VAVotes4Kids

- 1 FOSTER CARE REFORM:** The 2018 JLARC study highlighted problems in foster care such as social workers with high caseloads, children missing their required medical appointments, as well as the system under-utilizing relatives as foster parents. The General Assembly approved greater oversight of local agencies, but much remains to be done. **How will you build on the recent improvements to support children in foster care?**
- 2 WORKFORCE:** Virginia has struggled to retain child welfare workers. Nearly a third of all entry-level Family Services Specialists quit within their first year on the job. For a child, having multiple caseworkers can mean disrupted placements and a longer time spent in foster care. **How do you plan to address the workforce challenges to better serve children in the child welfare system?**
- 3 KINSHIP CARE:** Currently in Virginia, there are many children being raised by grandparents and other relatives when their parents are unable to do so. Research has shown these kinship arrangements reduce the impact of trauma and are more likely to support a permanent home. Unlike some states, Virginia does not provide financial support to kinship caregivers, like it does to non-relative foster parents. **If elected, what policy solutions would you propose to address the financial challenges kinship caregivers face?**
- 4 FAMILY-FOCUSED:** Children and families who come into contact with the child welfare system have often experienced generations of trauma. The federal Family First Prevention Services Act can transform Virginia's child welfare system to provide services to family and kin, not only the child. **What do you see as the next step to help transform Virginia's foster care system to help heal the entire family?**
- 5 EQUITY + FOSTER CARE:** Children of color are disproportionately represented in care and are more likely to be placed in a group setting, which research shows is less beneficial than a family setting. **How would you address the racial inequities within the foster care system?**
- 6 AGING OUT:** Virginia continues to have one of the highest rates of youth aging out of foster care without a permanent family. **What policy solutions would you propose to reduce the rate of youth aging out of foster care and increase family permanency through reunification or adoption?**
- 7 OPIOID EPIDEMIC:** The opioid epidemic has resulted in an increasing number of infants reported to DSS when born to mothers with substance-use disorders. Studies show substance-affected infants have better outcomes when mothers receive both prenatal care and substance-use treatment during pregnancy, and children are kept with their mothers during the treatment. **If elected, what will you do to address the impact of the opioid epidemic on families with young children?**

Source information available online: <https://vakids.org/take-action/elections>



# EARLY CHILDHOOD

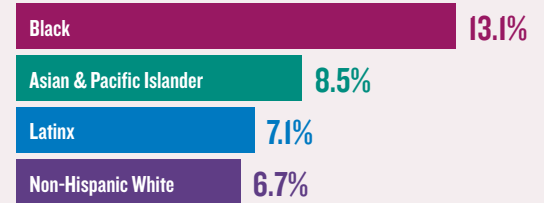
When children's needs are met in the early years, they are more likely to continue on a path towards success. Our Commonwealth needs to make intentional policy choices to improve early childhood outcomes for all children, regardless of race or income.

Many children in Virginia are born without access to equal opportunity based on their families' income or the color of their skin.

**1 IN 3** births are to low income mothers



**% OF ALL BABIES BORN BY RACE AND ETHNICITY WHO ARE LOW-BIRTH WEIGHT\***



\*below 5.5lbs

Most young children in Virginia need child care while their parents work, but care is hard to find and often not high quality.

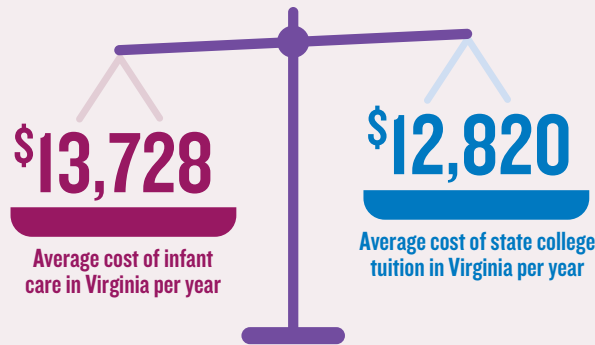


**13%**

of young children

in care in Virginia attend child care programs that participate in a quality rating system

Child care is not affordable for most families, especially for those with infants.

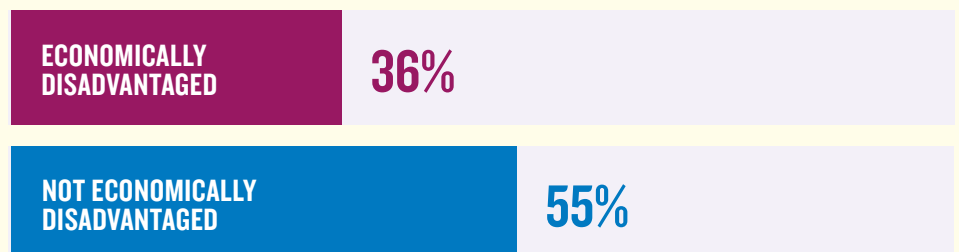


**6%**

of children receiving financial assistance for child care are infants

Low-income children are less likely to attend preschool than their higher-income peers. This opportunity gap can contribute to the achievement gap.

**3- & 4-YEAR-OLDS ATTENDING PRESCHOOL**

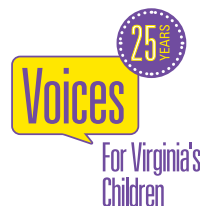


## Questions for Candidates

#VAVotes4Kids

- 1 CROSS-SYSTEM COLLABORATION:** Young children are learning wherever they are. We must ensure that the early care programs in which they participate, support this learning, whether a family chooses a home visitor, family child care, a child care center, or a public preschool. **How do we work to ensure quality across these different settings? How do we work across different settings to reach more children?**
- 2 EQUITY + ACCESS:** Children from higher income households more often have the opportunity to attend preschool than their economically disadvantaged peers. The Virginia Preschool Initiative (VPI) has a track record of success but faces challenges to serve all children who could benefit. **What would you suggest to ensure that all children, regardless of their families' income, arrive at kindergarten ready to learn?**
- 3 ACCESS TO QUALITY:** A recent review of a public preschool program in Virginia found that more than a quarter of children were chronically absent — they missed more than 10% of school days. **What are some ways to improve participation in high-quality, early-learning programs?**
- 4 EQUITY + HEALTH:** Two trends point to racial disparities evident at birth—a higher percentage of Black babies born low-birthweight and higher rates of maternal mortality for Black mothers than for those of other races. **What can policymakers do to prioritize and address these disparities in health outcomes?**
- 5 AFFORDABILITY:** Over the last three years participation in the child care subsidy program has declined 30%. Parents identify barriers to their participation as lack of awareness and child support enforcement requirements. Providers cite barriers such as low payment rates and administrative burdens. **With Virginia receiving additional federal resources for this program, what policies should be considered to fully maximize participation?**
- 6 FAMILY SUPPORT:** Research on brain development points to the early years as the best time to provide nurturing care and high quality interactions with children. These actions can provide the buffers for children who have experienced trauma or are at risk of experiencing trauma. **What are some ways that Virginia can promote best practices to support parents and caregivers?**
- 7 WORKFORCE:** Early childhood educators are undervalued and underpaid, especially considering the impact these individuals have on preparing children for success in school. **What would you propose to raise the profile and pay of early childhood educators?**
- 8 TRAUMA:** A recent survey of early childhood educators found that 90% reported having at least one child in their classroom experiencing challenging behaviors. They most often cited outside stresses at home, such as financial hardship, or witnessing or experiencing violence. **What should be done to help providers care for all children, including those who have mental health issues or who have experienced trauma?**

Source information available online: <https://vakids.org/take-action/elections>



# CHILDREN'S MENTAL HEALTH

While investments have been made to improve Virginia's mental health system, far too many children continue to lack access to high quality services. Increasing access and coordination of mental health care leads to better health outcomes for children.

Mental health disorders can start early in childhood.



In Virginia, over half of all children with public health insurance who are diagnosed with a mental health condition are under the age of 12

Children's mental health disorders are prevalent across Virginia.

**79,000** youth suffered from

at least one

major depressive episode in the past year



**16%**

of high school students

seriously considered attempting suicide in the past year

Access to mental health treatment is limited in Virginia.



**2 IN 3**

of Virginia's children

who experienced a major depressive episode did not receive any mental health treatment

Nationally, children of color have similar rates of mental health diagnoses, yet they are less likely to receive treatment than their White peers.

**AVERAGE MENTAL HEALTH VISITS PER 1,000 CHILDREN 2006-2012**

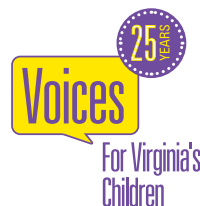


## Questions for Candidates

#VAVotes4Kids

- 1 MEDICAID IMPROVEMENTS:** Virginia's Medicaid-covered mental health services reflect a crisis-oriented approach with an overreliance on intensive treatment services and less focus on prevention. Efforts are underway to transform the behavioral health system to ensure consistency, comprehensive care, and more effective services for children and adults. **What do you think about the current behavioral health system transformation efforts and would you support the continuation if elected?**
- 2 EARLY CHILDHOOD:** Significant mental health problems can and do occur in young children. In fact, nearly 4,000 children 0-3 with public health insurance in Virginia had a mental health diagnosis in 2017. **What steps should Virginia take to improve access to early childhood mental health services for Virginia's youngest children and their families?**
- 3 SCHOOL-BASED SERVICES:** During the 2016-17 school year, 50% of school threat assessments conducted were related to self-harm. Research tells us that children and adolescents with access to mental health services in school are ten times more likely to seek care. School-based health centers can be useful settings to collaboratively address students' physical and mental health needs. **What steps, if any, should Virginia take to develop a robust array of school-based behavioral health services?**
- 4 YOUTH SUICIDE:** Nationally, suicide is the second-leading cause of death among children and youth ages 10 to 24. In Virginia, rates of suicide in this same age group have increased over 66% since 2010. However, these rates are not consistent across racial and ethnic groups. Rates of suicide for Black children have increased by 115% compared to White children and youth, who experienced a still startling 51% increase of youth suicides. **What steps should Virginia take to address this growing public health crisis of youth suicide for all children?**
- 5 WORKFORCE:** In Virginia, there is a critical shortage of licensed mental health professionals available to treat children and adolescents in need of care. Workforce shortages are exacerbated by high turnover, an aging workforce, and low reimbursement rates. **What policy solutions would you propose to resolve this critical shortage of mental health providers in Virginia?**
- 6 EQUITY + MENTAL HEALTH:** Nationwide, one in five youth live with a mental health condition, yet the majority of youth who need care do not receive it. Barriers to access include lack of or limited health insurance, social stigma, and under-identification. Research shows that children of color, in particular, are less likely to receive needed mental health care. Even when they do receive care, there is great variation in the quality of care they receive compared to their peers. **What policy solutions would you propose to address race disparities in mental health care?**

Source information available online: <https://vakids.org/take-action/elections>



# FAMILY ECONOMIC SECURITY

Too many children in Virginia live in families who struggle to meet their basic needs, such as food, housing, child care, and health care. While access to health care has improved, especially for parents, Virginia has more to do to help families achieve economic security.

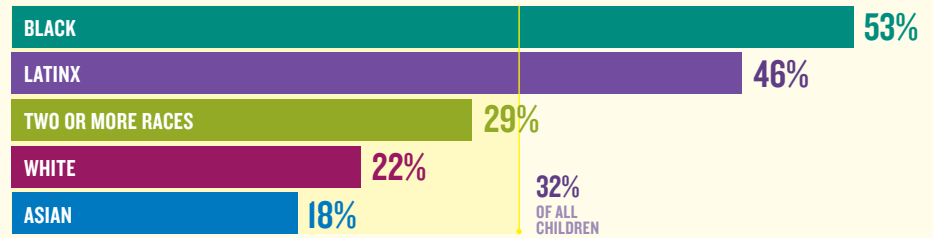
Virginia's rate of economically disadvantaged children has not changed since the great recession of 2008.



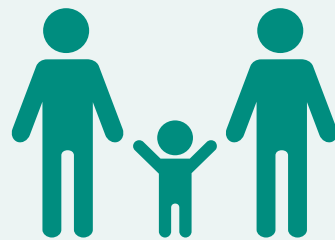
**1 IN 3**  children are economically disadvantaged in Virginia

Children of color have different starting points for opportunity and may need different policy solutions.

PERCENT OF ALL CHILDREN BY RACE WHO ARE ECONOMICALLY DISADVANTAGED



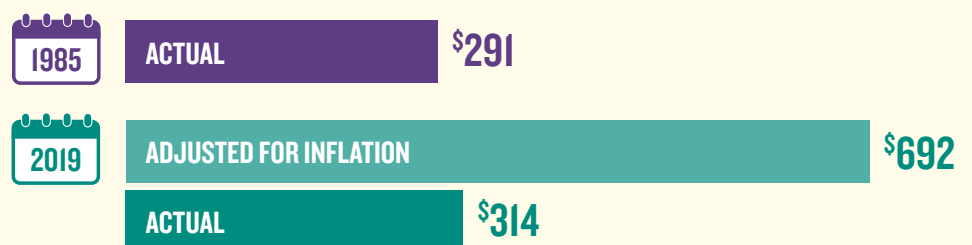
Expansion of Medicaid provides health and economic benefits to parents, which improves stability for Virginia's children.



**35%** of new Medicaid enrollees are parents

Low-income families depend on cash assistance programs, such as Temporary Assistance for Needy Families (TANF).

Monthly TANF assistance for families has not kept pace with inflation

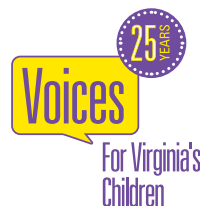


## Questions for Candidates

#VAVotes4Kids

- 1 CONCENTRATIONS OF POVERTY:** Addressing economic security might take different approaches depending on the part of the state. There are higher rates of economically disadvantaged children in rural areas of the Southwest and the Eastern Shore, but there are more economically disadvantaged children in the highly populated Northern Virginia and Hampton Roads. **How should policymakers address these two differences regarding economic disadvantage?**
- 2 FEDERAL RESOURCES:** Virginia has accumulated a significant surplus in Temporary Assistance for Needy Families (TANF), federal and state grant funds for low-income working families. **Given the significant needs of low-income families to cover basic expenses such as food, housing, and child care, how should these funds be spent to help families maintain employment and meet basic needs?**
- 3 TAX CREDITS:** Each year at tax time, many working families receive refunds through the federal Earned Income Tax Credit (EITC) but they do not get the same refundable tax credit from Virginia. Twenty-three states and D.C. have made the EITC refundable. **What do you believe the state should or should not offer in terms of tax credits or refunds?**
- 4 FINANCIAL ASSISTANCE:** Assistance programs such as public health insurance, food and cash assistance, and school lunch help meet the basic health care, nutrition, and housing needs for Virginia's families. **Would you take any steps to address participation in these programs?**
- 5 PAID LEAVE:** Guaranteed paid leave and paid sick days ensure that parents can meet their families' needs without jeopardizing their income. **What are some factors to consider about how the state might play a role in providing paid leave to families?**
- 6 THRIVING ECONOMY:** The unemployment rate in Virginia has continued to decline from 7.2% in 2010 to just 3% currently; however this ranges across the Commonwealth, from a 2.0% unemployment rate in Arlington County to a 5.1% unemployment rate in Danville and Emporia. **If elected, what would you do to encourage economic growth and stability for all families?**
- 7 EQUITY + INCOME:** The overall median household income in Virginia is just above of \$60,000. However, there is a large disparity between median income for White earners versus that of Black earners. In 2017, the median household income for White households was \$63,704, \$49,793 for Latinx households, and \$40,232 for Black households. **What would you do to lessen the gap and promote economic security for all?**

Source information available online: <https://vakids.org/take-action/elections>





A trauma-informed approach to working with children and families asks “what happened to you?” not “what’s wrong with you?” Our policymakers must prioritize preventing trauma, intervening early to address traumatic experiences, and dismantling systems that perpetuate trauma.

Many children experience trauma, which impacts their brain development and their long-term health and well-being.

## ADVERSE CHILDHOOD EXPERIENCES (ACEs)



Separation from a parent including death or incarceration



Living with or experiencing domestic violence, parental substance abuse or mental illness, or community violence



Physical or emotional abuse or neglect



Economic hardship

**20%** of children in Virginia have experienced two or more ACEs

The best way to buffer the impacts of trauma is to educate and encourage parents to provide safe and nurturing homes.

Early childhood home visiting programs provide support to pregnant women and families with children ages 0 to 5

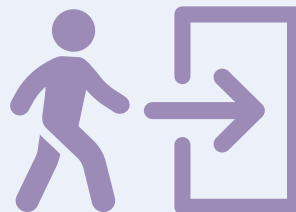
but only reach

**< 10%**



of families in need

Too often the professionals who work with children and families experience burnout related to job stressors.



**50%** of child welfare workers

thought about leaving their positions if offered a less stressful job

Trauma experienced by some children and families is layered on top of racial or historical trauma.



## RACIAL TRAUMA & HISTORICAL TRAUMA

The stressful impact or emotional pain of one's experience with racism and discrimination

Cumulative emotional and psychological harm, as a result of group traumatic experiences, transmitted across generations within communities and families

## Questions for Candidates

#VAVotes4Kids

- 1 TRAUMA-INFORMED SCHOOLS:** The Virginia School Safety Audit Report noted that half of the threat assessments made in schools were for self-harm. Teachers are reporting an increase of children with challenging behaviors, most often linked to trauma experienced at home or in the community. **What would you do to ensure that teachers and school divisions have the resources to meet their children's socio-emotional and mental health needs?**
- 2 CROSS-SYSTEM COLLABORATION:** Children can interact with many systems (schools, health and mental health, courts) as they grow up. At times these systems do not work together and can create additional challenges for families. **What would you do to ensure better outcomes for children and families involved in multiple systems?**
- 3 MENTAL HEALTH IN SCHOOLS:** To begin to address students' mental health needs, the General Assembly added more school counselor positions. These positions are considered "support staff along with nurses, social workers, and school psychologists. **Do you believe that schools have adequate support staff? Why or why not?**
- 4 ACCESS TO CARE:** Virginia policymakers are presented with two opportunities to implement more trauma-informed and evidence-based initiatives for children and their families; the implementation of the Family First Prevention Services Act in foster care and the redesign of Medicaid-funded behavioral health initiatives. This process will require scaling-up services, training staff, and data collection and evaluation. **What do you hope will be better for vulnerable children and their families after the roll-out of these initiatives?**
- 5 COMMUNITY-LEVEL PREVENTION:** Over 20 communities across Virginia are forming regional trauma-informed networks to foster trauma prevention and facilitate trauma-informed practices in health, courts, schools, and other systems. **What role, if any, should the state play in advancing these efforts?**
- 6 WORKFORCE:** Child-serving professionals including teachers, mental health professionals, and social workers are reporting high job stress and vicarious or secondary trauma from working with children who have experienced trauma. **What efforts would you champion to support these professionals?**
- 7 EQUITY + TRAUMA:** Historical policy decisions, such as school segregation, have led to decades of negative consequences for generations of families and neighborhoods. For some children their ACEs are layered on top of these historical traumas. **Are there policy solutions that can address both the historical and current effects of trauma? If so, what are they?**

Source information available online:  
<https://vakids.org/take-action/elections>

