



2011 LEGISLATIVE AGENDA

Voices champions public policies that improve the lives of Virginia's children.

Since 2007, state lawmakers have faced revenue shortfalls totaling \$15 billion. This deficit has been addressed with a combination of spending cuts, rainy day fund withdrawals, and leveraging federal funds. Even during these difficult times, Voices and partners have been able to achieve significant gains for children in the areas of foster care and early care and education. Voices' 2011 legislative agenda was developed in the context of prior budget cuts as well as the anticipation of additional spending cuts. Voices will focus on **preserving recent gains** in key children's policy areas and **reinvesting recent savings** achieved in child-serving programs.

Even though some successes have been achieved, budget cuts have adversely affected important child-serving programs including early childhood home visiting programs and school readiness initiatives. In these arduous economic times, services provided to vulnerable children and their families are especially critical. Virginia's future prosperity depends on our ability to protect and enhance the well-being of children so they can become the capable adults needed to drive our economy and lead our Commonwealth.

Children's Mental Health

Reinvest CSA savings to address urgent needs in the child mental health system.

The Comprehensive Services Act, which serves at-risk children including those with serious mental health problems, reports a savings of approximately \$12 million in state general funds. These savings were generated by a decrease in spending in FY10, largely due to a shift in policy of placing more children in community-based care rather than in residential settings. Because Virginia still lacks a sufficient supply of community-based mental health services for children, the \$12 million in savings should stay in our communities to serve children with mental health problems. This recommendation is consistent with the recent Department of Behavioral Health and Developmental Services' report that cites expanding community-based services as the highest priority need in the children's mental health system. This need is immense; one in five children has a mental health disorder, and only 20% of those are receiving the treatment they need. Without investment in community based services, CSA costs will increase due to greater spending on more intensive and restrictive services.

Foster Care Reform

Promote better outcomes for older youth in foster care by eliminating the "Transition to Independent Living" permanency goal.

According to a 2010 study by the Virginia Department of Social Services, 96% of children who entered care at age 15 or older were given an "alternative goal" not designed to lead to a permanent, lifelong family connection. The goal "Transition to Independent Living" almost guarantees that a youth will leave foster care as a legal orphan. Youth with alternative goals are six times less likely to be in a family-based placement that leads to permanency. Eliminating "Transition to Independent Living" from the list of allowable goals will not by itself guarantee that youth will achieve permanent family connections, but it confirms Virginia's commitment to never stop seeking a permanent family for a youth in care, regardless of age. Eliminating the goal is a first step in changing foster care practice to improve outcomes for older youth. All older youth will still receive training and programming in "independent living skills," which are needed by all older teens regardless of their permanency goal.

Children's Health

Provide FAMIS coverage to legal immigrant children and pregnant women, as well as Medicaid coverage to pregnant women (\$1.2 million).

Virginia is one of only nine states that permanently bar legal immigrants from Medicaid. Prenatal care for all mothers is cost-effective and is essential to promote healthier pregnancies and better birth outcomes. Coverage for legally residing pregnant women may also reduce uncompensated care and charity care costs borne by Virginia hospitals. Coverage for these populations will secure a significant federal match (\$1.5 million).

Oppose payments cuts to health care providers who treat children, pregnant women, and parents with Medicaid and FAMIS health care coverage.

Cuts in Medicaid and FAMIS provider payments will likely lead to fewer providers in the system. Even when a child, pregnant woman, or parent has health insurance through Medicaid or FAMIS, he or she may not be able to access care if providers become unwilling to accept their insurance due to payment rates that don't adequately cover the costs of providing care.

Family Economic Success

Protect childcare assistance funding that benefits low-income working parents.

More than 30,000 families (nearly 60,000 children) are served by Virginia's Child Care Assistance program. That means there are over 30,000 families in which a parent or parents are in the workforce, contributing to the economy, staying off or transitioning off welfare, and becoming self-reliant. Child care assistance helps low-income working parents afford the tremendous financial burden of stable child care. Low-income families often pay as much as 30% or more of their income for child care. Without a subsidy to offset some of this cost, many working parents are unable to afford suitable care. They may quit their jobs or place a child in unsafe or substandard care.

Early Care and Education

Restore funding to 2009 levels for Healthy Families and CHIP of Virginia, the Commonwealth's comprehensive voluntary home visiting programs (\$3 million).

Healthy Families and CHIP of Virginia are slated for massive budget cuts in 2012 (nearly 54% and 46% respectively). Because of cuts already enacted, three of the 28 Healthy Families sites have had to close their doors – two of which served families in some of the poorest areas of the state. If the 2012 cuts are enacted, many more programs will shut down. Home visiting services are vitally important for the most vulnerable families because they help parents promote optimal development and school readiness. Home visitors partner with parents to help them provide a safe and supportive home environment, promote wellness and improved health status of children, and enhance developmental and learning opportunities for young children. These home visiting programs have rigorous evaluation programs and are a proven investment benefiting Virginia's children.

Restore funding to 2009 levels for the Virginia Early Childhood Foundation, which promotes community-based, locally-directed school readiness initiatives (\$450,000).

The VECF is a public/private partnership that bridges the state government, local communities, the military, and the business sector. It provides resources, leadership, and technical assistance to foster efficiency and effectiveness in all state and local efforts to build school readiness and enhance early childhood development, including implementing and coordinating the Smart Beginnings initiatives in 89 localities across the state.

For more information, please visit www.vakids.org or contact Mary Dunne Stewart at mds@vakids.org or 804-649-0184 x24.