



## 2010 Legislative Agenda

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

Since the recession began, the economic downturn has necessitated significant state budget cuts totaling approximately \$7.3 billion. Voices 2010 legislative agenda was developed in the context of these prior cuts and an anticipated \$3 billion shortfall in the upcoming biennium. Voices will focus on preserving recent gains in key children's policy areas and making several new investments in programs that serve families struggling during this economic downturn. Challenging economic times are particularly difficult on families and children. The Commonwealth cannot afford to retreat on kids' issues. In times such as these, the services that make up our community safety net are most needed by children and their families. 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.

### **Foster Care Reform: Promote better outcomes for older youth in foster care:**

- Offer independent living services to all youth in foster care until age 21
- Extend the time period during which youth can "opt back in" to services from 60 days to six months

Rationale: Studies show that youth receiving foster care services after age 18 have better outcomes. They are two to three times more likely to be enrolled in college than those who leave care at 18. Conversely, those who received no services after age 18 are much more likely to miss rent and utility payments, get evicted or experience homelessness. While the vast majority of Virginia localities report they offer independent living services to youth 18 through 21 aging out of foster care, they are not required to do so. Federal legislation passed in 2008 allows localities to receive federal reimbursement for serving some of these older youth (those who are IV-e eligible), but to do so the Commonwealth must have a uniform practice of offering services to all youth aging out of care.

### **Children's Mental Health: Oppose additional funding cuts to the Community Services Boards (CSBs) that provide the state's publicly-funded community behavioral health care services.**

Rationale: In the past year, the CSB system has sustained two 5% budget cuts. The children's mental health system remains woefully underfunded and additional funding cuts would adversely affect the delivery of community-based behavioral health services. Additional funding cuts will exacerbate the existing problem of children being turned away due to lack of services or long waiting lists.

### **Family Self-Sufficiency: Maintain funding for childcare subsidies for low-income working parents.**

Rationale: In the last two years, the General Assembly approved the transfer of excess TANF funds to expand child care subsidies. Child care assistance helps low-income working parents afford the tremendous burden of paying for 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 locate suitable

care. They may quit work or place a child in unsafe or substandard care. Child care assistance allows low-income parents to stay employed and on the path to self-sufficiency.

**Children's Health: Improve access to health care for all children.**

- **“Cover All Kids” to improve access to health care for all children. Increase FAMIS eligibility to 300% of the federal poverty level (FPL) and create a “buy-in” program for families with higher incomes. (\$5.1 million matched by \$9.5 million in federal funds)**
- **Improve coverage for working parents by increasing Medicaid eligibility to 30% FPL. (\$5.6 million)**
- **Provide coverage to legal immigrant children and pregnant women after five years of residency in the US. (\$950,000)**
- **Oppose additional cuts in reimbursement rates to health care providers who treat children, pregnant women, and parents in Medicaid and FAMIS.**

Rationale: Thirty-two states, including neighboring Maryland, North Carolina, West Virginia, and Washington D.C., cover children at a higher rate than Virginia's 200% FPL. Forty-three states cover parents at a higher level and Virginia is one of only 9 states that permanently bars legal immigrants from Medicaid. Expanding coverage to children, their parents, and legal immigrant children and pregnant moms, combined with maintaining provider reimbursements, are necessary for ensuring young people have access to health care.

**Early Care and Education: Continue Virginia's investment in school readiness initiatives.**

- **Preserve the recent expansion of the Virginia Preschool Initiative (VPI) that serves disadvantaged 4-year olds.**
- **Promote greater use of private sector programs in VPI.**
- **Maintain investment in comprehensive voluntary Home Visiting programs (including CHIP of Virginia and Healthy Families).**
- **Preserve funding for the Virginia Early Childhood Foundation, which promotes community-based locally-directed school readiness initiatives.**

Rationale: Preschool, especially when targeted to disadvantaged children, is a proven investment that reduces the "school readiness gap" between disadvantaged 4-year olds and their more advantaged peers. Participation in high-quality preschool results in lower rates of grade retention, special education, school failure and drop-out, delinquency and unemployment. A 2007 JLARC study confirmed the effectiveness of VPI. Home visiting services for the most vulnerable families, and other early childhood services, help parents promote optimal development and school readiness.

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