

2005 Legislative Agenda



Voices for Virginia's Children is a statewide, non profit, multi-issue organization advocating on behalf of all children and youth in the Commonwealth of Virginia. Since 1994, Voices has been a persistent voice of reason in advocating for better lives and futures for children. Voices' areas of focus include early care and education, mental health, foster care and adoption, health and family economic success. With expertise in connecting resources, providing accurate information, and educating community leaders and policy makers, Voices promotes sound, far-reaching program and policy solutions.

Mental Health WE SUPPORT:

An effective mental health system for children involves a continuum of services, ranging from prevention to the most intense services, available at the community level. The system should be child-centered, family-focused, and culturally competent.

Improving timely access to appropriate mental health services for children, thus eliminating the harmful consequences of the inability to access services, such as parents' having to relinquish custody to the social services or juvenile justice systems to obtain treatment for their children.

FACTS: As many as 62,000 young people in the Commonwealth suffer from extreme impairment due to emotional disturbance, but there are often many barriers to accessing treatment. Two of the many consequences of the inability to access treatment through the mental health system are the inappropriate placement of children in the social services and juvenile justice systems. According to a 2004 study of custody relinquishment in Virginia, as many as 23%-27% of children in foster care are primarily in the custody of the Department of Social Services to obtain needed treatment, not because of abuse, neglect, or other parental factors.

Provision of increased funding for localities to expand the array of community-based mental health services for children, particularly evidence-based practices.

FACTS: Approximately 70% of children with mental health problems do not receive the treatment they need. Children with untreated mental disorders are at higher risk for school failure, dropping out, violence, drug abuse, suicide, and criminal activity. A growing body of research on the effectiveness of particular treatments and interventions with specific populations of emotionally disturbed children can help guide the wise investments of public resources.

Mental Health (continued) WE SUPPORT:

Increased funding for the Part C/Early Intervention system in Virginia, which serves infants and toddlers with developmental delays and disabilities, to address a deficit in the program for the current fiscal year and to meet anticipated growth in the number of children needing services.

FACTS: The federally-mandated Part C/Early Intervention system provides critical services that assist children overcome or reduce the effects of development delays and disabilities. Services include physical therapy, occupational therapy, speech therapy, as well as support and training for parents. These services, when provided early in children's lives, have been shown to help reduce the financial and social costs related to their health and education as they grow. The FY05 deficit of \$3.57 million, which is largely due to the exhaustion of one-time federal funds from previous fiscal years combined with a growing number of children needing the services, must be addressed to meet the needs of 863 developmentally delayed or disabled infants in the Commonwealth. The number of children needing these services has grown by an average annual growth rate of 8% over the last five years and is projected to continue at that rate.

Early Care and Education WE SUPPORT:

High quality early care and education experiences are essential to the economic well being of families and the healthy development of young children.

- **High quality standards for the care and education for all children, especially children ages zero to six.**

FACTS: Research has shown that the rate of development from birth to kindergarten is faster than at any other period in one's life making the early childhood years critical in laying the foundation for subsequent education opportunities, thereby increasing the importance of the quality and care children receive in these early years. Low staff to child ratios, small group size, and qualified, well-trained staff are essential to the provision of high quality child care. Parents are a child's first teachers; however, in Virginia, the 2000 U.S. Census showed that child care impacts the majority (62%) of children under six years old.

- **The development of a coordinated system of professional development for early childhood professionals.**

FACTS: Individuals working with children birth to age six are currently part of a disconnected and fragmented system: child care centers, preschools, Head Start programs, Title I and Virginia Preschool Initiative programs, and public and private kindergarten programs. Professional development opportunities, both pre-service and in-service, are scattered as well, with programs in four year colleges and universities, community colleges, and a variety of workshops and training events. Research shows that the qualifications of the teacher play an important role in the quality of the early education experience.

- **The Commonwealth's commitment of General Funds necessary to fully access all federal funds available through the Child Care Development Fund.**

FACTS: In the past, Virginia has not fully drawn down all available CCDF money for failure to provide adequate state matching funds. These funds are used to improve the quality of care and increase low-income families' access to high quality care.



- **Continued fiscal support for the statewide child care resource and referral system.**

FACTS: More than 30,000 parents each year receive referrals for child care from the child care resource and referral system in Virginia.

Foster Care and Adoption WE SUPPORT:

Every child in foster care deserves a permanent, safe and loving home in which they can thrive.

Current efforts of the Virginia Department of Social Services (“VDSS”) to improve Virginia’s child welfare system through implementation of its Program Improvement Plan (“PIP”), as approved by the federal government.

FACTS: The VDSS seeks additional state resources to meet the improvement targets in its PIP submitted to the U.S. Department of Health and Human Services (“HHS”) in July 2004. The HHS completed a review of the state’s child welfare system in the spring of 2004 showing that Virginia needs improvement in several areas. The PIP outlines various steps the VDSS will take to improve performance of the system. As indicated in the HHS key findings report for Virginia, if the PIP targets are not met at the end of the two year plan, the HHS may impose several million dollars of financial penalties on Virginia.

The following is a list of specific improvement targets set forth in the PIP that we support as needed action to better the lives of foster children in Virginia:

- **Increasing the number of children adopted from foster care.**

FACTS: The federal review showed only 18.2% of foster care children in Virginia being adopted within 24 months of entering foster care. The PIP outlines action steps to increase the number of children adopted within two years. The steps include providing adoption assistance, including health care coverage to children with special needs, and implementing new policies and procedures that will expedite the adoption of foster children.

- **Increasing state efforts to recruit more foster and adoptive families.**

FACTS: In 2004, there were approximately 8,000 children in foster care in Virginia. About 20% of children in foster care are waiting to be adopted. There has been a decrease in the number of foster parents (non-relative) available to care for children over the past 10 years. This results in larger numbers of children remaining in institutional settings.

- **Increasing the percentage of foster children whose mental health needs are assessed and provided follow-up services as needed.**

FACTS: Experts estimate that up to 85% of foster care children have some type of emotional disturbance. About 60% of children in foster care have moderate to severe mental health problems. Many of these children have such serious psychological problems that they require residential treatment. However, less than one-third of foster care children are receiving mental health services.

- **Implementing mandated training for all foster and adoptive parents and new child welfare workers.**

FACTS: Mandated training should improve the stability and permanency of Virginia’s foster children. The quality of the foster parent-child relationship and the caseworker-foster parent relationship affects placement stability. Research indicates that placement instability is associated with poor developmental outcomes for foster children, such as child behavioral and emotional problems. Current data indicate that 1/3 to 2/3 of foster children experience placement disruptions within the first two years of entry into foster care.

- **Broadening implementation and use of best practices.**

FACTS: Expanded use of best practices such as concurrent planning, structured decision making, and dual approval of foster and adoptive families will provide tools for social workers that will increase the consistency and validity of safety and permanency decisions and facilitate permanency for foster children.

Legislation that ensures Virginia foster children’s education rights and increases stability in school placement when in the best interest of the child.

FACTS: In 2003, 44% of Virginia’s foster youth experienced multiple school placements. In addition, 14% did not have their special education needs addressed while 14% also did not have any school records in their case files. Nationally, 50% of foster youth are at some point held back in school, while 60% drop out of high school before graduation.

Health WE SUPPORT:

All children should live in safe environments with access to appropriate, quality health care.

Continued elimination of barriers and improved access to health insurance.

FACTS: Despite the great strides that have been made in the last several years in enrolling children in the state's health insurance programs, an estimated 42,946 children in Virginia remain eligible for FAMIS or FAMIS Plus (Medicaid), but uninsured (as of October 1, 2004). Children without health insurance are up to 10 times less likely to have a regular health care provider, 4 times more likely to delay seeking care when needed, 5 times more likely to use the emergency room as a regular source of care, and 6 times less likely to fill a prescription because of cost than their insured peers.



Expansion of public health insurance coverage to low-income pregnant women.

FACTS: Currently Virginia's Medicaid program covers pregnant women with countable income at or under 133% poverty (e.g. \$20,842 per year for a family of three). Recognizing the benefits of prenatal care and insured deliveries, 40 states use a higher income level, many above 200% of the poverty line. A woman who does not receive prenatal care is 3 times more likely to deliver a low birthweight baby. Hospital charges for severely premature/low-birthweight babies are 60 times more than an uncomplicated birth.

Reduce second hand smoke by eliminating indoor smoking in public places.

FACTS: Secondhand smoke causes or exacerbates a wide range of health problems. It is particularly harmful to young children, causing middle ear infections, induction and exacerbation of asthma, and lower respiratory tract infections. Secondhand smoke is responsible for an estimated 242 to 465 babies being born at low birthweight a year in Virginia, as well as 47 to 67 deaths annually from Sudden Infant Death Syndrome.

Family Economic Success WE SUPPORT:

Family income sufficient to meet the basic needs of family members, including children, is one of the most critical factors affecting virtually every aspect of children's well-being. Poverty is directly associated with serious health, education, and social problems of children, especially young children.

To address Family Economic Success this year, we will be focusing on several issues that overlap with our other priorities:

From Health:

- Continued elimination of barriers and improved access to health insurance.
- Expansion of public health insurance coverage to low-income pregnant women.

From Early Care and Education:

- The Commonwealth's commitment of General Funds necessary to fully access all federal funds available through the Child Care Development Fund.