

Charlottesville/Albemarle
Commission on Children and Families
Legislative Agenda for Children and Families
2005-2006

WHEREAS the Charlottesville/Albemarle Commission on Children and Families (CCF) recommends the following legislative priorities based on its assessment of the needs and services of the children and families of its community;

WHEREAS it is the priority of CCF that legislation be maintained and passed which requires the maximum amount of support from the State in off-setting the costs and extending the resources of the localities in providing necessary services to its children;

WHEREAS the CCF specifically designates legislative issues and goals below which further the realization of this priority. Subsequent to the listing of these specific legislative issues, the CCF has provided policy recommendations on other legislative matters related to children and their families.

Legislative Agenda for inclusion in the Fall legislative packages of City of Charlottesville, Albemarle County, and the Thomas Jefferson Planning District Commission to Virginia General Assembly, submitted by CCF Work Groups, September 2005

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Children and Family Legislative Priorities

FY06 Legislative Issue	Action Requested
<u>Priority #1: Comprehensive Services Act (CSA)</u>	
1a) The absence of public mental health facilities for juveniles has removed options for localities, limiting placements for those seriously disturbed children to very expensive private facilities in Virginia or out-of-state, contributing to the escalating costs of the Comprehensive Services Act.	<ul style="list-style-type: none"> ➤ Do not cut state CSA service dollars. ➤ Lower the local CSA match rate for high-cost cases that meet specific diagnostic criteria and would previously have been served in state facilities. Eliminate the local match on Medicaid payments. ➤ Increase funding for mental health services for children who are not Medicaid eligible, especially in the school environment.
1b) Each year localities must prepare extensive supplementary funding requests. Allocations to localities do not equal the amount calculated in the three (3) -year formulas.	<ul style="list-style-type: none"> ➤ Fully fund the CSA State Pool Budget annually. ➤ Continue to base allocations on a rolling three-year average of CSA expenditures and appropriate funds sufficient to meet the formula allocation.
1c) Virginia should tap into allowable federal Medicaid dollars to pay for CSA program services to the fullest extent possible.	<ul style="list-style-type: none"> ➤ Review all options for the potential use of Medicaid to offset State and local CSA costs and expand the use of Medicaid where possible.
1d) The amount of funds provided to localities for the administration of CSA is a small fraction of the actual cost of the staffing, information and financial management systems and administrative time required of individuals and systems in seven local Charlottesville/Albemarle agencies. Further, extensive information management systems are required for State reporting and local planning and management purposes. These are unfunded mandates at the local level.	<ul style="list-style-type: none"> ➤ Retain or increase the current minimum administrative allocation -- and allow for 1% of total expenditures if greater than the minimum amount. Advocate at the General Assembly for increased administrative funds to support CSA information management systems and reimbursement for staff and support services required for state-mandated administration. ➤ Provide sufficient funding to cover the administrative cost of new state data collection and reporting requirements. ➤ Support the Office of Comprehensive Services (OCS) to establish state contracts with all CSA Service providers, including assessing the use of outcome based vendor evaluation, negotiating with vendors, and establishing rate regulations. OCS should set conditions that optimize federal funding for services. This would include setting contractual terms and conditions for vendors requiring “unbundling” in order to utilize and maximize other funding sources.

<p>1e) A state and local work group is continuing to study the problem of parents needing to relinquish legal custody of their children in order to obtain mental health treatment services for them through the CSA program. Recommendations may be made to the 2006 legislature. All children with serious mental health treatment needs are already eligible for CSA services, but only those in foster care or special education are mandated to be served. Others eligible are generally not served due to lack of sufficient funds. Many localities are experiencing a severe fiscal burden just to meet the cost of serving the mandated population, and cannot afford to pay for services to other eligible children.</p>	<ul style="list-style-type: none"> ➤ We oppose any expansion of the mandated service population under CSA unless the State funds 100% of the additional cost for services and administration. We support expansion of access to mental health treatment for all children to the extent non-local funds for this purpose can be made available.
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Priority #2: Juvenile Justice Services

<p>2a) The 2002 General Assembly reduced VJCCCA funding by 51%, which had a devastating effect on local juvenile justice and child welfare systems. In addition to the reduction of services and loss of staff, Virginia localities anticipate "unintended consequences" as follows:</p> <ul style="list-style-type: none"> • Increased admissions to secure detention centers and commitment to state facilities. • Increased incidences of judges taking custody and ordering youths into foster care through the Department of Social Services. • Increases in the Comprehensive Services Act (CSA) costs due to increased numbers of foster care cases, which then become part of the mandated population and are automatically eligible for services paid for through CSA. 	<ul style="list-style-type: none"> ➤ Increase VJCCCA funding to the 2001 level of funding prior to the 51% reduction. Any additional reductions will do irreparable harm to communities across the state.
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Priority #3: Early Childhood Development and School Readiness

<p>3a) Local school divisions rely on high quality pre-school programs for at-risk youth to prepare children for reading and school readiness in kindergarten, particularly as they seek to meet the Virginia Standards of Learning. In 2003-04, 26% of Charlottesville kindergarten students and 16 % of Albemarle County students were identified as needing intervention services to reach expected reading levels. Current state funding levels do not support the full cost of operation for local pre-school programs, and are limited to funding for 4 year olds.</p>	<ul style="list-style-type: none"> ➤ Extend State pre-school funding to serve all eligible three- year olds, as well as all four-year olds, through the Virginia Pre-School Initiative. ➤ Cover the full costs of high quality pre-school programs through the Virginia Pre-School Initiative.
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<p>3b) Temporary Assistance for Needy Families (TANF) and Virginia Initiative for Employment Not Welfare (VIEW) policies with work requirements further</p>	<ul style="list-style-type: none"> ➤ Retain State funding for childcare assistance programs serving low-income families.
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increase the need for quality and affordable child care for post-welfare working families. Low-income working parents continue to need childcare assistance to maintain employment and avoid the need for welfare assistance.

3c) Virginia does not currently match all available federal Child Care and Development Block Grant funds. As a result, the City of Charlottesville, County of Albemarle and the United Way-Thomas Jefferson Area have joined together as partners to provide the state and local match for federal dollars that are available via a "pass-through" process with the Virginia Department of Social Services. If the state fully funded their portion of the match (40%) then it would result in a local dollar savings of \$229,400, based on the FY 04 budget.

- Leverage increased federal Child Care and Development Block Grant monies for Virginia's families through the Commonwealth of Virginia.
- If increased childcare dollars are available, implement a statewide tiered reimbursement system that supports quality care for all children.

Children and Family Policy Recommendations

Policy Recommendation #1: Juvenile Justice Services

1a) Serious mental health and substance use disorders can interfere with the rehabilitation of youth who come into contact with the juvenile justice system and increase their risk for recidivism. Very often the needs of these youth have gone unrecognized and untreated because of inadequate screening and assessment. 52% of the juveniles placed on probation in Charlottesville and Albemarle between 1997 and 2000, had a mental health diagnosis and 44% had a documented history of serious drug or alcohol abuse.

- Provide sufficient funding to expand mental health and substance abuse assessments and referrals at detention centers.

Policy Recommendation #2: Early Childhood Development

2a) Home visiting programs for new parents and parents with children at risk are effective in improving children's mental, physical, and developmental outcomes. Parents are successful in encouraging their children's developmental and learning gains because of these programs. Good early intervention programs have been proven to reduce significant behavioral concerns in later life and reduce government costs for corrections and other adolescent and young adult problems.

- Continue to support the operation and enhancement of early intervention and prevention programs that have been proven to reduce negative outcomes, such as the CHIP of Virginia and Healthy Families. Renew Comprehensive Services Act Trust Fund dollars that support early intervention and prevention projects in Virginia.

2b) Reauthorization of the Temporary Assistance for Needy Families (TANF):

- CCF supports the implementation of a re-authorized TANF program to the extent its guiding principle is supportive of families

<ul style="list-style-type: none"> • If Congress passes a bill to re-authorize TANF under a new set of guidelines: • If Congress does not pass a bill but instead does a Continuing Resolution: 	<p>and children. TANF should promote conditions in Virginia's low-income families that contribute to children's healthy development, success in school and self-sufficiency in adulthood. TANF should be designed and operated with the maximum flexibility at the local level to support a reduction in poverty, improvement in earnings, advancement and retention in jobs and the promotion of well-being of children in healthy, safe and stable families.</p> <ul style="list-style-type: none"> ➤ CCF supports the continuation of TANF as currently designed under VIP/VIEW but encourages the state to reduce administrative requirements of the current program through a variety of program simplification strategies. These strategies should be developed in concert with local Departments of Social Services and other community stakeholders inclusive of end-users.
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Policy Recommendation #3: Teen Pregnancy and Sexually Transmitted Diseases Prevention

<p>3a) According to a 2001 study by Douglas Kirby, <i>Emerging Answers</i>, only three abstinence-only evaluation studies met minimum scientific criteria for his research, and none of them found any significant delay in the onset of sexual intercourse or reduced sexual-risk-taking. Emerging independent evaluation efforts have not found abstinence-only-until marriage programs effective in preventing pregnancies or sexually-transmitted infections. A study of the \$5 million dollar Minnesota program Education Now and Babies Later (ENABL) revealed that the program was ineffective in preventing or delaying teen sexual activity. Doug Kirby and others find that effective programming emphasizes abstinence [while] talking about condoms and contraception and encouraging their use by those young people who are sexually active. Interventions succeed when multiple strategies involving the family, individual and community are implemented. Dr. Kirby argues that, until we know whether and which abstinence-only programs work, government funds should be spent on programs that have been demonstrated to delay sex.</p>	<ul style="list-style-type: none"> ➤ Maintain the emphasis on a comprehensive sexuality education approach as an effective strategy for giving young people the skills to delay their involvement in sexual behaviors, and invest in programs with proven efficacy. Do not exclusively support abstinence-only sexuality education programs.
<p>3b) In the 2005 General Assembly, four bills were introduced to limit young women's access to contraception, including emergency contraception; all were defeated. For the third consecutive year, a bill was introduced requiring public employees to notify parents when teens seek STD</p>	<ul style="list-style-type: none"> ➤ Support and protect citizen access to all prescribed contraception.

treatment or emergency contraception, even though public health officials say this will prevent teens from accessing these necessary services. This bill, 1662, was defeated in committee. Senate Bill 456, the Birth Control Protection Act, also failed to pass.

Study results published in the August 2004 issue of the *American Journal of Public Health* found that requiring teenagers to receive parental permission before obtaining prescription contraceptives from public health clinics may lead to an increase in the teen pregnancy rate. Researchers analyzed the significant relative increase in teen pregnancy and birth rates in a Georgia county requiring parental permission for prescription contraception compared with neighboring counties not requiring parental consent.

If passed, these bills would have prevented many sexually active adolescents from obtaining prescribed contraceptives and discouraged others from seeking contraception, due to the increased obstacle of not knowing if a pharmacist would fill the prescription. This could initiate a rise in teen pregnancy rates across the Commonwealth. In order to maintain the current decline in teen pregnancy rates, citizen access to prescribed contraception must be protected by the Virginia legislature.

Policy Recommendation #4: Prevention of Family Violence

4a) Many of our local children are victims of abuse by non-caretaker adults. The Multi-disciplinary Team (MDT) approach currently used in caretaker abuse and neglect cases reduces the number of interviews of children, which can minimize the psychological harm to child abuse victims. Joint investigations by police and social service have been found to be statistically associated with higher percentages of perpetrator admissions, higher percentages of founded cases with a treatment plan, of criminal charges, and of criminal cases with convictions. Currently the MDT approach does not include case management of non-custodial parents in incidences of family violence.

➤ Revise and provide funding for the legislation creating Multi-Disciplinary Teams to include case management of non-care taker adults thus allowing information-sharing and more effective coordination for families.

4b) In Virginia, a worker earning the Minimum Wage (\$5.15 per hour) must work 104 hours per week in order to afford a two-bedroom unit at the area's Fair Market rent. The Housing Wage in Virginia is \$13.41. This is the amount a worker would have to earn per hour in order to be able to work 40 hours per week and afford a two-bedroom unit at the area's Fair Market

➤ Provide State supported rental assistance to working families, based on the difference between the standard housing budget (30% of income) and a Fair Market Rent.

<p>rent. Locally, the average yearly income earned by welfare-to work workers in Charlottesville is \$11,472 and \$11,700 in Albemarle. Working families cannot afford the Charlottesville/Albemarle rental market. This situation makes it difficult for victims of domestic violence to move into safer living quarters.</p>	
<p>4c) In 2002, background checks prevented 2,363 gun transactions to prohibited persons in Virginia—1,321 of these denied transactions involved a felony or domestic violence conviction.</p>	<ul style="list-style-type: none"> ➤ Prevent convicted domestic abusers from being allowed to possess a gun. Virginia law should be consistent with federal law. ➤ Modify domestic violence restraining orders to alert law enforcement whether suspects may have immediate access to a firearm. ➤ Require criminal background checks on <u>all</u> gun sales at gun shows.
<p>4d) In 2005, the General Assembly appropriated \$1,000,000 in general funds to support the development and enhancement of children’s advocacy centers through all levels of development and certification. Children’s Advocacy Centers proved a comprehensive, culturally competent, multidisciplinary approach to allegations of child abuse in a dedicated child-friendly setting.</p>	<ul style="list-style-type: none"> ➤ Maintain or increase the level of appropriation for Children’s Advocacy Centers.
<p>4e) Supervised visitation centers facilitate opportunities for children to have safe and conflict-free access to both parents through a continuum of child access services delivered by competent providers. Supervised Visitation refers to contact between a non-custodial parent and one or more children in the presence of a third person responsible for observing and seeking to ensure the safety of those involved. It assures that a child can have safe contact with an absent parent without having to be put in the middle of the parents’ conflicts or other problems. There are hundreds of centers nationwide but only four in Virginia.</p>	<ul style="list-style-type: none"> ➤ Allocate funds for the development of Supervised Visitation Centers.
<p><u>Policy Recommendation #5: After School Activities and Youth Employment Opportunities</u></p>	
<p>5a) When youth participate in high quality after school programs, they are more likely to avoid risky behavior and experience academic success. They receive personal attention from caring adults, academic support, develop</p>	<ul style="list-style-type: none"> ➤ Provide increased federal and state appropriations for localities and schools to develop effective after-school programs.

<p>new friendships and build a sense of self-esteem. These programs provide safe places for students to exercise, learn and socialize. Nearly 23,317 of Virginia's kids are counting on the programs supported by the U.S. Department of Education's 21st Century Community Learning Centers initiative, the only federal program dedicated to after school.</p>	
<p>5b) The summer job market for the nation's teens has deteriorated substantially over the past 5 years. The average teen employment rate for the first two months of this summer is 36.7 percent (seasonally adjusted). Thus, the summer of 2005 will essentially tie the summer of 2004 with the lowest employment rate for teens on record.</p>	<ul style="list-style-type: none"> ➤ Provide increased funding for federal youth workforce development programs, particularly summer career exploration and employment programs for youth, ages 14-16.
<p><u>Policy Recommendation #6: Youth Service Learning</u></p>	
<p>6a) National research indicates that participation in youth service programs has a positive impact on civic attitudes, educational attitudes and school performance. Service-learning offers a unique opportunity for students to get involved in a tangible way by integrating community service projects with classroom learning. Learn and Serve Virginia provides grants to schools and non-profit groups to engage more than 2,700 Virginia students in community service.</p>	<ul style="list-style-type: none"> ➤ Make service learning a priority in Virginia through increased funding for the Learn and Serve Virginia programs.