



Families Forward Virginia
2020 POLICY AGENDA

OUR TOP TWO POLICY PRIORITIES

Expand Home Visiting Programs

What: Make prenatal and early childhood home visiting a Medicaid reimbursable service to serve additional families.

Why: Home visiting programs promote healthy birth outcomes, enhance school readiness, prevent child abuse and improve family self-sufficiency. Medicaid reimbursement will allow the state to leverage federal funds to expand services.

Reform the Child Welfare System

What: Appropriate funding to hire additional child protective services and foster care caseworkers to effectively manage child-welfare and foster-care cases.

Why: Children are at risk because the child welfare system is critically understaffed. More caseworkers are required in local communities to protect children, reduce caseloads, and protect and supervise children placed with relatives.

What: Increase caseworker salaries to reflect the difficult and stressful nature of the work, and bring these workers up to par with similar positions at DMAS and DBHDS.

Why: High caseworker turnover rates (40% before 18 months¹) interfere with stability and permanency efforts for families and children.

What: Revamp caseworker training.

Why: Because child welfare workers leave their jobs at an alarming rate within 18 months, and full training takes two years, the workforce is not fully trained.

What: Improve the Foster Care system by enhancing programs and resources for kinship caregivers and improve data collection and evaluation of services designed to keep children safe throughout the child welfare system.

Why: Children do better in families, yet kinship caregivers receive no support in creating safe and supported environments for children. For those who are placed with family members Virginia doesn't have a system to ensure their ongoing safety and permanency.



IN ADDITION TO OUR POLICY PRIORITIES, FAMILIES FORWARD HAS ADOPTED THESE **POLICY POSITIONS:**

Trauma Informed Care

We support adopting trauma-informed and evidence-based practices across state agencies and in communities to ensure all staff, services and systems are research based and evaluated through trauma-informed and equity lenses. Trauma Informed Community Networks are critical to supporting changes on the local level.

Why: Repeated trauma negatively impacts brain development and emotional regulation. Supportive services should minimize adverse childhood experiences, eliminate practices that re-traumatize children and families, and address health equity.

Parental Resilience and Success

We support increased access to Behavioral Health Services for parents, including therapy and treatment for substance use disorders.

Why: Treatment enhances parental resilience and success, improving family outcomes.

We support better addressing the co-occurrence of child abuse and domestic violence with additional treatment services, and increasing education and training on healthy relationships for parents and children.

Why: Child physical abuse is 15 times more likely to occur in families where domestic violence is present.²

We support education on Explicit Consent and Erin's Law as parts of family life education.

Why: Children must learn the basics of healthy relationships to reduce the incidence of child sexual abuse and relationship violence.

We support reforming laws that currently punish sex trafficking survivors, and improving access to services for victims and survivors.

Why: Common practice is to treat sex-trafficking victims as criminals, as opposed to survivors who need help to escape their traffickers and disrupt cycles of abuse.

We support a comprehensive dental benefit for adults receiving Medicaid.

Why: There are clear links between poor oral health and other health problems including diabetes, heart disease and costly preterm births.

Physical Punishment of Children

We support helping parents learn more effective disciplinary measures that do not rely on fear and submissiveness, and which enhances children's capacity to grow up to be self-sufficient and responsible people.

Why: Studies have shown that spanking can be a source of toxic stress for children and can stunt brain development by reducing connective tissue between brain cells.

Improving Childcare Affordability

We support reforming the Childcare Assistance for Working Families program by increasing access, oversight and eligibility for low income families.

Why: More affordable childcare for Virginia families allows parents to work. This increases payroll taxes and enables parents to support their children while disrupting the cycles of abuse, poverty and neglect.

Enhance Family Self-Sufficiency

We support making Virginia's Earned Income Tax Credit refundable.

We support increasing TANF supports by raising cash benefit levels, expanding eligibility and removing barriers to participation.

Why: Improved household financial security has proven to reduce the risk factors for child abuse and neglect. Additional financial resources will help families with children meet basic living needs including food, shelter, childcare and clothing.

Early Childhood Education

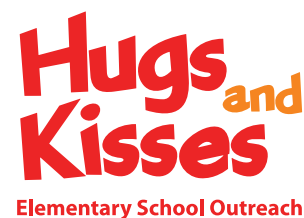
We support establishing one board and one agency responsible for oversight and administration of early care and learning outside of the home.

Why: A more unified system will promote accountability, oversight and coordination of the early childhood care and education system. Studies show children in early childhood programs are less likely to be subject to abuse.

Family-Friendly Work Policies

We support guaranteed Paid Sick Leave and/or Paid Family Leave for Virginia's workers.

Why: Paid leave has been associated with lower infant mortality and higher rates of immunizations. Studies have found that paid leave increases exclusive breastfeeding and may improve women's economic outcomes.³



¹ Department of Social Services Decision Package. "Fund Child Welfare Program Improvements and Mandates." Agency Narrative. Sept 20, 2019. <http://dpb.virginia.gov>
² Dykstra, C.H. & Alsop, R.J. (1996). Domestic violence and child abuse. Englewood, CO: American Humane Association. Available online at: <http://www.calib.com/nccanch/pubs/otherpubs/harmsway.cfm>.
³ Jody Heymann, Aleta R. Sprague, Arijit Nandi, Alison Earle, Priya Batra, Adam Schickedanz, Paul J. Chung and Amy Raub. Public Health Reviews. 2017. 38:21. <https://doi.org/10.1186/s40985-017-0067-2>