
2009 HUMAN DEVELOPMENT & EDUCATION POLICY STATEMENT

Federal, state and local governments share the same citizens and same taxpayers. The state and federal governments are increasingly shifting funding and responsibilities for mandated services to local governments. Local governments seem to have no meaningful role in this partnership except to obey federal and state mandates. Local governments request a restoration of a meaningful intergovernmental partnership in human services and education.

HUMAN DEVELOPMENT

The strength of our communities determines the strength of our democracy. Emotional, social, and economic poverty weakens the fabric of our society and threatens our democracy. Policy leaders must ensure access to opportunities and invest the proper resources necessary for all children to grow up in nurturing surroundings, and to reconnect and strengthen the bonds of individuals and institutions in communities so that they thrive and favorably compete in the global economy.

Given the fragile state of our economy, the Governor and General Assembly must be cautious in making cuts in human services programs because these programs serve as a safety net for our communities.

INTERGOVERNMENTAL ISSUES & FUNDING

A working partnership.

- The federal and state governments should allow local governments maximum flexibility in developing public/private partnerships to address human service needs.
- The state should provide tax incentives, and allow local governments to provide them, to promote these public/private partnerships.
- Local government must be a partner with the state and federal government in the process of

developing regulations, guidelines and allocation methods.

- The State should require interagency review of regulations to reconcile existing conflicts and to avoid duplication or conflict among agencies.
- The State should share data with communities and build a comprehensive human services data base to promote better program planning, evaluation, and integration of services.
- VML opposes any efforts by the state to dictate the membership of local human services policy or advisory boards.

Funding commitments. Human services funding formulae should reflect identified needs, should be adequate to meet those needs, and should not pit localities against each other. Equity in funding cannot be achieved by simply redistributing existing state aid among jurisdictions.

Cost shifting and unfunded mandates. VML opposes the imposition of new federal or state requirements without funding, and the shifting of costs to local governments through either continued under-funding of service needs or the reduction of existing state funding for continuing needs.

Examples include:

- 1 • The Child and Family Services Program 48
- 2 Improvement Plan, which requires at 49
- 3 least \$28 million and 214 additional staff 50
- 4 at the local level to meet new federal 51
- 5 mandates; 52
- 6 • Restoring the state funding ratio for local 53
- 7 welfare administrative costs, in which 54
- 8 the state pays 80 percent and the 55
- 9 localities pay 20 percent; and 56
- 10 • Inadequate state funding for Drug 57
- 11 Courts, which direct treatment to 58
- 12 individuals instead of incarceration. 59

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 14 **Medicaid.** Federal actions to limit the use 61
 15 of Medicaid funding in communities cost the 62
 16 state and localities more money for services 63
 17 to Medicaid-eligible populations. Federal 64
 18 funding must keep pace with the growth in 65
 19 Medicaid-funded services in communities. 66

20
 21 **BEHAVIORAL HEALTH** 67
 22 **Planning for the future of the community 68**
 23 **& facility system.** 69

24 VML supports community services boards 70
 25 (CSBs) as the single point-of-entry into the 71
 26 publicly-funded system of care. CSB direct 72
 27 services should remain as a choice for 73
 28 consumers and their families. 74

29 Any plan for the future of the publicly- 75
 30 funded mental health, mental retardation, 76
 31 and substance abuse services system should 77
 32 include adequate state funding for: 78

- 33
- 34 ▪ a comprehensive system of community- 79
- 35 based care and treatment, including case 80
- 36 management, residential and in-home 81
- 37 supports, PACT/ICT teams, and other 82
- 38 wrap-around services; 83
- 39 ▪ rapid response to urgent care needs in 84
- 40 each community; 85
- 41 ▪ 100 percent of the costs for the services 86
- 42 and supports for persons returning to the 87
- 43 community from state facilities, as well 88
- 44 as for those persons diverted from state 89
- 45 facilities. 90
- 46 ▪ Children’s mental health services, 91
- 47 including the Mental Health Initiative. 92

Further, any restructuring plan should assure 93
 the following: 94

- 51 ▪ Local flexibility in planning and service 95
- 52 provision, particularly for local-only 96
- 53 funds 97
- 54 ▪ No changes in the local community 98
- 55 services match that would increase the 99
- 56 burden on local taxes and budgets; 100
- 57 ▪ Extensive consultation with local 101
- 58 officials and community members, 102
- 59 particularly those in communities with 103
- 60 state facilities and those most affected in 104
- 61 the past by de-institutionalization, during 105
- 62 any discussion of facility downsizing or 106
- 63 closure; 107
- 64 ▪ Consultation with local officials and 108
- 65 community services boards regarding 109
- 66 feasible strategies and funding proposals 110
- 67 for publicly-funded services; 111
- 68 ▪ Sufficient time and opportunity public 112
- 69 comment on any proposal is presented to 113
- 70 the Governor and General Assembly; 114
- 71 ▪ Strategies to overcome past de- 115
- 72 institutionalization errors, in particular 116
- 73 the shifting of population and burden of 117
- 74 care to communities; 118
- 75 ▪ Strategies to return consumers to their 119
- 76 home communities to discourage the 120
- 77 concentration of consumers in facility 121
- 78 communities and in urban centers; 122
- 79 ▪ State facilities are not so drastically 123
- 80 reduced in size and scope that the 124
- 81 potential for inpatient care is effectively 125
- 82 eliminated; and 126
- 83 ▪ An action plan to address the economic 127
- 84 impact of facility downsizing or closure 128
- 85 on facility communities. 129

87 **Part C early intervention.** VML urges the 130
 88 General Assembly to assure full funding for 131
 89 infants and toddlers eligible for therapeutic 132
 90 services under Part C of IDEA to improve 133
 91 their school readiness and quality of life. 134
 92 VML opposes any state actions to further 135
 93 shift the funding of this program to local 136
 94 governments. 137

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2 **Medicaid accountability and quality of**
3 **care.** The league encourages the state to
4 find a way to ensure adequate public
5 oversight of, and accountability for
6 community-level services funded by
7 Medicaid, whether those services are
8 furnished through private or public
9 providers.
10 ■ Virginia should plan for and ensure
11 adequate funding and service
12 reimbursements for the mental
13 retardation waiver program.
14 ■ Virginia should create a provider
15 network with the ability to furnish
16 flexible, consumer- and recovery-
17 focused services in communities.
18 ■ The Department of Medical Assistance
19 Services (DMAS) should regularly
20 update use and inflation data for all
21 behavioral health services, and annually
22 adjust its rates.
23 ■ DMAS should be responsible for
24 seeking funding to meet Virginia’s
25 projected need for Medicaid-covered
26 behavioral health services.
27 ■ Virginia should incrementally raise the
28 Medicaid income eligibility
29 requirements to 100 percent of federal
30 poverty guidelines, thereby assuring
31 more needy consumers access to
32 Medicaid-covered services and reducing
33 dependence on state general funds.
34 ■ VML urges DMAS to continue and
35 expand Medicaid reimbursement for
36 substance abuse services.
37 VML encourages the state to guarantee
38 adequate funding to allow uninsured people
39 who are not Medicaid-eligible to receive
40 comprehensive mental health and substance
41 abuse services at the community level.
42
43 **Substance abuse and mental health**
44 **treatment in jails and juvenile detention**
45 **centers.** The state should fully fund mental
46 health services, drug courts, drug education,
47 and treatment in the state, regional, and local

48 correctional system, given the
49 overwhelming percentage of adults and
50 juveniles in the system diagnosed with
51 mental health and substance abuse
52 conditions. To be most effective, treatment
53 and support services are needed both within
54 institutions and in the community to
55 decrease recidivism.
56
57 **Involuntary commitment.** The state must
58 ensure that consumers seeking voluntary
59 treatment receive such services, without
60 regard to their ability to pay. Additionally,
61 funding for a rapid response capability for
62 urgent care access should be available
63 within every community as well as increased
64 capacity to address mandated outpatient
65 commitment.
66
67 **AGING**
68 **Community programs.** As alternatives to
69 institutionalized care wherever appropriate,
70 the state should develop Medicaid waivers
71 or otherwise fully fund community-based
72 programs like companion services, respite
73 care, homemaker services, and adult day
74 care for the elderly.
75 Additionally, communities must have the
76 resources to address the complex medical
77 and behavioral health needs of aging persons
78 with mental disabilities, who may, with
79 appropriate services, remain in the
80 communities with their natural support
81 system of families and friends.
82
83 **Housing.** The state should support policies
84 that increase the affordability and
85 availability of senior housing throughout the
86 commonwealth.
87
88 **COMPREHENSIVE SERVICES ACT**
89 In the last 15 years Virginia has
90 implemented just half of the CSA program.
91 When the CSA was developed in the early
92 1990s, the plan called for comprehensive
93 prevention programs for at risk youth and
94 families. Unless and until the state commits

1 to developing and funding programs that
2 address the roots of issues that bring
3 children and families into CSA, the CSA
4 program will continue to grow as an
5 increasingly expensive “catch-up” approach
6 to addressing the complex needs of children
7 and families.

8
9 **Base-budget funding.** The costs of the
10 Comprehensive Services Act (CSA) for at-
11 risk youth and their families should be fully
12 funded in the state’s base budget.

13
14 **Administrative funding.** VML supports
15 greater funding from the state to support the
16 program’s substantial administrative
17 requirements carried out at the local level.
18 These requirements include the regular
19 collection, compilation, and submission of
20 comprehensive data on every youth served
21 by this program to improve the program’s
22 function and accountability.

23
24 **Incentive funding.** The CSA funding
25 formula should include an incentive
26 component that rewards those local
27 governments implementing innovative and
28 cost-effective alternatives to residential
29 placement.

30 **Behavioral health services for youth.** The
31 General Assembly should continue and
32 build upon its funding and seek federal-state
33 funded waivers to provide behavioral health
34 and prevention services to mandated and
35 non-mandated CSA youth. State policies
36 have greatly decreased state facility beds
37 and state-funded services for children,
38 including those with long-term or hard-to-
39 treat conditions. At the same time, private
40 insurance often does not sufficiently cover
41 behavioral health treatment. The result is
42 more families turning to the CSA program.
43 Local governments support greater state
44 funding to the Mental Health Initiative to
45 serve children with behavioral health needs
46 who do not otherwise require CSA’s sum
47 sufficient services. VML opposes any

48 expansion of the mandated population that
49 requires additional local funding, or any
50 movement to turn CSA into a parallel
51 mental health system for children.

52
53 **Service capacity.** The state should build
54 service capacity, including acute care
55 services, recruitment and retention of child
56 psychiatrists, and development of
57 community services.

58
59 **Service coordination.** State and local
60 governments should work together to ensure
61 the greatest degree of coordination between
62 Individual Education Plans (IEPs) and CSA
63 service plans.

64
65 **State agency policy coordination.** The
66 State Executive Council must ensure that the
67 administrative and policy requirements of
68 the state agencies involved in the CSA are
69 consistent with one another and consistently
70 applied to local governments.

71
72 **Utilization review.** Local governments
73 must maintain the flexibility to develop
74 utilization management processes that are
75 approved by the State Executive Council.

76
77 **FACILITIES FOR ADULTS AND**
78 **YOUTH**

79 **Auxiliary grant program.** The state should
80 assume full responsibility for the cost of the
81 auxiliary grant program for disabled or
82 elderly persons.

83
84 **Licensure and regulation of group homes.**
85 VML urges the state to continue to work
86 with local governments to assure adequate
87 licensure and regulatory requirements are in
88 place to assure community safety and well-
89 being.

90 **HOMELESSNESS**
91 VML supports measures to prevent
92 homelessness in Virginia and to assist the
93 chronic homeless, including veterans, in
94 obtaining appropriate rehabilitative and

1 recovery services, job training and support,
2 and affordable and appropriate housing.
3 VML supports measures to remove barriers
4 this population faces in meeting
5 identification and residency requirements for
6 valid state-issued identification cards. VML
7 urges the state to create a housing trust fund
8 and to work with communities to develop
9 and otherwise support housing for this
10 population.

11 **JUVENILE JUSTICE PROGRAMS**

12 **Virginia Juvenile Community Crime**
13 **Control Act (VJCCCA).** The Virginia
14 Municipal League urges the General
15 Assembly to restore the 51 percent funding
16 reduction to the Virginia Juvenile
17 Community Crime Control Act (VJCCCA)
18 program and to support an equitable and
19 stable funding allocation process for the
20 program. The VJCCCA directs localities, in
21 cooperation with judges, to implement
22 programs that address juvenile crime and
23 public safety needs without increasing local
24 or state confinements. Every city and
25 county participates in the program.
26 VJCCCA gives judges the ability to order
27 first-time and less serious offenders to a
28 services such as electronic monitoring,
29 intensive counseling, and group homes.
30 Such appropriate services reduce more
31 costly and less suitable placements in local
32 secure detention or state correctional
33 facilities. It also effectively serves youth
34 that are part of the non-mandated population
35 under the Comprehensive Services Act
36 (CSA).

37 **SOCIAL SERVICES & WELFARE** 38 **REFORM**

39 **Child and family services program**
40 **improvement plan.** The state must fund the
41 requirements of the federal program
42 improvement plan, estimated to be at least
43 \$28 million, to ensure adequate, high-quality
44 case work, child protective services, foster

45 care services, therapeutic services, and
46 preventative services for families.

47 **Phase III of welfare reform.** State and
48 local governments must jointly develop and
49 implement a plan for the next phase of
50 welfare reform. The overarching goals
51 should be to achieve family independence
52 for current TANF recipients and to promote
53 child well-being as a way to prevent future
54 reliance on TANF. More effective strategies
55 must be developed to address the extremely
56 challenging employment barriers among the
57 hard-to-serve and to meet the needs for
58 parent education, child care, and medical
59 and behavioral health care among TANF
60 beneficiaries and the working poor who face
61 the loss of TANF benefits.

62 **Child care plan.** Child care is crucial to the
63 success of TANF and to parents trying to
64 remain employed once off TANF. The state
65 must help fund child care costs to help
66 parents in the TANF program and low-
67 income parents whose wages simply cannot
68 cover day care costs.

69 **Healthy families.** VML supports expanded
70 use of state general funds for the Healthy
71 Families program, a voluntary program that
72 offers parental education, support, and
73 assistance to help prevent the need for more
74 costly human services and public safety
75 programs in the future.

76 **Social Services Block Grant.** Virginia uses
77 Title XX-Social Services Block Grant
78 (SSBG) funding for a variety of non-cash-
79 assistance services, including in-home
80 services for the elderly, child and adult
81 abuse investigators, and domestic abuse and
82 family preservation services. Congress has
83 consistently underfunded the SSBG at the
84 levels authorized in the 1996 federal welfare
85 reform law. VML urges Congress to live up
86 to its commitment to fully fund the SSBG.
87 Until the federal budget fully funds SSBG,

1 VML urges the General Assembly to
2 continue to first use any Temporary
3 Assistance for Needy Families (TANF)
4 balances to replace SSBG funds.

6 **HEALTH**

7 **Cooperative health budget.** The General
8 Assembly should provide sufficient funding
9 to implement the JLARC proposals
10 regarding health department funding without
11 reducing services and funding to localities.

12
13 **Prevention programs.** Health services
14 should include a focus on educational
15 concerns and prevention programs,
16 including teen pregnancy programs, dental
17 care, well-baby care, immunizations, early
18 childhood services and prenatal care.

19
20 **Local flexibility.** District health offices
21 should be locally controlled to the maximum
22 extent consistent with protecting public
23 health.

24 25 **CHILD CARE**

26 The state should consider alternatives to
27 ensure that child care is available and
28 affordable including a voucher system, child
29 care supplemental funds for low-income
30 working parents, grants for nonprofit and
31 governmental organizations offering child
32 care, and incentives to employers to provide
33 child care centers for their employees.

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69

70 **II. EDUCATION**

71 The Virginia Municipal League supports the
72 goal of ensuring quality, well funded and
73 effective teaching in every classroom in the
74 Commonwealth. Localities have greatly
75 exceeded their responsibilities for K-12
76 education funding. It is essential for the state
77 to meet fully its responsibilities to fund
78 education.

79 80 **FUNDING**

81 The SOQ should be broad enough to include

35 **SERVICES FOR THE NON-ENGLISH** 36 **SPEAKING POPULATION**

37 The 2000 Census confirmed that the number
38 of non-English speaking residents has grown
39 substantially throughout the commonwealth.
40 Services offered through the departments of
41 social services, health, public safety and the
42 public schools are particularly affected by
43 this demographic change.

44
45 VML urges the Secretaries of Education,
46 Health and Human Resources, and
47 Economic Development to institute changes
48 in funding programs and services to non-
49 English-speaking people to ensure that
50 programs can meet the increased need. VML
51 supports budgetary changes to furnish
52 funding for translation services, possibly
53 through block grants based on census data,
54 increase funding for adult and K-12 ESL
55 education, and to use a portion of TANF
56 unspent balances to help fund services for
57 this population. VML supports state funding
58 for several outreach programs across the
59 commonwealth to ensure that residents with
60 limited English proficiency receive
61 information about the state children's health
62 insurance program (FAMIS). Finally, VML
63 encourages localities to adopt a regional
64 approach and to work with local civic
65 groups, community colleges and other
66 higher education institutions to develop
67 translation banks and other language
68 services.

82 the major components of what is required
83 for a quality educational program. VML
84 supports full funding of the state's share of
85 the actual costs of the SOQ based on
86 prevailing practices, and full funding of the
87 state's share of categorical educational
88 mandates in areas such as special education,
89 alternative education and gifted education.
90 VML supports the funding of the At Risk
91 Students Achievement Program and Fund.
92 The requirements of the No Child Left

1 Behind legislation necessitate the dedication
2 of additional funds to ensure that children
3 who are at risk of educational failure will
4 have the resources available to help them
5 succeed in the classroom, and to help school
6 divisions meet the standards required under
7 NCLB.

8
9 The state should fully recognize and fund
10 the costs of rebenchmarking of the various
11 educational programs including the
12 Standards of Quality, incentive, categorical,
13 and school facilities programs. Changing
14 the process of rebenchmarking to artificially
15 lower recognized costs does not change
16 what it actually costs to provide education.
17 Instead, it simply transfers additional costs
18 to local governments, and ultimately to the
19 local real estate tax base.

20
21 **STANDARDS OF QUALITY**

22 VML supports full implementation of the
23 revisions proposed in 2003 by the State
24 Board of Education to the Standards of
25 Quality. VML supports implementation of
26 the recommendations contained in the 2003
27 JLARC study of education funding to ensure
28 that the SOQ are conducive to reaching the
29 goal of having a state educational system
30 that is nationally recognized for excellence
31 and adequately reflect prevailing practices
32 among the school divisions.

33
34 **SOQ FUNDING**

35 Funding for the SOQ should include:

- 36 1. Establishment of a predictable and
37 meaningful source of funding for
38 construction, including funding for
39 new construction, renovation,
40 maintenance and land purchase. The
41 Literary Fund and the Virginia
42 Public School Authority are not
43 sufficient means for the state to help
44 localities pay for capital needs.
- 45 2. A predictable and reliable source of
46 funding for technology infrastructure
47 and personnel costs.

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3. Realistic salary increases for
professional and non-professional
school employees. Salary increases
should be funded for a full year
starting July 1, the start of the fiscal
year.
4. Funding to initiate and continue to
enable school systems to address
school safety issues, including
funding for community resource
officers, video cameras, metal
detectors or personal alarms for
teachers.

The state should not require any
maintenance of local effort other than that
associated with the SOQ. A maintenance of
effort that is not connected to the SOQ will
punish those localities that voluntarily spent
beyond the required minimum in an effort to
achieve a high quality system of education.
Further, it will simply perpetuate the current
mismatch in state-local funding for
education.

The General Assembly should recognize
that local governments traditionally have
funded their share of costs of meeting the
SOQ and, in fact, most have funded
education beyond their required share in
efforts to provide quality education. These
higher funding levels have meant that
localities have had to raise local taxes and
fees and defer spending on other important
local priorities including public safety.

Because spending increases alone may not
produce desired levels of student
achievement, the State Board of Education
and other responsible bodies are urged to
develop measures of results to determine the
actual effectiveness of expenditures on
education.

VML believes that the methodology for
costing the SOQ does not take into account
the differences in costs in the state's various
regions, nor does it adequately address

1 unique local conditions such as small, large,
2 declining, or diverse student populations.
3 First, the new methodology artificially
4 lowers the state average salary by using the
5 “L-estimator” instead of average salary
6 figures. Second, the methodology uses an
7 artificially low limit on the number of
8 professionals per 1,000 pupils for which
9 state aid is given. Third, the methodology
10 does not address the differences in providing
11 education to students with special needs or
12 the heavy additional cost of education
13 English as Second Language students. The
14 add-on funding for at-risk students is a start
15 toward meeting unique local circumstances
16 and should be increased in accordance with
17 the At Risk Student Achievement Program.

18
19 The problems with the funding methodology
20 have been exacerbated by the failure of the
21 state to keep current cost estimates affecting
22 the calculation of the L-estimator, as
23 discussed by the Joint Legislative Audit and
24 Review Commission in its 2003 study of
25 education funding. As a result, the L-
26 estimator currently produces an even lower
27 measure of salary than would be the case
28 were the methodology originally proposed
29 by JLARC to be used.

30
31 The state administration, General Assembly
32 and school boards should intensify their
33 efforts to secure increased federal funding
34 for special education mandates and for
35 meeting the costs incurred under the No
36 Child Left Behind Act.

37 The first priority for the use of a state
38 surplus should be the funding of mandated
39 educational programs.

40
41 Disparity should not be addressed by simply
42 redistributing existing state aid among
43 jurisdictions.

44 **LOCAL AUTONOMY**

45 Because public education should be as close
46 as possible to the people, local school

47
48 decisions cannot and should not be made by
49 the state. Local schools boards should be
50 responsible for the direct supervision and
51 management of local schools.

52
53 The state should not take any actions that
54 limit or reduce authority of local school
55 boards and local governing bodies to finance
56 and manage local schools.

57 **ALTERNATIVE EDUCATION**

58 Traditional approaches to discipline—long-
59 term suspensions and expulsions—transfer
60 the problems of the student from the school
61 division to the general government. There
62 should be school alternatives to the normal
63 school environment for students who do not
64 behave appropriately. The state should
65 develop and fund alternatives for students
66 suspended and expelled from school.

67 **PRE-K EDUCATION**

68
69 VML supports increased state funding for
70 pre-kindergarten students to ensure that all
71 children entering the public system have the
72 social and intellectual skills necessary to be
73 successful students.

74 **HIGHER EDUCATION**

75
76 Virginia’s colleges and universities serve as
77 engines of economic growth, cultural
78 enrichment, and intellectual development for
79 communities across the commonwealth.

80 The decline in state support for institutions
81 of higher education and the state’s
82 unwillingness to invest in these institutions
83 endangers the economic health of the
84 commonwealth and its cities, towns, and
85 counties.

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87
88 In addition to ensuring a stronger and more
89 diversified economic base, a healthy and
90 vibrant higher education sector, which
91 includes two-year as well as four-year
92 institutions, supplies our communities with
93 an educated and well-trained workforce that
94 attracts new businesses and allows existing

1 businesses to compete effectively in an
2 increasingly competitive global economy.
3 Further, beneficiaries of higher education
4 tend to earn higher incomes, thus expanding
5 the revenue stream to the state, and thereby
6 ensuring the continued provision of quality
7 services for its citizens. Finally, the
8 involvement of institutions, their faculty,
9 and their students in communities across the
10 commonwealth and the expanded cultural
11 opportunities these institutions offer
12 communities enhances the quality of life for
13 all Virginians.
14
15 VML supports additional funding for higher
16 education institutions to enable them to meet
17 their educational mandates, thereby meeting
18 the needs of Virginia's citizens and
19 businesses.
20