
2012 HUMAN DEVELOPMENT & EDUCATION POLICY STATEMENT

1	Federal, state and local governments	46	public/private partnerships to
2	share the same citizens and same	47	address human service needs.
3	taxpayers. The state and federal	48	• The state should provide tax
4	governments are increasingly shifting	49	incentives, and allow local
5	funding and responsibilities for	50	governments to provide them, to
6	mandated services to local governments.	51	promote these public/private
7	Local governments seem to have no	52	partnerships.
8	meaningful role in this partnership	53	• Local government must be a
9	except to obey federal and state	54	partner with the state and federal
10	mandates. Local governments request a	55	government in the process of
11	restoration of a meaningful	56	developing regulations,
12	intergovernmental partnership in human	57	guidelines and allocation
13	services and education.	58	methods.
14		59	• The State should require
15	I. HUMAN DEVELOPMENT	60	interagency review of
16	The strength of our communities	61	regulations to reconcile existing
17	determines the strength of our	62	conflicts and to avoid
18	democracy. Emotional, social, and	63	duplication or conflict among
19	economic poverty weakens the fabric of	64	agencies.
20	our society and threatens our democracy.	65	• The State should share data with
21	Policy leaders must ensure access to	66	communities and build a
22	opportunities and invest the proper	67	comprehensive human services
23	resources necessary for all children to	68	data base to promote better
24	grow up in nurturing surroundings, and	69	program planning, evaluation,
25	to reconnect and strengthen the bonds of	70	and integration of services.
26	individuals and institutions in	71	• VML opposes any efforts by the
27	communities so that they thrive and	72	state to dictate the membership
28	favorably compete in the global	73	of local human services policy or
29	economy.	74	advisory boards.
30		75	
31	State budget cuts to local human services	76	Funding commitments. Human
32	programs during a time of	77	services funding formulae should reflect
33	unprecedented need due to the recession	78	identified needs, should be adequate to
34	puts families and communities at greater	79	meet those needs, and should not pit
35	risk; local governments cannot make up	80	localities against each other. Equity in
36	for these reductions.	81	funding cannot be achieved by simply
37		82	redistributing existing state aid among
38	INTERGOVERNMENTAL ISSUES	83	jurisdictions.
39	& FUNDING	84	
40		85	Cost shifting and unfunded mandates.
41	A working partnership.	86	VML opposes the imposition of new
42	• The federal and state	87	federal-or state requirements without the
43	governments should allow local	88	funding to pay them. Given the
44	governments maximum	89	continued reduction in state financial
45	flexibility in developing	90	resources, the state must ease or

1 eliminate requirements instead of
2 shifting the share of state program costs
3 onto local For example:
4
5 • Restore the state funding ratio for
6 local welfare administrative costs, in
7 which the state pays 80 percent and
8 the localities pay 20 percent.

9
10 **Medicaid.** Federal actions to limit the
11 use of Medicaid funding in communities
12 cost the state and localities more money
13 for services to Medicaid-eligible
14 populations. Federal funding must keep
15 pace with the growth in Medicaid-
16 funded services in communities.

17
18 **BEHAVIORAL HEALTH**
19 **Planning for the future of the**
20 **community & facility system.**

21 VML supports the restoration of state
22 support for the community-based
23 system, including increased funding of
24 Medicaid waivers to eliminate waiting
25 lists and provide a cost-effective
26 alternative to institutions. VML also
27 supports creation of pilot programs that
28 allow communities to focus on ways to
29 better help individuals with behavioral
30 and developmental disabilities to live
31 and thrive in their communities.

32
33 VML supports community services
34 boards (CSBs) as the single point-of-
35 entry into the publicly-funded system of
36 care. CSB direct services should remain
37 as a choice for consumers and their
38 families.

39 Any plan for the future of the publicly-
40 funded behavioral health and
41 developmental services system should
42 include adequate state funding for:

- 43
44 ■ a comprehensive system of
45 community-based care and
46 treatment, including case

- 47 management, residential and in-
48 home supports, PACT/ICT teams,
49 and other wrap-around services;
50 ■ rapid response to urgent care needs
51 in each community;
52 ■ 100 percent of the costs for the
53 services and supports for persons
54 returning to the community from
55 state facilities, as well as for those
56 persons diverted from state facilities.
57 ■ Children’s mental health services,
58 including the Mental Health
59 Initiative.

60
61 Further, any restructuring plan should
62 assure the following:

- 63 ■ Local flexibility in planning and
64 service provision, particularly for
65 local-only funds
66 ■ No changes in the local community
67 services match that would increase
68 the burden on local taxes and
69 budgets;
70 ■ Extensive consultation with local
71 officials and community members,
72 particularly those in communities
73 with state facilities and those most
74 affected in the past by de-
75 institutionalization, during any
76 discussion of facility downsizing or
77 closure;
78 ■ Consultation with local officials and
79 community services boards
80 regarding feasible strategies and
81 funding proposals for publicly-
82 funded services;
83 ■ Sufficient time and opportunity for
84 public comment on any proposal that
85 is presented to the Governor and
86 General Assembly;
87 ■ Strategies to overcome past de-
88 institutionalization errors, in
89 particular the shifting of the burden
90 of care to communities;
91 ■ Strategies to return consumers to
92 their home communities to

1 discourage the concentration of
2 consumers in facility communities
3 and in urban centers;
4 ■ State facilities are not so drastically
5 reduced in size and scope that the
6 potential for inpatient care is
7 effectively eliminated; and
8 ■ An action plan to address the
9 economic impact of facility
10 downsizing or closure on facility
11 communities.

12
13 **Part C early intervention.** VML urges
14 the General Assembly to assure full
15 funding for infants and toddlers eligible
16 for therapeutic services under Part C of
17 IDEA to improve their school readiness
18 and quality of life. VML opposes any
19 state actions to further shift the funding
20 of this program to local governments.

21
22 **Medicaid accountability and quality
23 of care.** The league encourages
24 adequate state oversight of, and
25 accountability for community-level
26 services funded by Medicaid, whether
27 those services are furnished through
28 private or public providers.

- 29 ■ Virginia should ensure adequate
30 funding and reimbursements for the
31 developmental disability waiver
32 program.
33 ■ Virginia should create a provider
34 network to furnish flexible,
35 consumer- and recovery-focused
36 services in communities.
37 ■ The Department of Medical
38 Assistance Services (DMAS) should
39 regularly update use and inflation
40 data for all behavioral health
41 services, and annually adjust its
42 rates.
43 ■ DMAS should be responsible for
44 seeking funding to meet Virginia's
45 projected need for Medicaid-covered
46 behavioral health services.

- 47 ■ Virginia should incrementally raise
48 the Medicaid income eligibility
49 requirements to 100 percent of
50 federal poverty guidelines, thereby
51 assuring more needy consumers
52 access to Medicaid-covered services
53 and reducing dependence on state
54 general funds.
55 ■ VML urges DMAS to continue and
56 expand Medicaid reimbursement for
57 substance abuse services.

58 VML encourages the state to guarantee
59 adequate funding to allow uninsured
60 people who are not Medicaid-eligible to
61 receive comprehensive mental health
62 and substance abuse services at the
63 community level.

64
65 **Substance abuse and mental health
66 treatment in jails and juvenile
67 detention centers.** The state should fully
68 fund mental health services, drug courts,
69 drug education, and treatment in the
70 state, regional, and local correctional
71 system, given the overwhelming
72 percentage of adults and juveniles in the
73 system diagnosed with mental health and
74 substance abuse conditions. To be most
75 effective, treatment and support services
76 are needed both within institutions and
77 in the community to decrease recidivism.

78
79 **Availability of Services.** The state must
80 ensure that consumers seeking voluntary
81 treatment receive such services, without
82 regard to their ability to pay.
83 Additionally, funding for a rapid
84 response urgent care access should be
85 available within every community as
86 well as increased capacity to address
87 mandated outpatient commitment.

88
89 **Drug courts and day reporting
90 centers.**
91 The state should restore funding of drug
92 courts and day reporting centers, both of

1 which help keep individuals out of the
2 criminal justice system.

3
4 **Needs of military veterans and**
5 **families**

6 An estimated 170,000 returning soldiers
7 from Afghanistan and Iraq require some
8 type of behavioral health care services or
9 treatment. Children of U.S. military
10 troops sought outpatient mental health
11 care 2 million times in 2008, twice the
12 number that sought help at the start of
13 the Iraq war. Given the number of
14 active military, veterans, and military
15 families living in Virginia, it is clear that
16 the behavioral health needs of soldiers
17 and their families must be swiftly and
18 adequately addressed. VML urges the
19 federal government to increase funding
20 and access to behavioral health and
21 addiction treatment services for active
22 members of the military (including
23 National Guard and Reserves), returning
24 veterans, and their family members.

25
26 **AGING**

27 **Community programs.** As alternatives
28 to institutionalized care wherever
29 appropriate, the state should develop
30 Medicaid waivers or otherwise fully
31 fund community-based programs like
32 companion services, respite care,
33 homemaker services, adult group homes
34 and adult day care for the elderly.
35 Additionally, communities must have
36 the resources to address the complex
37 medical and behavioral health needs of
38 aging persons with intellectual
39 disabilities, who may, with appropriate
40 services, remain in the communities with
41 their natural support system of families
42 and friends.

43
44 **Housing.** The state should support
45 policies that increase the affordability

46 and availability of senior housing
47 throughout the commonwealth.

48
49 **COMPREHENSIVE SERVICES**
50 **ACT**

51 In the last 17 years Virginia has
52 implemented just half of the CSA
53 program. When the CSA was developed
54 in the early 1990s, the plan called for
55 comprehensive prevention programs for
56 at risk youth and families. Unless and
57 until the state commits to developing and
58 funding programs that address the roots
59 of issues that bring children and families
60 into CSA, the CSA program will
61 continue to grow as an increasingly
62 expensive “catch-up” approach to
63 addressing the complex needs of
64 children and families.

65
66 **Base-budget funding.** The costs of the
67 Comprehensive Services Act (CSA) for
68 at-risk youth and their families should be
69 fully funded in the state’s base budget.

70
71 **Administrative funding.** VML
72 supports greater funding from the state
73 to support the program’s substantial
74 administrative requirements carried out
75 at the local level. These requirements
76 include the regular collection,
77 compilation, and submission of
78 comprehensive data on every youth
79 served by this program to improve the
80 program’s function and accountability.

81
82 **Incentive funding.** The CSA funding
83 formula should include an incentive
84 component that rewards those local
85 governments implementing innovative
86 and cost-effective alternatives to
87 residential placement.

88
89 **Behavioral health services for youth.**
90 • The General Assembly should
91 build upon its funding and seek

1 federal-state funded waivers to
 2 provide behavioral health and
 3 prevention services for youth.
 4 • The state has greatly decreased
 5 state facility beds and state-
 6 funded services for children,
 7 including those with long-term or
 8 hard-to-treat conditions. VML
 9 urges the state to continue its
 10 support of the Commonwealth
 11 Center for Children and
 12 Adolescents as a part of the array
 13 of behavioral health services.
 14 • Private insurance often does not
 15 sufficiently cover behavioral
 16 health treatment. The result is
 17 more families turning to the CSA
 18 program. Local governments
 19 support greater state funding to
 20 the Mental Health Initiative to
 21 serve children with behavioral
 22 health needs who do not
 23 otherwise require CSA’s sum
 24 sufficient services.
 25 • VML opposes any expansion of
 26 the CSA mandated population
 27 that requires additional local
 28 funding, or any movement to turn
 29 CSA into a parallel mental health
 30 system for children.
 31 • State efforts to expand the base
 32 level of community-based
 33 services for children statewide
 34 must be accompanied by full
 35 state funding of such services.

37 **Service capacity.** VML encourages the
 38 state to establish a children’s behavioral
 39 health workforce development initiative
 40 to build service capacity throughout the
 41 state.

43 **Service coordination.** State and local
 44 governments should work together to
 45 ensure the greatest degree of
 46 coordination between Individual

47 Education Plans (IEPs) and CSA service
 48 plans.

49
 50 **State agency policy coordination.** The
 51 State Executive Council must ensure that
 52 the administrative and policy
 53 requirements of the state agencies
 54 involved in the CSA are consistent with
 55 one another and consistently applied to
 56 local governments.

57
 58 **Utilization review.** Local governments
 59 must maintain the flexibility to develop
 60 utilization management processes that
 61 are approved by the State Executive
 62 Council.

63
 64 **FACILITIES FOR ADULTS AND**
 65 **YOUTH**

66 **Auxiliary grant program.** The state
 67 should assume full responsibility for the
 68 cost of the auxiliary grant program for
 69 elderly persons or people with
 70 disabilities.

71
 72 **Licensure and regulation of group**
 73 **homes.** VML urges the state to continue
 74 to work with local governments to assure
 75 adequate licensure and regulatory
 76 requirements are in place to assure
 77 community safety and well-being.

78
 79 **HOMELESSNESS**

80 VML supports measures to prevent
 81 homelessness in Virginia and to assist
 82 the chronic homeless, including
 83 veterans, in obtaining appropriate
 84 rehabilitative and recovery services, job
 85 training and support, and affordable and
 86 appropriate housing. VML supports
 87 measures to remove barriers this
 88 population faces in meeting
 89 identification and residency
 90 requirements for valid state-issued
 91 identification cards. VML urges the
 92 state to create a housing trust fund and to

1 work with communities to develop and
2 otherwise support housing for this
3 population.

4
5 **JUVENILE JUSTICE PROGRAMS**
6 **Virginia Juvenile Community Crime**
7 **Control Act (VJCCCA).** The Virginia
8 Municipal League urges the General
9 Assembly to restore the 71 percent
10 funding reduction to the Virginia
11 Juvenile Community Crime Control Act
12 (VJCCCA) program and to support an
13 equitable and stable funding allocation
14 process for the program. The VJCCCA
15 directs localities, in cooperation with
16 judges, to implement programs that
17 divert youth from state or local
18 confinement or help ensure the success
19 of those re-entering the community from
20 confinement. Every city and county
21 participates in the program. VJCCCA
22 gives judges the ability to order first-
23 time and less serious offenders to
24 services such as electronic monitoring,
25 intensive counseling, and group homes.
26 Such appropriate services reduce more
27 costly and less suitable placements in
28 local secure detention or state
29 correctional facilities. It also effectively
30 serves youth that are part of the non-
31 mandated population under the
32 Comprehensive Services Act.

33
34 **SOCIAL SERVICES & WELFARE**
35 **REFORM**
36 **Child and family services program**
37 **improvement plan.** The state must
38 fund the requirements of the federal
39 program improvement plan, estimated to
40 cost at least \$28 million, that will
41 support a statewide systemic change to
42 improve the quality of all casework
43 activities related to child welfare
44 services (prevention of child
45 abuse/neglect; prevention foster care,
46 foster care and adoption) including

47 practice models, community-based
48 systems of care; data management; and
49 the recruitment, development and
50 support of family systems.

51
52 **Foster care: Protections for children.**
53 VML urges the federal and state
54 governments to closely monitor the
55 balance between the rights of parents
56 versus the safety of children entrusted to
57 this system.

58 **Phase III of welfare reform.** State and
59 local governments must jointly develop
60 and implement a plan for the next phase
61 of welfare reform. The overarching
62 goals should be to achieve family
63 independence for current TANF
64 recipients and to promote child well-
65 being as a way to prevent future reliance
66 on TANF. More effective strategies
67 must be developed to address the
68 extremely challenging employment
69 barriers among the hard-to-serve and to
70 meet the needs for parent education,
71 child care, and medical and behavioral
72 health care among TANF beneficiaries
73 and the working poor who face the loss
74 of TANF benefits.

75
76 **Child care.** Affordable, high-quality
77 child care is crucial to parents in the
78 TANF program and to low-income
79 parents whose wages simply cannot
80 cover child care costs. The state must
81 help fund child care costs to help these
82 families. The state should consider ways
83 to ensure safe, affordable child care,
84 such as grants for nonprofit or public
85 organizations offering child care, and
86 employer incentives to provide child
87 care centers for their employees.

88
89 **Healthy families.** VML supports
90 expanded use of state general funds for
91 the Healthy Families program, a
92 voluntary program that offers parental

1 education, support, and assistance to
2 help prevent the need for more costly
3 human services and public safety
4 programs in the future.
5
6 **Social Services Block Grant.** Virginia
7 uses Title XX-Social Services Block
8 Grant (SSBG) funding for a variety of
9 non-cash-
10 assistance services, including in-home
11 services for the elderly, child and adult
12 abuse investigators, and domestic abuse
13 and family preservation services.
14 Congress has consistently underfunded
15 the SSBG at the levels authorized in the
16 1996 federal welfare reform law. VML
17 urges Congress to live up to its
18 commitment to fully fund the SSBG.
19 Until the federal budget fully funds
20 SSBG, VML urges the General
21 Assembly to continue to first use any
22 Temporary Assistance for Needy
23 Families (TANF) balances to replace
24 SSBG funds.
25
26 **HEALTH**
27 **Cooperative health budget.** The
28 General Assembly should provide
29 sufficient funding to implement the
30 JLARC proposals regarding health
31 department funding without reducing
32 services and funding to localities.
33
34 **Prevention programs.** Health services
35 should include a focus on educational
36 concerns and prevention programs,
37 including teen pregnancy programs,
38 dental care, well-baby care,
39 immunizations, early childhood services
40 and prenatal care.
41
42 **Local flexibility.** District health offices
43 should be locally controlled to the
44 maximum extent consistent with
45 protecting public health.
46

47 **PREDATORY LENDING**
48 **PRACTICES**
49 VML supports legislation to place a 36
50 percent cap on payday, car-title, open-
51 ended and similar loans.
52
53 **SERVICES FOR THE NON-**
54 **ENGLISH SPEAKING**
55 **POPULATION**
56 The 2000 Census confirmed that the
57 number of non-English speaking
58 residents has grown substantially
59 throughout the commonwealth.
60 Services offered through the departments
61 of social services, health, public safety
62 and the public schools are particularly
63 affected by this demographic change.
64
65 VML urges the Secretaries of Education,
66 Health and Human Resources, and
67 Economic Development to institute
68 changes in funding programs and
69 services to non-English-speaking people
70 to ensure that programs can meet the
71 increased need. VML supports
72 budgetary changes to furnish funding for
73 translation services, possibly through
74 block grants based on census data,
75 increase funding for adult and K-12 ESL
76 education, and to use a portion of TANF
77 unspent balances to help fund services
78 for this population. VML supports state
79 funding for several outreach programs
80 across the commonwealth to ensure that
81 residents with limited English
82 proficiency receive information about
83 the state children's health insurance
84 program (FAMIS). Finally, VML
85 encourages localities to adopt a regional
86 approach and to work with local civic
87 groups, community colleges and other
88 higher education institutions to develop
89 translation banks and other language
90 services.
91

1 II. EDUCATION

2
3 The Virginia Municipal League supports
4 the goal of ensuring quality, well funded
5 and effective teaching in every
6 classroom in the Commonwealth.
7 Localities have greatly exceeded their
8 responsibilities for K-12 education
9 funding. It is essential for the state to
10 meet fully its responsibilities to fund
11 education.

13 VISION

14 A strong public education system is the
15 pillar of American society and a passport
16 to the future. Our country cannot be
17 strong without an excellent education
18 system that students leave armed with
19 the critical thinking skills that will
20 enable them to be productive citizens. A
21 solid foundation of learning is essential
22 for our communities, state, and country.

23
24 A strong educational system requires
25 accountability, parental involvement and
26 the wise and efficient use of resources.
27 Standards are an essential part of the
28 accountability system, but cannot be
29 measured simply by standardized tests.
30 Students need to learn not only facts and
31 figures, but also those critical learning
32 skills that will enable them to leave high
33 school prepared for either the workplace
34 or higher education.

35 Students, parents, administrators and
36 teachers all have roles in the educational
37 system and have to be part of that
38 accountability system. Parents have to
39 be involved with their children's
40 education, but family support for parents
41 is essential, particularly in dealing with
42 children with mental, physical or
43 substance abuse problems. Not all
44 children should or need to prepare to
45 attend college, but students across the

46 economic spectrum should have
47 equitable opportunities to learn.

48
49 A sound education system puts resources
50 where they can be most effective,
51 includes collaboration between school
52 boards and local governing bodies, uses
53 technology effectively, embraces
54 innovation and regional opportunities
55 and focuses on early intervention to
56 tackle problems at the earliest time
57 possible.

59 FUNDING

60 The SOQ should be broad enough to
61 include the major components of what is
62 required for a quality educational
63 program. VML supports full funding of
64 the state's share of the actual costs of the
65 SOQ based on prevailing practices, and
66 full funding of the state's share of
67 categorical educational mandates in
68 areas such as special education,
69 alternative education and gifted
70 education. The requirements of the No
71 Child Left Behind legislation necessitate
72 the dedication of additional funds to
73 ensure that children who are at risk of
74 educational failure will have the
75 resources available to help them succeed
76 in the classroom, and to help school
77 divisions meet the standards required
78 under NCLB.

79
80 The state should fully recognize and
81 fund the costs of rebenchmarking of the
82 various educational programs including
83 the Standards of Quality, incentive,
84 categorical, and school facilities
85 programs. Changing the process of
86 rebenchmarking to artificially lower
87 recognized costs does not change what it
88 actually costs to provide education.
89 Instead, it simply transfers additional
90 costs to local governments, and

1 ultimately to the local real estate tax
2 base.
3
4 **STANDARDS OF QUALITY**
5 VML supports full implementation of
6 the revisions proposed in 2003 by the
7 State Board of Education to the
8 Standards of Quality. VML supports
9 implementation of the recommendations
10 contained in the 2003 JLARC study of
11 education funding to ensure that the
12 SOQ are conducive to reaching the goal
13 of having a state educational system that
14 is nationally recognized for excellence
15 and adequately reflect prevailing
16 practices among the school divisions.
17

18 **SOQ FUNDING**

19 The state must be a reliable funding
20 partner in accordance with the Virginia
21 Constitution and state statutes. The
22 Standards of Quality should recognize
23 resources, including positions, required
24 for a high-quality public education
25 system.
26

27 Funding for the SOQ should include:

- 28 1. Establishment of a predictable
29 and meaningful source of
30 funding for construction,
31 including funding for new
32 construction, renovation,
33 maintenance and land purchase.
34 The Literary Fund and the
35 Virginia Public School Authority
36 are not sufficient means for the
37 state to help localities pay for
38 capital needs.
- 39 2. A predictable and reliable source
40 of funding for technology
41 infrastructure and personnel
42 costs.
- 43 3. Realistic state funding for salary
44 increases for professional and
45 non-professional school
46 employees. Salary increases

- 47 should be funded for a full year
48 starting July 1, the start of the
49 fiscal year.
- 50 4. Funding to initiate and continue
51 to enable school systems to
52 address school safety issues.
- 53 5. Recognition of adequate support
54 costs based on realistic measures
55 of the importance of support
56 positions to achievement on state
57 accountability standards.

58
59 The state should not require any
60 maintenance of local effort other than
61 that associated with the SOQ. A
62 maintenance of effort requirement that is
63 not connected to the SOQ will punish
64 those localities that voluntarily spent
65 beyond the required minimum in an
66 effort to achieve a high quality system of
67 education. Further, it will simply
68 perpetuate the current mismatch in state-
69 local funding for education.
70

71 The General Assembly should recognize
72 that local governments traditionally have
73 funded their share of costs of meeting
74 the SOQ and, in fact, most have funded
75 education beyond their required share in
76 efforts to provide quality education.
77 These higher funding levels have meant
78 that localities have had to raise local
79 taxes and fees and defer spending on
80 other important local priorities including
81 public safety.
82

83 Because spending increases alone may
84 not produce desired levels of student
85 achievement, the State Board of
86 Education and other responsible bodies
87 are urged to develop measures of results
88 to determine the actual effectiveness of
89 expenditures on education.
90

91 VML believes that the methodology for
92 costing the SOQ does not take into

1 account the differences in costs in the
2 state’s various regions, nor does it
3 adequately address unique local
4 conditions such as small, large,
5 declining, or diverse student populations.
6 First, the new methodology artificially
7 lowers the state average salary by using
8 the “L-estimator” instead of average
9 salary figures. Second, the methodology
10 uses an artificially low limit on the
11 number of professionals per 1,000 pupils
12 for which state aid is given. Third, the
13 methodology does not address the
14 differences in providing education to
15 students with special needs or the heavy
16 additional cost of educating English as
17 Second Language students. The add-on
18 funding for at-risk students is a start
19 toward meeting unique local
20 circumstances and should be increased
21 in accordance with the At Risk Student
22 Achievement Program.

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

37
38 The state administration, General
39 Assembly and school boards should
40 intensify their efforts to secure increased
41 federal funding for special education
42 mandates and for meeting the costs
43 incurred under the No Child Left Behind
44 Act.
45

46 The first priority for the use of a state
47 surplus should be the funding of
48 mandated educational programs.

49
50 Disparity should not be addressed by
51 simply redistributing existing state aid
52 among jurisdictions.

53
54 **LOCAL AUTONOMY**
55 Because public education should be as
56 close as possible to the people, local
57 school decisions cannot and should not
58 be made by the state. Local schools
59 boards should be responsible for the
60 direct supervision and management of
61 local schools.

62
63 The state should not take any actions
64 that limit or reduce authority of local
65 school boards and local governing
66 bodies to finance and manage local
67 schools.

68
69 **ALTERNATIVE EDUCATION**
70 Traditional approaches to discipline—
71 long-term suspensions and expulsions—
72 transfer the problems of the student from
73 the school division to the general
74 government. There should be school
75 alternatives to the normal school
76 environment for students who do not
77 behave appropriately. The state should
78 develop and fund alternatives for
79 students suspended and expelled from
80 school, such as programs designed to
81 encourage obtainment of GEDs, career
82 education, job skills, self control training
83 and drug and substance prevention.

84
85 **EARLY CHILDHOOD**
86 **DEVELOPMENT & EDUCATION**
87 Research has shown that the early
88 childhood years (from infancy to age
89 five) are critical years for brain
90 development. These early years are also
91 critical for establishing healthy lifestyles

1 – eating nutritious foods, engaging in
2 activities and exercise (i.e., playing), and
3 learning basic health and safety
4 practices.

5
6 Children who are regularly read to and
7 gain basic language skills; who
8 participate in healthy activities and
9 learning experiences; and who learn
10 basic social skills, are more likely to
11 enter kindergarten ready to learn. They
12 are also more likely to read at grade
13 level by the third grade. This early
14 progress can lead to continued success in
15 school and ultimately in the workforce.

16
17 VML supports state and local policies
18 and initiatives that spotlight and
19 encourage greater early learning
20 opportunities for children, along with
21 access to information and resources that
22 will help parents and caregivers give
23 young children the greatest chances to
24 learn and grow in healthy ways. This
25 will ensure a better economic future for
26 families and communities.

27
28 VML supports increased state funding
29 for pre-kindergarten students to ensure
30 that all children entering the public
31 system have the social and intellectual
32 skills necessary to be successful
33 students.

34
35 **HIGHER EDUCATION**
36 Virginia’s colleges and universities serve
37 as engines of economic growth, cultural
38 enrichment, and intellectual

39 development for communities across the
40 commonwealth. The decline in state
41 support for institutions of higher
42 education and the state’s unwillingness
43 to invest in these institutions endangers
44 the economic health of the
45 commonwealth and its cities, towns, and
46 counties.

47
48 In addition to ensuring a stronger and
49 more diversified economic base, a
50 healthy and vibrant higher education
51 sector, which includes two-year as well
52 as four-year institutions, supplies our
53 communities with an educated and well-
54 trained workforce that attracts new
55 businesses and allows existing
56 businesses to compete effectively in an
57 increasingly competitive global
58 economy. Further, beneficiaries of
59 higher education tend to earn higher
60 incomes, thus expanding the revenue
61 stream to the state, and thereby ensuring
62 the continued provision of quality
63 services for its citizens. Finally, the
64 involvement of institutions, their faculty,
65 and their students in communities across
66 the commonwealth and the expanded
67 cultural opportunities these institutions
68 offer communities enhances the quality
69 of life for all Virginians.

70
71 VML supports additional funding for
72 higher education institutions to enable
73 them to meet their educational mandates,
74 thereby meeting the needs of Virginia’s
75 citizens and businesses.