



2018 HUMAN DEVELOPMENT & EDUCATION POLICY STATEMENT

1 **I. HUMAN DEVELOPMENT**

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

14 **A PLATFORM FOR CHILDREN & 15 FAMILIES**

16 VML endorses the National League of
17 Cities' Platform for Children and Families
18 that recognizes that strong communities are
19 built on a foundation of strong families and
20 neighborhoods. VML supports and
21 encourages efforts by our communities and
22 the state that emphasize:

- 23 • **Opportunities to learn and grow:**
24 family literacy programs, quality
25 out-of-school time programs and
26 early childhood programs;
- 27 • **Safe neighborhoods to call home:**
28 sufficient state support for local law
29 enforcement, juvenile justice, and
30 prisoner re-entry programs;
- 31 • **Healthy lifestyles & environment:**
32 improving access to healthy foods,
33 physical activity and recreation
34 programs; and
- 35 • **Financially fit families:** workforce
36 development, curbing predatory
37 lenders, and increasing access to
38 low-cost bank accounts and
39 mainstream financial services.
40

41 VML supports approaches (such as the
42 Virginia Grocery Incentive Fund as one
43 example) to provide financial and technical
44 support for businesses to help expand and
45 ensure greater access to healthy food for
46 residents of the state.
47

48 **INTERGOVERNMENTAL ISSUES & 49 FUNDING**

50 Federal, state and local governments share
51 the same citizens and same taxpayers. Local
52 governments request a restoration of a
53 meaningful and fiscally-balanced
54 intergovernmental partnership in human
55 services and education.
56

57 **A working partnership.**

- 58 • The federal and state governments
59 should allow local governments
60 maximum flexibility in developing
61 and funding public/private
62 partnerships to address human
63 service needs.
64
- 65 • Local government must be a partner
66 with the state and federal
67 government in the process of
68 developing regulations, policies, and
69 allocation methods.
70
- 71 • The State should require interagency
72 review of regulations to reconcile
73 existing conflicts and to avoid
74 duplication or conflict among
75 agencies.
76
- 77 • The State should share data with
78 communities and build a
79 comprehensive human services data
80 base to promote greater planning
coordination and evaluation of
services.

1
2 **Funding commitments.** Human services
3 funding formulae should reflect identified
4 needs, adequate resources to meet those
5 needs, and not pit localities against each
6 other. Equity in funding cannot be achieved
7 by simply redistributing insufficient existing
8 state aid among jurisdictions.

9
10 **Cost shifting and unfunded mandates.**
11 VML opposes the imposition of new federal
12 or state requirements without the funding to
13 pay for them. In the case of state mandates,
14 as the state reduces its funding and
15 assistance to localities, it must ease or
16 eliminate requirements it is unwilling to
17 support. In the case of federal mandates, the
18 state must at the very least maintain its share
19 of responsibility for program supervision
20 and funding. For example:

- 21
- 22 • funding the administration of the
- 23 FAMIS eligibility and case
- 24 management without state support;
- 25 • paying the cost of federal penalties
- 26 when the state does not meet its
- 27 obligations for human services
- 28 programs, including adequate
- 29 administrative funding, technology,
- 30 training, and technical assistance
- 31 necessary to properly do the job;
- 32 • maintaining state funding for the
- 33 costs for federally-mandated and
- 34 state-supervised programs such as
- 35 adoption assistance, and
- 36 • restoring the state funding ratio for
- 37 local welfare administrative costs, in
- 38 which the state pays 80 percent and
- 39 the localities pay 20 percent.
- 40

41 **AGING SERVICES**

42 **Community programs.** As alternatives to
43 institutionalized care wherever appropriate,
44 the state should develop Medicaid waivers
45 or otherwise fully fund community-based
46 programs like companion services, respite

47 care, homemaker services, adult group
48 homes and adult day care for the elderly.

49
50 **Housing.** The state should support policies
51 that increase the affordability and
52 availability of senior housing throughout the
53 commonwealth.

54 55 56 **OPIOIDS, HEROIN, SYNTHETIC** 57 **DRUGS**

58 VML supports an intergovernmental and
59 interdisciplinary partnership to address the
60 epidemic of opioid and heroin overdoses in
61 Virginia. Further, VML urges the federal
62 government to actively address the public
63 health threats posed by any emerging
64 synthetic drugs that that pose a similar
65 addiction/overdose threat.

66
67
68 VML supports the Commonwealth's policy
69 framework that targets the following:

- 70 1) prevention – reduction in the supply
- 71 of legal opiates, and tracking and
- 72 reduction of the supply of illegal
- 73 opiates such as heroin and synthetic
- 74 substances;
- 75 2) harm reduction – active intervention
- 76 until treatment is available and
- 77 accepted;
- 78 3) treatment – for those who are
- 79 addicted, and support/recovery
- 80 resources for family members of
- 81 people in treatment; and
- 82 4) culture change - discourage
- 83 use/overuse of legal opioids, change
- 84 pain management expectations, and
- 85 remove stigma regarding addiction
- 86 treatment and recovery.
- 87

88 **BEHAVIORAL HEALTH**

89 **Planning for the future of the community**
90 **& facility system.**

91 Any plan for the future of the publicly-
92 funded behavioral health and developmental

1 services system should include adequate
 2 state funding for:

- 3 • A community-based, comprehensive
- 4 system of care;
- 5 • Urgent care needs in each
- 6 community, including crisis
- 7 intervention teams (CIT);
- 8 • Comprehensive services and
- 9 supports for people returning to the
- 10 community from any type of state
- 11 facilities (public safety as well as
- 12 behavioral health), as well as for
- 13 people diverted from state facilities.
- 14 • Children’s mental health services,
- 15 including community-based early
- 16 interventions and the Mental Health
- 17 Initiative;
- 18 • Medicaid waivers to eliminate
- 19 service waiting lists; and
- 20 • Availability of services for
- 21 consumers seeking voluntary
- 22 treatment services, regardless of their
- 23 ability to pay.

24

25 Further, VML supports Community Services
 26 Boards (CSBs) as the single point-of-entry
 27 into the publicly-funded system of care and
 28 as a choice for services to individuals and
 29 families.

30

31 Further, any restructuring plan should assure
 32 the following:

- 33 • Local flexibility in planning and service
- 34 provision, particularly for local-only
- 35 funds;
- 36 • No changes in the local match that
- 37 would increase the burden on local taxes
- 38 and budgets;
- 39 • Meaningful consultation with local
- 40 officials and community services boards
- 41 regarding strategies and funding
- 42 proposals for publicly-funded services;
- 43 • Sufficient time and opportunity for
- 44 public comment on any legislative
- 45 proposals;

- 46 • Strategies to overcome past de-
- 47 institutionalization errors, particularly
- 48 the shifting of the burden of care to
- 49 communities;
- 50 • Strategies to discourage the
- 51 concentration of consumers in facility
- 52 communities and in urban centers; and
- 53 • State facilities are not so drastically
- 54 reduced in size and scope that the
- 55 potential for inpatient care is effectively
- 56 eliminated.

57 **Part C early intervention.** VML urges the
 58 General Assembly to assure full state
 59 funding for infants and toddlers eligible for
 60 therapeutic services under Part C of IDEA to
 61 improve their school readiness and quality
 62 of life.

63

64 **Behavioral health services for youth**
 65 **Funding.** The state should build upon its
 66 funding and seek federal-state funded
 67 waivers to provide behavioral health
 68 services, in particular, prevention services
 69 for youth. VML supports greater state
 70 funding to the Mental Health Initiative and
 71 other community-based initiatives to
 72 diagnose and serve children with behavioral
 73 health needs early, to prevent more complex,
 74 costly, and restrictive interventions from
 75 CSA or the juvenile justice system.

76

77 **Treatment beds.** The state has greatly
 78 decreased state facility beds and state-
 79 funded services for children, including those
 80 with long-term or hard-to-treat conditions,
 81 and those in the state and local juvenile
 82 detention system. VML urges the state to
 83 continue its support of the Commonwealth
 84 Center for Children and Adolescents as a
 85 part of the array of behavioral health
 86 services, and to fund treatment beds for
 87 those committed to the juvenile justice
 88 system. Further, the state should fund
 89 supportive services for children leaving
 90 treatment and their families to further

1 stabilize their living situations and allow for
2 recovery.

3
4 **Service capacity.** VML encourages the
5 state to establish a children’s behavioral
6 health workforce development initiative to
7 build service capacity throughout the state.

8
9 **Medicaid accountability and quality of**
10 **care.** The league encourages adequate state
11 oversight of, and accountability for,
12 community-level services funded by
13 Medicaid, whether those services are
14 furnished through private or public
15 providers.

16
17 **Substance abuse and behavioral health**
18 **needs in the justice system.** VML supports
19 the creation of state-funded programs and
20 facilities, and funding of current programs,
21 such as drug courts and day reporting
22 centers, to divert individuals with mental
23 illness from jails and juvenile detention into
24 more appropriate community-based or in-
25 patient treatment programs. VML opposes
26 changes in state funding formulae to turn
27 local and regional jails into in-patient
28 behavioral health treatment centers.

29
30 **Needs of military veterans and families**
31 Given the number of active military,
32 veterans, and military families living in
33 Virginia, it is clear that behavioral health
34 needs of soldiers returning home with PTSD
35 and their families must be swiftly and
36 adequately addressed. VML urges the
37 federal government to increase funding and
38 access to behavioral health and addiction
39 treatment services for active members of the
40 military (including National Guard and
41 Reserves), returning veterans, and their
42 family members.

43 **CHILDREN’S SERVICES ACT**

44 **CHILDREN’S SERVICES ACT**
45 In the last 20+ years Virginia has
46 implemented just half of the CSA program.

47 When the CSA was developed in the early
48 1990s, the plan called for comprehensive
49 prevention programs for at risk youth and
50 families. Unless and until the state commits
51 to developing and funding services that
52 address the roots of issues that bring
53 children and families into CSA, the CSA
54 program will continue as an expensive
55 “catch-up” approach to addressing the
56 complex needs of children and families.

57
58 **A realistic partnership.** The
59 Commonwealth should establish a statutory
60 provision for operation of this state-local
61 partnership that appropriately reflects the
62 shared responsibilities, the need for
63 sufficient “rules and tools”, and recognizes
64 the practical reality that correcting policy
65 and procedural errors may take substantial
66 time and resources.

67
68 **Administrative funding.** VML supports
69 greater funding from the state to support the
70 program’s substantial administrative
71 requirements carried out at the local level.

72
73 **Base-budget funding.** The costs of CSA
74 should be fully funded in the state’s base
75 budget.

76
77 **Expansion of the mandated population.**
78 VML opposes attempts to expand the CSA
79 mandated population or turn CSA into the
80 children’s mental health program. VML
81 opposes as well as efforts to expand local
82 responsibility for Medicaid match to new
83 categories of individuals, or to require
84 localities to pay the educational costs for
85 children placed in residential treatment
86 outside of the local FAPT process.

87
88 **Incentive funding.** The CSA funding
89 formula should include an incentive
90 component that rewards those local
91 governments implementing innovative and
92 cost-effective interventions.

1
2 **State agency policy coordination.** The
3 State Executive Council must ensure that the
4 administrative and policy requirements of
5 the state agencies involved in the CSA are
6 consistent with one another and consistently
7 applied to local governments.

8
9 **Service coordination.** State and local
10 governments should work together to ensure
11 the greatest degree of coordination between
12 Individual Education Plans (IEPs) and CSA
13 service plans.

14
15 **Sum sufficiency.** CSA serves many
16 children who are entitled to sum sufficient
17 services; the state must keep its commitment
18 to fund its share of services costs for this
19 population.

20
21 **Utilization review.** Local governments
22 must maintain the flexibility to develop
23 utilization management processes that are
24 approved by the State Executive Council.

25
26 **FACILITIES FOR ADULTS AND**
27 **YOUTH**

28 **Auxiliary grant program.** The state should
29 assume full responsibility for the cost of the
30 auxiliary grant program for elderly persons
31 and people with disabilities.

32
33 **Licensure and regulation of group homes.**
34 VML urges the state to continue to work
35 with local governments to assure adequate
36 licensure and regulatory requirements are in
37 place to assure community safety and well-
38 being.

39
40 **HOMELESSNESS**

41 VML supports measures to prevent
42 homelessness in Virginia and to assist the
43 chronic homeless, including veterans, in
44 obtaining appropriate rehabilitative and
45 recovery services, job training and support,
46 and affordable and appropriate housing.

47 VML supports measures to remove barriers
48 this population faces in meeting
49 identification and residency requirements for
50 valid state-issued identification cards. VML
51 urges the state to create a housing trust fund
52 and to work with communities to develop
53 and otherwise support housing for this
54 population.

55
56
57 **JUVENILE JUSTICE PROGRAMS**
58 **Virginia Juvenile Community Crime**
59 **Control Act (VJCCCA).** The Virginia
60 Municipal League urges the General
61 Assembly to restore the 71 percent funding
62 reduction to the Virginia Juvenile
63 Community Crime Control Act (VJCCCA)
64 program and to support an equitable and
65 stable funding allocation process for the
66 program.

67
68
69 The VJCCCA directs localities, in
70 cooperation with judges, to implement
71 programs that divert youth from state or
72 local confinement or help ensure the success
73 of those re-entering the community from
74 confinement. Every city and county
75 participates in the program.

76
77 VJCCCA gives judges the ability to order
78 first-time and less serious offenders to
79 services such as electronic monitoring,
80 intensive counseling, and group homes.
81 Such appropriate services reduce more
82 costly and less suitable placements in local
83 secure detention or state correctional
84 facilities. It also effectively serves youth
85 that are part of the non-mandated population
86 under the Children’s Services Act.

87
88 **System transformation.** VML supports
89 juvenile justice system transformation that:
90

- 91 • Gives juvenile detention centers
flexibility, not mandates, to contract

1 with the state to house lower-risk
2 offenders from state facilities;

- 3 • Pays juvenile detention facilities the
4 actual costs for housing and serving
5 lower-risk offenders from the state;
6 and
- 7 • Allows the Department to reinvest
8 savings or otherwise provides
9 sufficient, stable funding to
10 implement a treatment continuum
11 with more service and treatment
12 options, and supports to ensure better
13 outcomes and lower recidivism.

14 **SOCIAL SERVICES**

15 **Child and family services program**

16 **improvement plan.** The state must fund the
17 technology and systems to improve the
18 quality of all casework activities related to
19 child welfare services (prevention of child
20 abuse/neglect; prevention foster care, foster
21 care and adoption)

22
23
24 **Child care.** Affordable, high-quality child
25 care is crucial to parents in the Temporary
26 Assistance to Needy Families (TANF)
27 program and to low-income parents whose
28 wages simply cannot cover child care costs.
29 The state must help fund child care costs to
30 help these families. The state should
31 consider ways to ensure safe, affordable
32 child care, such as grants for nonprofit or
33 public organizations offering child care, and
34 employer incentives to provide child care
35 centers or other assistance for their
36 employees.

37
38 **Healthy families.** VML supports expanded
39 use of state general funds for the Healthy
40 Families program, a voluntary program that
41 offers parental education, support, and
42 assistance to help prevent the need for more
43 costly human services and public safety
44 programs in the future.

46 **Social Services Block Grant.** Virginia uses
47 Title XX-Social Services Block Grant
48 (SSBG) funding for a variety of non-cash-
49 assistance services, including in-home
50 services for the elderly, child and adult
51 abuse investigators, and domestic abuse and
52 family preservation services. Congress has
53 consistently underfunded the SSBG at the
54 levels authorized in the 1996 federal welfare
55 reform law. VML urges Congress to live up
56 to its commitment to fully fund the SSBG.
57 Until the federal budget fully funds SSBG,
58 VML urges the General Assembly to
59 continue to first use any Temporary
60 Assistance for Needy Families (TANF)
61 balances to replace SSBG funds.

62 **PARKS & RECREATION**

63 **Recreational programs.** Local parks and
64 recreation departments offer a variety of
65 affordable activities and programs for
66 children, teenagers, and adults. These
67 programs abide by local health, safety, and
68 risk-management requirements and are
69 ultimately accountable to the local
70 governing body of a city, town, or county.
71 Efforts to categorize these programs as child
72 care are inappropriate, and such recreation
73 programs should not be subject to
74 duplicative state agency regulation and
75 oversight.

76 **HEALTH**

77
78 **Cooperative health budget.** The General
79 Assembly should provide sufficient funding
80 local health departments.

81
82
83 **Local flexibility.** District health offices
84 should be locally controlled to the maximum
85 extent consistent with protecting public
86 health.

87 **MARIJUANA: DECRIMINALIZATION** 88 **AND MEDICAL USE**

89 VML supports a change to the Code of
90 Virginia to make anyone convicted of the
91

1 simple possession of no more than 0.5 oz. of
2 marijuana for personal use subject to a civil
3 rather than criminal penalty. Individuals
4 under 21 years of age found to be in
5 possession should still be required to
6 undergo drug screening and participation in
7 a treatment or education program as a
8 condition for the suspension of a conviction
9 if appropriate

10
11 VML supports the expansion of an
12 affirmative defense to prosecution for the
13 possession or distribution of marijuana if a
14 person has a valid written certification
15 issued by a practitioner licensed by the
16 Virginia Board of Medicine to prescribe
17 cannabidiol oil or THC-A oil for the
18 treatment of, or to alleviate the symptoms
19 of, cancer, glaucoma, HIV, AIDS, ALS,
20 MS, PTSD, traumatic brain injury and other
21 chronic or terminal conditions.

22 **HEALTH CARE REFORM**

23 Expansion of state Medicaid eligibility
24 would increase the workload and costs for
25 local departments of social services, which
26 perform eligibility determination and
27 redetermination on behalf of the state. Any
28 expansion of the caseload must be
29 accompanied by sufficient state funding for
30 staffing and technology to properly do the
31 job. VML supports expansion of Medicaid
32 through the federal Affordable Care Act.

33 34 35 36 37 **II. EDUCATION**

38 The Virginia Municipal League supports the
39 goal of ensuring quality, well-funded and
40 effective teaching in every classroom in the
41 Commonwealth. Localities have greatly
42 exceeded their responsibilities for K-12
43 education funding. It is essential for the state
44 to meet fully its responsibilities to fund
45 education.

46

47 **VISION**

48 A strong public education system is the
49 pillar of American society and a passport to
50 the future. Our country cannot be strong
51 without an excellent education system that
52 students leave armed with the critical
53 thinking skills that will enable them to be
54 productive citizens. A solid foundation of
55 learning is essential for our communities,
56 state, and country. A strong public school
57 system is essential to economic development
58 and prosperity.

59 A strong educational system requires
60 accountability; parental, community and
61 business involvement; and the wise and
62 efficient use of resources. Standards are an
63 essential part of the accountability system,
64 but cannot be measured simply by
65 standardized tests. Students need to learn not
66 only facts and figures, but also those critical
67 learning skills that will enable them to leave
68 high school prepared for either the
69 workplace or higher education.

70
71 Students, parents, administrators and
72 teachers all have roles in the educational
73 system and have to be part of that
74 accountability system. Parents should be
75 involved with their children's education, but
76 family support for parents is essential,
77 particularly in dealing with children with
78 mental, physical, substance abuse or
79 bullying problems. Not all children should
80 or need to prepare to attend college, but
81 students across the economic spectrum
82 should have equitable opportunities to learn.

83
84 A sound education system puts resources
85 where they can be most effective, includes
86 collaboration between school boards and
87 local governing bodies, uses technology
88 effectively, embraces innovation and
89 regional opportunities and focuses on early
90 intervention to tackle problems at the
91 earliest time possible.

92

1 **STANDARDS OF QUALITY**

2 The SOQ should be broad enough to include
3 the major components of what is required
4 for a quality educational program.

5
6 The current SOQ do not reflect the cost of a
7 sound public education system. The SOQ
8 are not based on prevailing practices, nor do
9 they reflect the cost of meeting state
10 accountability standards. Because of this
11 disconnect between the accountability
12 standards and the SOQ, the cost that the
13 state recognizes in its funding formulas is
14 too low, and too much of the burden of
15 funding public education falls on local
16 governments.

17
18 The state and local governments should
19 partner to determine the minimum funding
20 levels necessary to sustain high quality
21 services for schools and other local
22 government operations while also
23 addressing capital and maintenance needs.

24
25 VML supports a JLARC or other state study
26 that examines the ways other states fund
27 education and whether the Commonwealth
28 should use a funding strategy that
29 establishes a more realistic base foundation
30 amount per pupil – plus add-on funding to
31 reflect higher costs for educating at-risk,
32 disabled, ESL, and gifted students, etc. as
33 well as funding for capital costs.

34
35 VML supports a study by the Joint
36 Legislative Audit and Review Commission
37 to determine how the SOQ may be revised
38 and adequately funded to meet the
39 requirements contained in the Standards of
40 Learning and Standards of Accreditation.
41 VML also supports implementation of
42 JLARC recommendations to promote 3rd
43 grade reading performance.

45 **SOQ FUNDING**

46 VML supports full funding of the state’s
47 share of the actual costs of the SOQ based
48 on prevailing practices, and full funding of
49 the state’s share of categorical educational
50 mandates in areas such as special education,
51 alternative education and gifted education.

52
53 The state should fully recognize and fund
54 the costs of rebenchmarking of the various
55 educational programs including the
56 Standards of Quality, incentive, categorical,
57 and school facilities programs. Changing
58 the process of rebenchmarking to artificially
59 lower recognized costs does not change
60 what it actually costs to provide education.
61 Instead, it simply transfers additional costs
62 to local governments, and ultimately to the
63 local real estate tax base.

64
65 The state must be a reliable funding partner
66 in accordance with the Virginia Constitution
67 and state statutes. The Standards of Quality
68 should recognize resources, including
69 positions, required for a high-quality public
70 education system.

71
72 Funding for the SOQ should include:

- 73
74 1. Establishment of a new, predictable
75 and meaningful source of funding for
76 construction, including funding for
77 new construction, renovation,
78 maintenance and land purchase. The
79 Literary Fund and the Virginia
80 Public School Authority are not
81 sufficient means for the state to help
82 localities pay for capital needs.
83 Options could include creating a
84 two-year pilot program of
85 competitive grants using funds from
86 the Virginia Public Building
87 Authority to offset new construction
88 or renovation costs for publicly
89 owned and operated K-12 schools.

- 1 2. A predictable and reliable source of
2 funding for technology infrastructure
3 and personnel costs.
- 4 3. Realistic state funding for salary
5 increases for professional and non-
6 professional school employees.
7 Salary increases should be funded
8 for a full year starting July 1, the
9 start of the fiscal year.
- 10 4. State funding to meet the goal of the
11 Commonwealth (VA Code §22.1-
12 289.1) that teacher compensation be
13 competitive; at a minimum, at or
14 above national average teacher
15 compensation, provided that the true
16 costs of meeting the SOQ are funded
17 by the state.
- 18 5. Funding to initiate and continue to
19 enable school systems to address
20 school safety issues.
- 21 6. Recognition of adequate support
22 costs based on realistic measures of
23 the importance of support positions
24 to achievement on state
25 accountability standards. Current
26 state funding for support positions is
27 not based on prevailing practices or
28 on any scientifically-derived staffing
29 ratios.
- 30 7. Flexibility where possible in areas
31 such as funding of student health
32 services.
- 33 8. Support for funding of
34 recommendations made by JLARC
35 to promote reading by grade level by
36 the third grade.
- 37 9. Development of realistic cost
38 estimates that are based on
39 prevailing practices and not on the
40 availability of state funding.
- 41 10. Review by JLARC in order that data
42 and information can be provided to
43 the State Board of Education on the
44 cost of meeting the SOQ, SOLs and
45 SOAs.

- 46 11. Lottery funds that are distributed to
47 localities without a corresponding
48 reduction in direct aid.

49
50 The state should not require any
51 maintenance of local effort other than that
52 associated with the SOQ. A maintenance of
53 effort requirement that is not connected to
54 the SOQ will punish those localities that
55 voluntarily spent beyond the required
56 minimum in an effort to achieve a high
57 quality system of education. Further, it will
58 simply perpetuate the current mismatch in
59 state-local funding for education.

60
61 The General Assembly should recognize
62 that local governments traditionally have
63 funded their share of costs of meeting the
64 SOQ and, in fact, most have funded
65 education beyond their required share in
66 efforts to provide quality education. These
67 higher funding levels have meant that
68 localities have had to raise local taxes and
69 fees and defer spending on other important
70 local priorities including public safety.

71
72 The local composite index (LCI) is a crude
73 and often inaccurate proxy for determining
74 the ability of each locality to pay its share of
75 K-12 expenses as defined by the SOQ. The
76 Commonwealth's education funding
77 formulae (SOQ and LCI) are more sensitive
78 to the state's revenue situation than the
79 educational needs of Virginia's students.
80 VML supports a JLARC or other state study
81 that examines the ways other states fund
82 education and whether the Commonwealth
83 should use a funding strategy that
84 establishes a more realistic base foundation
85 amount per pupil – plus add-on funding to
86 reflect higher costs for educating at-risk,
87 disabled, ESL, and gifted students, etc.

88
89 Because spending increases alone may not
90 produce desired levels of student
91 achievement, the State Board of Education

1 and other responsible bodies are urged to
2 develop measures of results to determine the
3 actual effectiveness of expenditures on
4 education. VML supports the use of school
5 efficiency reviews to help determine ways to
6 ensure that public funds are spent as
7 effectively and efficiently as possible.

8
9 VML believes that the methodology for
10 costing the SOQ does not take into account
11 the differences in costs in the state's various
12 regions, nor does it adequately address
13 unique local conditions such as small, large,
14 declining, or diverse student populations.
15 First, the methodology artificially lowers the
16 state average salary by using the "L-
17 estimator" instead of average salary figures.
18 Second, the L-estimator is based on dated
19 information that does not reflect current
20 salary levels. Third, the methodology uses
21 an artificially low limit on the number of
22 professionals per 1,000 pupils for which
23 state aid is given. Fourth, the methodology
24 does not address the differences in providing
25 education to students with special needs or
26 the heavy additional cost of educating
27 English as Second Language students. The
28 add-on funding for at-risk students is a start
29 toward meeting unique local circumstances
30 and should be increased.

31
32 The first priority for the use of a state
33 surplus should be the funding of mandated
34 educational programs.

35
36 Disparity should not be addressed by simply
37 redistributing existing state aid among
38 jurisdictions.

39 40 **LOCAL AUTONOMY**

41 Because public education should be as close
42 as possible to the people, local school
43 decisions cannot and should not be made by
44 the state. Local schools boards should be
45 responsible for the direct supervision and
46 management of local schools.

47
48 The state should not take any actions that
49 limit or reduce authority of local school
50 boards and local governing bodies to finance
51 and manage local schools. Local school
52 boards should retain the responsibility for
53 approving applications for charter schools.
54 Otherwise, decisions that affect the funding
55 of public schools potentially could be made
56 by a statewide, appointed body that has no
57 direct connection to the council or board of
58 supervisors.

59
60

61 **ALTERNATIVE EDUCATION**

62 Traditional approaches to discipline—long-
63 term suspensions and expulsions—transfer
64 the problems of the student from the school
65 division to the general government. There
66 should continue to be school alternatives to
67 the normal school environment for students
68 who do not behave appropriately. The state
69 should develop and fund alternatives,
70 including workforce development grants, for
71 students suspended and expelled from
72 school, such as programs designed to
73 encourage obtainment of GEDs, career
74 education, job skills, self-control training
75 and drug and substance prevention. Finally,
76 there is little effective enforcement of
77 truancy laws for students who are over 16
78 years of age. Some of these students have
79 full time jobs and school divisions have
80 difficulty in locating them. VML encourages
81 the development of initiatives to better
82 enable schools to track these older students,
83 or otherwise determine if changes are
84 needed to truancy laws.

85

86 **EARLY CHILDHOOD** 87 **DEVELOPMENT & EDUCATION**

88 Research has shown that the early childhood
89 years (from infancy to age five) are critical
90 years for brain development. These early
91 years are also critical for establishing
92 healthy lifestyles – eating nutritious foods,

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

4
5 Children who are regularly read to and gain
6 basic language skills, who participate in
7 healthy activities and learning experiences,
8 and who learn basic social skills, are more
9 likely to enter kindergarten ready to learn.
10 They are also more likely to read at grade
11 level by the third grade. This early progress
12 can lead to continued success in school and
13 ultimately in the workforce.

14
15 VML supports state and local policies and
16 initiatives that spotlight and encourage
17 greater early learning opportunities for
18 children, along with access to information
19 and resources that will help parents and
20 caregivers give young children the greatest
21 chances to learn and grow in healthy ways.
22 This will ensure a better economic future for
23 families and communities.

24
25 VML supports increased state funding for
26 pre-kindergarten students to ensure that all
27 children entering the public system have the
28 social and intellectual skills necessary to be
29 successful students.

30
31 **HIGHER EDUCATION**
32 Virginia's colleges and universities serve as
33 engines of economic growth, cultural
34 enrichment, and intellectual development for
35 communities across the commonwealth.
36 The decline in state support for institutions
37 of higher education and the state's
38 unwillingness to invest in these institutions
39 endangers the economic health of the
40 commonwealth and its cities, towns, and
41 counties.

42

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

63
64 Currently, community colleges are required
65 to offer reduced tuition for high school
66 students. Local schools, however, are
67 required to make up the difference in tuition.
68 This clearly is an unfunded mandate. The
69 state should find other resources within its
70 higher education budget to pay for the
71 tuition for these students.

72
73 **WORKFORCE DEVELOPMENT**
74 VML supports innovative approaches,
75 including creation of satellite campuses, to
76 ensure that training and certification
77 programs are widely available to high school
78 students, GED candidates, returning
79 veterans, and other residents, particularly
80 those representing underserved and at-risk
81 populations. Such programs are vital to
82 prepare Virginians for careers important to
83 Virginia's economic prosperity.